

Special

Interest:

Free Resources

Pg.2

Icebreakers

Pg. 3

Health Care Reform

Pg.4

10 by 10 Wellness Campaign

Pg.5

Center Highlights:

Beckman Pg. 7

Background Artwork for CAPPS is provided by SCDMH Art of Recovery.

Artist:

Jeffery Miller

To view the on line gallery of client artwork go to:
http://www.state.sc.us/dmh/aor/aor_home.htm

Beckman Recovery Conference

On October 18, 2010 the Beckman Mental Health Center held its 8th annual Recovery Conference **"Achieving Wellness"** sponsored by the Beckman Center for Mental Health Services and their co-sponsors: National Direct Home Pharmacy, Janssen Pharmaceuticals, and Mental Health America of Abbeville, Greenwood, Laurens, and McCormick Counties at the Mount Zion AME Church in Promised Land, S.C. This year over 170 clients, staff and guests attended.

Center director, Melanie Gambrell, delivered the opening remarks, followed by recovery testimonials from clients, one, from each county Beckman serves.

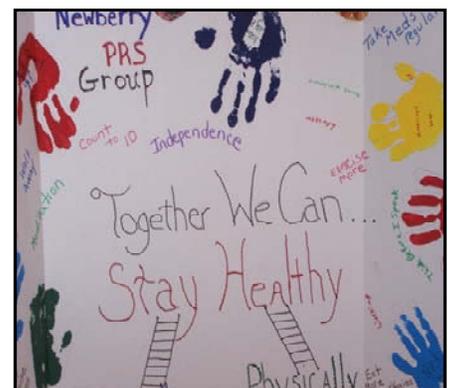
They were; Jimmy Freely from Greenwood, Sandra Kennedy from Laurens, Milton Parham from McCormick, Ellen Scoville from Newberry, Jane Alexander from Abbeville and Richard Jones from Saluda. Each client who spoke received a \$25.00 Wal-Mart gift card donated by National Direct.

Following a short break, an educational seminar **Choices in Recovery** was presented. The focus was of the seminar was on symptom management, working with

treatment teams, goal setting and communication.

The presenter was **Richard Petty** **Richard G. Petty, MD, MSC, MRCP** (UK), MRC Psych. Dr. Petty is a Professor of Medicine Georgia State University Associate and the Medical Director of the Promedica Research Center Atlanta, GA. The program was sponsored by Janssen Pharmaceuticals.

One of the most anticipated events of the conference is the banner/display contest based on the conference theme. The displays are set up around the perimeter of the room. The clients from the various Beckman programs design displays based on the conference theme. The displays are set up around the perimeter of the room. Each program that submitted a display receives a framed certificate and the winning banner receives trophy.



Winning Banner Newberry



The judges all from the Central Office's Division of Community Mental Health Services were Jeff Ham, the Community Mental Health Services Coordinator Michele Murff, the Coordinator of Homeless and Housing Programs (Cont pg. 2)

Free Resources

Substance Abuse and Mental Health Services Administration's (SAMHSA)

Free resources can be found at the Substance Abuse Mental Health Services Administration (SAMHSA) and the National Institute on Mental Health (NIMH) web sites.

The site is designed to help you figure out what publications maybe relevant to you or the group you work with. When you click on a publication title the following information will be listed:

- **Pub id**
- **Publication Date**
- **Popularity** of the publication
- **Format** - of the publication
- **Audience** - who the publication is aimed at
- **Population Group** - group the publication is addressing
- **Price** – most are free
- **Availability** - in stock or out
- **Quantity** - how many you can order

In addition, recommendations of materials that supplement the publication are given as well as internet links to related websites. If the material is out stock there is usually a downloadable version

For example, a recent publication *Women's Mental Health: What It Means to You* offers tips to help women and girls protect their mental health. It addresses feelings of shame, mental health needs at different stages of life, signs of mental illness, teen suicide prevention, eating disorders, and sources of support for coping with mental illness. You can order up to 1000 copies for free!

Pub id: OWH09-CONSUMER

Publication Date: 1/2009

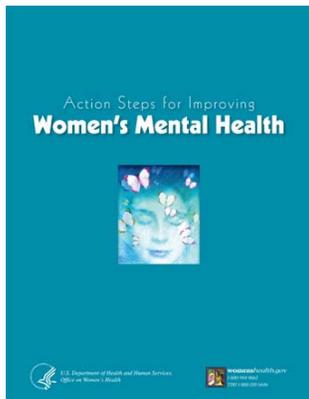
Popularity: 64

Format: Brochure

Audience: Women as Audience

Population Group: Females, Pregnant Women, Trauma Survivors

Price: Free (shipping charges may apply)



One the most popular publications on the site is the **Anger**

Management for Substance Abuse and Mental Health Clients: Participant Workbook.

First published in 2008, this workbook was designed to be used by participants in group cognitive behavioral therapy sessions on anger management for people with substance abuse problems or mental illness. It summarizes core concepts for each session and includes worksheets and homework assignments. You can order up to 25 copies for free.

Pub id: SMA08-4210

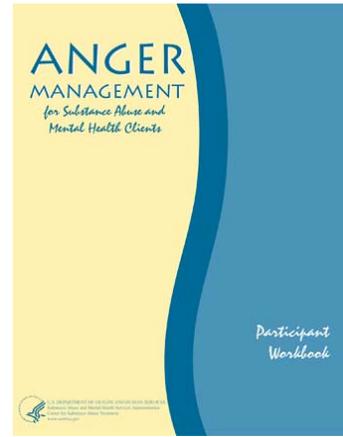
Publication Date: 1/2008

Popularity: 5

Format: Workbook

Audience: People with Mental Health Problems as Audience

Price: Free (shipping charges may apply)



To find out more, follow the link:

<http://store.samhsa.gov/home>

Beckman cont

Bobbie Lesesne the Peer Support Training Coordinator and Katherine Roberts, the Client Affairs Director.

Eleven programs submitted banners and they were all terrific. Although it was difficult to pick a single winner in the end the program from Newberry was selected. The afternoon wrapped up with a talent show with clients from various programs showed off their skills; playing guitar, saxophone and singing. There were group and solo performances.

Solo singers included Ricky Whimbush from Abbeville, and Alfred Attaway from Saluda. The choir from Newberry included Beverly Dacosta, Ellen Scoville, Joey Davis, Bradley Bedenbough, Nicholas Vanlue, Tommy Kirkland, Henry Simpson, Leroy Hillary and Sandra Maxwell. From Greenwood, Kelsey Gilchrist played on saxophone and Mary Anna Sherrard sang and played guitar. **(Cont pg 3)**

Using Icebreakers for Groups, Meetings, & Conferences, by Bobbie Lesesne



I think we normally use an icebreaker just at the beginning of our groups, meeting or conferences, and of course, that is the correct thing to do. We want everyone to open up, feel comfortable, and connect with the others in our meeting room. That's why they are called icebreakers to begin with (right) to get everyone alert and ready to learn, participate, perhaps laugh, and have a good time.

Yet, if it is a long meeting or conference, sometimes, people get bored, tired, and sleepy. What to do? Well, even before the first yawn is seen, ask everyone to get up and stretch, and stretch again, take a deep breath or two and get some oxygen to the brain. Here are some other ideas to use in the beginning, middle, and end of a long meeting.

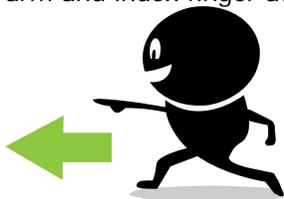


Beginning:

1. Positive Recognitions – Say to everyone this is positive recognition, and then demonstrate the unique way you will greet each other the rest of the day. Then have each person turn to the person on their right Perform as was demonstrated, in rapid sequence, 2 hand-to-thigh slaps, 2 hand claps, 2 finger snaps, and then show both "thumbs-up" like the Fonz while saying, ever so coolly, "yeah."

Middle:

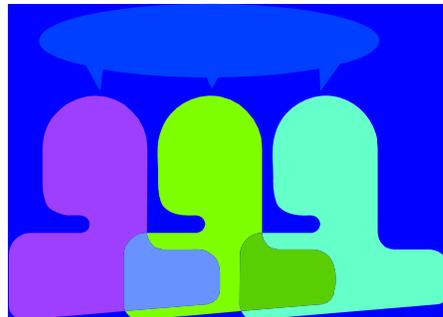
2. Beach Ball or Balloons Toss - Even when someone is speaking, not to be disrespectful, but to keep the ball rolling, no pun intended, and keep the group awake, toss a few balloons to a table, or a beach ball if it is a large group, and keep the tossing going, (so as to not drop the ball) for a few minutes. This is a good eye opener!
3. Zoom, Zip, Zap – Have everyone form a circle or just stand by their chair. Explain the game, and as the leader, you start, randomly pick out somebody, and step out while pointing your arm and index finger at the person and say – Zoom, Zip, Zap.



Then immediately that person picks somebody and steps out and says - Zoom, Zip, Zap! Continue until all have participated, more than once. There will be a lot of laughter and all will be awake.

End:

4. Have a smooth stone that fits in the palm of the hand, warm it up and begin to pass around the room from person to person as each person says to the next person " I believe recovery is real and I believe in you".



Google, icebreakers, there are lots to choose from. Remember have fun and be creative!

RECOVERY IS REAL

Beckman Recovery Conference (continued)

The conference is planned each year by the centers Client Advisory Committee. The committee, which meets quarterly, reports planning for the next conference begins as soon as one ends ...it seems to be continuous. They develop the agenda and make recommendations for speakers and ideas of which agencies to invite to provide information about their program and services to our clients. Center staff take the information from the advisory committee and start putting together all of the pieces to make the conference happen.

Beckman Mental Health clients and staff would like to thank their local Mental Health America affiliates, National Direct, Janssen Pharmaceuticals for their continued support and Mt. Zion AME Church for the use of their wonderful conference facility.

To view all banner entries and the Beckman Client Advisory Board see pages 6 and 7.

SAMHSA on Health Care Reform

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (ACA) which seeks to make health insurance coverage more affordable to individuals, families and the owners of small businesses. When fully implemented, the law will provide access to coverage for an estimated 32 million Americans who are now uninsured. It reforms insurance markets to make them more competitive and protect consumers' rights by prohibiting such practices as excluding people from coverage due to pre-existing conditions, placing annual or lifetime caps on coverage, banning rescission of coverage, and establishing basic minimum benefit packages. ACA recognizes that prevention, early intervention and treatment of mental and substance use disorders are an integral part of improving and maintaining overall health.

The passage of the ACA assures that mental health and substance use services provided to newly covered individuals are provided at parity and consistent with the 2008 passage of the Mental Health Parity and Addiction Equity Act.

Under ACA, the Medicaid program will play an increasing role in the financing and delivery of mental health and substance use services. ACA expands the opportunity for states to use current and new provisions of the Medicaid program to offer services to current and newly eligible enrollees. This includes expanding eligibility to individuals without dependent children and whose incomes are below 133% of the federal poverty level (FPL). ACA provides a significant focus on expanding and improving home and community based services to individuals with disabilities, including those with a mental health or substance use disorder. In addition, the Medicaid program will cover prevention services, including screening for depression and alcohol. The Centers for Medicare and Medicaid Services (CMS) will enhance efforts to offer develop strategies for individuals that are dually eligible for Medicare and Medicaid services—a significant number of these individuals need mental health and substance use services.

ACA will also have an impact on SAMHSA's block grant. The new opportunities under the bill will significantly expand mental health and substance use treatment and support services under Medicaid and insurance products offered to working class families. Some of these individuals received treatment and supports funded through the Mental Health Services Block Grant

(MHBG) or the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). This will allow the block grants to purchase other needed services that support individuals and families that will support their recovery and resiliency goals. Many of these services may not be covered by Medicaid or private insurance.

Finally, ACA seeks to enhance the availability of primary care services, especially for low-income individuals that have complex health needs. ACA has many provisions that seek to identify and coordinate primary care and specialty services for these individuals through medical homes. Medical homes is a concept that has been used for many years and specifically designates an health care professional to be accountable for identifying and coordinating a wide range of services. There are specific provisions in the law that will increase access to medical homes to individuals with serious mental illness and individuals with a co-occurring addiction and other chronic condition.

SAMHSA has a prominent role in several key provisions of the Affordable Care Act. A major provision requires states to consult with SAMHSA in developing medical homes for individuals with mental health and substance use disorders. SAMHSA is also responsible for developing Centers of Excellence for Depression and Post Partum Depression. In addition, SAMHSA is taking a lead role in shaping policies regarding home and community based services for individuals with mental illness and substance use disorders.



**For more information on
Health Care Reform go to**

<http://www.samhsa.gov/healthReform/>

The Wellness of People with Mental Health Problems

The Federal Government has spearheaded the SAMHSA 10x10 Wellness Campaign, launched in 2010, to promote the importance of addressing all parts of a person's life in hopes of increasing life expectancy for persons with mental health problems by 10 years over the next 10 years. More than 2,000 organizations and individuals have expressed their commitment to promoting wellness and reducing the disproportionate impact of preventable morbidity and mortality on people with mental health problems by signing the Pledge for Wellness, and the Campaign is guided by a multidisciplinary Steering Committee representing consumers, providers, and researchers.

Vision

A future in which people with mental health problems pursue optimal health, happiness, recovery, and a full and satisfying life in the community via access to a range of effective services, supports, and resources.

The early mortality rates of people with serious mental health problems—with decades of life lost—have recently received much-needed attention. This disparity in life expectancy is unacceptable. People with serious mental health problems deserve to live as long and healthily as other Americans.

Wellness means overall well-being. It incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Each aspect of wellness can affect overall quality of life, so it is important to consider all aspects of health.¹ This is especially important for people with mental health problems, because wellness directly relates to the quality and longevity of your life.

Wellness incorporates many dimensions of health. According to Dr. Sarah R. Linde-Freucht of the U.S. Department of Health and Human Services, "health relates broadly to how an individual functions in one's life, the quality of one's relationships, and how one adapts to change and copes with difficulties" (National Wellness Summit for People with Mental Illnesses, 2007).

The new focus on wellness highlights the importance of recovery from mental health problems. By pursuing wellness, we can reduce the disparity in early mortality for people with mental health problems, which is far greater than for any other population.

The Eight Dimensions of Wellness

1. **Social** - developing a sense of connection and a well-developed support system.
2. **Physical** - recognizing the need for physical activity, diet, sleep, and nutrition while discouraging the use of tobacco, drugs, and excessive alcohol consumption.
3. **Emotional** - developing skills and strategies to cope effectively with stress, challenges, and conflict.
4. **Spiritual** - searching for meaning and purpose in human existence
5. **Occupational** - deriving personal satisfaction and enrichment from one's work.
6. **Intellectual** - recognizing creative abilities and finding ways to expand knowledge and skills
7. **Environmental** - fostering good health by occupying pleasant, stimulating environments that support well-being.
8. **Financial** - feeling satisfied with current and foreseeable future financial situation.



To find out more, follow the link:

<http://www.promoteacceptance.samhsa.gov/10by10/default.aspx>

Achieving Wellness Display Entries Beckman MHC



Paige McCray's Wed/Thurs
Afternoon Group Greenwood



Jeff Spencer's Wed./Thurs.
Afternoon Group Greenwood



Saluda Mental Health



Laurens Mental Health



Paige McCray's Mon/Tues
Morning Group Greenwood



Edgefield Mental Health



Beckman Client Advisory Board Back Row Left to Right

Louvenia Hughey, Richard Jones, Pam Minyard, Francis
Harris, Ellen Scoville, Eliese Webb, Ricky?
Connie Johnson, Tonya Davis, Gloria Hendley

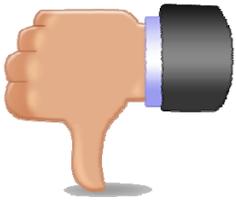
Talking to Someone Who is Depressed; 10 Things to Say 10 Things Not to Say

From the United Kingdom's Depression Alliance



DO SAY

1. You're not alone in this.
2. You are important to me.
3. Do you want a hug?
4. You are not going mad.
5. We are not on this earth to see through one another, but to see one another through.
6. When all this is over, I'll still be here, and so will you.
7. I can't really understand what you are feeling, but I can offer my compassion.
8. I'm not going to leave you or abandon you.
9. I love you (if you mean it).
10. I'm sorry that you're in so much pain. I am not going to leave you. I am going to take care of myself, so you don't need to worry that your pain might hurt me.



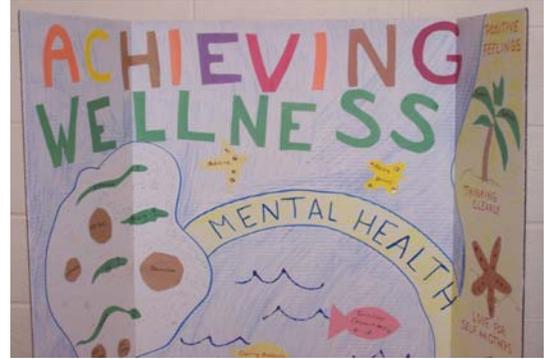
DON'T SAY

1. There's always someone worse off than you are.
2. No one ever said that life was fair.
3. Stop feeling sorry for yourself.
4. So, you're depressed. Aren't you always?
5. Try not to be so depressed.
6. It's your own fault.
7. I think your depression is a way of punishing us.
8. Haven't you grown tired of all this me, me, me stuff yet?
9. Believe me, I know how you feel. I was depressed once for several days.
10. Have you tried chamomile tea?

For more information go to

<http://www.depressionalliance.org/>

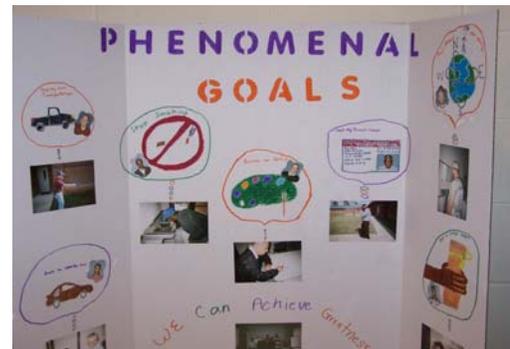
Achieving Wellness Display Entries Beckman MHC



Abbeville Mental Health



McCormick Mental Health



Jeff Spencer's Mon./Tues. afternoon group -
Greenwood group



Gateway to Success – Greenwood

2011CPSS Continuing Education

For Information on the CPSS Training Schedule please call Bobbie Lesesne at 803-898-7490 or email her at BAL30@SCDMH.org

CPSS Continuing Education are on **Fridays from 9:30am to noon in room 404 SCDMH**

Administration Building. 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.

1/15/2010	1/21/2011
3/18/2011	4/15/2011
6/17/2011	7/22/2011
9/16/2011	10/21/2011
12/16/2011	

2011 CPSS Training Schedule

Week One	Week Two	Exam
2/7-10/2011	2/14-17	3/10
5/16-19/2011	5/23-26	6/9
8/15-18/2011	8/29-9-1	9/8
11/7-10/2011	11/14-17	11/30

2011 CAC Bi-Monthly Meetings

The CAC's meet every other month from 11am to 1 pm in room 315 SCDMH Administration Building. 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.

February 7 th	April 11 th
June 13 th	August 8 th
October 10 th	December 5 th

Dates Subject to Change

To see the entire Client Affairs Training Calendar Go to:

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

SC SHARE

10th - "Hanging Onto HOPE"

For more information go to

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

SC SHARE is the only statewide mental health consumer run non-profit organization of its kind in South Carolina. The organization is open to anyone who has a mental illness

MHA-SC

On November 20, 2010 Survivors of Suicide will hold conferences in locations of Columbia, Charleston, Greenville, Spartanburg, and Hilton Head. For more information, for to www.afsp.org or contact Helen Pridgen at hrpridgen@sc.rr.com. The SC Chapter Board includes two participants from the National Panels of the 2006 and 2007 conferences. Copies of the yearly broadcast are available through the AFSP web site. MHASC is an affiliate of the National Mental Health America, founded by former psychiatric patient and Yale graduate Clifford W. Beers to expose and correct the injustices he experienced and observed during hospitalizations for a diagnosis of bipolar disorder. <http://www.mha-sc.org/>

Federation of Families

The Federation of Families of South Carolina is a nonprofit organization established to serve the families of children with any degree of emotional, behavioral or psychiatric disorder. The services and programs offered by the Federation are designed to meet the individual and varying needs of families around the state. <http://www.fedfamsc.org/>

NAMI-SC

Welcome to NAMI SC, the state chapter for the National Alliance on Mental Illness. Our mission is to improve the quality of life for individuals who live with mental illnesses and for their families by promoting the availability of effective services and resources, through education, support and advocacy. <http://www.namisc.org/>

CAPSS 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 Division of Community Mental Health Services, Suite 312, 2414 Bull Street Columbia, SC 29202, fax 803-898-8347