

The Pipeline

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Winter 2008

Upcoming Events

GMHCN Board Meetings

Macon, GA
March 6, 2008
July 10, 2008

Decatur, GA
May 14, 2008

St. Simon's Island, GA
August 18, 2008

Pine Mountain, GA
November 6 and 7, 2008

GMHCN

Peer Support and Wellness Center
Grand Opening
444 Sycamore Drive
Decatur, GA
3:00-6:00 PM
January 30, 2008

Mental Health Day at the Capital
The Georgia Railroad Freight Depot
Atlanta, GA
February 26, 2008

CPS Training
St. Simon's Island, GA
March 10-14, 17-20, 2008;
Sept. 22-26, Sept. 29-Oct. 2, 2008
Norcross, GA
July 14-18, 21-24, 2008

Georgia Peer Support Institute
Helen, GA
April 14-16, 2008
St. Simon's Island, GA
November 12-14, 2008

GMHCN
Walking in Recovery Fundraiser
Decatur, GA
May 13, 2008

USPRA
33rd Annual Conference
Metro-Chicago, IL
June 16-19, 2008

GMHCN 17th Annual Conference
A Life of Our Own:
Housing, Work, Transportation,
Education, Wellness
St. Simon's Island, GA
August 19-21, 2008

Alternatives 2008
Adams Mark Hotel
Buffalo, NY
Oct. 29-Nov. 2, 2008

USPRA Position Statement on Involuntary Outpatient Commitment (Assisted Outpatient Treatment)

The U.S. Psychiatric Rehabilitation Association recently released a statement in sharp opposition to Megan's Law initiatives. I know of people who have claimed to have been saved from lives of hopelessness and despair by being treated against their wills and also of those who have had horrendous experiences at the hands of others making decisions for them. These are a few of the points USPRA made:

1. Involuntary Outpatient Commitments (IOC) are **not consumer and family driven or patient centered**. *"Despite the fact that evidence-based reports clearly support the need to reduce and potentially eliminate coercive treatments among mental health consumers, **procedures such as IOC and seclusion and restraint... should no longer be recognized as treatment options, but should be seen as treatment failures.**"*

2. Laws vary widely from state to state *"**There is little standardization, and few specific guidelines for recommending IOC...IOC is not a clinical process, but a legal one; it is derived from political principles, not from recovery principles.**"*

3. IOC fundamentally violates the constitutional right to privacy and due process. It is overused in urban areas and disproportionately applied to people of color. It violates the civil rights of people with psychiatric disabilities. IOC of law-abiding people is a violation of constitutionally guaranteed due process. *"**USPRA objects to the use of IOC in any form.**" **"IOC represents a form of treatment contrary to the principles of recovery and the promotion of community integration and self determination...the IOC process values the perceived safety of the community over the rights of individuals to find their path to recovery."***

4. When people have to be forced to do things against their wills, they naturally push away. Recovery is dependent on people taking charge of their own lives, not having those decisions made by others. People must have a great deal of choice if they are to lead the most meaningful lives. *"**Recovery is much less attractive when presented as force, coercion and/or a criminal justice sanction; thus IOC has the net effect of driving people, especially people of color, away from recovery, rather than toward recovery.**"*

5. IOC destroys a necessary collaborative relationship. *"**It is antithetical to the idea of recovery to decide, in advance, that a person will act self-destructively; then, on the basis of that assumption, deny him/her the right of free choice.**"*

Art and Exploration By Denise Fletcher

In a world gone awry, art can become a welcome release from our troubles and is a very important part of healing from trauma. Art is both fun and relaxing and a great stress reliever. Art can be utilized as a method not only to express your deepest thoughts and feelings, but as a tool to get to know yourselves better and to discover your hidden talents. Create art for art's sake. Art does not always have to be for public consumption, competition or for material gain. Art should definitely not be used as a way for others to analyze your psyche. If your art is very personal, it may be best to use discretion and share it only with trusted friends or family. Ask others you know for their personal perspectives on art, but *do not let them discourage you from exploring new modes of personal expression.* Make it your goal to try your hand at something new and different that you've never done before.

When determining what types of art that you would like to pursue, consider exploring the world of art by visiting your local community center or art gallery. Take a good look around your community to get a sense of where your interests may lie. Art takes many forms, such as sculptures in the park, flower gardens, rock formations, and paintings, drawings or photos hanging on the walls of Churches, libraries or local restaurants. Other valuable resources for various ideas are craft and fabric stores, bookstores, or art supply stores. Taking a walk in the woods or walking along the beach will stir your imagination and may bring out the collector in you. Shells, rocks, petrified wood and other assorted nature items are great resources for craft projects like mobiles or collages. The more you observe your environment, the more you will become attuned to the many art forms available to you. Even baking cakes or cookies can become an art form! It is usually helpful to take a class to learn a new skill and art is no exception. There are many opportunities for classes through art centers, community colleges, or even at craft stores, depending on the level of your interest and skill. If finances are a problem, then consider checking out art books or video tapes at the nearest library. There are innumerable experts who have written how-to books on many different art forms, such as jewelry, woodworking, quilting, computer graphics, etc. You can learn almost anything you want to know in self-help books. If you live in a large city, there are large Institutes of Art which are open to the public where you can tour exhibits by world-renowned artists. These displays change with the seasons and are full of amazing works of art that bring fresh ideas no matter how many times you visit.

Find a relaxed atmosphere such as a coffee shop or reading room and bring a spiral notebook or journal with you to jot down notes. Challenge yourself to write a short poem or song on something that is of value to you. Give yourself some personal time to reflect on your creative goals. Contemplate such questions as:

- What types of art do I like most? Least?
- What methods of art would I like to learn?
- What is my primary interest? Secondary?
- What subjects would I like to concentrate on most? Least?
- What points do I want to convey?
- What is the best way to express a particular point?
- What motivates me to create art the most? Least?
- What are my future goals?

Write your own questions related to art and write down your answers in your notebook. Your questions and answers will change over time. Keeping an art journal is a good way to measure your progress. If you are proficient in a particular skill which you would like to share, you may consider teaching a class or volunteering with a non-profit agency which specializes in the healing arts. I challenge you to embrace your inner child by doing any creative activity which brings you joy and which helps you to focus on the present moment.

Certified Peer Specialist appointed to Mental Health Service Delivery Commission Tuesday, December 18, 2007

We are happy and proud to announce the appointment of Julie A. Spores, CPS, who serves as the president of Georgia Mental Health Consumer Network Board of Directors, to the Mental Health Service Delivery Commission. Julie is a consumer advocate and program manager for Gateway Behavioral Health Systems. She is a region five representative on the Department of Human Resources Adult Mental Health Planning and Advisory Council. She is also a member of the Golden Isles Civitan Club. Julie earned an associate's degree from Coastal Georgia Community College and a bachelor's degree from Armstrong Atlantic State University. It is wonderful to finally have a strong consumer with direct experience of mental illness (and the "system") represent us and speak frankly to this particular commission. We wish her the best of luck.

Crisis as being Overwhelmed: By Stephen Pocklington

Over the last couple of months I have worked hard at redeveloping my **Crisis Plan** and, with the help of my supporters, I think I've finally worked out a plan that will support me to learn and grow through even the worst of times. Along the way I had to change some of my thinking and I would like to share some of the insights I gained.

When I wrote my first Crisis Plan several years ago, I was only thinking about *psychiatric* crises. Thinking only in terms of a *mental health crisis* raised for me the specter of another "psychotic break" and all the haunting associations that accompany the mental health system's institutionalized response to one—just thinking about it yanked me back into a disabling illness worldview.

Part of my preparation work for a new Crisis Plan included rereading Shery Mead's *Crisis as an Opportunity for Growth and Change*, in which she wrote:

The concept of crisis in mental health is an interesting one. In spite of the fact that many traditional theorists have viewed crisis as an opportunity for growth and as an essential experience in the context of one's development (Erikson, 1976), we in mental health want to medicate it, lock it up, and restrain it. We have forgotten that perhaps there is something we can learn from this experience, something that will enable us to "do" it differently and understand ourselves in new ways. (2001)

I have worked hard to move away from the illness worldview of "medicate it, lock it up, and restrain it," but I was "stuck" when it came time "to 'do' it differently." Then I found a different way of thinking about "crisis" that got me to start moving *toward* making the most of *any* opportunity for growth.

What helped most was to reframe *Crisis Planning* as planning for **any** time that I might be truly **overwhelmed**. Suddenly, crisis planning applied to a host of times and situations that, more often than not, have nothing to do with a mental illness diagnosis. There is an array of awful but ordinary human events that can overwhelm anybody—the death of someone close, a divorce, someone we love being in harm's way, financial catastrophes, being close to human tragedy, or even the slow, unrelenting accumulation of Life's bitter turns.

The planning process really changed once I took a step further and defined *crisis* not in terms of any or all of these overwhelming events, but rather in terms of our human response to any of them. When we are *overwhelmed* by any of Life's events or circumstances, then we are simply, by definition, overpowered and temporarily rendered incapable of making well-reasoned decisions on our own behalf. That's all. We can always return to our response-ability, our ability to choose our response to Life's events, once we have gotten through the time of being overwhelmed.

The thing that really eased my heart and allowed me to embrace crisis planning in a new way was when I realized that no judgment has to apply to being overwhelmed. I am not weak, or sick, or other than human—there is nothing *wrong* with me. I am simply temporarily overwhelmed and need support to get through this time. In truth, in being overwhelmed I am fully human—not *merely* human, *fully* human. And if our experience has shown us anything it is that being overwhelmed is a temporary state of being, especially if we receive support to grow through the time of being overwhelmed. And that, I realized, is what my crisis plan really needed to be about.

Redeveloping my crisis plan was still the work of months, involving lots of intentional peer support. My supporters challenged me to do even more critical learning around my assumptions, and together we negotiated a plan built around what experience showed would really work to support me. ***This time crisis planning was a celebration of learning and growing together, and it all started with a shift in how I understand "crisis."***

Peace,

Stephen

Peer Mentoring Job Opportunities

The Georgia Mental Health Consumer Network has openings for peer mentors in Savannah and Milledgeville. The position is for 20 hrs./week and pays \$10/hour. All candidates must have received mental health services. Interested parties should contact David Kanar, Peer Mentoring Project Director, 246 Sycamore St., Suite 260, Decatur, GA, 30030 or e-mail peermentoring@gmhcncn.org or call 1-800-297-6146 .

Georgia Mental Health

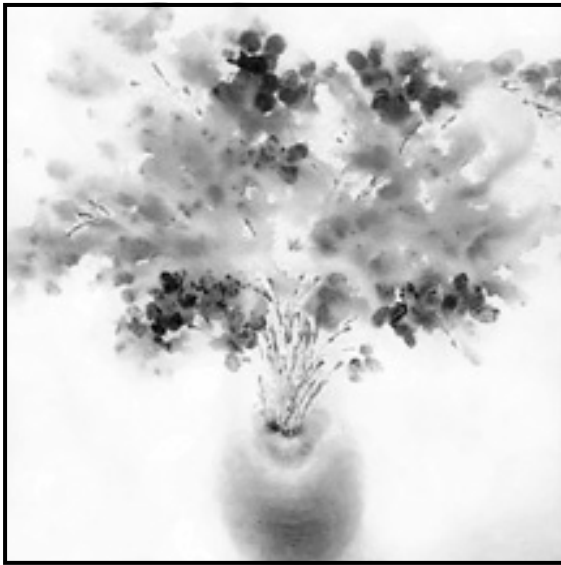
Consumer Network

246 Sycamore Street, Suite 260

Decatur, Georgia 30030

(Return Service Requested)

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"Intimacy" by Jerome Lawrence

Permes 2008 Announced! Job Opportunities Galore!

Surveying is scheduled to start on February 15th and should be finished by May. Our Statewide Team Leader Training has been scheduled for February 6, 2008. Each year, consumers are hired to gather satisfaction surveys from other adult consumers across the State about the mental health and substance abuse services they receive. Generally the teams spend about 5 hrs. a day offering assistance if anyone has trouble filling out the forms. Most people find the work enjoyable and rewarding, and this offers many the opportunity to earn some extra income. This year's pay has been increased to \$70/day for Team Leaders and \$60/day for surveyors, and travel will be reimbursed at 48.5 cents/mile. Surveyors must be able to approach strangers, be able to work with a team, have access to dependable transportation and be or have been direct consumers of mental health or substance abuse services. Send your name, address, phone, email, etc. to randy@gmhcn.org, or mail to Permes Coordinator, 246 Sycamore St. Suite 260, Decatur, GA, 30030 and we'll send you details and a job application if necessary. Or you can call us at 404-687-9487 or 1-800-297-6146 and ask the front desk for a job description and application form.

Pipeline Writing Contest

Thanks to everyone who submitted articles and artwork! We'd still like to hear about the services and supports you get in your communities and your ideas about transforming the system towards recovery. **This issue's winner is Denise Fletcher, who won \$30 for her fine article on Art and Discovery.** Last month Edward "Mike" Floyd won \$30 for his article about the Cemetery Memorial Service. Awards range from \$10 to \$50, depending on the length of the articles, topical relevance and other factors. We hold many of the pieces for future issues. Please state if we may edit your piece before publishing. Send your submissions to Pipeline Contest: 246 Sycamore St., Suite 260, Decatur, GA, 30030 or email them to randy@gmhcn.org.

2007 - 2008 GMHCN TOP 5 PRIORITIES

1. **Affordable, Accessible Housing.**
2. **Jobs/Employment/Supported Employment.**
3. **Transportation.**
4. **Supported Education/Job Training.**
5. **Open Access to Affordable Medications.**

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