

The Pipeline

Published Quarterly by the Georgia Mental Health Consumer Network

Spring 2005

Current & Upcoming Events

Georgia Certified Peer Specialist Training
Epworth By the Sea
St. Simon's Island, GA
May 31-June 3 and
June 6-10, 2005

NMHA Conference
"Justice for All"
Washington, DC
June 9-11, 2005

Georgia Consumer Council
River Edge CSB
Macon, GA
June 14, 2005

Georgia Peer Support Institute
Epworth by the Sea
St. Simons Island, GA
October 18-20, 2005

Alternatives 2005
Hyatt Regency
Phoenix, AZ
October 26-30, 2005

Get Ready! 14th Annual Summer Conference! Aug. 23-25, 2005

We're all looking forward to the annual GMHCN conference at St. Simon's Island, Transformation to Recovery Utilizing Employment. We hold this conference each year to share experiences, meet other consumers, learn and have fun. Last year nearly 600 people attended and it got rave reviews.

This year we have three keynote speakers. Peter Buckley, MD, is the Chair of the Psychiatry Department of the Medical College of Georgia and winner of APA's Psychiatric and Management Award. He'll be speaking about Peer Support and Transforming Mental Health to Recovery. Many of you know Mark Baker, from his work as former vicar of the Church of the Holy Comforter and his workshops on spirituality and recovery. He'll be speaking about his new project, Micro enterprise for Consumers. Heather Hoelscher is coming from West Virginia, where she works as an advocate for Legal Aid. She'll talk about Mental Health Care Advance Directives.

Workshops will include Social Security and Returning to Work, Spirituality and Recovery, Double Trouble in Recovery, Advocating for Advance Directives for Mental

Health Care, Person Centered Planning, Money Management for Consumers, Trauma: Transforming the Mental Health System, Living Recovery and a hands-on Arts Workshop. Other events include a PBS documentary on restoring Cemeteries, updates on the Peer Specialist Training Project, the Peer Support Institute and the Self-Directed Recovery Project. Of course we'll have the Consumer Art Show and Sale, the Consumer Talent Show and the Governor's Advisory Council comment Forum.

Persons wishing to attend are encouraged to register and send in their registration fees as soon as possible, as this event always fills up fast. Fees range from \$180 to \$325, depending on accommodations preferred. A shared double room with meals and conference fees costs \$280 for the 3 day event. Wednesday only, without lodging is \$85, and the Thursday Rally only is \$25 per person. A limited number of scholarships may be available. Deadline for registration is August 1. To get a registration form, call the Georgia Mental Health Consumer Network office at (404) 687-9487 or 1-800-297-6146. You may also download a form from our website, www.gmhcn.org. We look forward to seeing you there.

GMHCN Mission Statement

"Our mission is to promote recovery through advocacy, education, employment, empowerment, peer support and self help, and to unite as one voice to support the priorities set each year at the annual Summer Conference."

Georgia Consumer Council

The Georgia Consumer Council was formed in 1994 and is staffed by the Consumer Relations and Recovery Section of Georgia's Division of MHDDAD. The Council was formed to serve as a consumer advisory council to the Director of the Consumer Relations and Recovery Section. The Council gained national attention eight years ago when it adopted the monumental task of restoring the cemeteries at Central State Hospital in Milledgeville. In 1997, Council members toured the cemeteries and discovered that some 25,000 people had been buried at Central State since the hospital was founded in 1842. Appalled at the condition of the gravesites, Council members set out on a mission to restore the sites and in so doing, restored the respect and dignity of people who were maligned in life and dishonored in death. Today, the cemeteries are graced with a beautiful bronze angel and an ornate iron gate that is a replica of a gate that was once the entrance to the women's cemetery. Larry Fricks, the Director of the Consumer Relations and Recovery Section, wrote a technical assistance manual titled, "The Georgia Story: How to Successfully Restore a State Hospital Cemetery," after word spread in the media about Georgia's cemetery restoration. Now, 18 states have similar projects underway.

A second project undertaken by the Consumer Council was a manual developed as a training program for Regional and Community Service Board members on the concepts of the recovery model of mental health services, a model which is transforming the way mental health services are delivered in Georgia.

With these worthy projects under their belts, the Council members are hoping to broaden their membership and undertake some new endeavors that will promote self-directed recovery and peer support in mental health services across the state. The Council works in partnership with the Georgia Mental Health Consumer Network and its 3,000 members in these endeavors. The Council typically holds three meetings a year either at CSH or in Macon. Graduates of the Georgia Peer Support Institute are especially invited to become active members of the Council. The consumers who participate in the Institute training are asked to implement a project in their communities relating to self-directed recovery, peer support and other recovery-related issues presented at the Institute. Becoming members of the Consumer Council gives these consumers a chance to present the results of their projects and to receive further training on a Wellness Recovery Action Plan (WRAP), a self-directed recovery tool.

Any consumer of mental health services in Georgia is welcome to join the Council and attend the meetings. We welcome fresh voices and urge you to become involved by calling Marsha Bond at 404 657-2118, or e-mailing her at mmbond@dhr.state.ga.us. Our next meeting will be in Macon at River Edge Behavioral Health Center on June 14, 2005 from 10 a.m. until about 2 p.m. Box lunches are provided and you will be reimbursed for mileage expenses if you come in your own car. Please contact Marsha if you plan to attend this meeting.

Walking in Recovery 2005

Fundraiser Event a Huge Success



This year's fundraiser for GMHCN was held at the historic Decatur Courthouse. Several artists, including those from Holy Comforter Church, Jerome Lawrence, Mark Baker and Randy Tucker donated their works for the silent auction. The catered food by Avanté included an Italian cheese spread torte, chocolate fondue with fresh strawberries, fresh fruit and vegetables, chicken fingers, meatballs and other delights. A local DJ provided the music and music videos. Local vendors and contributors (too numerous to identify here) were very generous. Money raised will be used to support the work of the Georgia Mental Health Consumer Network.

The Pipeline is published quarterly by the Georgia Mental Health Consumer Network, 246 Sycamore St. Suite 160, Decatur, Georgia 30030

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Seclusion and Restraint

By Randy Tucker

Seclusion (isolating a person from human contact) and restraint (using physical devices to immobilize a person or using medications to subdue or incapacitate an individual) are still often used in public or private "Mental Health Treatment" facilities, according to attendees and participants at the recent "Seclusion and Restraint Public Forum", sponsored by the Georgia Advocacy Office and the PAIMI Advisory Council.

Several consumers of mental health services offered personal stories of their experiences relating to these practices. No one said that he or she was helped by the practices. Universal impressions were of fear, pain, depersonalization and disrespect of individuality. Some told of staff that deliberately provoked restraint situations. It is no surprise that they were not consulted about their needs during the "interventions" nor given the opportunity to be understood.

Particularly disturbing were stories about individuals having to help restrain other individuals, persons with claustrophobia being secluded as punishment, restraints being tightened to the point of physical pain if they angered staff, daily restraints and lengthy restraints of up to seven hours without the dignity of being provided bathroom services. Consumers told of feeling fear, anger, humiliation and distrust which prevented them from seeking needed Mental Health services in the future. Most felt that a kind word and someone who would listen to them would have been much more effective.

Almost two years ago I attended a national conference sponsored by SAMHSA and CMHS titled "Eliminating Seclusion and Restraint in Mental Health Systems." I learned that Hawaii and New Hampshire had actually eliminated the practices (not just reduced them) in their facilities. I had witnessed first-

hand the effective elimination of restraints and seclusion earlier in an Adolescent Treatment Facility where I worked almost thirty years ago, and often suspected it could be done on a larger scale.

Seclusion and Restraint are poor substitutes for caring treatment. These practices often repeat traumas for individuals with Mental Illness, particularly those who have been abused. They are often demeaning and always non-empowering. Increased fear and distrust do not lead to effective treatment. The "control" afforded, though expedient, limits treatment options. It creates "us/them" situations, and greatly reduces effective communication. Seclusion and restraint offer no solutions for more effective coping skills, and give consumers no opportunity for helping determine what works for them.

Supporters of the practices defend their actions by citing staff and patient safety. Personnel may feel more secure knowing that they have the upper hand and cannot be challenged by those they are hired to serve. Fear is a way of increasing control and compliance. I remember people asking "how can we treat them if they are not compliant," to justify overmedication (chemical restraint). Seclusion was reframed as a way of "limiting stimulation". Indeed, it seems more expensive to take the time to talk with, understand and monitor individuals than to restrain them. But if the treatment is less effective, or consumers are less trustful and avoid needed treatment later, it will be more expensive in the long run.

I think it would be helpful if records are kept for every seclusion or restraint in all private and public facilities, and that these records be systematically reviewed with the goal of reducing seclusion and restraint throughout the state. You can help by writing to PAIMI and putting a personal face on the problem. Submit your stories directly to the Georgia Advocacy Office, One Decatur Town Center, 150 Ponce de Leon Ave., Suite 430, Decatur, GA, 30030.



Mental Health Day At The Capitol and a New Priority

—Randy Tucker,
Pipeline Editor

Thanks to all the consumers, providers and par-

ents of consumers who attended the annual Mental Health Services Coalition sponsored Mental Health Day at the Capitol on February 28, 2005. One of the activities planned was a lunch with the legislators and a tour of the capitol. Unfortunately, the Legislature had temporarily adjourned, and only one legislator, Representative Pat Gardner, elected to attend and meet with us. None of the people I talked with at this gathering expressed the idea that they

thought things were getting better for people with Mental Illness. It was disappointing that our input into Mental Health Matters was taken so lightly, and that so little was done this session to improve much needed mental health services in our state.

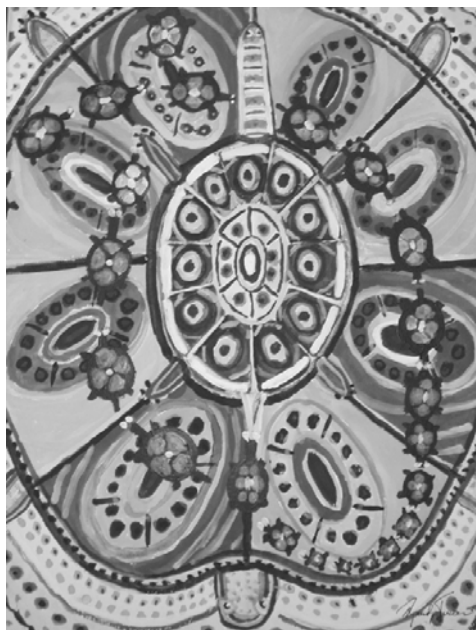
"Nothing About Us Without Us" is an oft quoted value of the Recovery Movement. Less and less frequently are we consulted about the issues which affect our lives and well-being. Consumers are excluded from committees and meetings which make recommendations for State policies concerning us. We cannot be involved in a meaningful manner if we are not invited to the table. We cannot

afford to be overlooked or systematically excluded. We have much to offer.

I would like to recommend that one of our 5 priorities for the next year (to be voted upon at the Summer Conference) be "Advocacy for inclusion of Consumers at all meetings and committees which affect Mental Health Issues". We cannot afford to be regarded as incompetent of representing our needs and wishes directly. If consumers are not directly represented, I'd like to hear invited participants speaking out and asking "Why is a consumer not present at this meeting?" I believe this is an achievable goal.

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Artwork by Randy Tucker

Creative Writing, Jerome Lawrence

I cannot keep silent.

When life has meaning, why do we kill? Perhaps life has no meaning. Then why do we pretend that it does?

I cannot keep silent.

When freedom has meaning, why do we imprison and enslave? Do we really believe that it is right as long as it happens to them and not us?

From experience I've learned that it is a trait of mental illness to believe at times that one does

not have an illness, when in fact one does. I have been informed by my psychiatrist that 1 in 5 has a serious mental illness and that there are 4 in 5 who have a mental illness and are able to hold down a job and live normally.

Add to this the mind altering effects of drugs, both illegal and prescribed, alcohol, stress, chemical pollutants and a host of other diseases, we can only be comfortable with our chances of survival if we can claim some kind of advantage over those we encounter.

Gaining power and using it responsibly would seem to be the right thing to do. But power is a commodity that frequently changes hands.

Please speak to me!

Send your email address to:

office@gmhcn.org

One of our computers here at the Network office has crashed and we've had to put in a new hard drive. We are sorry but some email addresses were lost. To be sure that everyone gets their e-newsletter, please send us your email address again