

The Pipeline

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Fall 2009

Upcoming Events

GMHCN Board Meeting
Macon, GA

January 6, 2010;
March 11, 2010;
May 6, 2010;
July 8, 2010;
St. Simon's Island, GA
August 23, 2010

CPS Continuing Education
Macon State
Macon, GA
January 20 & 21, 2010

CPS Training
The Lodge at Simpsonwood
Norcross, GA
February 1-5 & 8-11, 2010;
August 2-6 & 9-12, 2010;
Epworth by the Sea
St. Simon's Island, GA
October 25-29 & November
1-4, 2010;

GPSN Mardi Gras Ball
The Fox Theater, Atlanta, GA
February 19, 2010

BHSC MH and AD
Coffee at the Capitol
State Capitol, Atlanta, GA
February 19, 2010

BHSC MH Day at the Capitol
The Georgia Railroad Freight
Depot
Atlanta, GA
March 4, 2010

Georgia Peer Support Institute
Unicoi State Park
Helen, GA
April 28-30, 2010;
Epworth by the Sea
St. Simon's Island, GA
November 16-18, 2010

APSE National Conference
Atlanta, GA
June 8-10, 2010

USPRA
35th Annual Conference
Boise, ID
June 14-17, 2010

GMHCN Annual Conference
Epworth by the Sea
St. Simon's Island, GA
August 24-26, 2010

Alternatives 2010
Hyatt Regency Anaheim
Anaheim, CA
September 29-October 3, 2010

12 PROVEN WELLNESS TIPS FOR REDUCING DEPRESSION

1. Smile. Research shows that smiling changes mood, relieves stress, boosts the immune system, lowers blood pressure, releases endorphins and serotonin, helps people stay positive, makes us more attractive and boosts confidence. Monitor how much and when you smile. A few extra minutes of smiling a day can really improve your life!
2. Start laughing. Sometimes, even in the worst of times, there is reason to laugh. Humor is a wonderful coping mechanism. Try to find something to laugh about each day.
3. Keep a journal. Write about your experiences, thoughts and feelings. It can help you see situations in a new way and identify those patterns that tend to get you down.
4. Learn from experience. Think about how you've coped with things in the past. What has helped you get through the tough times or made you feel better? Remain hopeful.
5. Walk briskly or get some exercise at least 30 minutes each day. If this is too hard, start with 10 minutes, or break up your walking schedule with multiple short walks or exercise.

6. Go outside for at least ½ hour between 11am and 2pm and use full spectrum lights in your home. Bright full spectrum light elevates mood even for people who do not experience seasonal affective disorder.

7. Don't oversleep. More than 8 hours sleep a day has been shown to increase depressed feelings.

8. Work towards a goal. Taking action towards something that seems beneficial to you, even small steps, helps alleviate depression. Figure out what needs to be done, make a plan, follow through with it and take action. Try not to procrastinate.

9. Be forgiving of yourself and others. Maintain your perspective, even when things don't go as you planned. Relax and give yourself a break!

10. Focus on the positive! Having positive and hopeful expectations increases the probability of good things happening in your life. See the good in other people. Focus on your successes and embrace the successes of others.

11. Take care of yourself. Abstain from Alcohol or street drugs. These induce depression and prevent antidepressants from working properly.

12. Do something for someone else. Helping others builds resilience and gives purpose to one's life.

Randy Tucker, Pipeline Editor



Georgia Consumer Council hanging wreath at CSH Cemetery, Photo by Alexander Cain

Last chance for your comments to FDA on ECT: January 8, 2010.

Since the 1970's, when federal law granted the FDA the authority to regulate medical devices in the United States, the machines used in electroconvulsive therapy (ECT) have been classified as high-risk, or 'Class III' devices. To protect the American public such devices are required by law to undergo a rigorous Pre-Market Approval (PMA) process in order to establish their safety and effectiveness. This never happened with ECT devices. Instead, these machines were grandfathered in -- having been in use for decades -- and have never undergone the testing required of other Class III devices. The US Food & Drug Administration never got around to investigating the device used for electroconvulsive therapy (ECT or electroshock) for safety and efficacy. Earlier this year, in April 2009, the FDA issued a notice indicating that it would finally review the safety and effectiveness of ECT devices for the first time ever. Jim Gottstein of Psych-Rights explains the industry's response: "The deadline for submissions has passed, but the manufacturers have not conducted any clinical trials, claiming they cannot afford them. They simply point to the opinions of shock doctors (including those who have financial interests in companies making electroshock machines) as evidence that shock is safe." Under pressure from the industry, the FDA appears likely to respond by downgrading ECT machines to Class II. If that happens, these dangerous machines might never be evaluated. The FDA has now opened up a "docket" for public comment until **January 8, 2010**. This could be the last official opportunity for years for concerned citizens to let the FDA know just how important it is for the ECT industry to substantiate its claims that these devices are safe. Linda Andre, author of the book "Doctors of Deception: What They Don't Want You to Know About Shock Treatment" said: "For 30 years, FDA has been on record stating that ECT is a risky procedure which can cause brain damage and permanent amnesia, and the agency could have taken action at any time to protect patients, but it did not. A generation of patients has been subjected to an untested, unsafe procedure. It is far past time for the FDA to require that ECT be investigated for safety, and that means clinical trials, not selective literature reviews."

You may comment ONLINE or via POSTAL MAIL before the deadline 8 January 2010.

IMPORTANT! For any comment, you MUST cite the FDA docket number which is: FDA-2009-N0392

Whether you are for or against ECT, this is an opportunity to share your views. If you wish to comment to the FDA regarding the automatic re-classification of ECT devices, the effects of ECT, the benefits/dangers of the treatment and/or the effectiveness/lack of effectiveness of the treatment, and express your beliefs about whether or not ECT should be restricted or banned:

- 1) Go to the FDA web site here: <http://regulations.gov>
- 2) In "Select Document Type" use the pull-down menu for: *NOTICES*
- 3) "Enter Keyword or ID" insert docket number: *2009-N-0392*
- 4) Then click "Search"
- 5) You should now see a blue link at the bottom left entitled: *"Medical Devices: Neurological Devices; Electroconvulsive Therapy Device; Establishing a Public Docket"*.

Mail to: Food and Drug Administration, Dockets Management Branch (HFA-305), 5630 Fishers Lane, Room 1061, Rockville, MD 20852

If you have directly experienced harm from ECT please share your experience with MEDWATCH at the following address:

<https://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm> or <http://bit.ly/medwatch>

The US Census bureau is recruiting workers for the 2010 Census!

Available positions include: Census Takers, Crew Leaders, Crew Leader Assistants, Recruiting Assistants and Clerks.

US Census Bureau

Atlanta Regional Census Center

Marquis Two Tower, Suite 1100

285 Peachtree Center Ave., NE

Atlanta, GA, 30303

You are urged to apply as soon as possible—today is not too soon! More information, including a practice test, is available:

www.2010censusjobs.gov or

atrcc.2010jobs@census.gov

or call 1-866-861-2010 or 404-335-1468

GMHCN is Hiring Peer Mentors for Savannah and Augusta

Contact Gena Brock, CPS 404.687.9487

or 404.723.6018, peermentoring@gmhcn.org or

brockgena53@yahoo.com

Poetry Corner

I am on a bridge over troubled water.

How did I get here? I do not know.

However, it is very unsteady and troublesome.

What is this almighty plan?

Things that I am supposed to accomplish, doctrines and degrees.

Why do I need these goals?

Why is it necessary for me to live by these man-made laws?

Am I not my own man?

Why did I not partake in this vote?

Do my worries seem so obsolete?

Do my tears have no meaning?

I am a butterfly and my wings spread,

Revealing colors and designs of a plan long before me.

Although my cage is not spacious,

My flying is still an occasional feat.

For I do fly,

don't I? ----- Anthony Cox

THE PEER SUPPORT & WELLNESS CENTER

As I continue learning in my journey of recovery, coming from paralysis and helplessness and moving toward wholeness, I try to maximize the potential of "all that I am" and begin to reclaim my power. Shifting my focus from health practitioners who haven't helped as much as I may have desired, I am developing the courage to search deeper, exploring a broader horizon of non-traditional alternatives, which may help me continue my healing process and enhance my personal growth. In seeking out alternatives to traditional mental health services, I've discovered something I am only able to describe as awesome, "breathtakingly beautiful," and a richness in my life. The Peer Support & Wellness Center is a center for healing, which focuses on something different, the power of "relationship as a way of healing." Entering its door, as a participant, also as a peer staff employee, my life has been changed forever!

A woman I had never met walked through the door and requested a tour. I will never forget the look on her face, the absence of a smile, not even a frown, yet sadness, perhaps gloom, a blank stare, a look of being lost, *"out there somewhere in the pain of life."* I welcomed her, shared the news of wellness activities which provide the opportunity to meet other peers, gain knowledge, build skills, become acquainted with the worldview of others, gain insight into how they see the world, while holding to our own truths. I shared information about the warm line; the availability of receiving peer support over the phone if she needed it, emphasizing "no one has to feel alone." We talked about respite service, a higher level of peer support. She requested a proactive interview which provided an opportunity to interact and learn more about her. I continued to look into her eyes and ponder whether or not I was making a connection, sharing events of my recovery experience, and communicating care and concern regarding whatever it was she was transitioning through, but her blank stare remained.

Suddenly, she asked to talk with me privately. I was a little afraid when she said that there was something she felt she must tell me which would probably determine whether or not she would return. The concept of intentional peer communication, *the willingness to embrace the new, the different, gave me courage* to talk privately with the woman I had just met, who was my peer. For five to ten minutes she struggled to get it out, sharing, *"I don't know how to say it, I've been institutionalized for years because of it... I was sick when it happened, I didn't mean it... I don't know why it happened, I don't understand... I haven't been able to talk to anyone."* In the middle of my fear and discomfort, strength surfaced; I pulled my chair closer to hers, and reached out, "I understand you may be hurting... It's okay to release it," As she shared the event of trauma, it reminded me of something traumatic I experienced years ago. Suddenly I felt safe, and no longer fearful. This new concept provided a rich opportunity for me to learn and grow. The blank stare disappeared, with tears in her eyes, she shared, "I want to heal... I don't know how," and *with a smile, "I believe this may be the beginning of my healing."* With tears in my eyes, with more insight into a trauma I believed I had completely healed from, out of my mouth came the words, "I am here to support you." As we embraced I shared, "this center is a place of healing, you are welcome here, it is a trauma-sensitive environment, you can be safe here." After a few days, she returned, is now a regular participant; we are peers, learning and growing together, she seeks me out to talk, update me concerning transcending pain, shares what she is feeling, thoughts in reference to her healing and growing process. **What presented itself as a Crisis for me, clinging to old pattern of thinking, through the tool of Intentional Peer Support, turned into opportunity.** I was able to make a connection, gain insight into a trauma worldview different from my own, hear the untold story of someone else, experience mutuality, give, and receive. My peer is always smiling now, engaging her creativity participating in activities at the center, developing other supportive relationships, she and I are moving toward healing. ---- Kathy Gosier, CPS

Division of Addictive Diseases Head Named

Cassandra Price has been named to head the Division of Addictive Diseases by Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) Commissioner Frank Shelp. She joins the leadership of the new agency after having served as Child and Adolescent Project Administrator, Grant Manager, and Women's Treatment Coordinator within DBHDD and its predecessor agency, the Department of Human Resources. A Georgia Certified Alcohol and Drug Counselor II, Price previously worked in community services as a Substance Abuse Manager and Certified Addiction Counselor at the Highland Rivers Community Service Board in Rome, Georgia.

"Cassandra brings to this role all the skills of an innovative policy maker, an experienced clinician, and a nuts-and-bolts administrator," said DBHDD Commissioner Frank Shelp, MD, MPH, in making the announcement. "We'll be looking to her to lead our statewide efforts to provide effective, recovery-oriented services for people with substance use disorders."

Her administrative experience within the agency includes helping develop the Division of Addictive Diseases budget, managing the federal Substance Abuse Prevention and Treatment Block Grant, and serving as a core transition team member during DBHDD's formation out of the previous Department of Human Resources.

Georgia Mental Health

Consumer Network

246 Sycamore Street, Suite 260

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404-687-9487 or 800-297-6146
office@gmhc.org
www.gmhc.org
Willie Woods, President
Sharon Jenkins Tucker,
Executive Director
Randy Tucker, Pipeline Editor

WHAT DO EMPLOYERS LOOK FOR IN JOB CANDIDATES? Based on an article by *Joni Dolce, MS, CRC, CPRP*

A recent study conducted in New Jersey asked Human Resource (HR) professionals what characteristics they look for in an ideal employee (Bates & Dolce, 2009). Not surprisingly, HR professionals want employees who are **reliable**, have the **ability to get the job done**, are **flexible**, and have **good interpersonal skills**. If you are called in for an interview, make sure to convey these qualities to the employer. **Emphasize your reliability and flexibility by highlighting past achievements that underscore these positive traits.** Identify times in the past when you showed that you are able to effectively and efficiently complete a job task or responsibility. Be prepared to provide examples. Also, let the employer know that you have good interpersonal skills by showing these skills during the interview or other communications with the employer (e.g. phone calls, etc.). Remember that **employers want employees who not only have the skills to perform the job, but also fit into the workplace and get along with other employees.** **Employment gaps** may negatively impact a person's potential to be called in for an interview, so their advice was to make these gaps less noticeable. What types of activities have you been engaged in since your last job? Have you been taking classes? Are there organizations or associations that you have been involved with during times of unemployment? Have you been volunteering? Consider all of the activities that you have been engaged in since your last job. Have this information prepared before completing an application or interviewing for a position. Rehearse how you handle such questions so that you can deal with them comfortably in an interview. This preparation will give you more confidence in your explanation of what you have been doing during those gaps in employment. Although most New Jersey HR professionals recommended NOT disclosing any disability, physical or mental, **disclosure of the presence of any disability is personal in nature.** Deciding to disclose a disability opens up the threat of discrimination, but disclosure may also open up the opportunity for accommodations and modifications to the job or job site. This decision should be carefully considered and well planned. It is important to consider the timing of disclosure. Is an accommodation needed in order to complete the application or interview? If an accommodation is not needed for the application or interview process, an applicant may choose to disclose the need for accommodations after a job offer has been extended. This may help to ensure that the employer does not unfairly discriminate or reject someone based on the knowledge of a presence of a disability. Review the Job Accommodation Network's (JAN) website for further information on the disclosure process and possible accommodations for people with psychiatric disabilities. You can find this information at: www.jan.wvu.edu. Or, you can contact them by phone at (800) 526-7234. *Joni Dolce, is an Instructor and Employment Consultant, Integrated Employment Institute, Department of Psychiatric Rehabilitation and Counseling Professions. She can be contacted at dolcejn@umdnj.edu.*