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Volume 1, Issue 1

Client Affairs News

Client Affairs/Peer Support Services – A Quarterly Publication from the SCDMH Office of Client Affairs

Special Interest Articles:

- We are proposing that there exists a shared subculture of what it means to have mental illness regardless of an individual's personal cultural identity.
- All employee relationships with patients and clients of the DMH should be therapeutic and professional in nature

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First Issue

The purpose of this newsletter is to provide specialized information on client issues, at the center level, state level and nationally for self-identified employees. We anticipate that this newsletter will help to foster a better informed workforce through information sharing and to develop a greater sense of community among self-identified employees.

At present our goal is to put out a

quarterly publication. Please email or send ideas, information, articles, and announcements to Katherine Roberts, kmr50@scdmh.org or Janie Simpson jbs77@scdmh.org at SCDMH Medical Director's Office Suite 314, 2414 Bull Street Columbia, SC 29202, fax 803-898-8347.

Stigma Reduction Initiative

CMHS Consumer Affairs E-News January 8, 2007

Stigma is not just the use of the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier and discourages individuals and their families from getting the help they need due to the fear of discrimination. An estimated 50 million Americans experience a mental disorder in any given year and only one-fourth of them actually receive mental health and other services.

SAMHSA has released it's guide on reducing stigma and discrimination, "Developing a Stigma Reduction Initiative". It is designed to support the activities of those who plan and implement a statewide, regional, or local effort to address and counter stigma and discrimination. This kit offers guidance on how to implement an initiative, sample

materials and templates to use in developing communication materials, tactics to enhance outreach efforts, and directories of resources for creating public education materials. A schools training package and business materials to create mental health-friendly environments are also provided.

You can view the guide at the following or order the full set of materials (includes CD-Rom of training materials, PSAs, etc.) at 1-800-789-2647

<http://mentalhealth.samhsa.gov/publications/allpubs/sma06-4176/>



The Culture of Mental Illness

Cultural anthropologists Fred Plog and Daniel Bates define culture as “the system of shared beliefs, values, customs, behaviors, and artifacts that the members of society use to cope with their world and with one another, and that are transmitted from generation to generation through learning”.

There have been many

articles written on the relationship between culture and mental illnesses. Indeed some have argued that without culture mental illnesses would not exist. What we define as mental illnesses were not and are not in some cultures treated as medical problems. Behavioral manifestations (symptoms) that are seen as mental illness in western culture are seen differently or not at all in other cultures.

We are proposing that there exists a shared subculture of what it means to have mental illness regardless of an individual's personal cultural identity. In the coming months we will be holding focus groups to try and get at identifying various components of this subculture.



National Empowerment Center



The mission of the National Empowerment Center Inc. is to carry a message of recovery, empowerment, hope, and healing to people who have been labeled with mental illness. They carry that message with authority because they are a consumer/survivor/ex-patient-run organization, and each of them is living a personal journey of recovery and empowerment. They are convinced that recovery and empowerment are not the privilege of a few

exceptional leaders, but rather are possible for each person who has been labeled with mental illness. Whether on the back ward of a state mental institution or working as an executive in a corporation, they want people who are mental health consumers/survivors/ex-patients to know there is a place to turn to in order to receive the information they might need in order to regain

control over their lives and the resources that affect their lives. That place is the National Empowerment Center.

How to Contact NEC:

<http://www.power2u.org/index.htm>

! NEC 599 Canal Street
Lawrence, MA 01840 USA Toll
free: 800-POWER2U (800-769-
3728) Fax: 978-681-6426
TTY/TTD: 800-TTY-POWER or 1-
800-889-7693

Email: info4@power2u.org

Copeland Center for Wellness and Recovery



Their mission is to promote personal, organizational, and community wellness and empowerment. They focus on shifting the system of mental health care towards prevention and recovery. As the system shifts to reform through education, training, and research they use the accomplishments developed and implemented by the people being served and the people who care for them. They reinforce this by building networks that reflect mutual support and community organizational empowerment. Mary Ellen Copeland is an author, educator, and mental health recovery advocate. Her work is based

on her on-going study of the day-to-day coping strategies of people who experience psychiatric symptoms, and how people have gotten well and stayed well. She undertook these studies out of her own frustration with dealing with her own recurring symptoms. She has achieved long term wellness and stability by using many of the coping strategies she learned while writing her books.

Contact information:

Copeland Center For Wellness
and Recovery
P.O. Box 6464, Chandler,
Arizona 85246

Email:

info@copelandcenter.com

Phone: (480) 855-3282 Toll-
Free: 1-866-I DO WRAP (1-
866-436-9727)

Fax: (480) 855-5118

<http://www.copelandcenter.com/index.phpct>.

National Coalition of Mental Health Consumer/Survivor Organizations

Statement of Purpose Mental health consumers/survivors are leading the transformation of the mental health field through their authentic voice and vision for self-directed recovery. Their vision of recovery goes far beyond treatment, because it is about all the elements that go into good lives—housing, education, jobs, social relationships, and full participation in the community. Their vision was echoed in the New Freedom Mental Health Commission Report, which sees a “future when everyone with mental illness will recover.” The national coalition of organizations representing people who are recovering or have recovered proposes a new consensus for the mental health field:

Recovery: Recovery is real

and possible for everyone. To recover, we need services and supports that treat us with dignity, respect our rights, allow us to make choices, and provide assistance with our real-life, self-defined needs. This range of services must include consumer-run and -operated programs.

Self Determination: Self-determination is essential for recovery to occur. We need to be in control of our own lives.

Holistic Choices: We need choices that meet our self-defined needs. We need a wide range of recovery-oriented services and supports to assist us in achieving our goals. These include assistance with housing, education, and career development, all of which can be consumer-run. We need these opportunities to achieve full integration into the community.

Voice: We must have a voice in

our recovery and in the policies facilitating our recovery. We are the most authentic voice in the mental health system, since mental health decisions affect every aspect of our lives. We bring our lived experience, therefore, we must be central in any dialogues and decisions about mental health issues at all levels. This is empowerment.

Personhood: We are whole human beings and will campaign to remove stigma and discrimination. We have the same dreams as all members of the community and the ability to make our own decisions.. A barrier-free community is one free from discrimination and stigma.

For more information please send email to: info@ncmhcsso.org

LINKS.....

Accessing recovery resources and information can sometimes be a daunting task. Each quarter we will present a new set of resource links.

[The SupportPath.com](http://www.supportpath.com)
<http://www.supportpath.com/> The “Support Path” allows people with health, personal, and relationship issues to share their experiences through IRC chat and Bulletin Boards. The site also

has links to support-related information on the Internet.

[THRIVEnet](http://www.webcom.com/thrive/)
<http://www.webcom.com/thrive/> A place to learn about survival. Covers change, agility, resilience, hardiness, creative adapting, the survivor personality, overcoming job loss, serendipity, successful schizophrenia, synchronicity, the synergistic personality, and other issues related to life skills and mental health.

[Will I Go Crazy?](http://willigocrazy.org/)
<http://willigocrazy.org/> This site addresses mental disorders and related issues, including stigma.

[Transformations: A Forum for Self-Help and Recovery](http://www.transformations.com/)
<http://www.transformations.com/> This forum is dedicated to helping those in recovery and seeking spiritual growth, it includes resources and a calendar for live support and recovery group meetings.



National Association of Consumer/Survivor Mental Health Administrators (NAC/SMHA)

NAC/SMHA represents state mental health department senior managers who self-identify as current or former recipients of mental health services. The Association provides a forum for members to develop strategies for balancing the often disparate demands and expectations of the two constituencies they serve: consumers/ survivors and mental health

bureaucracies.

The organization serves as a vehicle for networking and peer support, and is committed to expanding the participation of consumers/survivors in all aspects of the public mental health system. The Association offers technical assistance to state mental health departments who are interested in developing offices of consumer/ex-patient relations.

NAC/SMHA Officers for 07 are:

President – John Allen NY
 Vice President – Katherine Roberts, SC
 Treasurer – Rosemary Carney, IN
 Secretary - Leiticia Brockman, ME
 Members-at-Large:
 Nanette Larson, IL
 Frances Priestler, D.C
 Nick Ossorgin, NM

For More Information on NAC/SMHA
http://www.nasmhpd.org/nac_smha.cfm

Serious Emotional Disorder (SED) and Youth in Transition (YIT)

There are approximately 1 to 3 million youth ages 14-25 years old with serious emotional disorders (SED) in the U.S..

Research has shown that these adolescents who are often served by state child mental health systems do poorly on the tasks of young adulthood.

Many are caught up in a “no man’s land” of aging out of children’s mental health services

at age 18, and not qualifying for adult services. Without intervention, SED’s often persist into adulthood, and may culminate in a downward spiral of school failure, poor employment opportunities, and poverty in adulthood.

We are building upon the success of the Gateways to Success Project funded by SAMSHA at the Beckman Center for Mental

Health Services in Greenwood, SC, and the Certified Peer Support Specialist program at SCDMH. The Office of Client Affairs partnering with the USC School of Nursing and the Institute for Families and Society at USC in applying for grant funds to research and implement Peer Support for Youth -In-Transition.

If funded, this project will be piloted at Beckman CMHS.

Peer Support Mentoring Program at

Aiken/Barnwell MHC by Cynthia Smith

The Peer Support Mentoring Class at Aiken/Barnwell MHC is a year long program conducted by a Certified Peer Support Specialist (CPSS) to assist clients who are interested in becoming a CPSS or volunteer with ABMHC.

The classes cover categories such as; Combating Negative Messages, Cultural Diversity, The Power of Positive Thinking, President’s New Freedom Act, Documentation, Effective Listening Skills as well as tools to be utilized in personal recovery. To enroll clients must meet the following criteria:

- be active in treatment
- be a current client of DMH

- be willing to self identify
- be alcohol and drug free
- be referred by case manager

The classes meet every week for an hour.

ABMHC provides student with all books and study materials. To graduate students can miss no more than five 1 hour sessions throughout the year.

In July the first Peer Support Mentoring Class graduated. Two of the class members Wayne Moseley and Ilona Wieszt are now employed as CPSS’s at Aiken.

For more information on this program contact Cynthia Smith at 641-7720 ext. 109 or cas39@scdmh.org



LAVA – Ladies Against Violence and Abuse by Cynthia Smith

This wonderful group allows women to have a safe, supportive group where they can share past and current issues with abuse. The women meet every Thursday from 2:00-4:30 pm.

Each woman is given a list of emergency contact numbers that can be used 24 hours a day. All of the women are provided with a folder and journal so that they can express their feelings and thoughts in a written format. Complete confidentiality is always observed, and the women have set up a network of peers so they can give each other encouragement and support.

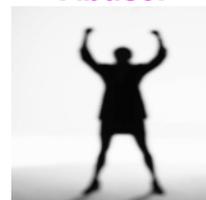
Twice a year, the women get together for a “safe night.” These special events allow the women to enjoy an evening of safe camaraderie, hear a speaker from a local women’s group, and learn more about issues of safety in relationships.

This group focuses on helping the women build a strong sense of self so that they can increase their self-esteem and build healthier lives. The women are learning that they can end the cycle of abuse and live safe lives.

By helping these women form a good support network; they

become empowered to make healthy decisions for themselves and can learn to live a life that is free of abuse. What a wonderful avenue for peer support!!!

Ladies Against Violence & Abuse.



I was always looking out side myself for strength and confidence, but it comes from within. It is there all the time.

Declaration for Mental Health Treatment; Psychiatric Advanced Directive (PAD's)

The purpose of a *Declaration for Mental Health Treatment* document is to empower clients to make their treatment preferences known, to improve communication between them and their physician, other staff and family involved in their care.

The plan was created by clients of mental health services in South Carolina for people who receive services from centers and hospitals affiliated with the SCDMH. The document should, however, be respected by private providers inside and outside of the state of

South Carolina. The combined wisdom of the participants in this process represents more than 750 years of recovery experience.

Many people are reluctant to complete any type of advanced directives and PAD's are no exception.

Clients and staff alike reported that the forms were too long and cumbersome to use. To that end we have worked to reduce the length of the form as well as to simplify its use.

Furthermore, there has been a statutory change in the *Health Care Power of Attorney* form.

“The plan was created by clients of mental health services in South Carolina for people who receive services from centers and hospitals affiliated with the SCDMH.

A health care power of attorney executed on or after January 1, 2007 must be substantially in the following form (S. C. Code Section [62-5-504](#) (D):

The forms are available on line at the SCDMH website.

If clients have completed a Wellness Recovery Action Plan they can substitute the Crisis Portion of their WRAP if they so desire. They should attach a copy of their WRAP Crisis Plan to this form.

Although completing an Advanced Directive is not required, having one may help to shorten a hospital stay or avoid one all together.

Staff/Client Relationships; Establishing Boundaries: A Policy Reminder

In addition to our management and/or clinical responsibilities, self-identified client employees serve as recovery role models for each client, staff, family and community member with whom they have contact. The willingness to publicly disclose their mental illness and triumphs associated with recovery go a long way in dispelling the stigma of mental illness and proving that treatment works.

This unique role can muddy the boundaries of staff-client relationships. To make it clear the Office of Client Affairs wishes to remind you that there is a SCDMH policy addressing this issue. See DIRECTIVE NO. 885-07 Abuse, Neglect, or Exploitation of Patients and Clients Prohibited <http://www.state.sc.us/dmh/directives/885-07.pdf> for the entire policy. Refer to section 7 for information regarding staff, client and patient relationships.

In summary, the policy advises that ...All employee relationships with patients and clients of the Department of Mental Health should be therapeutic and professional in nature. Therefore employees are prohibited from forming social or business relationships with patients or clients or former patients or clients except as outlined below:

1. Contacts as a result of the patient or client being a relative of the employee.
2. Any group social interactions that are a result of similar religious, political or civic affiliations.
3. Any approved group treatment, rehabilitation, socialization or business activities of the center or facility.
4. Contacts which are the result of the continuation of a social or business relationship which predated the patient's or client's receipt of services from a Department of Mental Health facility or the employee's employment with the Department.
5. Social or business relationships with a former patient or client: (a) who was never under the direct care of the employee; and (b) which developed separate and distinct from the performance of official duties by the employee.

Art of Recovery

The SCDMH Art of Recovery project recognizes the talent of people who live with mental illnesses and the role that creative outlets like art can play in the recovery process. The project features artwork by people who receive care through SCDMH programs. The Art Recovery committee frames and displays the pieces in the central administration building in downtown Columbia. The next scheduled exhibit will be at the Columbia Museum of Art in May of 2007 to recognize May as Mental Health Month. To be considered for placement in the Columbia Museum, art pieces must be submitted by March 30, 2007. To view the virtual gallery go to: http://www.state.sc.us/dmh/aor/aor_home.htm

The Center for Mental Health Services

The Center for Mental Health Services (CMHS) is the Federal agency within the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) that leads national efforts to improve prevention and mental health treatment services for all Americans. CMHS pursues its mission by helping States improve and increase the quality and range of treatment, rehabilitation, and support services for people with mental health problems, their families, and communities. CMHS programs and activities include programs for:

- Children, Adolescents and their Families
- Community Support
- Consumer/Survivor
- HIV/AIDS
- Organization and Financing
- Protection and Advocacy
- Emergency Mental Health and Traumatic Stress
- Homelessness
- Mental Health Statistics
- Prevention Initiatives and Priority Programs
- State Planning/Mental Health Block Grant

For more information log onto <http://mentalhealth.samhsa.gov/cmhs/default.asp>

Every Cloud Has A Silver Lining

By Janie Simpson

I like to believe that everything happens for a reason. I may not be happy that it is raining today, but I know the rain is good for the soil (and I sure do like to eat!). Does every cloud have a silver lining? I like to think that is the case. I have found that having a positive attitude is the key ingredient to being successful in life. Each one of us has a unique perspective, an insightful view of the world that we can share with others, and an ability to transform our own experiences into a powerful force of good. When we think about all that we have experienced in our lives, do we see the potential we have to take all that we have learned to help others? I am a firm believer in the concept of becoming empowered through hardships, pain, sunshine, and rain. There would be no rainbows if there were no rain. There would be no mountains if there were not plateaus! Every step we take in life is leading us somewhere – but where? That is our decision to make! We have control over our destinies. We must take responsibility for our lives, our attitudes, and our choices. I am so grateful for all that I have experienced in this life because I would not be the person I am today if I had skipped even one event. Remember, having a positive attitude means you are looking for that silver lining. We find joy in the little things in life. We take responsibility for our own decisions, and we believe that life is good – because it truly is! Life is a gift. Each day is a present. I hope I never lose my gratitude for each breath that I take.

Peer Support

Certification and Continuing Education Training

All Classes are at 10:15 – 11:15 AM OR 1:15-2:15 PM

January

19th am & 22nd pm Empowerment

29th am & February 2nd pm Recovery Planner

February

7th am & 9th am Helplessness Learned

16th pm & 23rd am Overcoming Stigma

March

19th pm & 23rd am The Art of Making Friends

26th pm & 30th am Spirituality

CAC/CPSS Bi-Monthly Meetings

The CAC's and CPSS's meet every other month. All employees who do not live in the Columbia area (Cola. and Lexington) may tune into the meeting via the SCDMH video conferencing system at their main center location.

CAC Meeting Schedule FY07 1pm-3pm (the third Thursday)

February 22nd (4th Thursday – I will be out of town on the 3rd Thursday)

April 19

June 21

August 16

October 18

December 20

CPSS Meeting Schedule FY07 Thursdays 1pm-3pm (the third Thursday 2nd hour is training)

January 18 Principles of Adult Education: Intelligence Types

March 15 Principles of Adult Education: Learning Styles

May 17 Introduction to Addiction & Substance Related Disorders

July 19 Introduction to Mental Illness: Diagnosis, Medications, and DSM IV

Sept. 20 TBA

Nov. 15 TBA

Other Events

January 25-26, 2007

Best Practice Employment Conference Radisson Hotel Columbia, SC

February 25-28, 2007

Cross Cultural Conference, Myrtle Beach, SC

March 28, 2007 (*tentative*)

5th Annual Behavioral Health Best Practices Conference, Hospital Association Columbia, SC

March 30, 2007 Art of Recovery Paintings due to Sue Perry for consideration in Columbia Museum of Art Display – May is Mental Health Month