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CAPSS Artwork is provided by SCDMH Art of Recovery Submissions.

“Crashing Waves”

Artist:
Jeffery Miller

To view the on line gallery of client artwork go to:

http://www.state.sc.us/dmh/aor/aor_home.htm

SCDMH Mission To Support the Recovery of people with Mental Illness



Promoting Recovery Through Choice

The National Coalition for Mental Health Recovery (NCMHR), a national coalition of statewide consumer/survivor organizations and others, has released guidelines to educate people about the values-based needs of individuals with mental health challenges. The guidelines — "Enhancing the Effectiveness of Psychiatric Care and Other Services and Supports: Guidelines for Promoting Recovery Through Choice and Alternatives" — were developed by a diverse group of people with the lived experience of mental health recovery from across the United States. [They are available here](#) and pasted in below. "It is our intention that these guidelines be used as a tool for training and education of all community members interested in improving the provision of mental health services and supports," said NCMHR director Lauren Spiro. "It is our hope that the guidelines will be incorporated into current efforts at mental health systems reform."

Spiro continued: "We express our support for all efforts to implement these principles, and applaud the significant steps forward made during the February 11-12, 2011, Medication Optimization Symposium convened by providers and policy makers and inspired by the important work of journalist Robert Whitaker and his latest book, 'Anatomy of An Epidemic.' We congratulate Mr. Whitaker for having this book selected by the Investigative Reporters and Editors Association as its winner in the category of Best Investigative Journalism of 2010 www.ire.org/resourcecenter/contest/press/AwardsPR2010.pdf."

The National Coalition for Mental Health Recovery (NCMHR) will ensure that consumer/survivors have a major voice in the development and implementation of health care, mental health, and social policies at the state and national levels, empowering people to recover and lead a full life in the community. WASHINGTON, D.C. (4-28-11)

Contact: Beckie Child, MSW, Director, Peerlink National Technical Assistance Center 503-922-2377 (voice); 888-820-0138 (toll-free); TTY: Use 711 relay 2 p.m. - 8 p.m. EST or 9 a.m. - 5 p.m. PST

For more information about the National Coalition, see www.ncmhr.org, and for information on Emotional CPR, see www.emotional-cpr.org

Enhancing the Effectiveness of Psychiatric Care and Other Services and Supports: Guidelines for Promoting Recovery Through Choice and Alternatives

We affirm the power of each person to discover his or her own path to recovery. We are concerned about the over-reliance by health and mental health care providers on psychiatric pharmaceuticals. We are pro-choice regarding psychiatric medication, services and supports. We propose the following guidelines to the broad spectrum of health and mental health care providers so that each individual is aided on his or her recovery journey to the greatest extent possible:

- Promote hope, optimism, and the expectation of recovery in all service settings.

Continued on pg 2.

Aiken/Barnwell MHC Peer Support Specialist Heads to Louisiana

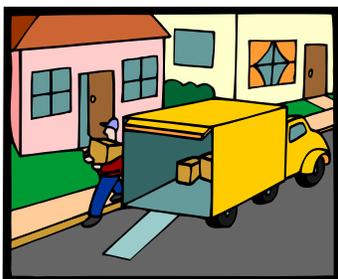
Melissa Gamelin, Certified Peer Support Specialist with Aiken Barnwell Mental Health Center, will be re-locating to Louisiana in May 2011. Melissa has been a CPSS with ABMHC since August 2010. She will start a new position with The Metropolitan Human Services District located in the heart of New Orleans on May 16, 11. She will be helping Vanessa Sweeney, MPH to build the Peer Support Program in that area so the state can approve it for Medicaid Billing. In addition, she will be leading Double Trouble Support Group and advocating for clients with mental illness and helping them to find resources to utilize in their communities.

Her new position is called a "Rehabilitation Aide" although she has to be a Certified Peer Support Specialist as part of the job criteria. She will join 4 Rehabilitation aides in addition to the three recently hired. Melissa was selected for the full-time position.

Melissa lived in New Orleans during Hurricane Katrina. She can identify with many of the residents in that area who are working to rebuild their lives after this devastating trauma. As part of her job, she will be working with residents affected by Hurricane Katrina and providing an array of peer support services.

ABMHC will miss Melissa; however, we are excited about the possibilities of building a relationship with this program and the opportunity to exchange and share ideas.

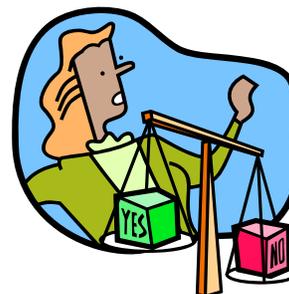
Tamara Smith, Program Director, Psychosocial Rehabilitation Services, ABMHC



- The use of involuntary interventions, which should never be considered treatment, is indicative of a failure to effectively engage the individual(s) involved. Involuntary interventions should only be used as a last resort, when all other approaches have been exhausted.
- Services must be person-directed, culturally attuned and trauma-informed.
- Services must involve the availability of an array of

options, including psychotherapy, psychosocial rehabilitation programs, peer support, holistic health services, and other community-based mental health services and supports, as well as the availability of appropriate and effective medication.

- Educate individuals accurately about what is known and not known about a psychiatric diagnosis and about the wide range of possible explanations of mental health symptoms.
- Adopt sound treatment protocols. This would include providing individuals with accurate and up-to-date research about the potential benefits, risks and side effects of medications and other treatments. It would ensure their right to seek a second opinion — to allow for shared decision-making and truly informed consent.
- Adhere to the fundamental medical principle "First, do no harm."
- Ensure individuals' rights to accept or refuse treatment.
- From the outset, provide an array of medical and alternative possibilities.
- Do not use the term "medication cocktails" to describe polypharmacy.
- Educate individuals about the role that trauma may have in their experience and the importance of healing trauma as they journey toward recovery. Educate the community that trauma may play a significant role in mental health issues.
- Treat mental health crises as episodic and situational. Use additional caution when prescribing medication during these instances.
- Employ holistic health assessments of mind, body and spirit. Identify physical factors — such as sleeplessness, food allergies, thyroid imbalance, medication side effects, and malnutrition — that may contribute to symptoms.



Writing: A Recovery Tool

Cynthia Smith, CPSS ABMHC

Writing has always been a very important part of my recovery; poetry, journaling and, trash canning. It helped me to get out the anger, hate and fear. I can go anywhere and be anyone I please while reading and writing. I utilize it all for healthy leisure and a pure simple escape from reality.

Writing is a tool that I use to express any and all of my emotions without acting them out. I have been keeping journals since I was young, a place to share the dark hushed secrets, a safe place to share my dreams and fears. Even though it has never been an easy process I encourage the clients I work with to write to reduce stress, anger and learn a way to express thoughts and concerns. I feel no matter what point of recovery any of us are at, that writing is a tool to keep.

I came across this poem I had written early in my recovery and before I became a Certified Peer Support Specialist. I am choosing to share it because I think it is important to remember and share the tools we used to get to recovery and not discard them along the road during the journey. I also want to share it because it made me laugh and made me cry.



I have a child inside of me, not a child that you can see. She has such pain such hate and mistrust I have to have her a need a must. Each time there was pain inflicted on me I passed it to her my memory stayed free. Her name was victim and she played the part well. But I myself was trapped in hell She is still with me but we have lightened the load No hurt NO anger No shame down this new road. She still resembles the little girl called "Victim" Some things stay with us that's just a given. But I have a new name now I am called a "Survivor".

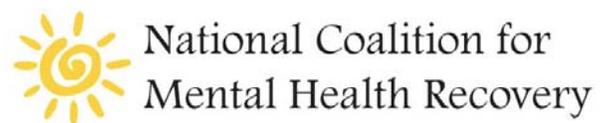
I am a person with a mental illness and say this with pride no more secrets nothing more to hide. So many actions from people in my past .The memories held me captive it continued to last I offer no forgiveness for denial deserves none "I'm Sorry Forgive me" I heard NONE. So here I am this woman fully grown. The little girl speaks left often I have made it on my own. The little girl is with me part of me she will always be you still can't see HER But you can see the new ME.

Cynthia Smith

2006

from pg. 2 Enhancing the Effectiveness Continued...

- Ensure access to a wide range of supported wellness programs, including healthy sleep education, exercise, peer support, therapy, nutrition, and self-care education, such as the Wellness Recovery Action Plan (WRAP), Person-Directed Planning, and Psychiatric Advance Directives.
- Avoid prescribing psychiatric medications to children with mental health challenges or addictions. Offer non-medication alternatives whenever possible.
- Engage individuals experiencing "first-break psychosis" — the initial crisis that first brings a person to mental health services — with psychosocial alternatives to medication first. If necessary, address sleep issues through medication as a first priority. When medications are used to bring a person out of crisis, employ a clear "exit strategy" to help the person move from medication reliance toward alternative ways of addressing any ongoing or recurring mental distress, whenever possible.
- Individuals' preferences in regard to reducing or discontinuing medication must not affect their eligibility for other mental health services, housing or income subsidies.
- Provide access to peer support groups and to literature about reducing and discontinuing psychiatric medications, with the understanding that taking medication is a personal choice.
- Train providers and peers in the most effective use of psychiatric medications — including the possibility of reducing and discontinuing their use — and in empowerment, trauma-informed care, and other client education, including shared decision-making.



SAMHSA Blog: Recovery Defined – A Unified Working Definition and Set of Principles

In August 2010, leaders in the behavioral health field, including people in recovery from mental health and addiction problems and SAMHSA met to explore the development of a common, unified definition of recovery. Prior to this conversation it was very apparent as to the need of a common definition. In fact, SAMHSA had separate definitions for recovery from mental and substance use conditions.

Continued on pg 5.

ASKING FOR MONEY TO ATTEND CONFERENCES

Individuals seeking funding to attend conferences are often successful at getting money for expenses from the following types of organizations:

- State and local Mental Health Associations
- State and local Offices of Mental Health (OMH)
- State and local Community Support Programs (CSP)
- State and local mental health boards
- State and local NAMI chapters
- Service organizations
- Religious organizations
- Peer-run organizations
- Charitable foundations
- Community mental health agencies
- Managed care organizations

We also recommend asking your employer for funds through work-related training programs. You might also do your own fundraising with a car wash, bake sale, etc. Here are some suggestions on how to approach these organizations and agencies for scholarship money:

1. Determine your financial needs as accurately as possible.

Each conference will have different costs. Use this sample as a template to figure out what costs you must consider to calculate your estimate. Conference registration brochures will usually include most of this information.

EXAMPLE

- Registration: The (\$???) registration fee includes the morning and afternoon conference sessions, supplies and two meals (breakfast and lunch).
- Hotel accommodations: For one night's accommodation at the hotel you may spend (\$???) plus tax for a single and (\$???) plus tax for a double. Multiply by the number of nights.
- Spending Money: We recommend at least \$35 a day to cover additional expenses, such as meals that are not included with the conference registration fee.
- Airfare: This will vary depending on where you are traveling from and when you book your flight. Special arrangements and discounts have been made through ??? Travel (???-???-????). Call for an approximate price on a round-trip ticket and remember to tell them the name of the conference you are attending. Estimate \$??? for round-trip airfare. Calculate ground transportation as well.

2. Make your initial approach by either making a phone call or writing a letter.

- If you know someone in the organization that you are approaching, contact that person.
- If you do not know anyone at the organization you are approaching, call to find out the name of the most appropriate person to ask for financial assistance with conference fees and then contact that person.
- Be sure to discuss your goals and motivations for attending the conference.
- Follow up on your initial contact. It is unlikely that just a letter or a telephone call will get you the money you need to attend the conference. Try to schedule a meeting with the person you contacted.
- Write a letter to thank the person for his or her time and summarize the points covered in the meeting. This will document what you agreed upon.

3. Start immediately.

Because time is a factor, set a deadline for yourself. Tactfully let potential funding sources know that you need their decision as soon as possible so that you can make your arrangements. The longer you wait to make hotel and flight reservations, the more expensive they will become. You also run the risk of not being able to make reservations at all, if you wait too long.

4. Be persistent.

Good luck!

The National Mental Health Consumers' Self-Help Clearinghouse
<http://www.mhselfhelp.org>
is funded through a grant from the
U.S. Department of Health and Human Services,
Substance Abuse and Mental Health Services
Administration,
Center for Mental Health Services.



from pg. 2 Recovery Defined

After many conversations and hard work with our partners in the field, a working unified definition and set of principles for recovery has been developed. The development of a standard, unified working definition of recovery will help assure access to recovery-oriented services for those who need it, as well as reimbursement to providers.

Additionally, SAMHSA recognizes the importance of measuring the outcomes and quality of behavioral health services. As a result, SAMHSA is working to develop a set of measures to help assess a person's recovery with an emphasis on developing indicators that assess quality of life. Below you will find the working definition of recovery and guiding principles.

Working Definition of Recovery

Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.

Principles of Recovery

- Person-driven;
- Occurs via many pathways;
- Is holistic;
- Is supported by peers;
- Is supported through relationships;
- Is culturally-based and influenced;
- Is supported by addressing trauma;
- Involves individual, family, and community strengths and responsibility;
- Is based on respect; and
- Emerges from hope.

Furthermore SAMHSA's Recovery Support Initiative identifies four major domains that support recovery:

- Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- Home: a stable and safe place to live that supports recovery;
- Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- Community: relationships and social networks that provide support, friendship, love, and hope.

There is no set time requirement for recovery as it is recognized that this is an individualized process whereby each person's journey of recovery is unique and whereby each person in recovery chooses supports, ranging from clinical treatment to peer services that facilitate recovery.

SAMHSA expects additional comments from the field as this definition evolves, and we continue to work together to help assure recovery services are being provided, reimbursed and measured in a consistent way. Check out SAMHSA's [Recovery Support Initiative](#) for more information on recovery.

Links

Trauma Recovery

- Mental Health Peers - www.mentalhealthpeers.com
- The Adverse Childhood Experiences (ACE) Study - www.acestudy.org
- NCTIC: National Center for Trauma-Informed Care
www.mentalhealth.samhsa.gov/nctic
- Healing Self-Injury blog - <http://healingselfinjury.org>
- The Shofar Coalition - www.shofarcoalition.org

Alternative/Spiritual Treatment Methods

- The Center for Creative Intelligence: www.creativeintelligence.org
- Anti-Shock Neurologist John Friedberg, M.D. - www.idiom.com/~drjohn
- True Hope - www.truehope.com
- Soul Wisdom - www.soulwisdom.net
- Alternative Mental Health - www.alternativementalhealth.com
- Perelandra (flower essences) - www.perelandra-ltd.com

Legal Resources

- Protection and Advocacy for Legal Help in each state: <http://mentalhealth.samhsa.gov/cmhs/p&a>
- Bazelon Center for Mental Health Law - www.Bazelon.org
- Mental and Physical Disability Law Reporter - www.abanet.org/disability/reporter/home.html
- National Association for Rights, Protection & Advocacy - www.narpa.org
- Advance Psychiatric Directives from Bazelon Center for Mental Health Law
www.bazelon.org/issues/advancedirectives
- National Resource Center on Psychiatric Advance Directives - www.nrc-pad.org
- Protection & Advocacy Agencies - www.protectionandadvocacy.com
- PsychRights - www.psychrights.org

Links

Technical Assistance Centers

- Peerlink Technical Assistance Center, a project of MHA of Oregon, www.peerlink.us
- Consumer Supporter Technical Assistance Center - The Family Cafe, www.CAFETACenter.net/
- National Empowerment Center TAC - www.power2u.org
- National Mental Health Consumers' Self-Help Clearinghouse - www.mhselfhelp.org
- STAR Center (Support, Technical Assistance and Resources) www.consumerstar.org

Mental Health Services

- Boston University Center for Psychiatric Rehabilitation - www.bu.edu/cpr/
- The Center for Mental Health Services - www.samhsa.gov/centers/cmhs/cmhs.html
- Health6.com - Comprehensive Health Directory www.health6.com
- National Center for Trauma Informed Care - <http://mentalhealth.samhsa.gov/nctic>
- National Mental Health Association - www.nmha.org
- SAMHSA/Knowledge Exchange Network - www.mentalhealth.org
- Evaluation Center at the Human Services Research Institute www.tecathsri.org
- Volunteers in Psychotherapy - www.ctvip.org

Disability Rights

- Americans With Disabilities Act - www.Bazelon.org/ada.html and www.usdoj.gov/crt/ada/publicat.htm
- Disability Rights Activist - www.disrights.org
- Job Accommodation Network - <http://janweb.icdi.wvu.edu>
- National Council on Disability - "From privileges to rights" - www.ncd.gov/newsroom/publications/2000/pdf/privileges.pdf
- National Research and Training Center of the National Institute on Disability and Research - www.pshch.uic.edu/uicnrtc

Recovery/Empowerment

- ECT - www.ect.org and www.banshock.org
- EleMental - www.elemental.org.uk
- Freedom Center - www.freedom-center.org
- Help and Healing from Violence - www.witnessjustice.org
- The Icarus Project - www.theicarusproject.net
- Independent Living Centers - www.ilusa.com/links/ilcenters.htm
- International Center for the Study of Psychiatry and Psychology - www.icspponline.org
- Intervoice - www.intervoiceline.org
- Madness - www.peoplewho.org
- Measuring the Promise: [A Compendium of Recovery Measures, Volume II](#)
- Mental Health Recovery - www.mhrecovery.com
- MIND - www.mind.org.uk
- MindFreedom International - www.mindfreedom.org
- National Mental Health Consumers' Self-Help Clearinghouse - www.mhselfhelp.org
- P.A.C.E. Support Group - www.pacesupportgroup.vpweb.com
- Psychiatric Rehabilitation Journal - www.bu.edu/cpr
- Shared Decision Making in Mental Health Webinar: <http://mentalhealth.samhsa.gov/consumersurvivor/shared.asp>
- Small Business and Self Employment for People with Disabilities www.dol.gov/odep/programs/promotin.htm
- The Recovery Group - www.therecoverygrouponline.com

Cemetery Restoration Projects - www.power2u.org/articles/history-project/how.html

- Danvers State Memorial Committee to Restore Hospital Cemetery www.dsmc.info
- Eastern State Hospital Kentucky Cemetery Restoration www.kykinfolk.com/esh
- In Our Own Voice: African American Stories of Oppression, Survival, and Recovery in Mental Health Systems by Vanessa Jackson
<http://www.power2u.org/downloads/InOurOwnVoiceVanessaJackson.pdf>
- Wild Indians: Native Perspectives on the Hiawatha Asylum for Insane Indians by Pemina Yellow Bird
<http://www.power2u.org/downloads/NativePerspectivesPeminaYellowBird.pdf>
- http://www.state.sc.us/dmh/client_affairs/cemetery.htm

2011 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

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.

01/15/2010	01/21/2011
03/18/2011	04/15/2011
06/17/2011	07/22/2011
09/16/2011	10/21/2011
12/16/2011	

2011 CPSS Training Schedule

Week One	Week Two	Exam
02/7-10/2011	02/14-17	03/10
05/16-19/2011	05/23-26	06/09
08/15-18/2011	08/29-9-1	09/08
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 14th	April 11th
June 13th	August 8th
October 10th	December 5th

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

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.

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

MHA-SC

MHASC is dedicated to improving the lives of people with mental illness in South Carolina, promoting mental health, preventing mental disorders and achieving victory over mental illness through advocacy, education, research and service.

<http://www.mha-sc.org/>

NAMI-SC

NAMI SC, is 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.

WALKS

NAMI WALKS Greenville County will be held on June 18, 2011 at the Fluor Field West End in Greenville, SC. The event will consist of a 5K walk with check in at 3:00 pm and Walk Start Time at 4:00 pm. For further information visit <http://www.namigreenvillesc.org> or call Elaine hester at 864-577-5336 fax: 864-331-0483 and email: photobeez@aol.com. Please mail matching gifts and offline donations to 2320 East North St. Suite L Greenville, SC 29607

http://www.nami.org/walkTemplate.cfm?Section=NAMI_WALKS&template=/customsource/NAMI_Walks/walksitedetail.cfm&walksiteID=150

NAMI Beaufort walk is October 16, 2010

http://www.nami.org/walkTemplate.cfm?Section=NAMI_WALKS&template=/customsource/NA MI_Walks/walksitedetail.cfm&walksiteID=165

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