

CAPSS NEWS

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



Recovery Concepts

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Rehabilitation View: Recovery of Function Despite Still Having the Permanent Impairment of Mental Illness By Daniel Fisher, M.D., Ph.D.

These days' people are talking about recovery from mental illness. This is a great step forward. Even using the word recovery in a field too long dominated by the goal of stabilization is refreshing. But whose vision of recovery are people talking about? I thought we were all talking about the same view of recovery. I see two distinctly different visions of recovery emerging, however. We will call these the Rehabilitation and Empowerment views of recovery. It is especially important to clarify what recovery means in each model because many states and counties nationally are proposing to create recovery-centered policies and services. Distinctly different policies would result depending on whose picture of recovery those policies are based on.

According to this view, mental illness is seen as a primary, permanent impairment similar to a spinal cord injury resulting in paralysis. This impairment causes a disability depending on the degree to which it interferes with a person's capacity to function in a major social role such as worker, parent, or student. The rehabilitation view of recovery from spinal cord injury is that, with supports, a person can once again function in society. Their impairment, however remains permanent. As William Anthony, from the Boston University Center for Psychiatric Rehabilitation states, "a person with paraplegia can recover even though the spinal cord has not. Similarly, a person with mental illness can recover

not 'cured.'" (Recovery from Mental Illness Psychosocial Rehabilitation Journal, 16:12-23, 1993). The rehabilitation view of recovery from mental illness is that people can regain some social functioning, despite having symptoms, limitations, medication, and remaining mentally ill. Though this rehabilitation view works in describing recovery from the effects of physical impairments, it does not help explain how people can recover from mental illness. Whereas in paralysis a person's spinal cord is injured, separating their functioning head from the rest of their poorly functioning body, in mental illness the whole person is separated from the people around them. They are considered less than human. They experience a loss of civil rights. Once a person is labeled mentally ill, they are discredited and disqualified from full membership in society solely as a result of that label. Therefore, to say that the person's mental illness is a permanent condition is to forever ostracize the person from society and say that they will never be able to regain a major social role. No wonder there is such a high rate of unemployment (85-90%) among those labeled with mental illness. The label defines the person as being incapable of work. No wonder so many people labeled with mental illness lose their children; the label itself defines the person as being an incompetent parent.



Daniel Fisher,
M.D., Ph.D.

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A New Vision of Recovery: the Empowerment Vision
 In contrast to the Rehabilitation View of Recovery, people who have recovered from mental illness have an empowering view that full recovery is possible for everybody. According to this Empowerment Vision, people are labeled with mental illness through a combination of severe emotional distress and insufficient social supports/resources/coping skills to maintain the major social role expected of them during that phase in their life. The psychosocial nature of mental illness is highlighted by the common experience most consumer/survivors have gone through of having had a variety of diagnoses. In fact, the degree of interruption in a person's social role is more important in affixing the label mental illness to someone than their diagnosis. Recovery is possible through a combination of supports needed to (re)establish a major social role and the self-management skills needed to take control of the major decisions affecting one. This combination of social supports and self-management help the person regain membership in society and regain the sense of being a whole person. Self-help and peer support are fundamental elements in this journey of recovery because often the only people who can truly understand the feeling of exclusion are those who have also been labeled. The diagram summarizes our view of recovery. The usefulness of this model is seen in the description of two young adults in this issue. They were equally distressed but one boy found the belief, social supports and resources to heal his emotional distress while the other lacked the necessary beliefs, supports and resources. The first boy was able to maintain a social role of student while the second boy was not able to remain a student and was labeled with mental illness.

According to this vision, one is capable of recovering from the mental illness itself, not merely regaining functioning while remaining mentally ill. This distinction is critical in a person's motivation to improve as well in the attitudes of society towards people who have been labeled. Ideally this recognition will be the first step towards finding a way to provide benefits, such as social security, for people whose functioning is compromised by emotional difficulties without needing to first reject them as members of society. We realize that the idea that people can recover from mental illness will create more work on the part of entitlement programs. Instead of a single, once-in-a-lifetime determination of disability, episodic periods of disability will need to be supported. We also realize that people will fear they will lose their social security before they are able to live without it. Hopefully Social Security can be reformed to provide the needed gradual transitions back to work. (Some of these issues are addressed in an accompanying article.)

In this model, treatment is part of self-managed care. The goal of treatment here is assisting people in gaining greater control of their lives and assisting them in regaining valued roles in society. The primary goal of treatment should not be to control the person's behavior. The use of medication does not itself mean that a person has not recovered from mental illness. It depends upon the degree to which the person and those around them see the medication as constantly needed. Ideally, each person should learn to take medication on an as-needed basis, after having learned to self-monitor. Many people also embrace holistic health as an alternative to medication.

In addition, people regain a valued social role through support services in housing, work, education, and parenting. As many of these services as possible should be run by people who have recovered. These services are as vital to recovery as any medical procedure.

This model also differentiates between recovery from mental illness which involves a limited number of people over limited periods of time, and the nearly universal healing and transformation from emotional distress and trauma which can occupy a lifetime.

Role of Work in Recovery Psychiatric disabilities are unique because the label of mental illness itself creates a barrier to people returning to work. Perhaps more than any other label in our society, mental illness indicates to the person and those around them that he/she will never be capable of work. This may explain why so few people labeled with mental illness are working in competitive jobs. Therefore, to truly remove this barrier to people returning to work it is necessary to recognize that people recover from mental illness and that work helps in that process.

In this new vision of recovery, work plays an important role in recovery from mental illness. In many cases, loss of work plays an important role in a person being labeled mentally ill. In addition, boring, unfulfilling work can lead to stresses which contribute towards mental illness. Without work, or another equivalent social role (parent or student), a person loses membership in this society and the identity which accompanies membership. It then becomes necessary to assume a new identity as a consumer. The movement to find jobs for people labeled with mental illness as mental health providers helps many of us to regain an identity as worker and member of society and thereby recover from the mental illness. (NEC has produced a video on this topic.)

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

Recovery from mental illness does not mean that the person no longer needs support. In fact, those continued supports are often critical in the person's recovery.

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Celebrating Abilities: An Evening of Jazz and Art

Please celebrate with Protection and Advocacy for People with Disabilities, Inc. (P&A) on May 1, 2009 from 6:00 p.m.- 9:00 p.m. at our Annual Gala on the Seventeenth Floor of the Meridian Building in Columbia. People with disabilities, advocates, and other supporters of disability rights will be recognized during the evening. Jazz, heavy hors d'oeuvres, wine, and fancy desserts will add to the festivities. A silent auction will feature beautiful artwork created by people with disabilities. Vacation packages, electronics, and other items will be available during a live auction. Admission is \$50.00 per person. Join us for an evening to remember. Contact Melissa Reitmeier (803) 217-6708 for more information.

RSVP by April 17, 2009



Meditation, Yoga, & Journaling By Bobbie Lesesne

Recently, during Peer Support training as I sat through the WRAP session, I realized for at least the hundredth time how important my daily maintenance plan is to my overall health. Besides all the things like eating well and getting enough sleep, there are three things I try to do each morning and evening that help keep me well. There is no single silver bullet for everyone, but these help me. Meditation, yoga, and journaling are my have – to – do to get me going in the morning and finish my evening, or my day starts way off kilter. On work morning, staying in bed 30 minutes longer, means I don't have time for these activities, I'm rushed, feel stressed, my blood pressure goes up, there is always more traffic, and I'm late and irritable, mostly with myself.

However, if I role out of bed and do my yoga stances as they are called for at least 10 minutes, longer at night and weekends, it really gets

the kinks out of my body, especially my back, since I have scoliosis. I finish with at least a 5-minute meditation and following my breath. I grab my little journal off the bedside table and write few sentences. Perhaps, about how grateful I am for what I have, or how I am feeling at that moment, or if I have a worry, writing it down, I can let it float away. I always feel more relaxed, focused and centered. Now I can start my day.

Because I grew up in a dysfunctional family, and I know now, there are a lot of us out there. The effects of living in an invalidating environment in our formative years cannot be underestimated. The Meditation, yoga and keeping a daily diary are eastern skills I learned in Dialectical Behavior Therapy (DBT) and help me with alternative ways to reduce stress and to not react to negative feelings. I simply cope better. Today I look back on the old Bobbie and remember that I did the best I could, when bad self – judgment reared its' ugly head. One DBT skill I use quite often, even with meditation is called **GIVE**. The acronym stands for **G** – gentle **I** – interested **V** – validate **E** – easy manner. I believe that the root of all validation is the reward of self –validation that continues to help me heal and transcend.



Life Skills Training at SC SHARE

This 4 part LIFE workshop series will be taught by Greg Townley, M.A. Greg has a teaching style that will engage you and help you understand specific techniques of how to deal with the issues we all face in life. The skills that Greg will be teaching come primarily from DBT principles and lessons. Learn to manage life instead of life managing you!
March 17 - 18, 2009 - Part 1;
May 19 - 20, 2009 - Part 2 ;
August 18 - 19, 2009 - Part 3
October 20 - 21, 2009 - Part 4

For more Information go to: www.scsshare.com
Or call at 803-739-5712 or 1-800-832-8032

Rehabilitation View: Recovery of Function Despite Still Having the Permanent Impairment of Mental Illness

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Continued from page 2.

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Though working persons, with a history of mental illness, may no longer need cash benefits, they continue to need other benefits such as health insurance (see article in this newsletter) and housing. According to our new vision of recovery many people have recovered from mental illness, although they and those around them still think they have not. They are, however, carrying out important social roles and have learned to take control of their own lives. They still experience at times severe emotional states, but they and the people around them have learned to cope with them. They are surprised to learn that they are now dealing with the states that many people never labeled with mental illness go through. They seem to go through a combination of relief and fear at the idea that they are no longer mentally ill. We hope that this model will raise this topic of discussion about recovery being a goal which can be achieved in a period of time rather than it needing to be a life-long process.

Comparison of a Person with Schizophrenia and a Person who has Recovered By Daniel Fisher, M.D., Ph.D.		
	Person with Schizophrenia	Person who has Recovered from Schizophrenia
Decision Making	Professionals need to make major decisions = dependent	Capable of making decisions for oneself = Self-determining
Major Social Supports	Mental health system provides social supports	Network of friends provides major supports
Social Role/Identity	Consumer, a schizophrenic, or mental patient	Person who is a worker, parent, student or other role
Role of Medication	Considered a requirement	One tool among many chosen by the individual
Emotional Intelligence	Strong emotions are symptoms to be treated by a professional, not learning communication on this level	Person expresses and works through emotions by self or with friends, learning to communicate on that level
Global Assessment of Functioning (GAF)*	Score of 60 or below: untrained person would describe labeled person as sick	Score of 61 or above: untrained person would describe the recovered person as not sick (normal)
Sense of Self	Weak, defined by people in authority, little sense of a future, little inner direction	Strong, defined from within and by peer interactions, strong sense of purpose and a future

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Every journey begins with that first step. In 2009, thousands of concerned citizens in nearly 80 communities across the nation will walk together to raise money and awareness about our country's need for a world-class treatment and recovery system for people with mental illness. Won't you join them?

NAMI depends on generous volunteers to raise funds and awareness at each of our Walk sites. [View upcoming Walks](#) or click your state on the map above to find out what you can do, or to make a donation in support of NAMI Walks.

NAMI - Mid-Carolina April 25, 2009

Location: West Columbia Riverwalk & Amphitheater
Distance: 5 K
Check-in: 7:30am
Start Time: 9:00am
Website: <http://www.nami.org/sites/midcarolina>
For more information contact: Eileen Schell
namimidcarolina@gmail.com
Phone: 803-920-1487

NAMI - Greenville May 2, 2009

Location: Furman University Greenville, SC
Distance: 5 K
Check-in: 9:00am
Start Time: 10:00am
Website: www.namigreenvillesc.org
For more information contact: Kathy Andruzzi
kathya@namigreenvillesc.org
Phone: 864-331-3300

NAMI Beaufort May 16, 2009

Location: University of South Carolina Bluffton, SC
Distance: 5 K
Check-in: 8:30 am
Start Time: 10:00 am
Website: <http://www.namibeaufortcounty.com>
For more information contact:
Sarah Eliasoph namifund@hargray.com
Phone: 843-681-2200

ART of RECOVERY

The Art of Recovery will celebrate its 5th gallery opening at the Columbia Museum of Art in May. This 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. For more information or to view the on line virtual galleries go to www.scdmh.org



MISSION: Stamp Out Stigma is a consumer driven advocacy and educational outreach program designed to make positive changes in the public perception of mental illness and inform the community about the personal, social, economic and political challenges faced by people living with mental illness.

HISTORY : In October 1990 Stamp Out Stigma was formed by a group of individuals, diagnosed with mental illness, who were dismayed at the media's portrayal of the mentally ill as being violent, unproductive, uneducated, dangerous and an economic drain on society. Their goal was to create an organization that would provide educational outreach to the community in order to dispel the negative myths and stereotypes to create a more informed and supportive community. In order to spread their message and personal experiences Stamp Out Stigma chose a unique approach to communicating with the community - an interactive panel of four to six speakers share their personal stories with an audience thus giving them a personal glimpse into the lives of real people living with mental illness.

This approach turned out to be extremely successful. To date Stamp Out Stigma has made over 1300 presentations, reaching over 75,000 people throughout Northern California. The diversity of our audiences includes:

- Civic clubs
- Colleges, high schools and middle schools
- County Boards of Supervisors
- County Mental Health Boards
- Graduate schools in psychology & social work
- Physicians and hospital administrators
- Police and Fire departments
- Schools of dentistry, medicine and nursing
- Suicide prevention centers
- Television and radio talk shows

Stamp Out Stigma has also presented workshops at national conventions, including a conference sponsored by the FBI to develop a training manual for 14,000 law enforcement agencies whose staff regularly interacts with people who have psychiatric disabilities. For more information go to: <http://www.stampoutstigma.org/aboutus.html>

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Charleston/Dorchester Client Advisory Board

The **Charleston-Dorchester MHC CAB** 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.

At the December meeting Michael Askew of SC SHARE visited the CAB in December and provided information about Double Trouble groups in the area. Gave several flyers and brochures for clients to give to others or post in the community. They also discussed information updates for physician forms and were informed of the budget constraints facing mental health

Lloyd Hale, CPSS discussed the **Hear Us Out Newsletter**. The group offered ideas and suggestions for articles including clients writing and submitting their own articles/stories. CAB members suggested giving copies of the newsletter to the media and newspapers to help combat stigma and even inviting a reporter to the CAB meeting.

In February the CAB gave feedback about going to 30min vs. 60min initial intake PMAs. It was noted that one reason to do this is because the waiting list is extremely long. If the time is cut in half it should significantly shorten the waiting list. CAB members noted that this was ok, especially if another clinician had seen them already and the docs had the info from those clinicians available.

Members discussed having "appropriate" conversations with staff for example complimenting them on dress and vice versa. The members noted that giving a compliment isn't necessarily "making a pass" at someone. If the conversation feels inappropriate they would like that brought to their attention so they could clear up miscommunications /interpretations. Lloyd noted that clients are often seen as a mental illness first and a person second. Some clients also noted that when they express emotions such as anger, that this automatically assumed to be a symptom of their illness and treated with medication. It was noted that there may be cultural differences in this area and we should treat client the same as we would anyone else. When in doubt, ask the question and talk about it.

They also discussed the building safety and lobby issues. Since more programs are consolidating into the main building it sometimes feels more like more like a bus station.

One member suggested that the mental health center clients do a fundraiser and give money to charity.

The CAB agreed that many in the community are struggling due to the economy and that not only our center, but other agencies and people are in need as well. They thought it would be an amazing gesture to have clients raise money to donate and that this would also show that they are more than just mentally ill, they are concerned and giving members of society. They thought this would be a very powerful story to have on the news or in the local paper. Ideas included a car wash, yard sale and selling candy bars. One member thought it would be good to help children with cancer. The CAB will think of other ideas and come up with an identified charity and type of fundraiser at the next meeting.

The Next Meeting will be Tuesday, March 17th at 11:30 am, at the West Ashley Clinic



Anderson Oconee Pickens Client Advisory Board

The Client Advisory Board of the Anderson Oconee Pickens Mental Health Center met in the Pickens Clinic on January 13, 2009. Members discussed the Recovery Day event focusing on what went well and what they want to change and/or improve.

Janelle Ramsey spoke about the large budget reductions for AOP MHC and how it may affect services.

The board discussed the Winter CAB Newsletter & the Writing Contest. The Board decided it wanted have a contest between the recovery centers for best cross word poems based on the word RECOVERY, to be published in the CAB newsletter. The next meeting will be March 17, 2008.

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Anderson Oconee Pickens MHC - Recovery Day “We are Soaring” by Janelle Ramsey

It was a beautiful fall day and the clients attending the Recovery Day were greeted by dozens of balloons on the railings leading into the building. They were blow up and fixed by clients at the Foothills Recovery Center. When clients, staff and guests entered the room they were greeted by a large “We Are Soaring Banner”. There were several tables with arts, crafts, and poetry and writing created by the clients made into a beautiful display. There was also large cardboard jig saw puzzle of recovery words created by Foothills clients.

WE ARE SOARING!!!!

The **Pickens Place Recovery Center** brought with them beautiful table centerpieces with kites and planes pulling recovery words and ideas on little banners contributed by all the clients at the center.

The morning program began with Kevin Hoyle, the center Executive Director welcoming everyone. He spoke in such a loving and direct way to the clients that it was an inspiration to us all.

Beth Virgil, the Pickens Clinic Manager, followed Kevin Hoyle. She spoke of her love for her patients, and the joy in service she receives as a psychiatric nurse in being able to get to know her patients. The next speaker was Darryl Morris from the Vocational Rehabilitation Department. He spoke about of the services provided by V.R, and the importance of partnering in our work. Janelle Ramsey, the centers Client Affairs Coordinator spoke about the symbol of soaring in our lives and our recovery. Judy Hassam, one of AOP’s clinicians, described the activities and benefits of National Alliance on Mental Illness (NAMI). The morning ended with the **Voices of Recovery**. These were the eloquent and heartwarming recovery stories told by clients Glenys Quinn, Tad Overmire, Mylinda McLane and Certified Peer Support Specialist, Cher Bond.

At the break for lunch, time was allowed to play games for skill building and for humor, and to view the displays of client work. Thanks to Sheryl Smith and her staff for preparing and serving our very popular hot dogs, beans, and potato chips lunch! The afternoon program featured David Stevenson, from the Individual Placement and Support (IPS) Employment speaking about the many benefits of work in aiding people toward recovery.

Besides an increase in income working improves ones sense of self- worth, social skills and helps to relationships.

The day ended with live music group and solo singing. Members of Daybreak Recovery Center had prepared crispy rice treats and brownies for all the clients to take when they were ready to leave. Janelle Ramsey thanked the Client Advisory Board, who planned this event, and the numerous other people who made to make it a success.

Shared Decision Making Katherine Roberts

South Carolina continues to participate on the Shared Decision Making (SDM) planning team. The SAMHSA/CMHS SDM project is being developed under a contract with Advocates for Human Potential, Inc. (AHP) and Westat, to design, develop and pilot test SDM products. So what is Shared Decision-Making and how does it differ person centered planning?

Shared decision-making is more formal process to help people who use mental health services and providers of those services work together to make important mental health treatment and service decisions. Like person centered planning shared decision making actively involves individuals in their mental health treatment and service planning the difference is that it employs the use of “tools” to enhance decision making. **Decision support products** like a peer-supported interactive computer program and **decision aids** such as a structured process for clarifying personal values to arrive at a decision like workbook or video are two types of “tools” that can be used when making difficult decisions. They both have much in common:

- They present options when no one standard of treatment is clearly preferred over others
- They outline the risks and benefits of different treatment options;
- They facilitate communication
- They help individuals make decisions based on personal values and goals.

OCA Calendar

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
2/17-20/09	2/23-26/09	TBA
5/18-21/09	5/26-29/09	TBA
8/10-13/09	8/17-20/09	TBA
10/19-22/09	10/26-29/09	TBA

CAC Bi-Monthly Meetings The CAC's meet every other month from 11am to 1 pm. 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.

2009 Dates: February 9th, April 13th, June 8th, August 10th, October 12th and December 14th

To see the entire Client Affairs Training Calendar Go to:

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

Protection & Advocacy

Celebrating Abilities; An Evening of Jazz and Art

Mark Your Calendars for P&A's Next Gala

May 1, 2009 Good Food, Good Wine, Good Art, Good Music, Great Cause

NAMI Walks

Columbia	April 25 th
Greenville	May 2 nd
Beaufort	May 16 th

Mental Health America of SC

Annual Meeting, May 8, 2009

Seawell's Banquet & Conference Center

Columbia, SC

Admission \$35.00

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

SC SHARE

In 2009 we plan to take Recovery trainings on the road to a community near you.

Our goal is to visit each of the 17 Mental Health Centers around the state teaching:

- The Recovery for Life workshop
- The Wellness Recovery Action Plan (WRAP)
- The Recovery Planner
- The Wellness Club and Personal Training

As we make plans to visit each mental health center, we know that we need your help! Please help us get the word out to the people in your community who need to hear about recovery – help us hang flyers and make phone calls to people in your town!

We will continue working in Lexington, Richland, Georgetown, Horry and Charleston counties to establish Double Trouble in Recovery groups. You can help by referring those who need help with drugs, alcohol and mental illness to Michael at (803) 727-4631.

Additionally, Lloyd Hale has a powerful recovery story and has been traveling on Saturdays to very small towns teaching young people that no matter who you are and where you come from, life can be meaningful and purposeful. In 2009 we will continue to offer these same presentations, so call us at 1-800-832-8032 to set up an appointment for Lloyd to share the message - a message of hope in your community.

As we look forward to 2009, we sincerely hope that you will join us for some of the exciting recovery trainings we are planning, so please invite someone new to hear the message that recovery is real! Check our website for schedule updates –

www.scshare.com.

We look forward to seeing you soon! --The SC SHARE Staff

Recovery classes are offered every month in the Learning Center at SC SHARE. To register for any of these classes please call Naomi at: (800)832-8032 or (803)739-5712 or by [email](mailto:naomi@scshare.com)

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

Background Artwork for CAPPS is provided by SCDMH Art of Recovery

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