

The Pipeline

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Winter 2009

Upcoming Events

GMHCN Board Meetings
Macon, GA

March 5, 2009

July 9, 2009

Decatur, GA

May 13, 2009

St. Simon's Island, GA

August 17, 2009

Pine Mountain, GA

November 12 & 13, 2009

GA Certified Peer Specialist
Training

Norcross, GA

February 23-27;

March 2-5, 2009

July 27-31;

August 3-6, 2009

St. Simon's Island, GA

October 19-23;

October 26-29, 2009

Georgia Peer Support Institute
Unicoi State Park

Helen, GA

April 1-3, 2009

Epworth by the Sea

St. Simons Island, GA

November 17-19, 2009

GMHCN

Spring Fundraiser

Decatur, GA

May 12, 2009

USPRA

34th Annual Conference

Marriott Norfolk Waterside

Norfolk, VA

June 29-July 2, 2009

GMHCN

18th Annual Conference

Peers Supporting Peers:

Head to Toe Wellness

Epworth by the Sea

St. Simon's Island, GA

August 18-20, 2009

Alternatives 2009

Omaha, NE

October 28 -November 1, 2009

"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." --SAMHSA National Consensus Statement on Recovery

My Recovery Story by KM

I started being aware of my mental health problems in my teenage years. As an adult, I was diagnosed as having Major Depressive Disorder. I was withdrawing from others, sleeping a lot more than I used to, eating a lot more or having no appetite and losing interest in things I used to like.

At work, I feel I am no better (or worse) than anyone else, even though I may be living with emotional problems. At my worst, my negative ideas influenced what and how I thought about things, discouraged me or made me feel guilty. Stigma is still around. Many others do not know about mental illness and discriminate because they do not understand. I can't let their attitudes hold me back.

Believing in myself and Recovery helped me move from where I was to where I am now. It empowered me to take my first step towards New Beginnings and new positive directions. Recovery that, despite some difficulties, we can resume more or less "normal" lives (whatever that means), where we make the important decisions and take care of ourselves with the supports we need. I hope other consumers see their own strengths and courage and grow in knowledge and understanding. Believing in myself helps me maintain a healthier lifestyle.

I had to work through many trials and tribulations and obstacles on my journey to a better life. I am a risk taker, and I don't give up easily. I had to learn to love myself more, recognize my strengths, say no to distractions, and appreciate what was around me. Believing and trusting in a Higher Power (as well as myself) also helped in my recovery. I am not where I want to be, but I'm not where I used to be.

How is Self-Compassion Different from Self Esteem?

Self-esteem often depends on our latest success or failure, and fluctuates depending on ever-changing circumstances. In contrast to self-esteem, self-compassion is not based on self-evaluations. *People feel compassion for themselves because all human beings deserve compassion and understanding, not because they possess some particular set of traits (pretty, smart, talented, and so on).* This means that with self-compassion, you don't have to feel better than others to feel good about yourself. Self-compassion also allows for greater self-clarity, because personal failings can be acknowledged with kindness and do not need to be hidden. Moreover, self-compassion isn't dependent on external circumstances; it's always available – especially when you fall flat on your face! Research indicates that in comparison to self-esteem, self-compassion is associated with greater emotional resilience, more accurate self-concepts, more caring relationship behavior, less self-conceit and anger. It makes sense; **if you are kind and forgiving to yourself, you can feel better about others.**

---Kristin Neff, PhD. <http://www.self-compassion.org>

Resources "Showing "grassroots" support is important if our opinions are not to be overlooked!"

To easily contact your elected officials, there is an on-line resource: www.congress.org. Just enter your zip code. If you do not have a computer, you can call GMHCN at 1-800-297-6146 and we'll access the names, addresses and phone numbers for you. If you'd like to contact the Governor, write: The Honorable Sonny Purdew, 203 State Capitol, Atlanta, GA, 30334 (404) 656-1776.

Other On-line Resources include:

www.freedom-center.org/freedom-center-icarus-project-publish-coming-psychiatric-drugs-guide

The Freedom Center in Massachusetts has collaborated on a project with the National Icarus Project and created a Harm Reduction Guide ... This 40-page guide was written by Will Hall and a 14-member health professional advisory board and is jam-packed with information. Continued on page 2.

Reconsidering Restoration of Supported Employment Funding Makes Sense

According to DHR, "Georgia has the capacity, ability and responsibility to develop a public mental health system that is recovery-focused and provides both community-based and hospital-based services established on best and evidence-based practices."

Although I recognize that DHR faces budget cuts of almost \$150 million, I am confused at the reasoning behind the **total elimination of State funding to Supported Employment programs.**

Representatives of DMHDDAD admit that:

SE is an evidence-based best practice, proven to be effective.

Most providers follow SAMHSA Best Practice guidelines.

SE is Cost Effective.

SE has Worked for Many People and Changed Lives.

1000 or more people could lose their jobs.

SE represents a very small percentage of the budget.

SE Service elimination will have very little effect on the Budget problem.

SE produces taxpayers who eventually pay more than the initial cost of the service.

Other funding approaches, such as Ticket to Work have not worked well in the past. DHR is investigating making *Supported Employment Medicaid billable*. Maybe this will open some opportunities, keeping in mind that Supported Employment is not a clinical service, and does not fit well into the medical model.

Although *Governor Perdue's Mental Health Service Delivery Commission Final Report* noted that "if all available funding sources are *not* used for maximum impact, individuals with mental illness will have a devastating impact on the State's basic infrastructure", and recommended that supported employment programs be developed Statewide, the Division of Mental Health, Developmental Disabilities and Addictive Diseases decided to cut 100% of state appropriated dollars to mental health supported employment programs. This commission recognized that "Supported Employment is generally seen as an important social service that enhances the overall quality of life for those who require the structure, support and training necessary to maintain a place in the workforce. Supported employment offers individuals with mental illness or addictive diseases more independence and hope, as well as a daily motivation to continue toward recovery. Supported employment provides an exciting opportunity for private industry to partner with consumers, family members, community supports and treatment providers to promote inclusion of people with mental illness into mainstream society... With unemployment in Georgia (6.2 percent) running higher than the national average (5.7 percent) the difficulty for any citizen to find gainful employment is daunting. This is especially true for the disabled population who request assistance in acquiring and maintaining employment through supported employment services. **A comprehensive service and support program will enhance services provided by DHR, DOC, county jails and DOL to individuals with mental illness... Supported employment services and activities have been described as one of the most important strategies to engender empowerment in persons with psychiatric disabilities. Supported employment programs should be developed statewide to work jointly with case management services, housing and treatment services.**"

Programs like Psychiatric Rehabilitation, peer support services and supported employment **increase the likelihood of keeping consumers out of the hospitals** (a priority of the Olmstead Commission and DOJ agreements). **These programs all reduce costs to the state and directly benefit the citizens of Georgia.**

At a recent meeting I attended, I heard that the State expenditure towards supported employment was about 1/2 of 1% of the total DHR budget. Instead of **reducing** funding (as they did with child protective services, food stamp and Medicaid eligibility positions, substance abuse and addictive disease services, the Mental Retardation Waiver Program, Meals on Wheels, Alzheimer's services, Home Supports and Public Health Grants to Counties), Supported Employment (a **recognized evidence-based best practice**) shares the distinction of **total funding elimination** along with family violence and sexual assault shelters. All of these cuts together "saved" the State less than \$30 million and **will negatively impact thousands of lives**. This is less than the proposed (HB212 and HB116) \$31 million tax break to airlines and private airplane owners which the Ways and Means Committee just approved. If it is reasonable to consider these bills, **isn't there room to reconsider at least some State funding for evidence-based programs like Supported Employment?**

Resources continued.

www.copelandcenter.com/newsletter/index.html

Recovery educator and executive director of the Copeland Center for Wellness and Recovery, Stephen Pocklington never fails to inspire in the **Mental Health Recovery** newsletter published by the Copeland Center.

www.mindfreedom.org

The **MindFreedom Journal** highlights human rights activists making progress toward necessary policy changes in the mental health field. Also **Mind Freedom International's Mad Market online store** has books, such as "Alternatives Beyond Psychiatry," with objective stories by over 60 psychiatric survivors.

Moving Toward *Reclaiming 25 Years Of Our Lives* By Linda Neiheisel, CPS

This Spring the Peer Support and Wellness Center will introduce a new motivational activity called "Working For Wellness". It was inspired by Mariam Aziz in response to the 2006 study entitled *Morbidity and Mortality in People With Serious Mental Illnesses*, which stated that individuals with a mental health diagnoses will die twenty-five years sooner than the average population.

In January 2009, Ms. Aziz, a Certified Peer Specialist at the Peer Support and Wellness Center, attended the *Peer Support Whole Health Pilot Project Training in Macon GA*, which implemented an action plan for addressing the claim that we may die sooner than necessary from diabetes, metabolic disorders, heart disease and obesity. These are all **preventable** risks attributed to unhealthy lifestyles and, in many cases, to side effects of psychotropic medications. In response, we are choosing to reclaim our wellness and live 25 years longer than the report asserts!

Our vision of "Working for Wellness" is to support each other through an organized system of setting self-directed goals and objectives, being accountable to our peer partners for our progress, and receiving support in areas that we request.

For example, a person with a goal of "smoking cessation" would choose measurable steps (objectives) toward that goal, such as cutting out one cigarette a day, and s/he would be accountable to a peer partner, who would offer support in a non-judgmental atmosphere. The same principles would apply to individuals with weight loss goals, exercise goals, and even goals that are spiritual or educational.

"I am confident that we will be able to achieve our goals with the right support system," said Ms. Aziz.

Already in place at the Peer Support and Wellness Center are activities that support whole-health recovery. These include: *Cooking & Nutrition* and *Foodze* (exploring our eating habits); *Aromatherapy* and *Sacred Space* (exploring our spirituality); *Sports and Recreation* and *Workout at the YMCA* (promoting physical fitness); and *Computer Skills training* and *CPRP/CPS Study groups* (exercising the intellect). For a complete listing of our Wellness Activities visit our website at gmhcn/wellnesscenter.org or call (404) 371-1414.

2009 PERMES Consumer Satisfaction Survey Starting

Would you be interested in doing the 2009 PERMES survey with us?

Once again, GMHCN has partnered with DHR for a Statewide peer-to-peer satisfaction survey of DMHDDAD Mental Health and Substance Abuse Services. This year the **Team Leader Training** (invitation only) is scheduled for **March 19**. Invited participants will be notified of the time once everything has been arranged. **Surveying should start March 23, 2009**. Surveying may extend to **June 15, 2009**, but could be shorter depending on when we meet our targeted regional goals.

Surveyors must be **Adult Consumers of Mental Health and/or Addictive Disease Services**, and must have good reading skills and ability to approach strangers. **Pay rates are \$70 per day for Team Leaders, and \$60 for Surveyors** (minimum of 5 hours of actual surveying) **plus a generous mileage reimbursement**. **Notify our receptionist if you wish to submit an application.** (404) 687-9487 1-800-297-6146
Randy Tucker, PERMES 2009 Coordinator

Errata:

The song "Smile" was written by Charlie Chaplin, not by Nat King Cole. Nat did sing the song, but it was Charlie's creation, not Nat's.

Peer Mentor Positions Available: THOMASVILLE & SAVANNAH

The Georgia Mental Health Consumer Network is seeking self-identified consumers of mental health services to fill two part-time positions in the state of Georgia as Peer Mentors. This is an excellent opportunity to assist consumers who are transitioning from a Georgia Regional Hospital to living self-directed lives of hope and purpose in communities of their choice. Currently, we have one position available in each of the following locations: Savannah and Thomasville. Potential candidates will need to work flexible schedules, work independently, have a reliable form of personal transportation, and pass a criminal background check. The Peer Mentor position is part-time (20 hours/week) at \$10/hour. Preference will be given to Certified Peer Specialists. If interested, please submit letters of interest and resumes to David Kanar at the Georgia Mental Health Consumer Network, 246 Sycamore Street, Suite 260, Decatur, GA 30030, or email to peermentoring@gmhcn.org, or fax to 404-687-0772. For further information please contact David Kanar at 1-800-297-6146 or 404-271-2208.

Georgia Mental Health

Consumer Network

246 Sycamore Street, Suite 260

Decatur, Georgia 30030

(Return Service Requested)

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2008 - 2009

TOP 5 PRIORITIES

1. Affordable, Accessible Housing.
2. Transportation
3. Jobs/Employment/Supported Employment.
4. Educational Opportunities/Supported Education/Job Training.
5. Higher Wages for Peer Staff.

Transformation Transfer Initiative Awarded to State

Georgia is one of eleven states to receive a 2009 Transformation Transfer Initiative (TTI) award. The \$221,000 award, administered by the National Association of State Mental Health Program Directors (NASMHPD), and funded by the Substance Abuse Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is aimed at supporting states to transition to a service system oriented toward **recovery** from mental illness.

The vision of Georgia's Division of Mental Health, Developmental Disabilities and Addictive Disease (DMHDDAD) is that **all consumers will have a meaningful life in the community**. In 2006 the Medical Directors Council of the NASMHPD released a report that spotlights a major barrier to consumers having full, productive and meaningful lives. The report states, "People with serious mental illness served by the public mental health systems die, on average, 25 years earlier than the general population." Combinations of mental and physical illnesses, lifestyle behaviors, limited access to care, and medication side-effects are factors associated with this premature death.

Scientific advances in mind-body medicine, an increasing emphasis on **integrated mental and physical health care and an evolving awareness of recovery from mental illness** is creating a national call for public mental health systems to address and support the overall health and well-being of those they serve. The DMHDDAD will use this TTI funding to educate Mental Health Consumers, Certified Peer Specialists and other Mental Health Service Providers about the importance of overall mental and physical (whole) health to recovery, and to implement an enhancement of Peer Support services aimed at addressing whole health wellness. Mary Shuman, Project Director at mshuman@dhr.state.ga.us or 404-657-2163.



Art by Jerome Lawrence

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