

## DBSA 2013 – 2017 Strategic Plan

Created December 7, 2012

Updated July 14, 2014

### **EXECUTIVE SUMMARY**

#### **DBSA Today**

DBSA provides hope, help, support, and education to improve the lives of people who have mood disorders.

#### **DBSA's Vision for the Future**

DBSA envisions wellness for people living with depression and bipolar disorder.

#### **Drivers of Change**

The strategic planning committee considered numerous external scenarios and several drivers of change, ultimately focusing on the following as most important for the next five years:

- Key internal drivers of change are quality programming and financial stability
- Key external drivers of change are number of mental health care providers and relative access to care

#### **Frustrated World**

The most likely scenario the committee projects will arise over the next five years is what we named the "Frustrated World," characterized by the seeming promise of available mental health services juxtaposed with the reality of inaccessibility. This scenario emphasizes wellness and increasingly effective, targeted treatment, yet these positive possibilities are not truly accessible for the majority of people in need. Key decisions for this scenario:

- Defining DBSA's role for supplemental support and building bridges to leverage resources
- Defining how DBSA can best educate peers
- Deciding how to maintain, refine, and expand peer-led advocacy, education, messaging, groups, and related programming

### Drivers that could stop DBSA

- National health insurance results in inadequate funds to support wellness
- DBSA's inability to provide added value through quality programs
- Frustrated resignation by peers and providers to the "as is" world
- Global financial recession or depression

### We will know DBSA's vision is working when

- DBSA is the advocacy leader, and all of our services are valued
- DBSA Chapters are providing consistent high-quality support and education with measurable results
- DBSA leads integration of peers within mental health provider workforce
- DBSA leads the mental health/mood disorder conversation



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### Strategic Choices 2013-2017

#### I. Peer Focus

We are peers who have/have had mood disorders and build on shared experiences to live better now.

- We advance peers to be of primary focus in research about and treatment of mood disorders. We will
  - Communicate proactively with the healthcare professional community, forging strong therapeutic alliances at the individual and system levels
  - o Communicate proactively with the biomedical industry, alternative therapy organizations, and research institutions, alerting them of peer needs, concerns, and contributions
  - o Encourage research from the peer perspective
  - o Encourage peers to take an active role in mental health research
  - o Disseminate results of research in readily understandable ways
- We inform and empower individuals to find their own paths to wellness and live better lives. We will
  - Provide peer-vetted, peer-directed resources for people to achieve wellness
  - Promote a balanced, peer-centered, and whole-health focused approach to treatment and wellness
- We develop peers as leaders within their communities. We will
  - o Create, maintain, and support a community of peers by investing in our Chapters
  - o Communicate more frequently, and with greater impact, with our Chapters, our broader constituency, and the general public
  - o Create opportunities for both our Chapters and peers outside our Chapter structure to network
  - Create readily accessible, affordable training for peers—both within and outside our Chapter structure
  - o Create accessible, affordable opportunities for training to be put into action in local communities
- We promote the effectiveness of peer services (both peer support groups and peer specialists). We will
  - Evaluate peer support groups, peer services, and peer specialists' efficacy
  - o Disseminate evidence of peers' effectiveness
- We drive the inclusion and expansion of peer specialists within the mental health workforce. We will
  - o Evaluate how peers can be educated, trained, and certified
  - o Create stratified education, with advanced levels, in peer specialist training
  - o Urge, and create opportunities for, peers to become healthcare providers
  - Create job opportunities for peers
- We develop relationships with strategic partners to further our missions and fulfill our mutual goals.
   We will
  - O Be at the table—or minimally have allies with lived experience at the table—at national and international meetings, conferences, and committees that address
    - The spectrum of issues around mental health
    - Peer leadership and Peer support effectiveness
    - Mental health employment
    - Veterans' mental health issues



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II. Lifetime (The strategic choice of Lifetime was added February 6, 2014.)

We support individuals, families, and friends throughout their lifetime, facilitating wellness from childhood throughout adulthood.

- We support special-age populations such as children, young adults, and seniors. We will
  - O Develop and promote resources for children and teens living with mood disorders
  - o Develop and promote resources for young adults living with mood disorders
  - Develop and promote resources for women and men living with depression or bipolar disorder facing significant life transitions (e.g. menopause, pregnancy, etc.)
  - o Develop and promote resources for senior adults living with depression or bipolar disorder
  - We support efforts to address prevention of, and early intervention for, depression and bipolar disorder
- We support those having the most influence on the health of our peers throughout their lifetime. We will
  - Develop and promote resources for parents and guardians supporting our youngest peers
  - Develop and promote resources for family and friends supporting peers
- We publically promote therapies and lifestyle choices that target complete wellness and sustained good mental and physical health. We will
  - o Communicate the necessity of raising treatment expectations for mental health
  - Develop resources to address physical health influencers affecting, and affected by, mental health
- We advance the fulfillment of DBSA's vision with strategic alliances and partnerships when appropriate and mutually beneficial. We will
  - Partner with corporations, non-profit organizations, and professionals that are committed to prevention, early intervention, whole health, and a balanced approach to achieving and sustaining health across a lifetime

#### III. Advocacy

We create and promote messages, structures, and practices that advance mental health, personal choice and wellness.

- We advocate with peers at the forefront of determining needs and best practices for mental health among people with depression and bipolar disorder (mood disorders). We will
  - Establish appropriate location and infrastructure for supporting both policy- and media-related advocacy at national and state levels
  - Ensure the place of peers in policy, service delivery, and treatment decisions
- We are the voice driving the conversation on mood disorders. We will
  - Promote that wellness is not only possible, but expected and demanded, for people living with mood disorders even as we continue to provide programming, support, and advocacy for people living with symptoms
  - o Transform the language we use about mental health
  - Work to neutralize/eliminate stigma
  - o Demonstrate that peers living in wellness are leaders, elected officials, health care providers, and other prominent people
  - o Create and promote media depictions of people with mood disorders living full, successful lives
  - Participate in national and international meetings, conferences, committees so that peers are seen and valued as leaders in all communities and professional constituencies



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- We develop relationships with strategic partners to further our mission and fulfill our mutual goals.
   We will
  - o Partner with corporate and non-profit organizations that are committed to advocating mental health wellness, particularly mood disorders
  - Generate legislative and lobbying partners who command bi-partisan peer-driven, peer-vetted approval of legislation and regulations/policies

### IV. Organizational Effectiveness

We provide powerful leadership to fulfill on our current commitments and stated vision with impact, accountability, and intearity.

- We have adequate Board, staff, and financial resources to achieve programming at a consistently high level of quality. We will
  - o Ensure adequate resources aligned with the strategic plan
  - Establish tools for assessment of current and/or prospective Board members' potential contributions towards fulfillment of the strategic plan
  - Ensure training and succession plan strategy for Board leadership
  - Establish skills-development as well as retention and succession plan strategy for DBSA president and other key staff positions
  - Measure our programs to assess and maintain their effectiveness
    - Create baseline success matrix
    - Engage in ongoing reporting on programs' effectiveness and reach
    - Analyze programs upon completion with an eye towards future needs
- We maintain financial stability. We will
  - o Establish key measures, and maintain established baseline levels, of:
    - Debt
    - Cash on hand
    - Reserves
    - Earned vs. contributed Income
  - Define resources/skill sets required among the Board to ensure adequate revenue generation and financial management and recruit towards these
  - Define resources/skill sets required among staff to ensure adequate revenue generation and financial management and hire/develop towards these
- We develop relationships with strategic partners to further our mission and fulfill our mutual goals.
   We will
  - Determine areas of programming in which partnership would be beneficial to streamlining expenses and/or generating revenue
  - Engage in ongoing analysis of colleague/related organizations in order to find alignments and potential partnership opportunities

### **2014 Committee Membership**

Christy Beckmann, Gina LaRoche, co-chairs

LaGenia Bailey, Jim Blaha, Lucinda Jewell, Cheryl Magrini, Jean Meister, David Mizenko, Hakeem Rahim Gregory Simon, members

Allen Doederlein, Cindy Specht, staff liaisons

Chris Myer, Gary Sachs, advisers