

TRAINING ANNOUNCEMENT
Peer Support Whole Health
Certified Peer Specialist Training of Trainers

To: Certified Peer Specialists

From: Sherry Jenkins Tucker, Executive Director, Georgia Mental Health Consumer Network, Inc. (GMHCN)
Charles Willis, Statewide Peer Wellness Initiative Director, GMHCN
Bob Patterson, Project Director, CPS Project, Consumer Relations and Recovery Section, DBHDD

Title: Peer Support Whole Health Certified Peer Specialist Training of Trainers

Description: According to the 2006 report from the Medical Directors Council of the National Association of State Mental Health Program Directors (NASMHPD), *Morbidity and Mortality in People with Serious Mental Illness*, "People with serious mental illness die, on average, 25 years earlier than the general population." This early death is largely due to preventable conditions such as cardiovascular disease, diabetes, and metabolic disorder; and modifiable risk factors such as obesity, smoking, inadequate access to healthcare, and side effects of some psychiatric medications.

This training provides information about the health conditions and modifiable risk factors associated with premature mortality for consumers of mental health services, as well as peer-based interventions designed to support individuals in changing life style behaviors to promote overall health and wellness. It is adapted from evidence-based peer-to-peer whole health programs being researched and developed at Harvard, Stanford, and Emory Universities.

Purpose: The Peer Support Whole Health Training of Trainers will teach Certified Peer Specialists how to educate and support their peers in developing and working on the achievement of whole health goals as part of Peer Support services.

Audience: This event is intended only for Georgia Certified Peer Specialists (CPSs). Preference will be given to CPSs currently working directly with peers in Peer Support and other community based services and hospital settings.

Presenters: Charles Willis, CPS and Sherry Jenkins Tucker, CPS

Costs: The training is free of charge to selected participants. Lunch and snacks will be provided. Participants will need to pay their own transportation costs.

Application: Please complete the application form on pgs. 2 & 3 of this announcement and mail fax or email it to: **Charles Willis**
Georgia Mental Health Consumer Network, Inc.
246 Sycamore St., Suite 260
Decatur, GA 30030
Fax: 404-687-0772
Email: office@gmhcn.org

Registration: Applicants will be notified when they are approved to attend the one day training.

Contact: For more information, contact Charles Willis at the Georgia Mental Health Consumer Network at 404-687-9487, 404-539-9623 or toll free at 1-800-297-6146.

Note: Application starts on the next page

**Peer Support Whole Health
Certified Peer Specialist Training of Trainers
APPLICATION**

September 21, 2010, Decatur Recreational Center, Decatur, GA 30030

Name _____

Mailing Address _____

City _____ County _____ ZIP Code _____

Day Phone (____) _____ - _____ Evening Phone (____) _____ - _____

Cell Phone (____) _____ - _____ E-Mail Address _____

Please check and complete the appropriate space(s):

I am a Certified Peer Specialist

I currently work at:

Program Name: _____

Agency Name: _____

Agency Address: _____

City, Zip Code: _____

I am employed to provide: (Please check one box and write if appropriate)

Peer Support Services

Psychosocial Rehabilitation (PSR)

Community Support Individual (CSI)

Assertive Community Treatment (ACT)

Hospital-based service:

Job Title / Description: _____

Other:

Job Title / Description: _____

I am not currently employed as a Peer Specialist.

Transportation

Please check one box and write if appropriate:

- If my registration is confirmed, I plan to drive myself to the Training.
- If my registration is confirmed, I am willing to drive others to the Training.
- If my registration is confirmed, I will need to find transportation to the Training.

Special Requests

Please check one box and write as appropriate.

- I have no special needs or requests for accommodations.
 - I require special accommodations. Please describe (i.e. difficulty walking distances; wheel chair accessibility; vision limitations, etc.)
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PERSONAL COMMITMENT

If I am registered to attend the Peer Support Whole Health Certified Peer Specialist Training of Trainers, I will participate in all training sessions and commit to take the training back to my work place to promote awareness of and educate, encourage and support peers interested in whole health wellness and recovery.

Please sign: _____

RETURN completed application to:

**Charles Willis
Georgia Mental Health Consumer Network
246 Sycamore St. Suite 260
Decatur, GA 30030
Fax: 404-687-0772**

Email: office@gmhcn.org