

GETTING OUR VOICES BACK

Whatever the outcome of this year's legislative session—which we will not really know until Governor Kemp finishes signing bills into law—one thing is certain: Mental Health Politics is now a thing in Georgia. We cannot—if we ever really could—sit comfortably by and entrust that others with more time, patience, skills, training, education, experience, funding, or more (or less) anything will safeguard our legal status as people living with behavioral health concerns who are equal under the law. It is growing increasingly important because as we continue moving away from the “It’s early days, there’s plenty of time to work all that out” consolation talks of last year, we see few if any meaningful protections, guardrails, or oversight of these vast new systems and their sweeping powers at the local, family, and personal level. The ultimate end result of enshrining into law the idea that people with mental health concerns do not have the same rights as others becomes obvious pretty quickly, as demonstrated so monstrously in New York, one of the examples of “success” put forward by the champions of large-scale involuntary commitment: People who make other people uncomfortable, who are an inconvenience, who act and walk and talk and live in ways that don’t conform with community standards—people who are not compliant—will find themselves facing two choices: Take undesirable medication or lose your freedom. That the state creates a distinction between which people may choose if chemicals go into their bodies (people against vaccines, for instance) and those who do not have that choice (people with mental health challenges) is problematic.

Georgia’s peers have formed a new group to make certain our collective voices are heard among legislators, who we believe are able to hear complex and nuanced opinions, which for some issues will be the inevitable result of our members representing every demographic in the state, and receiving legislative information from a variety of sources. When that happens, as with HB520 in the current legislative session, that is the message we will carry to lawmakers.

The Georgia Peer Policy Collective (GPPC), formed under the leadership of Sherry Jenkins Tucker and Chris Johnson in the spring of 2022, was created to ensure the authentic voice of Georgia’s peer community made it to legislators in a timely way. The launch of the GPPC was delayed by Ms. Tucker’s death in July 2022, but continued on, and through the rest of 2022 the plans were reviewed, commented on, and improved by mental health thought and policy leaders around the state to create a framework that is not just workable in this moment of frenzy at the Capitol, but is also sustainable without an organization like GMHCN providing administrative support.

The first general meeting was held in January after the identification of Regional Representatives (at least one from each state region), who have since been connecting with their communities: Peers, providers, organizations (non/for-profit), and faith and political leaders, and others. They have been sharing personal recovery stories and writing letters to media outlets and posting to social media about the Collective’s advocacy. Advocacy for GMHCN’s organizational priorities—which have been separated out from the Statewide Peer Priorities—is neither mandated nor encouraged to the members of the GPPC, who are encouraged to advocate for regional and local needs as well as GPPC’s priorities.

Melissa Kazakides, Advocacy Chief with GPPC explained their process by saying “With mental health legislation moving through the Capitol so quickly, we now disseminate Capitol news across the state instantly, providing more time and opportunity to change course or formulate a response to what’s happening in Atlanta based on polling we do in each of the six regions. It’s not an exact science, but we are the only people we know of even attempting to conduct regional opinion polls in near-real-time to make sure the views we present are accurate. Reps use an app to stay in constant contact, sharing information, collaborating, planning, and supporting one another. There’s a lot of information passing between lots of people, but our members are passionate, and the work is getting done. Our process works.”

Most importantly, according to GMHCN Interim Executive Director and GPPC Policy Director Chris Johnson, “We are building a community. The pandemic disconnected many of us in the recovery community, and the 2022 legislative session showed how fractured we’ve become, and what its costing us. Thirty-one people showed up for the first GPPC meeting on a January weeknight. Thirty-one people made the choice to be on a Zoom call in 2023. That is one person more than attended the first gathering of consumers that formed GMHCN back in 1990. And the momentum is building as peers begin to understand what we are working to accomplish. We’re not building a lobbying firm, or asking people to change or silence their views. We’re building a coalition based on respect and dignity, where every voice is honored. When the tv cameras are gone and another legislative topic dominates, we’ll still be here, in part to help remedy what might be called the iatrogenic negative impacts of the Mental Health Parity Act and its offshoot legislation that most acknowledge are as inevitable as they are unknowable at this point. And we will be here to celebrate the parts that work well, which we think is most of them—unrelated to anything involuntary—if they are funded well and executed properly, despite Georgia’s unique workforce challenges, awkward legislative calendar, unique public behavioral health system, and the persistence of stigma through all of it.” To learn more [please visit peerpolicy.org](https://www.peerpolicy.org)

LOIS CURTIS REMEMBERED 1967-2022

SPECIAL TO THE PIPELINE BY JAYME LYNCH

Lois Curtis is well-known in the mental health consumer movement, primarily because of her involvement with deinstitutionalization in Georgia. Previously, patients had been stuck in state hospitals for years with no discharge plans, and Lois was among those who were stuck in Central State Hospital in Milledgeville. Community services were not in place yet, and it was typical for people to be institutionalized for years, if not for life. Lois wanted out of the hospital, though, and she was quite vocal about it! She gained the support of Briggs and Associates, Inc., and other advocates to free her from lifelong confinement.

Lois was one of the first recipients of the Olmstead Decision, which asserted that people should live in the least restrictive environment. In fact, Lois's release from Central State Hospital set in motion the release of countless patients into the community.

After her release, Lois was one of the first visitors of the Peer Support and Wellness Center (PSWC) in Decatur in 2008. An art studio was set up, and Lois spent much of her time drawing and laughing with others at the PSWC every day. Being a prolific artist, Lois was in her element. She also loved making as many friends as possible.

Lois was happiest while attending the Georgia Mental Health Consumer Network's annual conference in St. Simons Island. She loved people as much as she loved art, and people loved her. I don't think Lois ever met a stranger!

Lois was a true pioneer for deinstitutionalization, not only in Georgia, but in the entire country. Mental health recipients in Georgia are free from life-long institutionalization thanks to her assertions. She wasn't about to be confined, and now others are free.

Thank you, Lois. Your legacy will always be remembered and appreciated among peers and advocates around the country.

2022 GMHCN AWARD WINNERS



Judy Fitzgerald - Peer Supporter of the Year Award
Corey Jones - Charles Willis CPS of the Year Award
R2ISE Recovery - Peer Support Provider of the Year
Speaker David Ralston - Representative of the Year
Chairman Ben Watson - Senator of the Year
Daisy Taste - Sherry Jenkins Tucker Service Award

The 2022 Georgia Mental Health Consumer Network Awards, announced at the Annual Conference held online late last fall, realized a number of milestones, including the first presentation of the Sherry Jenkins Tucker Service Award, which will be given annually to the employee who best demonstrates dedication to the Georgia Mental Health Consumer Network in the persistent, patient, productive, and generous manner of the late Sherry Jenkins Tucker. Interim Executive Director Chris Johnson chose as the first recipient of the award Ms. Daisy Taste, whose passion for the Network's mission is matched only by her energy for fulfilling that mission, saying "Sherry was impressed by Daisy's well-rested tirelessness, sensible selflessness, and ability to maintain self-care with guardrails she watches vigorously but not defensively. Many of us could benefit from her great example."

Congratulations to all the award recipients. The creation of separate awards for both legislative chambers for the first time speaks to the incredibly difficult choice faced in a year where so many legislators toiled so mightily. The Peer Support Provider of the Year was less of a tough choice, as was the CPS of the Year: Corey Jones and R2ISE Recovery were so consistently present and actively contributing throughout 2022 it frequently felt as though they worked with us directly. Their support is deeply appreciated. Our gratitude for the work and the person of Judy Fitzgerald is as immeasurable as it is unbreakable, unmovable, and resolute. She is fixed through her work as an asset to, champion for, and ally of Georgia's mental health recovery community, as well as one of its founders, conveners, and friends.

THE PATH TO WELLNESS

How we got to where we are, in our own words.

This is not how I pictured my life to be at this point.

I remember my first time at the Georgia Mental Health Consumer Network's conference in 2015 and thinking to myself that I would like to earn the "Charles Willis Certified Peer Specialist of the Year" award. I thought to myself that whoever gets that award must have it all together. I wondered what my life would look like if I received the award one day. Now I have and I can tell you one thing—my life is NOT all together. In fact, here is what I wrote in my journal earlier today

My heart is heavy. I thought life would be better than this when I got the award. Intensely feeling the shitty-ness of life is sometimes as good as it gets. I'm proud of myself!

I'm proud of myself because of how much I have grown. There is no growth in the comfort zone, and I can tell you all that this year has been one of the most uncomfortable years of my entire life.

The year started out promising and joyous as I celebrated becoming engaged to a wonderful disability rights activist I had met the year before named Nina. Nina worked at another peer organization called disAbility Link and we had met during a meeting of Us Protecting Us, a group of thoughtful people working to prevent more people with disabilities being killed by the police.

We fell in love.

We got engaged.

We moved in together.

And then Nina's debilitating stomach condition came back, and no one knew it—all we saw was the mania. Next was two months of constant crisis while those closest to Nina tried to figure out how best we could support her while not breaking down ourselves.

It was agonizingly hard.

It was chaos.

I realize now that sometimes you cannot prevent breaking down.

All the while I shifted gears from Us Protecting Us to a group called The Fulton Crisis Care Coalition. Amazingly, Sherry Jenkins Tucker was also a part of this coalition. The FC3 is a wonderful organization that is advocating for mental health crisis in Fulton County to be handled without police officers and without causing more trauma. As I was by then wading waist-deep in mental health crisis myself with Nina, the cause to me became that much greater. I was not thinking about any possible awards—I was thinking about not wanting what was happening to us to happen to anyone else.

The worst happened and Nina was eventually arrested and six days later, she died in the Dekalb County jail. It happened just a few weeks after Sherry Tucker's own death.

Mental health is so complex, as is handling crisis, and as is living a life of recovery. I have learned so many things this year, but I would give them all up if I could have Nina back.

If Sherry could be back.

But that's not going to happen any time soon, so I must keep pushing onward. And that's how I know that I am still in recovery. I feel intense feelings often, but I know that I am not going to go back inpatient or to self-destruct. I feel intensely, but I now understand that that is life.

Life in recovery is not peachy keen.

Hope Is Real.

That's my business name and something I believe in still. Hope for a better life is always real as long as one is alive, but it is not guaranteed. What is guaranteed is that I know my higher power will never leave my side and that is helpful. I know I can count on my recovery community people to hold me up and I now know how important it is to get your whole body checked out if old mental health symptoms start coming back. Just because something is usually a mental health challenge symptom does not mean that something else in the body might not be in trouble too. Go to your doctor appointments, both medical and mental. Fall in love, and experience joy. When crisis happens, keep on going. Fight like hell that Nina's and Sherry's deaths not be in vain.

Hope is real for a better life always, but better does not mean easy.

Life is hard, but with peer support it is worth it.

Spread the word.

Hopepersists.com

@BrightHopeArt on Instagram

@hopeisreal89 on Tiktok

From the director's office.

Is it morbid to have two of the three stories in this issue of *The Pipeline* be about women with mental health concerns who have recently died? And those following an issue that featured the obituary of Sherry Jenkins Tucker? Perhaps, but only—I think—if we are lamenting. If we are indulging in excessive displays of grief. If the stories serve no purpose. But these do. In many ways, these two stories are the story of the Georgia Mental Health Consumer Network itself. They are, together, a cautionary tale about hope in a world where people actively choose not to hear—or care about in any meaningful or practical way—the lived experience of those of us in mental health recovery.

The first—Lois Curtis—is a reminder that even in this modern age of advocating with gracious manners and proper protocol and deference and gratitude and all the rest, it is still sometimes necessary to say “Enough” and fight the good fight. To make good trouble. Without Lois Curtis, Georgia would not have even the low-ranking access to behavioral health services we have today. She is a reminder that advocacy matters, but when it stops working, protest—even in the guise of litigation—is another tool available to every citizen in this democratic republic of ours.

The second—Nina Colman—was on my mind throughout the 2023 legislative session, when I tried repeatedly to explain to lawmakers that GMHCN cannot support Assisted Outpatient Treatment (AOT) because (1) we do not support any involuntary treatment as a matter of policy and (2) we cannot support any legislation that increases the risk of people with mental health concerns interacting with law enforcement, as many of us—especially those Georgians who are black or brown—are at greater risk of harm when interacting with law enforcement. Whenever I brought up this topic, I was almost inevitably met with a blank stare and/or a quick change of topic that made no reference to my comments at all, frequently in a tone that suggested sympathy for me believing such fantastical tales, as though I had brought up aliens or some vast conspiracy theory. I was talking about a person I worked with as part of FC3 who was dead because the thing she was advocating for in another county does not yet exist in her own: Crisis Care (actual care, not the incarceration kind).

Nina Colman was a 55 year-old white woman in a mental health crisis when she was arrested in Dekalb County last fall, and she had a vocal network of supporters, including at disAbility Link, advocating for her, yet still died of peritonitis in the Dekalb County Jail infirmary after six days of lockup, which the Medical Examiner describes as “natural,” a vile, obscene, and deceitful use of the word. Perhaps it would have been natural in 1822, but to say her death in 2022 within a few miles of state-of-the-art healthcare facilities was “natural” requires more than a willing suspension of disbelief. It requires a suspension of all rational thought, an inversion of logic, and a profound indifference to the very idea of truth.

Nina died because she was in a mental health crisis, not because she had peritonitis, which is routinely and successfully treated in hospitals worldwide. But that will not be recorded, and it is not part of any data set we can provide lawmakers. But we know. People with mental health histories frequently have our symptoms ignored or disbelieved in hospitals (and jails, and countless other places) even when we are not in crisis. It is one of the reasons we die 10-20 years sooner than others in our generations.*

The unchecked expansion of AOT—without so much as an independent body to take seriously concerns expressed by AOT program participants and their families—will result in more unnecessary suffering and death, particularly for Georgians who are black or brown. That the cause of their suffering will be unquantifiable because people like the good Medical Examiner find “natural” what many of us find abominable will not make the pain any less real for them, their families, and their friends, whose collective memory of the injustice will inform generational attitudes and decisions about if and when to seek support for mental health at all. And that comes at a cost to Georgia’s future that none of us can afford.

