

A new sense of potential, a new source of will

By Stephen Haebig

It's been said that the main reason mental health programs lack funding is lack of public will to ask for it. I heard the exact same words ten years ago. While the efforts of mental health activists in the community should not be underestimated, to my eye the hope of broad comprehensive changes remains as much a "will o' the wisp" as ever. The question is "What will people do about it?"

One new approach to changing the lack of movement is to change the public's perception of mental health programs and of the mental health consumer him/herself.

I'll explain. Right now there seems to be a general belief or mood that people with mental illness might as well forget about life as a normal person. Folks like me are pretty much considered to be a burden on society. Thus any resources spent on us are given grudgingly, because no return from us "consumers" is expected.

That is a broad smear I am brushing over North Carolina, but my cynical eye is drawn to it by looking at the fundamentals of life for those who inhabit the state's mental health system. That system seems designed to maintain people at a bare minimum, and to continually lower the line of what is "minimum."

Glaring in its omission from the system (despite terminology and brochures about "reintegration", "mainstreaming" et al,) is a serious effort to actually welcome people into society; that is, to view service systems as a two-way bridge, not a one-way airlock.

People with mental illness face a colossal struggle to regain even a sense of being "average". Often the systems are more of a hindrance than a help to achieving their stated goals.

I believe a major reason for the self-defeating system is a fundamental lack of faith in the person with a mental illness, and the connected axiom that any resource that allows us to live over bare subsistence is not money well spent.

If, however, people with mental illness were seen as having potential, desire, ability and skills to contribute to society rather than being helpless drones who don't even merit the dignity of a last name, then mental illness would be viewed as life altering, but not a life-paralyzing issue that eliminates the possibility of possibilities.

A tactic to spur the growth of positive public perceptions is to use folks who do succeed as positive case studies. Mental illness, as an issue, lacks human faces and identities. People speaking for mentally ill people notwithstanding, we need more people with mental illness to speak for themselves. The universal nature of confidentiality needs to be reexamined; overly protecting our identities may inhibit the development of them.

To improve outcomes for people with mental illness the public's perception of people with mental illness must change. We reject the unspoken but ubiquitous assumption that a life with mental illness is a life largely dependent upon, but lived apart from, the community.

The mental health system in our state is quite adept at producing plans and paper. It is about time that it got better with people.

This article appeared in the Club Nova "Stargazer Gazette". Used with permission. Steve Haebig can be reached at rudent4@aol.com

The Wellness Recovery Action Plan: A recovery tool for people who experience psychiatric symptoms

Wellness Recovery Action Plan (WRAP) is a skill based system for monitoring and managing emotional and psychiatric symptoms and avoiding unhealthy habits or behavior patterns.

WRAP is a self-help framework, not a treatment in the traditional sense. Recovery skills are taught complementary to, and not exclusive of, traditional medical treatment, medications and rehabilitation. The Plan is built on five principles of recovery: hope, personal responsibility, education, self-advocacy, support.

WRAP was created by Vermont researcher, educator and author Mary Ellen Copeland, who has herself experienced psychiatric symptoms. Copeland presents workshops, publishes books, videos and audiotapes and maintains a web site: mentalhealthrecovery.com

WRAP was implemented and evaluated from 1997-99 as part of the Vermont Recovery Education Project, an effort that stemmed from the state's programmatic priority for recovery-oriented services in its adult mental health system. The Project was designed by Copeland and others who experienced psychiatric symptoms as well as healthcare professionals and related organizations.

Recovery Education in the Vermont setting met its objectives:(1)To teach persons who experience psychiatric symptoms, their family members, supporters and health care professionals how to reduce or eliminate psychiatric symptoms safely, simply and effectively on a daily basis, and how to get well and stay well. (2) To teach peers (others who have experienced mental illness) to become Recovery Educators.

Contact information:

Email: Copeland@mentalhealthrecovery.com.
Phone: (802)254-2092. **Mailing address:** Mary Ellen Copeland, MS, MA, PO Box 301, West Dummerston, VT 05357

A CEO Comments on Recovery

Education

I was sitting in a workshop led by a well known national consumer leader. He discussed the effects the mental health system has on people's lives by limiting or taking away their choices, strategies that focus on surveillance, compliance, coercion, and too often forced treatment. He questioned how we could help those who experience psychiatric symptoms assume responsibility for their lives when our mental health system takes away their power.

Having worked as a provider in the mental health system for thirty years, what he said rang true. I thought about the programs my organization provides. I was struck with the realization that I was that mental health system he was talking about. Oh no! In that moment I experienced a crisis of consciousness that continued for several months. Yes, I worked to incorporate consumer centered values in our programs, but I realized we only touched the edges. I needed to get to the core and change what we did on a daily basis.

In my search, I discovered Mary Ellen Copeland, the creator of the Wellness Recovery Action Plan. I have just completed a week with several of my managers at the Vermont "train the trainer" program, with consumers and professionals. As the week progressed my excitement grew. I wanted to come back and start the work right away. But the more I pondered the more I realized that a new context was needed in my agency and community for recovery to grow. First, I thought the task was too big. The 700 case managers and dozens of provider agencies who work with the 14,000 consumers in our community had not heard the news about recovery. How would we get paid to teach wellness instead of treating illness? Then I remembered what Mary Ellen had told me, "the journey has already begun; consumers are recovering and we won't go back because too many consumers have already been empowered".

This is indeed what WRAP is all about.

By Eugene Johnson, CEO of an agency in Phoenix AZ that implemented a Recovery Education Center. His full comments appear on Copeland's website.

MENTAL HEALTH INSURANCE PARITY BILL INTRODUCED IN NC HOUSE, RAISES HOPES

People who suffer from depression or schizophrenia have enough problems without having to worry about why health insurance won't cover their medical care. Yet in North Carolina health insurers still discriminate against those who make use of mental health care by paying less on mental health claims than they do on other claims.

In the confusing maze of managed care and Medicaid, benefits for mental health treatment have traditionally lagged behind benefits for treatment of "physical" ailments. Higher co-payments, higher deductibles, and limits on the number of visits are examples of ways in which insurers place special restrictions on the treatment of mental illness.

Last week several NC House members introduced a bill, HB 654 that would create parity for mental health and substance abuse treatment.

Mental health advocates want one simple thing from insurers: fairness. HB 654 asks for benefits "that are not less favorable than benefits for physical illness generally.

Seems fair enough, right? Not if you listen to the lobbyists who represent insurance companies and big business. These lobbyists have tried for years to convince legislators that parity would be too expensive and that mental illness is too difficult to define. It's time to blow away the smokescreens put up by corporate lobbyists. Without these smokescreens we can see the issue clearly by looking at the facts.

State employees already enjoy mental health parity in their health coverage, a benefit they received in 1991. At that time, business bigwigs howled that they would go broke paying claims for mental illness to state employees. Yet since that law was passed, mental health expenses in North Carolina have actually decreased every year.

As for clear definitions of mental illness, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) catalogs and defines hundreds of disorders in ways that are substantively no different than other medical disorders such as cancer or heart disease or diabetes.

In 1997 the North Carolina Senate, seeing the wisdom of treating mental illness like the actual health problem that it is, passed a mental health parity bill, but the bill never got out of the House insurance committee. Although no parity bill has ever make it onto the House floor, H.B. 654 raises progressive hopes that mental health care and those who use it will one day be respected and included rather than shunned and disparaged.

The above article is used with permission. It originally appeared in Consider This, an email publication of the Common Sense Foundation. Check their website for more information: www.common-sense.org

from Heard in the Halls

Bills to Watch and Legislative Alerts

* Mental Health/Chemical Dependency Parity Bill (HB 654), sponsor Rep. Martha Alexander, was scheduled to be heard in the House Insurance Committee April 15. Contact committee members and urge their support. Let them know – Mental illness treatment works. Parity coverage is affordable. It's time to end discrimination against persons with mental illness. To identify committee http://www.ncleg.net/gascripts/committee_lists/committee_lists.pl?House and scroll down to the insurance committee. Click on a name to send an email message and for other contact information.

* Special Assistance Bill (HB170) Special Assistance In-home Option, sponsor Rep Verla Insko, will be heard in the House Health Committee. This would provide a new option for housing support for many individuals with mental illness. Contact members and your legislators.

* Support Coalition 2001 funding request. (HB803/S667) (\$25 million for community MH/DD/SA services, \$25 million for Mental Health Trust Fund.

Faith Communities and Mental Illness

Faith communities can be vital sources of support, education and advocacy with regard to mental health and mental illness issues. Is yours?

The following criteria for rating the effectiveness of faith communities have been adapted from those developed by the Presbyterian Serious Mental Illness Network.

Does your congregation make a deliberate attempt to welcome and integrate persons with a serious mental illness and their families in the total life and work of the church?

- Being accepting, friendly, understanding and genuine. Not setting them apart.
- Visiting and calling on the mentally ill person and offering practical help
- Praying for those who have a mental illness the same way as one would for other illnesses
- Offering support and love to the family by inquiring about the relative's health as one would for anyone who is ill
- Including persons with mental illness as volunteers, on committees and office holders

Does your congregation use opportunities to educate themselves about mental illness?

- Encouraging and providing resources for clergy, staff and congregation to learn about mental illness through educational programs
- Raising awareness of mental illness in sermons, bulletins and newsletters
- Adding books, videos, and other publications to the congregation's library
- Becoming familiar with local mental health services and support groups

Does your congregation provide resources to people with mental illness and their families?

- Sponsoring a faith-based support group
- Providing meeting space for community support groups and mental health organizations
- Sponsoring a social club or drop-in-center
- Offering employment opportunities

Does your congregation advocate for people with mental illness?

- Working with/providing financial support to community organizations and agencies who serve persons with mental illness
- Not letting false, stigmatizing statements about mental illness go unchallenged
- Supporting adequate state and local budgets for mental health services.
- Encouraging members to serve on relevant boards and leadership positions.

Resources for Congregations

Creating a circle of caring: The church and the mentally ill. By Shirley H Strobel. A church school curriculum for adult study. Available from NAMI NC, 309 W. Millbrook Rd, Suite 121 Raleigh NC 27609. Phone 1(800)451-9682.

Pathways to Promise: an interfaith technical assistance and resource center which offers liturgical and educational materials, program models and networking information to promote a caring ministry with people with mental illness and their families. Contact information: Pathways to Promise, 5400 Arsenal Street, St. Louis, MO 63139 Fax: (314) 644-8834 Website: www.pathways2promise.org Email: pathways@mimh.edu

Local Consumer and Family Advisory Council News

The OPC Consumer and Family Advisory Council (CFAC) continue to meet regularly once a month. The Council was formed last Fall as a result of the State Plan for Mental Health Reform. The Plan mandates involvement of consumers, families and other stakeholders in planning and monitoring mental health, substance abuse, and developmental disability services. Currently the Council is comprised of volunteer consumers and family members, a majority from adult mental health.

CFAC is advisory to the County Commissioners, and the Reform Steering Committee, currently chaired by **Sandra Herring**. OPC staff liaison to the Council is **Karen O'Neal**.

The CFAC has been working on the development of bylaws and this was continued at its April 8 meeting, the discussion being led by Chair **Marty Lefever**. Draft bylaws have been circulated to the Council by email.

At its April 8 meeting the Council also discussed Self Help Centers and heard a presentation by **Laura Easterling** on Self Help Centers based on the Wellness Recovery Action Plan developed by Mary Ellen Copeland (see related article on page 2). Earlier this year, CFAC presented a written report to the steering committee and the Orange County Commissioners, reviewing the local business plan. A highlight of the report was the recommendation that a Self Help Center for all disabilities, focused on recovery education, be a prominent part of the Plan.

Council meetings are open to the public. The next meeting is scheduled for May 13 @ 6pm in the OPC office on Weaver St, third floor above Weaver St Market. The Council welcomes stronger representation from those who receive substance abuse, developmental disability services, and underrepresented populations including Hispanics and African Americans.

By Barbara Nettles-Carlson, CFAC member

Exhibit Unveiled at STEP Art Gallery

April 10, 2003 marked the spring unveiling of a new exhibit at the STEP Art Gallery on the third floor of UNC Neuroscience Hospital. A reception featured live music by **Crayton Wanders** ensemble, remarks by Dr. **Nancy Clayton** and a reading by artist and poet **Philip Brubaker**.

This event marked the fifth installation at the *Brushes with Life* gallery. The paintings, poems, collages and photographs were all created by persons with mental illness who have been patients on the Neuroscience Unit and many Club Nova members. Over 40 artists are represented.

Among those enjoying the reception were NAMI OC folk **Molly and Jay Zaragoza** and artist daughter **Kayla, Nils and Irena Brubaker** and artist son **Philip, Flo Benson** and daughter **Laura, David Bibb, Barbara Nettles-Carlson**.

Step Art Gallery

By Philip Brubaker

Art fills the walls
Halls and halls
Paintings, poems, photography

Collages provide
A window inside
The mind behind the intensity

The drawings shown
Imagine the unknown
Framed, they hang with dignity

Next to each frame
Is an artist's name
Displayed with guts and sincerity

Many will come
Unafflicted, some
Merely to look at the beauty

The power to create
Does not discriminate
Let us celebrate creativity.

Looking Forward: New Theories and New Treatments

The Schizophrenia Treatment and Evaluation Program (STEP) will hold its annual Symposium Saturday May 10 from 8:30am-2pm, at the Carolina Club George Watts Hill Alumni Center on the University of North Carolina campus in Chapel Hill.

The theme is “Looking Forward: New Theories and Treatments”. Four schizophrenia experts will be presenting new theories and new information. The program promises to continue the track record of interest and excellence established over the Symposium’s 10 year history.

Keynote speaker **Jeffrey Lieberman MD**, of UNC-CH will speak on the “The Neurobiology of Schizophrenia”. Neurobiology relates to the brain’s structure, function and changes.

Joseph McEvoy MD, of Duke University will introduce the latest treatment and management updates for atypical antipsychotics in the treatment of schizophrenia.

Ayse Belger PhD, of Duke University will impart critical information the use of MRI and MRS to help determine brain regions responsible for mental functions and how they relate to individuals with schizophrenia.

John Gilmore MD, of UNC-CH will talk about early brain development and risk for schizophrenia.

Continental breakfast and lunch are included. You are asked to register by April 30. Registration is required, preferably in advance but will be accepted at the door. There is no registration fee. A \$10 donation is requested to benefit the STEP Special Needs Fund. **To register: please mail, fax or email your name, address and phone to Ellen Rothman, NC Department of Psychiatry, CB #7160, Chapel Hill, NC 27599. Phone 919-966-0018 FAX 919-966-5628**

Upcoming NAMI North Carolina Spring Conference: Don’t miss it

The NAMI North Carolina Spring Conference will be held April 25-26 at the North Raleigh Hilton. The program features outstanding state and nationally known speakers around the theme “Building a System for Recovery”. This is a conference not to be missed! Some highlights.

On Friday morning April 25, **Carmen Hooker Odom**, Secretary NC Department of Health and Human services, will speak on “Recovery and Mental Health Reform” followed by a panel discussion moderated by NAMI NC Director of Government Relations **Beth Melcher**. The panel will address “Implementing Mental Reform” from the perspectives of advocates, area programs, hospitals and providers. Then, awards will be presented at the luncheon, hosted by **Kay Flaminio**, NAMI NC Executive Director.

Friday afternoon **Suzanne Vogel-Scibilia, MD**, a psychiatrist, consumer and NAMI National Board member offers “A consumer perspective on community treatment” followed by **Rick Birkel, PhD**, NAMI Executive Director, reporting on a nationwide assessment of Recovery Systems.

Also Friday afternoon **E. Fuller Torrey, MD**, will give the keynote address. Torrey, author of 16 books and more than 200 lay and professional papers, is president of the Treatment Advocacy Center and executive director of the Stanley Medical Research Institute, which supports research on schizophrenia and manic-depressive illness. Dr. Torrey, a many-faceted individual who has dedicated his life to advocacy and service to persons who live with serious mental illness, is a riveting speaker, outspoken and passionate in his convictions and often controversial in his views.

There’s more on Saturday. Sessions will focus on advance directives, research updates, and “Ask the Doctor” sessions about schizophrenia, manic depression in adults, children and adolescents. Speaker include **Marvin Swartz, MD** and **Jeffrey Lieberman, MD**.

To register, contact Linda Buzard, conference Manager-919-788-0801 or lbuzard@naminc.org.

Event Schedule

Friday-Saturday April 24-25, NAMI NC Spring Conference at North Raleigh Hilton

Monday April 27, 5:30-7:30 Windhorse Meeting, Chapel Hill Church of Christ. Contact:Edward Wright,hew50@bellsouth.net

Tuesday May 6, 8:15am-1pm. Coalition 2001 Rally, NC legislature,Raleigh. Contact bmelcher@naminc.org

Saturday May 10 STEP Symposium Carolina Club George Watts Hill Center, Chapel Hill.NO meeting at Church of Reconciliation May 10.

Tuesday May 13, 6-8pm. Consumer Family Advisory Council meeting, OPC offices, above Weaver Dairy Market, Carrboro.

Come to our summer potlucks

Saturday June 14, 6:30PM Host Tim Sussman. 104 Elmwood Circle, Chapel Hill. Hamburger cookout. Tim will provide the hamburgers. Guests to bring other food and beverages. Contact Tim for details. 933-5584 email: TSUSS02@aol.com

Saturday July 12, 6:00pm Host, Nancy Bauman, 505 Booth Rd. Chapel Hill. 933-7872

Saturday August 9 6:30 pm at Club Nova.

NAMI-OC educational meetings will resume Saturday September 13, 9:30-11:30 am, Church of Reconciliation, Elliot Rd, Chapel Hill.

Board of Directors

NAMI-OC Board meetings are open to the membership. The Board meets every other month from 3-5pm in the Carol Woods conference room. The next meeting will be May 16.

Muriel Easterling, Acting President and Treasurer
918-3538, easterling@mindspring.com

Cheryle & Ray Atwater, Family-to-Family
732-1512 atwaterhome@earthlink.net

David Bibb, Programs
783-1866, bibb@raleighconsulting.com

Gove Elder, Faith Community Outreach
967-5403, ggelder@mindspring.com

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Miriam Green, Membership
933-0966, mwgreen@mindspring.com

Ruth Morrow, Secretary
968-2110, gmmorrow@aol.com

Barbara Nettles-Carlson, Newsletter, Advocacy
942-1393, unikorn@bellsouth.net

Molly Pratt, Volunteer Coordinator
929-6888 PRATT.P@worldnet.att.net

Resources

NAMI Orange County Helpline 929-7822. Website www.info@namiorange.org

NAMI North Carolina Helpline 1-800-451-9682 Website www.naminc.org

Club Nova: 9968-6682 OPC Mental Health Center 942- 0471 Family Advocacy Network 942-8083

Family/Friends of Persons with Mental Illness

Meets Fourth Sunday at 12:30 PM.
Community Church 106 Purefoy Road, Chapel Hill
Contact: Peggy Riebel, 942-6963

Depression/Bipolar Disorder Support Group **or**

First and Third Wednesday, 7-8:30pm
Binkley Baptist Church 1705 Willow Drive, Chapel Hill
Contact Evonne Bradford, MHA/OC 942-8083

Schizophrenics Anonymous

Caramore

Adults who have a Parent with Mental Illness

Meets last Thursday of month, 7-8:30pm
Mental Health Assoc office, 302 W. Weaver St
Contact: Evonne Bradford, MHA OC, 942-8083

Parents/ Caregivers of Children with Behavioral

Emotional Difficulties

Meets third Saturday of month, 9-11am
Contact: Maureen Adams MHA OC office: 942-8083

Recovery, Inc. meets 10:30 am Fridays at

1st and 3rd Friday of each month, 7-8:30pm.
3677
Contact: MHA/OC office: 942-8083

Community Blding, 550 Smith Level Rd. Contact: 918-

NAMI OC News & Views

Spring/summer 2003

If you are not a NAMI member we encourage you to join today. Annual dues are \$35.00. Open Door membership, \$5.00, is available for those with limited income. Dues gives you membership in the Orange County, North Carolina and National NAMI. Please make check payable to NAMI Orange County. Mail your check with this completed form to: NAMI Orange County, PO Box 4201, Chapel Hill, NC 27515

NAME: _____ **Phone:** _____ **Email** _____

MAILING ADDRESS _____

_____ Annual membership enclosed(\$35 regular or \$5 open door)

_____ Contribution enclosed(optional)

_____ Please remove my name from your mailing list

**NAMI Orange County
PO Box 4201,
Chapel Hill, NC 27515**



Open Your Mind

**Mental illnesses
are brain disorders**

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