

CAPSS NEWS

Client Affairs / Peer Support Services

A Quarterly Publication from the SCDMH Office of Client Affairs

Aiken-Barnwell Honors New Mentoring Class Graduates

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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 the last three years 11 clients have completed the mentoring class. The 2009 class has 7 clients enrolled. Below are the graduation speeches from 2008 graduates

Lesa Shadowhawk I had decided many moths before learning of the mentoring class or Peer Support that I wanted to do something with my life that would help others that could be going through the same problems, disappointments, and life altering events that I have been through.

As I look back on the days I have spent in mentoring class I see a lot of things clearer in my life. When I look at how unhappy and chaotic my life was before and is now, I find I have the tools to make the changes I need to attain my goal of living recovery and being a more productive person. I now see myself as a worthwhile person with a lot of special gifts. I have learned that I have the power to make my life whatever I want it to be, not what everyone else

expects my life to be. I have learned that I can be assertive and ask for what I need in my life, and that I have every right to do so. I used to think I didn't have the right to ask for the basic needs that should be there for me without asking.

I have been given a second chance and the tools with which to accomplish it. I know that my recovery will be filled with good days when I reach the balance needed to walk the road. Other days I know will have road blocks, and stumbling stones that will cause me to falter, but I know now that I can overcome them and start again. I don't have to quit and give up because of them; I can use the tools I have learned to get up and be stronger for having survived the fall.

I have learned that I am a person that others can come to and get help. If I don't have the answers, I can help them find them. Sometimes I have found that as clients we have a hard time asking for help because of people who do not understanding or refuse to try, because they look at our mental illnesses instead of the valuable people we are.



I have learned that you cannot change how a person sees or treats you, but you can change how you react to them and use it to your advantage to grow. I have learned so many things and made some wonderful new friends. while helping others along the way.

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National Consumer Memorial Planned

A memorial to hundreds of thousands of people who died in state psychiatric hospitals—many of whom are buried in unmarked graves—has been planned for the grounds of St. Elizabeth's Hospital in Washington, D.C. The proposed design for the memorial features peaceful gardens that reflect the era of moral treatment, which was introduced in U.S. asylums by English Quakers in the first half of the 19th century. Opened in 1855, St. Elizabeth's was designed to be a model moral treatment asylum. However, by the end of that century it and other large psychiatric institutions had become crowded and neglected warehouses where people were segregated and often forgotten.

Several organizations are participating in planning the memorial and in efforts to raise more than \$1 million over the next three years for its construction. They include the National Association of Consumer/Survivor Mental Health Administrators, Depression and Bipolar Support Alliance, National Alliance for Mental Illness Consumer Council, National Coalition of Mental Health Consumer/Survivor Organizations, National Association of State Mental Health Program Directors, Mental Health America, and the U.S. Psychiatric Rehabilitation Association (USPRA). A Memorial Advisory Council also includes members of the Georgia Mental Health Consumer Network, Consumer Action Network of D.C., and the Mental Health Empowerment Project.

The Memorial Steering Committee is led by Larry Fricks, who for 13 years was director of Georgia's Office of Consumer Relations and Recovery. Mr. Fricks was chosen because of his experience in leading efforts to restore cemeteries at the state psychiatric hospital in Milledgeville, Georgia, where nearly 25,000 patients were buried over many decades in six burial grounds. In 1997 when Mr. Fricks and a group of consumers visited the cemeteries, they found that many of the small rusted grave markers—bearing numbers only—had been removed to make it easier for grounds crews to mow the grass. They later learned that 40 years of burial records were missing, making it impossible to identify names to go with many of the markers that remained in place.

The story of the Georgia cemetery's restoration and of efforts to identify cremated remains of patients who died in psychiatric hospitals in Hawaii is told on a video titled "Recovered Dignity," which can be watched on the USPRA Web site (www.uspra.org). The video is introduced by former First Lady Rosalynn Carter, who discusses recovery from mental illness and the importance of projects such as the one in Georgia for ending stigma. **Continued on pg. 3**

Federal Agencies Convene Behavioral Health Conference for Returning Veterans & Their Families

The Substance Abuse and Mental Health Services Administration, the Department of Defense and the Department of Veterans Affairs jointly convened the National Behavioral Health Conference and Policy Academy on Returning Veterans and their Families on August 11-13, 2008, at the Hyatt Regency Bethesda Hotel in Bethesda, MD.

This special event was designed to help Federal, State and local partners improve and enhance mental health and substance abuse services for returning veterans and their families and to facilitate nationwide the sharing of information on mental health care delivery systems. Attendees were provided with evidence-based information to assist veterans and their families in building resiliency and preventing and /or treating complex conditions, including mental disorders (for example Post-Traumatic Stress), as well as substance use disorders, suicide, homelessness, domestic violence, traumatic brain injury, and co-occurring disorders.

The Conference was open to service providers from federal, state, and local agencies; military and veterans service organizations, primary care and community health and prevention providers; educators; advocacy groups; and those interested in issues facing returning veterans and their families.

A recent study indicated that out of 103,788 returning veterans, 31 percent were diagnosed with mental health or psychological problems. Post Traumatic Stress Disorder, or PTSD, is the most common disorder, accounting for more than half of all mental health diagnoses.

John Magill, DMH Director resented the Department of Mental Health in a two-day Policy Academy during the meeting that was for invited state representatives only.

Mr. Magill reports that South Carolina has one of the highest numbers of veterans per capita in the nation with about four-hundred thousand veterans calling the Palmetto State their home. "As a state, we and the U.S. Department of Veterans Affairs face tremendous challenges in helping these veterans and their families return to this country and provide much needed services so that they can resume a normal life".

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CELEBRATE YOUR RECOVERY!

By John Martin, CPSS Santee Watree MHC

Several years ago I moved to Sumter, S.C. and began to attend groups at the ACT Program at Santee-Wateree Mental Health. I participated in Rational Behavior Therapy, Medication Compliance Group, Recovery Takes Work Group, and a Walking Group. I was active in setting goals for myself and worked toward money management, having a driver's license, and living in my own place. I lived with a HomeShare provider during this time and began to work part-time in a retail shoe store. The support I developed during this time helped me to stay focused on being active in my recovery, and the friends I came to know continue to be supportive as I forge ahead in a life of service to others as a Certified Peer Support Specialist.

During the years that I participated in the ACT Program, I met a staff member who invited me to a 12 step program called Celebrate Recovery, which began at a church in California. I was familiar with the pastor of that church because he had written a book that I read while I was living in a Community Residential Care Facility before I moved to Sumter. The book, entitled, "**The Purpose Driven Life**" reinforced my personal faith and brought new meaning to my life. I decided to accept the invitation to the Celebrate Recovery meeting, here in Sumter, and I began to attend regularly. I soon began participating in a men's step study on Tuesday evenings, and I asked someone to sponsor me.

My sponsor was the pastor of a church, and he helped me work through the 12 steps in a period of about two years. My sponsor provided support and accountability and would sometimes take me to lunch, just to talk about issues I have. We talked about family problems and plans for the future. We dealt with issues about hurts, hang-ups, and habits that needed to be resolved. We talked a lot about my making amends for harm I had done to others in the past. Working through the 12 steps brought healing to my life, and I continue to practice the principles of these steps in all my affairs, sharing them with others.

Continued on pg.7

Online Job Survey: U-Penn is looking for Feedback from Certified Peer Specialists

In this survey, U-Penn is seeking assistance in gathering information about paid employment in which a Certified Peer Specialist designation is a requirement for the position.

The purpose is to pull together and disseminate information about the variety of jobs that CPS are doing in order to inform the development of new paid CPS positions nationwide.

The project is sponsored by the University of Pennsylvania Collaborative on Community Integration. The survey will take about 10 to 15 minutes to complete. It is voluntary and anonymous. You will not be asked for any identifying or contact information.

The information you provide may be edited for clarity and length.

**Click Here to Take the
[Certified Peer Specialist Job Survey.](#)**

National Memorial – Continued from page 2

The supporting organizations and individuals are sharing resources to help build the memorial. The Mental Health America board voted to be the fiscal agent and has created a tax-exempt fund to bank donations. The board of the Depression and Bipolar Support Alliance voted to provide funding for the design of a traveling exhibit to help raise funds. Organizations outside the field of mental health have also offered support. The University of Georgia School of Environmental Design will provide consultation and student support.

Tax-exempt donations can be sent to Consumer Memorial Fund, C/O Mental Health America, 2000 North Beauregard St., 6th Floor, Alexandria, VA 22311.

In South Carolina The Committee to Preserve and Restore Historic Cemeteries is chaired by Anita Baker of MHA-SC. Of the cemeteries in the Columbia-area only about 250 persons have a name on their headstones. A database to begin identifying individuals contains the names of 7,070 people and dates back to 1893. Plans are currently underway to build and dedicate a memorial to all of the former patients at the Elmwood cemetery. To get involved or locate a family member or friend buried at one of the cemeteries contact Katherine Roberts or go to http://www.state.sc.us/dmh/client_affairs/cemetary.htm.

Mentoring Continued from Page 1

Billie Davis When I first started the mentoring program I was worried that I wouldn't be able to keep up. I thought it would be too hard for me and I would just end up quitting it like I have done with every thing else in my life. But to my surprise I found it very interesting and I stuck with it and finished it. I learned not only about mental illness but about coping skills and fixing some of my own problems. I learned how not to be a prisoner of my condition, how I can't look forward if I am too busy looking back. I also learned about stigma, anger management, setting goals, symptoms and self esteem, assertiveness, what my rights are as a person and a lot of other things. I learned about a very interesting man, Abraham Maslow, who developed a theory about the needs all people need to acquire to achieve happiness. Some of the most important things I learned are that there are five things in life we cannot change:

1. Everything changes and ends.
 2. Things do not always go according to plan.
 3. Life is not fair.
 4. Pain is part of life.
 5. People are not loving and loyal all the time.
- I also learned to be able to stand up in front of people and give a speech – this is my first one.

My name is **Linda Robinson** and this is what I learned in Mentoring Class that I will take with me... To relax and be more sociable - not so stressed out, to assert my self in the right way, without being mad or angry and to smile more. I learned to control the tone and volume of my voice. I proved I could achieve my goal and complete the mentoring class. I learned to set short-time goals and boundaries. I learned to believe in myself! I learned that I am important and that my feelings do matter. I learned that I can do anything I set my mind to. I learned to stay focused and coping skills. I learned to change my habits to make better use of my time. I learned not to isolate myself. I realized that I want to share the skills I have learned to help others. Most importantly I made a commitment to the class and to myself and I Got My Power Back!!!

Update: Lesa Shadowhawk and Billie Davis attended the August Certified Peer Support Specialists training program in Columbia and Linda Robinson has joined the **Recovery Assistance Mentoring Program** aka the **RAMP**. This program is for clients who have graduated from the Mentoring class and choose for various reasons not to become a CPSS. They work with their peers to work on tasks or small assignments on site with a group for example art, reading, or as a "buddy" providing social support. Clients in the RAMP program **MUST** be active in their recovery, display leadership skills and working toward independence. Volunteers go through a condensed orientation with human resource staff and receive a volunteer employment badge state they are RAMP Volunteers.

US Supreme Court Limits Rights of Self-Representation of People with Mental Illnesses

In a recent seven-to-two decision, the U.S. Supreme Court ruled that a defendant with mental illness who is competent to stand trial may not necessarily be competent to do so without benefit of counsel.

The majority opinion, by Justice Stephen G. Breyer, stated that the decision as to whether someone could represent himself should be left in the hands of individual trial judges, who "will often prove best able to make more fine-tuned mental capacity decisions, tailored to the individual circumstances of a particular defendant," The New York Times reported. The case in question involved a man with schizophrenia on trial for attempted murder who had wanted to argue self-defense. This was in contrast to his lawyer's defense strategy, involving lack of intent.

Justice Antonin Scalia, joined by Justice Clarence Thomas in his dissent, noted that the defendant was "respectful and compliant" yet had not been allowed to even try to represent himself.

Referring to Justice Breyer's assertion that an attempt by someone with a mental illness to act as his own attorney might be lacking in dignity, Justice Scalia added, "The dignity at issue is the supreme human dignity of being master of one's fate rather than a ward of the state – the dignity of individual choice."

Posted: June 26, 2008/**Title:** U.S. Supreme Court Limits Right of Self-Representation of People with Mental Illnesses

Links You Can Use

The disabilityinfo.gov website, a collaborative product among twenty-two federal agencies, contains comprehensive information on cross-cutting issue areas including employment, benefits, housing, transportation, health care, education, civil rights and technology.

The site provides quick and easy access to comprehensive information about disability programs, services, laws and benefits. You can begin your search by visiting any of the nine subject areas at the top of this page. To find disability resources in your state just click on the **Find State and Local Resources** map located in each of these subject areas.

In preparation for the 18th anniversary of the Americans with Disabilities Act (ADA), the site has been enhanced and updated including over 2,000 new links to offer greater access to information about programs and services; access to the quarterly newsletter; and answers to frequently asked questions about the www.DisabilityInfo.gov website.

Building a Recovery Dialogue with Your Doctor: A New Program from Mental Health America

What is Dialogue for Recovery? Dialogue for Recovery is a new National Mental Health America (NMHA) program, aimed at enhancing communication between doctors and patients about treatment goals, medication side-effects and other quality of life issues affecting the recovery of individuals diagnosed with serious mental illness.

With a Dialogue for Recovery, consumers of mental health services and their doctors can find the right combination of medications and community support that will best serve these individuals in their recovery.

Why is there a need for Dialogue for Recovery? NMHA developed Dialogue for Recovery to raise awareness of the need for regular communication between patients and doctors about medication side-effects.

What are the components of the Dialogue for Recovery program? The Dialogue for Recovery

program utilizes several resources to facilitate communication between patients and their doctors. **What are the components of the Dialogue for Recovery program?** The Dialogue for Recovery program utilizes several resources to facilitate communication between patients and their doctors. A new, user-friendly tool, called the Antipsychotic Side-effects Checklist or ASC. ASC is designed to help patients and their doctors easily identify and communicate about medication side-effects by encouraging them to "ASC" the right questions, so they can determine which side-effects are most bothersome and whether the treatment needs to be modified.

Other program components include: a brochure and wallet card on how patients can discuss side-effects with their physicians, a fact sheet for physicians, a guide for families and friends, and a video featuring patients building relationships with their physicians and on their road to recovery.

To order or more information please contact
800-969-NMHA (6642)

or

<http://www1.nmha.org/pbedu/dialogueforrecovery/index.cfm>



Heros *in the* Fight

Heroes in the FightSM is a recognition partnership program established and sponsored by Eli Lilly and Company to celebrate dignity, courage, hope, and recovery in the ongoing treatment of persons with severe and persistent mental illness (SPMI) by recognizing "heroes" who provide care and support for these individuals and their families.

The program recognizes and celebrates the heroic work of many people who fight for better mental health and better lives on a daily basis in their community. Persons who best exemplify ongoing care and dedication in this field are nominated by their peers within the local mental health community.

Too often the work of individuals in the mental health field is unseen or even stigmatized by the general public. Although mental illnesses cannot be cured, victories occur whenever individuals with mental illness fight for better outcomes and better lives, and work with caregivers to achieve their goals. It takes ongoing dedication from many professionals to help individuals with mental illness achieve successful results. Those being recognized as "heroes in the fight" exemplify the best in our community, as well as the kind of care and support that is provided by so many professionals in our community every day.

To view past recipients of the awards including those in South Carolina go to:
http://www.heroesinthefight.org/past_heroes/index.jsp

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August Certified Peer Support Training

by Bobbie Lesesne

The Office of Client Affairs finished its first training on August 27th partnering with the Veterans Administration (VA), and the Department Alcohol other Drug Abuse Services (DAODAS) in peer support. Rhonda Washington from the VA and four people from Sumter County Commission Alcohol and Drug Abuse (CCADA) attended the training. They are Bob and Malone Spencer, Sabrina Reese, and Kristie Hansard. Three candidates are from Mental Health; from Charleston-Dorchester MHC, Rachel Bowick and Steven Buchanan have been working in the Wellness Academy and from Beckman MHC Teena Wilkie will starting as the new CPSS for Greenwood. Billie Davis and Lesa Shadowhawk who were featured on the front page of this news letter attended the class as well. Three others from Columbia, Lisa Simonds, Jamilla Canty, and Sharon Lentz finish out this class of 13 outstanding candidates. It was very exciting for The Office of Client Affairs to see these agencies joining the peer support initiative in South Carolina.

In July, DAODAS was given approval for Medicaid billing for pss. People with co-occurring mental health and addiction issues will have the added benefit of receiving peer support services. This in turn will allow for more treatment services and increased collaboration across agencies that can only benefit the clients we all

The daylong training with James Wilson from DAODAS and Bonnie Pate from SC SHARE was not only fun and interactive, but also extremely informative. This class will now be a required module for all peer support candidates in the future. Any current CPSS's who have not attended Alcohol and Drugs 101 with James are invited to attend that portion of future CPSS trainings. Call Bobbie Lesesne for more information.

The attractiveness of the peer and self-help philosophy, which began in A.A., and has been so successful, the original peer support program, will now be carried through in paid employment thus putting it in the professional arena. With this perspective, it will make the empowering of individuals in their recovery, even stronger.

Hopefully, all will welcome these new efforts, knowing that peer support services are expanding, are an agent of change, and CPSS are enhancing the hard work of traditional staff in their services to advance the recovery movement.



Celebrate your Recovery Continued from Page 3

12-step recovery is not just for people with substance abuse issues, and I found that the peer support I have received through Celebrate Recovery is great support for me in my recovery. The Celebrate Recovery meetings take place every Friday evening. The program begins with supper, followed by a brief time of singing and announcements. We then listen to someone share a recovery story, followed by a time of small group sharing. The program is designed to deepen a person's spiritual life and to promote recovery in a community of faith. It is a great addition to treatment in a community mental health center, and there are no fees or dues. I have shared my recovery story at these meetings, and I enjoy hearing others tell their stories, too. It is a joy to be a part of this program, and it is also helping others who suffer from mental illnesses to find meaning and purpose for their lives.

If you are interested in finding a Celebrate Recovery meeting in your area, you can go to www.celebraterecovery.com and follow the links. Certainly, you will find a reason to celebrate your recovery.

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Charleston- Dorchester MHC Client Advisory Board News

The Charleston-Dorchester MHC continues to have an active advisory board despite not having a CAC at the moment. The CAB strives to make suggestions for improvement to their mental health center, acknowledge areas that are currently working well and advocating for their peers.

In August the CAB met with center supervisors. They discussed that frequent or numerous the changes in case management services are stressful but understood issues in staff change over. They reported feeling that some case managers are very responsive to clients needs and return calls quickly, others are perceived as "ghosts." Most felt they were a part of their tx planning and goal setting while some felt their goals were not their own. Most feel respected by staff although they noted that sometimes clients have a hard time getting a staff person on the phone when their assigned case manager is not available. They discussed ways to improve this such as telling staff to let clients know to ask for a specific supervisor or the emergency person for the team. The staff reviewed with clients what the client advocate's purpose is and how to contact them. Overall the clients reported being happy with their mental health center, however, accessibility and recovery oriented treatment is still hit and miss with some staff, indicating a need for continued training on recovery.

Their next meeting will be Tuesday September 16th at 11:00am.

SAMHSA's Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center)

The SAMHSA ADS Center enhances social acceptance and inclusion by ensuring that people with mental health problems can live full, productive lives within communities without fear of prejudice and discrimination. We provide information and assistance to develop successful efforts to counteract prejudice and discrimination and promote social inclusion.

Formerly known as, SAMHSA's Resource Center to Address Discrimination and Stigma, the Center was re-named in 2008 to SAMHSA's Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center).

The change reflects a new approach: to promote a strengths-based vision, recognizing the importance of a caring, welcoming, and supportive community in helping to promote recovery and wellness for people with mental health problems. Reducing stigma and discrimination continues to be part of the ADS Center's work.

The SAMHSA ADS Center offers:

Information about what works to promote acceptance and social inclusion of people with mental illnesses.

- Training and technical assistance to help create initiatives to promote social inclusion.
- Information about how to connect with more than 50 existing international, national and local campaigns and programs.

Information about available publications, events, research, and issues of relevance regarding prejudice and discrimination associated with mental illnesses.

A comprehensive online library of more than 2,000 items that addresses prejudice and discrimination. Resources and information promoting social inclusion related to special populations such as: children, older adults, and racial and gender minorities as well as information for employers, realtors/landlords, medical providers, educators, faith groups, policy makers, and the media.

The ADS Center's staff is available by phone, mail, and e-mail to provide counsel and assistance.

The ADS Center is a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. To access the center go to:

<http://www.promoteacceptance.samhsa.gov/default.aspx>

SAVE THE DATE

NAMI SC 2008 Annual Conference

October 25th 2008 at Embassy Suites in Columbia SC

<http://www.namisc.org/index.html#>

ALTERNATIVES 2008

Creating Community Through Active Citizenship

Adams Mark Hotel / Buffalo, New York

October 29 - November 2, 2008

<http://www.power2u.org/alternatives-2008/>

CPSS Continuing Education

For Information on the CPSS Training Schedule please call Bobbie Lesesne at 803-898-7490 or email her at

BAL30@SCDMH.org

Peer Support Certification Training Schedule

Week 1	Week 2
Testing	
Oct. 27-30	Nov. 3-5 Nov. 19

CAC Bi-Monthly Meetings

The CAC's meet every other month from 1 to 3 pm, all employees who do not live in the Columbia area (Columbia and Lexington) may tune into the meeting via the SCDMH video conferencing system at their main center location.

CAC: Oct. 20, Dec. 15

To see the entire Client Affairs Training Calendar
Go to:

http://www.state.sc.us/dmh/client_affairs/training_calendar.htm

Other Events

SC SHARE

Recovery for Life 1

November 18th - 19th

Recovery for Life II

December 16 - 17th

WRAP

October 14th

<http://www.scsshare.com/>

FAVOR SC FAVOR | SC is a council made up of chapters throughout the state that are part of the National Faces & Voices of Recovery Campaign. For more information about this campaign, please visit us on the web. FAVOR works to unite the recovering community into one voice, in order to remove barriers to recovery from addiction for citizens of South Carolina and their families.

"Rally for Recovery"

September 20th, 2008

<http://www.favorsc.org/events.htm>

NAMI-SC

October 25, 2008 NAMI-SC 2008 Annual

Conference Embassy Suites in Columbia

<http://www.namisc.org/index.html>

Federation of Families

September 19-20, 2008 - Free Training - Be a Leader in Your Community! - The Federation of Families of SC will host a two day parent leadership training in Columbia, Friday and Saturday, September 19th & 20th. The Federation of Families of SC will provide training and ongoing support to parents, foster parents or other family members who are primary caregivers of children with mental health needs. To attend the training you must be willing to volunteer to organize a family support network in your community. Travel, meal and accommodations will be covered for the training. For more information call the Federation office in Columbia at 779-0402 or toll-free at 866-779-0402.

<http://www.fedfamsc.org/1.html>

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