Michigan Association of Community Mental Health Boards

SPRING 2014

Connections

for communities that care

THE OTHER SIDESIDE OF INCLUSION

Al Condeluci, MSW, PhD, CEO, Community Living and Support Services

> *"I do not give a fig about simplicity on this side of complexity; but I would give my arm for simplicity on the other side of complexity"*
>
> *– Oliver Wendell Holmes*

I remember reading this quote years ago and pondering its impact. Justice Holmes wrote this in contemplation of the law. He relished the simple notion of the US legal system: "innocent, until proven guilty." Yet law today, as in Justice Holmes' day, is decidedly complex. Many an innocent person has been convicted of wrongdoing. Indeed, we know today that the *Innocence Project*, an effort to use DNA evidence, has freed over 100 previously convicted people in the US who were thought to be guilty.

Justice Holmes knew that even an accusation in many situations was tantamount to being convicted. He knew how complex the law is, and how difficult it is to get on the 'simple side' of complexity.

With all due respect to Justice Holmes, I believe the same adage can apply in the field of human services. There are hundreds of thousands of people that are not active, engaged, or included in the general community. These people include persons with disabilities, elderly folks, individuals encased in poverty, and people who are experiencing mental health issues. The simple notion for these people is that they would love to be involved, included or active in community; yet, they are caught in a huge web of complexity. This complexity is tied to their condition, situation, eccentricity, or perceived problem. In essence, they are thought to have a highly complex problem or issue.

As I have pondered this phenomenon in my 40 plus years as an advocate in the disability arena, I can't help thinking about Justice Holmes admonition. How do we get to the simple notion of community inclusion when we are confronted with these huge complexities of disability, age, or poverty? And then it hit me! We are caught in a "micro" web of analysis, and this complexity of condition has blinded us to the simple notion of community engagement. Allow me to explain.

The Micro Perspective

All people want simple things. They want to be able to get a job to earn money, they want to do meaningful things with their time, they want to live around people they like, they want to be able to get around and engage in the community, and they want to build relationships.

Yet, when people begin to experience struggles, or demands that can be complex, like the advent of a disability, or challenges brought on by aging, or economic struggles that can occur in the natural rhythms of life, these people get thrown (referred) into a complex web of actions. That is, often these people enter systems, or agencies that are hell bent on helping them, but look at their situation through the lens of their disability or infirmity.

This micro interpretation has good intentions, but much like the complex legal system, it can lose sight of the simple goals, and begin to push the person to change, adjust, or fix their problem so they can fit in to a perceived community norm. As noble as it is, the micro perspective can become a "black hole" that encases the client and puts demands on them that can be unrealistic, or impossible.

In my career as an advocate, I bought this paradigm and began to build programs and services that attempted to change or fix people with disabilities so they could fit into the greater community. Yet, at the end of the day, people we supported remained disconnected and socially isolated. In some twisted way, we projected these failures on the client. We thought that they were just not motivated, or

(see Other Side *page 2)*

Other Side *(from page 1)*

able to do the things they need to be included, or worse, we began to create alternative solutions. We developed group homes, sheltered workshops, special education classes, special recreation and initiated a "dualistic society." In essence, we gave up on the simple notion of community.

A Macro Perspective

Yet, if we can awaken as advocates, and start to think about the other side of the inclusion agenda, we might find more answers to the simple notion of community. That is, if you can not change, fix, or ameliorate a challenging condition, is this the end of the story? I think not. Indeed, there is an entirely new playing field, full of possibilities and opportunities if we just begin to look at the other side of the challenge and take a macro approach.

This perspective suggests that it is not our differences that divide us, but our judgments about these differences. That is, once our judgments expand, then the challenge of inclusion lessens. Think about it. You may have had a particular judgment about something, born out of ignorance, or misunderstanding, but once you became more closely introduced to a situation, your judgment might have changed. Allow me a story here.

A number of years ago, I had a colleague who was deeply homophobic. He was anti-gay, and always using slurs and degrading references. Worse, he even used the Bible to endorse his views using the Book of Leviticus to justify his judgments. Time marched on, and he came to learn that one of his sons was gay. This was a telling, and taxing experience for him. As adamant as he was about his position, the closeness of family began to chip away at his judgments. With the social influence of his family and friends he began to change his judgments and soon became an outspoken advocate for the inclusion of all people. Indeed, he even began to re-read the Bible, and for every negative interpretation he found that could relate to homosexuality, he found 10 more references about loving your neighbor, and opening your heart to all people.

Now this story has an interesting relevance to a macro perspective. That is, my friend's initial judgments were that gay folks were the problem. If only these people could wake up and change their orientation, then all would be well. This is the epitome of the micro perspective. Identify and then change the gay individual's problem.

Yet, in a macro interpretation, the real problem was the judgment of my friend. And in the end, the change happened there. Once he became closely connected to what he perceived as the problem, he began to change. There are important lessons for us in this story.

A macro agenda redefines the problem; it begins to re-interpret what normal might be and has its roots in culture change. It is an anthropological perspective, not a clinical or therapeutic one.

Now this notion of culture change or community change is not a "silver bullet" or panacea. It is not some easy quick fix. One just needs to look at macro, community history of any social movement to understand how challenging and tedious it can be.

Still, in the scheme of things, this macro agenda offers so much more possibility to us, than the micro, "change the person" approach.

Conclusion

And so Justice Holmes was right after all. Any thinking human service advocate would do well to look at the opposite side of their community agenda. If we want to help people do meaningful things and get jobs, what are the judgments of the employers? If we want people to be engaged in the community, what are the judgments of the "typical" folks in those communities? This thinking reframes the target. How can we get the "typical" person in the community to change their perspective on disability, or aging, or any other situation that disconnects people?

There is much more that can and should be said about macro change, but it is clear to me now, the first step in this macro agenda begins with the development of "social capital", the relationships in a person's life. Rather than segregating people into programmatic systems, how can we develop opportunities for disconnected folks to build social capital in the greater community?

I am now deeply engaged in understanding and utilizing social capital theory in my work, but that is fodder for other books, articles, and essays. Know that there are other "community builders" out there just ready to share ideas. If you want to get some of these ideas, good starting points are:

www.alcondeluci.com and www.buildingsocialcapital.org

I can't wait to see you on the macro path!

◆

EDITOR'S NOTE: Last fall I received an email from MACMHB's administrative executive, Chris Ward, informing me that Condeluci would be a keynote speaker at an upcoming conference. "He really lives the Connections philosophy" Ward said and suggested we connect. We did and it was exhilarating; he is now an integral part of our Connections *community! He shared this article for inclusion in our Spring issue and promised that more will be forthcoming. Thanks, Al!*

– Clint Galloway

Al Condeluci is CEO of Community Living and Support Services (CLASS), a community-based support system in Pittsburgh, Pennsylvania, for individuals with all types of disabilities. He holds an MSW and PhD from the University of Pittsburgh, where he is on faculty in the School of Health and Rehabilitation Sciences and the School of Social Work. He has published eight books, the most recent *Social Capital: the Key to Macro Change* [March 2014]. This article is a great introduction.

Contact information for Dr. Condeluci:
acondeluci@classcommunity.org
Publications available at: http://alcondeluci.com/

STORIES ARE POWERFUL

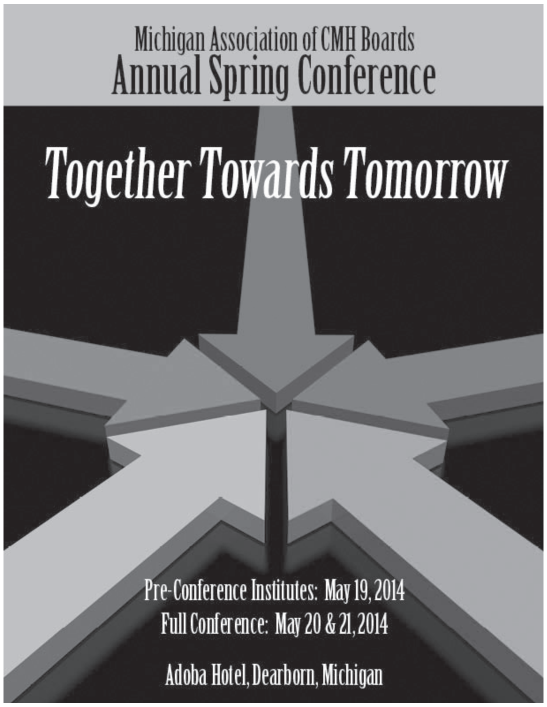
Lynda Zeller, Deputy Director
Behavioral Health and Developmental Disabilities Administration,
Michigan Department of Community Health

Stories are powerful. Stories encourage us. Stories inspire us. Stories enlighten us. I greatly appreciate hearing stories as I travel around the state. Nothing shines light on personal success, community strengths and needs, and the need for policy adjustment better than a story. More than ever, during these times of rapid change we need to make time for careful listening and storytelling. I am committing myself to doing so often and challenge you to do the same.

The value of a story is multi-faceted. The power of a single story is multiplied when it is told to people with different backgrounds and perspectives. When a personal story of success is shared, it is an opportunity of empowerment for the teller. That same story told at a community mental health meeting helps board members understand how the policies they adopt affect an individual's quality of life and personal success. The telling of that same story with a peer who has similar challenges can be an encouragement to take action or try again after a setback. The telling of that same story in front of a member of the media covering a board meeting can change the tenor of an article, helping to reduce or address stigma of mental illness, addiction disorder or developmental disability. The power of a single story of success is increased in the frequency of its telling and in the diversity of the audience to which it is told.

A story of struggle or tragedy is equally powerful though more difficult both to tell and to hear. This type of story also has multi-faceted value. When an individual shares a story of struggle to a safe and supportive audience it can empower and heal in dramatic ways. When that same story of struggle is heard at a community mental health board meeting, it helps members reflect upon the effectiveness of decisions made and policies implemented. That same story of struggle told to a broader community audience can cause a sister community agency to suggest a new collaboration or new service to help bridge the gap. That same story of struggle can lead the press to increase its awareness of a community challenge that needs broader community attention and support. That same story heard by a state staff person attending a board meeting can shine light on policy issues at the state and even national level. The power of a single story of challenge or tragedy can change an individual, a family, a community, a state, or even the nation in an incredibly powerful way. Sadly, the same story told to an audience that is unsupportive, defensive or with the wrong motives can also cause great harm to the teller and the audience. It takes tremendous courage to tell a personal story of challenge. It also takes unwavering commitment by all audiences to protect and respect the privacy and ownership of the storytellers and owners. Even so, I challenge us not to shy away from listening to and learning from the stories of struggle and challenge as there are few things that are more effective in illuminating the need for action or change than such a story.

Let us all increase our listening and storytelling as people are getting healthcare coverage for the first time through the *Healthy Michigan Plan* or are purchasing health insurance for the first time on the *Federal Marketplace*. Let us seek out stories of success and challenge as innovation grant funded projects roll out, as we increasingly provide *Mental Health First Aid* to broader communities, and as we increase efforts to address challenging issues such as heroin and other opiate abuse. Let us seek out stories from a broad and diverse audience, and a wide variety of service settings and priorities. Thank you all for the important work you continue to do to promote health, wellness, independence, and self-determined lives in our communities, inspired and enlightened by the stories told and heard.



Michigan Association of CMH Boards
Annual Spring Conference

Together Towards Tomorrow

Pre-Conference Institutes: May 19, 2014
Full Conference: May 20 & 21, 2014

Adoba Hotel, Dearborn, Michigan

THE REASON I JUMP

A Book by Naoki Higashida

Reviewed by Julie Calley

If love is a many splendored thing (and it is), then autism is a many varied thing. The diagnosis of autism spectrum disorder (ASD) touches one in 88 children and indicates no exact symptoms or challenges; there is a veritable buffet of possibilities. Each individual is as unique as their own fingerprint.

Communication is typically a deficit, making it difficult to know what that interior experience is like. We are provided some clues in a small book entitled, *The Reason I Jump,* written by a 13 year-old boy who used a keyboard or an alphabet grid to relay each word. It's a deep and compelling exploration into the seemingly mystical and uncharted world of ASD.

Naoki Higashida is articulate, thoughtful, compassionate and blatantly honest. If you know someone with ASD, you will likely change your paradigm after investing the 90 minutes necessary to read this composition. It's comprised of 58 questions posed to Naoki and his answers, along with his short, insightful stories. His opinions on subjects such as eye contact, wandering, visual schedules, meltdowns, repetitive behaviors, and ASD itself, will likely surprise the reader.

As a parent who faced an ASD diagnosis of a child in 2010, I can attest that most books are seemingly tailored to the "plight" of the family who is raising the challenged child. A reference such as this offers insight with radiant transparency into the life of the individual with ASD. Higashida uses words like miserable, drowning, suffering, struggling, despairing, desperately lonely, ashamed, embarrassed, and more.

It is important to note that it is not the author's goal to seek pity. Naoki deeply desires to relay hope to his readers. His goal is to encourage us to regard those with ASD as intelligent, sensitive individuals who encounter additional obstacles on the road of life. His plea includes, "please never give up on us," "we want you to understand what we are going through," "stay close by," and "we may in fact be even more sensitive than you are."

Granted, this emotional journey is just one young man's reflections on his world. Each individual with ASD would write a different book, if given the opportunity. But what would the common denominator be? I believe the failure of our society to see the value in those who are different lies at the heart of it. Developmental disabilities are regarded as burdens, and compassion is often focused on those seeking help—the family and/or caretakers—instead of the individual with the diagnosis.

Those with mental illnesses or developmental disabilities deserve to be valued and respected. May Higashida's words humble us all, "True compassion is about not bruising the other person's self-respect." Such insight, locked up in a youth except for his ability to communicate via keyboard, should give us each pause as we re-evaluate life and our definition of participation.

Our culture should see the potential in each person; view those with ASD and other developmental disabilities as differently-abled instead of disabled. Often times, these individuals have skills in specific areas that far exceed our own.

We need a behavioral health Renaissance, "...but we really badly want you to understand what's going on inside our hearts and minds. And basically, my feelings are pretty much the same as yours."

Makes you wonder which population is truly enlightened, doesn't it?

◇◇◇

Julie, and her husband, Lt. Gov. Brian Calley have a beautiful daughter, Reagan (right) who has led them on a pilgrimage of compassion. You can read more about that journey and see a picture of Reagan in the Fall 2010 issue of Connections. *In addition to being a mother, Julie Calley is chair of the Ionia Board of County Commissioners, and a board member of the Ionia County Mental Health Authority where she is providing excellent leadership in the development of a program to treat ASD. Julie is also a member of the Michigan Community Service Commission.*

PROJECT UNIFY

Dan Ekonen, Director of Outreach and School Initiatives, Special Olympics Michigan

Look in the news or speak to educators today and one of the most imperative topics that comes to the forefront of conversation is bullying. Bullying in schools has become a hot topic because of the negative affect it has had on students.

A look into bullying shows that students with disabilities are twice as likely to be bullied at school because their peers focus on their differences. Special Olympics Project UNIFY stops bullying because it focuses on similarities amongst students with and without disabilities; instead of isolating students, it brings them together as a united student body.

Project UNIFY is an education based student leadership program that brings students with and without intellectual disabilities together through sport and education programs to foster respect, inclusion and dignity throughout the entire school culture. Project UNIFY changes the lives not only of students with intellectual disabilities, but also students without disabilities. It unifies students across a school campus and teaches them to accept their peers based on who they are, not on what they can do.

How does Project UNIFY bring students together? By utilizing a three-pronged program that combines Unified Sports, "R-word" campaigns and rallies, and the formation of a Youth Activation Committee. Unified Sports forms friendships on and off the field by placing an equal amount of students with and without disabilities on the same team. R-word campaigns and rallies fully engage a school by students spreading the word to end the use of the word "retard" as a put-down. Youth Activation Committees are composed of students with and without disabilities that make school-wide decisions and commit to community service projects.

Schools, such as those in the Lansing School District, have seen an increase in attendance and in time spent in a general education classroom of special education students as well as a decrease in suspensions and days missed. These are measurable outcomes of Project UNIFY; the spirit and power of Project UNIFY lies with what happens within the students.

The stories of Project UNIFY show time and again that students are not only making a difference amongst their peers, changes are occurring within the teachers, administration and parents. Project UNIFY breaks down barriers. It enables students to view their peers as equals and levels the playing field amongst them. It demonstrates that all students can be friends and respect one another.

The benefits of Project UNIFY are not limited to the special education population. It creates an inclusive environment for all students who may be isolated and want to be included. Project UNIFY provides a pathway for general education students who may be searching to fit in with a group. It becomes the "cool" thing to do at schools. In growing up, we have all had that moment when we wanted to be included; feel welcomed and accepted. That is what Project UNIFY is all about.

Special Olympics is about the human spirit! Project UNIFY is creating leaders of inclusion across the state that stand up for others and accept others for who they are. Our students are our future and with what we've seen from the students involved in Project UNIFY, the future is bright!

For more information about Project UNIFY or to enroll your school, contact Anne Rogers at 734-222-8283 or somi.projectunify@yahoo.com

◆

Special Olympics is a global movement of people creating a new world of inclusion and community, where every single person is accepted and welcomed, regardless of ability or disability. We are helping to make the world a better, healthier and more joyful place—one athlete, one volunteer, one student, one family member at a time.

In Michigan, nearly 20,000 Special Olympics Michigan athletes are our neighbors. They come from all 83 counties. We also have more than 20,000 registered volunteers around the state. Providing year round training and competition in nearly two dozen sports, we hold more than 440 local competitions annually, along with regional events and six state level events. Athletes also have opportunities to compete at national and world events.

Sport was our start. But today, we are so much more.

"There is no purpose nobler than to build communities of acceptance for all."
– Eunice Kennedy Shriver, Founder
Special Olympics

A Veteran's Story

In recognition of Veterans Day and all those who are weathering a storm...

By John W. Rogers

My veteran's story begins right after it was discovered that I didn't receive an academic scholarship to attend college in my 12th year of high school. After I graduated, I was determined to get some money for college to study law. From early childhood, I have been fascinated by how the world is governed by a set of amendments, laws, and *The Constitution.* I have also seen a lot of crime in the streets of Detroit and I wanted to rid our city of the violence that plagued our communities. I explored my options for a couple of years and determined that joining the service was the best way for me to go. It was a time of peace and I decided to serve for four years and go to college after my four year tour had ended. It was stated by the recruiting officer that the Army had a special college program that would donate $2 for every $1 that I saved toward my college education; that's why I chose the Army over the other branches of service.

I took the Army's aptitude test and scored extremely high, which qualified me for a special training program called the Air Bourne Rangers. That following month, I left Detroit for Air Bourne Ranger School in Fort Riley, Kansas and then on to Fort Benning, Georgia. It was not explained in detail what the duties of the Air Bourne Rangers were and how significantly dangerous their missions would be. In the trainings, I was an expert marksman; I was undefeated in hand to hand combat, and very knowledgeable in the art of warfare. After 8 months of extensive training and mental conditioning, I was assigned to an elite unit which performed special duties for the U.S. Government. I jumped out of a plane and landed into a dispute in Panama over the Canal. The mission was to secure the Canal until an agreement could be reached between the two sides. It was a hostile situation and a lot of people lost their lives. I went from a young man with goals and dreams, to a killing machine in a matter of months. I went from Panama to Bosnia to extract some Americans that had been taken hostage by the Bosnian Military—another event where lives were lost, even three of my friends lost their lives trying to save others. I went from Bosnia to Saudi Arabia on the hunt for Saddam Hussein.

> I went from a young man with goals and dreams, to a killing machine in a matter of months.

(see Veteran *on page 14)*

Peers: *The Voice and Face of Recovery*

Cherron Jones, CPSS, President, PEERS for Wayne County

Peer support is on the rise here in Michigan, specifically in the area served by the new Detroit Wayne Mental Health Authority (DWMHA). This emerging segment of the workforce includes people who are receiving (or did receive) mental health service and are trained to provide the same. In Wayne County, Peer Supports are available across each sector of the system, and include Peer Mentors who provide services to their peers with a developmental disability. Recovery Coaches are providers to service recipients with substance use issues, and the largest cohort includes Peer Support Specialists who self-identify as having a severe and persistent mental illness and serve that particular population.

With their October 1, 2013 change from Detroit-Wayne County Mental Health Agency to the new Authority, one of the priority focus areas involves becoming more peer-driven by giving those with "lived experience" a more prominent voice in creating a recovery-oriented service system. DWMHA's new President and CEO, Tom Watkins, has given Peers a great boost of confidence through his belief that Peer Services add value to the recovery process, and through his respect for and encouragement of Peer input into Authority decision-making processes. With such empowerment and opportunity, the way has been cleared for Peers to impact the effectiveness of mental health and addictions treatment services like never before.

Peer-delivered services and views can have positive impact on our system of care. Who better to provide helpful advisement than those that have experienced the best and worst aspects of that system, as well as all points in between. Detroit Wayne has over 200 Certified Peer Support Specialists (CPSS) representing close to a fourth of Michigan's entire trained CPSS cohort, with numerous additional uncertified Peer Support Specialists (PSS) as well. CPSS and PSS in Detroit Wayne have an opportunity to create a new outlook on those who have "lived experience" and who are commonly referred to as "Peers." Many service providers are becoming enlightened on the value of Peer Support roles in mental health service delivery. There still exists a significant need for educating our mental health system so that there is a systematic approach to integrating Peers into the workforce as "Colleagues" and "Professionals" instead of with potentially stigmatizing labels, tag lines, or classifications as "consumers."

Systematically approaching the integration of Peers into the workforce will allow those with "lived experience," now often related to solely as "consumers," to successfully move beyond "consumerism." We have some ideas about how this might occur. In a system that has

(see Peers *on page 15)*

Why a Culture of Gentleness Makes Good Business Sense

Ed Kiefer, Sr., Training Consultant, The Center for Positive Living Supports

The following article addresses the culture found in residential settings where the quality of life is shaped by the multiple relationships between residents and direct care support staff. I was struck by the correlation between the elements of a culture of gentleness and what LaLoux has described in "Reinventing Organizations" as new level of organization emerging that holds great promise. (see "Book Corner")The organizing principle in this new tier is the constellation of the deep values individuals are liberated to express in their work. – Clint Galloway, Editor

Those of us in the business of providing care for others often find ourselves trying to balance sound financial decisions with decisions that directly impact the quality of care provided. Tipping the balance negatively on the economic side (we can refer to them as "scale tippers") include staff turnover, worker's compensation claims, unemployment claims and the cost of training new staff, all of which can lead to increased anxiety for those we support, lower staff morale, reduced quality of care and increased expenses. If we can agree that the scale tippers attribute to a majority of the increased costs then we can agree that by reducing the incidents of scale tipping we will be making decisions that can lead to expansion, fewer vacancies and other business opportunities. Fortunately, we are learning that the same things attributed to reducing expenses are also attributed to increasing the quality of care for the individuals we support.

The ever changing landscape of our system of care pales in comparison to the changes experienced by those receiving care due to staff turnover. I recently went to my dentist and was informed that I would have a different dental hygienist. "What…no Dena?" I thought, "she's been my hygienist for many years and suddenly they expect me to have my teeth cleaned by someone else?" (Maybe if I'd flossed regularly I'd be less concerned). The care that the new hygienist provided for me and my teeth was more aggressive than I'm used to, leaving me wanting Dena back. After my initial disappointment, I'm okay now with the notion of waiting six months to find out who will do my cleaning next. But I would be much less settled if I was to experience this uncertainty with every shift change, 547 times over the next six months. This uncertainty about whom we will be interacting with in a face-to-face relationship makes us feel less safe and precipitates negative feelings and actions. It invades the entire culture of care. It is an expensive drain on our resources as well as the peace of mind of those that we support.

Providers report an average turnover rate of 49% among frontline direct caregivers.[1] For agencies that experience high annual turnover rates (hopefully you've calculated your annual rate, if not this would be a good first step to take), it is likely staff will leave within the first six months of employment. This is the period in which the initial, comprehensive training will occur for new staff. At an average replacement cost of approximately $3,500 per employee, these costs weigh heavily on the economic scale.

Other scale tippers that often appear in a workplace with excessive rates of turnover include worker's compensation, health insurance premiums and unemployment claims. Worker's compensation claims tend to increase when the people in our care feel unsafe and are more likely to be aggressive towards staff, resulting in injury. Insurance rates increase when claims expense increases, and conversely, rates remain more stable when claims expense decrease; in some cases refund checks are cut to providers when there is a well-established "culture of gentleness." When excessive scale tipping is present we are more likely to find frivolous worker's compensation claims. This can reduce morale, as well as your bottom line, due to time spent resolving the issues. Another hidden cost of high turnover is health insurance premiums. Decreased turnover means that a large health insurance claim can be absorbed over time if staff continues to be employed after the claim has been paid. Unemployment claims, whether you are reimbursing or a contributing provider can be incredibly time consuming and expensive, costing up to $10,000 a claim in some cases.

Not to be forgotten in the discussion are wages and benefits. These are significant factors in finding and retaining qualified staff. According to the *Michigan Assisted Living Association's (MALA) 2009 Strategies for Improving Wages, Benefits, and Training to Staff Providing Community Mental Health Funded Residential Services*, "Wages for direct care workers among the providers responding to this survey are as much as $3.25 per hour less than wages in other similar sectors of long-term care." Although it will not bring parity to our Medicaid reimbursement rates, an established culture of gentleness will increase our ability to offer more attractive incentives for our employees.

Now that we've identified the scale tippers, how do we begin to tip them in more favorable directions? *We cannot support the people we support without feeling supported by the people who support us.*

(see Culture *on page 13)*

THE ROLE OF ACT IN MY RECOVERY

Zach D. Edgerton

Assertive Community Treatment (ACT) has enabled me to change my life! I would recommend ACT to anyone trying to recover from mental illness. Allow me to give you a firsthand account. ACT is a mental health program designed to provide support, treatment, and advocacy so people living with mental illness can recover.

There is a variety of services included in the ACT program and the treatment that is provided is based on evidence of effective ways to treat mental illness. Outpatient counseling and psychiatric care includes teaching illness management and recovery skills, individual supportive therapy, the administration and monitoring of medications, and the educating of family members about mental health issues. ACT also helps people with mental illness access housing, live independently in the community and acquire transportation to medical appointments. ACT helps with acquiring vocational skills and works with schools to provide support and care for teenagers with mental illness.

The staff of ACT consists of trained people who have a variety of expertise about mental illness and the key effective ways to treat it. Included in the staff are psychiatrists, nurses, social workers, and counselors. ACT also offers peer support, which is support administered by peers who are also consumers of mental health and have mental illness themselves. Thus, others can benefit from their experiences.

ACT provides urgent services for those in a crisis or relapse. These services attempt to prevent hospitalizations. In the case of a person returning from the hospital, ACT tries to make the transition back into the community as smooth as possible.

ACT is available in many outpatient settings, including mental health centers, private non-profit or for-profit organizations, outpatient units of hospitals, managed care companies, and other providers.

Once I became an ACT client, they educated me and my mother about my mental illness and introduced me to the concept and truth that recovery from a mental illness is possible and common. They expressed faith and hope in me. They cared for me and treated me as an individual, not solely as a client or someone with mental illness. I learned many coping strategies for dealing with my mental illness which I use often on my road to recovery.

The psychiatrists and nurses at ACT routinely and frequently monitored my medication program and gave me choices as to how I wanted to manage my medications. ACT also allowed me to determine my own goals and recovery aspirations. ACT helped me to live more independently and become integrated within the community.

All of this involvement with ACT helped me prevent a relapse of symptoms and stay out of the hospital. It helped me stay on my road to recovery and to meet the goals I had for myself. It enhanced my quality of life, my self-esteem and sense of value.

I have graduated from high school and college, have had many jobs and friends; I consider I have a high quality of life and ACT was a major contributor to this.

ACT is an important example of why funding for mental health care and treatment should be a priority. ■

This is the second article that Zach Edgerton has written for *Connections*. His first one, "Recovering from Schizophrenia" appeared in the Winter 2013 issue. (You can access all previous issues at: http://www.macmhb.org/Connections/ConnectionsPage.html) Since that time, Edgerton, a member of NAMI, has become an articulate voice from "inside" the community of individuals who are engaged in recovery. I have received three more articles from him that address the obstacles an individual with mental illness faces and identifies existing practices and resources within community mental health—as well as the community at large—that are providing hope. Naming the "devils" and giving credit to what works provides real direction for enhancing recovery. Edgerton has become a partner in discussions of what we can do to improve the wellness of our communities. A key element of that partnership is the expansion of our communication network that includes neglected voices providing unmined wisdom—wisdom that is less contingent on salaries than simply on respect and inclusion. You'll be hearing more in the future! – *Editor*

THE MOUNTAINTOP OF OUR DESIRES

Gayle Spangler Flanigan, Director of Development and Special Events, Rose Hill Center

"There is no easy walk to freedom anywhere, and many of us will have to pass through the valley of the shadow of death again and again before we reach the mountaintop of our desires."

– Nelson Mandela (1918-2013)

People with mental illness may not directly compare their struggles with the long, contentious and violent fight for freedom in President Mandela's South Africa, yet on some level, his insightful sentiment does reflect the stories experienced by these three individuals as they sought freedom from the symptoms, repeated hospitalizations, isolation, discouragement, and emotional pain that once defined their lives.

Alan

Alan confidently stood at the podium and told his story to an audience of nearly 150 people last summer shortly before he graduated from a residential treatment program and moved into his own apartment. Included in the audience were his proud parents and brother. Alan provided a transcript of his remarks:

"Good Evening. My name is Alan and I'm a current resident in a residential treatment program for adults with mental illness. Well, it's been quite a journey for me but it wasn't an easy one. In the beginning, I had serious doubts about the program. Fifteen months ago, I arrived on campus feeling lost, confused, anxious, and filled with apprehension. During my arrival, I was introduced to many of the staff members and residents on campus, but during my first day, I didn't want to know them at all. I didn't want to know anybody. I was surrounded by strangers in a new place that I didn't understand. I didn't want to stay. I felt like running away. After my family dropped me off, I'm sure they were thinking—did we make the right decision; is this the answer to Alan's problems? Ultimately, it was the right decision. Since then, this program has been a place of promise and potential: the promise of a peaceful setting where one can feel relaxed and the potential to put the mind at ease; the promise where someone in need can find help and the potential to become a better person. I have learned many things like responsibility, discipline, perseverance, leadership, and communication.

"Along the way, I have met many people with similar personal issues, people like myself, who are willing to rise above their mental illnesses and to achieve a more fulfilling life for themselves. I have found the strength and courage to face my troubles and to learn about my condition. I was able to gather information and gain insight into the signs and symptoms as well.

"Month by month, I was starting to build confidence in myself. Suddenly, everything had a purpose again like waking up in the morning to start the day or taking a long walk and enjoying the nature around me. I now value a hard day's work and to earn a healthy lifestyle through diet and exercise. This program has made me appreciate and embrace life and the little things I took for granted before.

"Today, I work in the community doing volunteer service and I enjoy it a lot. I work out three times a week and I keep a journal to write and record my thoughts. Plus, I am reading once more so I can concentrate my mind. My progress has been steady but rewarding. I feel very proud of my accomplishments.

"Finally, I'd like to give special thanks to my family who has always been there for me. I couldn't have done this without you. I love all of you very much. I'd also like to thank the caring and supportive staff and residents. I've made great friends on this quest of mine for treatment, growth, and recovery. Treatment does work. I'm living proof of that. Now, I'm ready to begin the next chapter in my life filled with the promise and potential for great things to come. Thank you."

Lisa

"My first hospitalization as a result of a bout of serious clinical depression took place approximately 20 years ago while living in my home town on an island in the Caribbean region. My prevalent emotions at that time were confusion, anger, and fear. Since that time, I have been hospitalized approximately eight times.

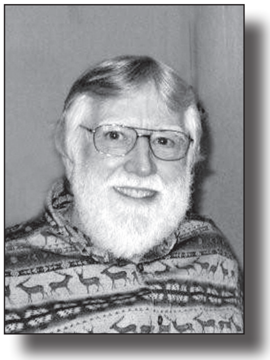
"I always describe the onset of mental health challenges as a complete life changer and the most difficult aspect is that very often there may be "signs" or indicators to those closest to you but there is never a preceding memo, letter, book, email or Facebook message to warn the soon to be 'client' of the complete U-turn his or her life will take.

"And sadly, despite many concrete breakthroughs of scientific research, much of the world's population continues to battle with stigma and discrimination due to their mental challenges. It saddens me deeply to still hear the phrases, "Why can't you snap out of it?' 'You are just pretending, there is nothing wrong with you!' I've been told these expressions/views many times and have witnessed innumerable peers experiencing the same demeaning and hurtful expressions, often from those family and friends

(see **Mountaintop** *on page 12)*

Treat Us as WHOLE Persons, Please!

A CONNECTIONS EDITORIAL BY CLINT GALLOWAY



When the environment becomes filled with contentious partisan bickering, it is a reminder to look beneath the fray and find our common ground. That probably means we'll have to lay aside the dominant concern about money and who controls what. It may take a while to get adjusted to the silence, given the cacophony over funding and jockeying for position, but in the space opened up by looking beyond our partisan concerns, matters of the heart may emerge.

One of the perennial concerns of the heart is the use of labels that dehumanize individuals, reducing our identity to the definition of our afflicting symptoms. This is the way it works: meticulous descriptions of labels in the latest Diagnostic and Statistical Manual are applied to the person seeking care, assisting the care giver to "get a handle" on the nature of the affliction and enabling them to get their piece of the pie. If you are a provider, when it comes to getting paid, labels are essential, thus the labeling and the cascading ravages of stigma. Reducing stigma seems to be one topic on which there is tacit agreement: "Let's do it!" Why then, doesn't it generate the passion in the public sphere that funding does?

I believe the honest answer to that question is the covert realization that it is capable of creating even more chaos. We are hesitant to stir the pot in areas we may be culpable. Seriously redressing stigma begs an examination of the way in which we organize and operate our services. Our campaigns to reduce stigma have basically focused on disseminating information and changing the "public's" perceptions and attitudes on disabilities and mental illness, not on how we organize our services.

Before we go there, let us listen to the recipients of services who have been leading the charge against stigmatizing by demanding to be seen as people first. In addition to the labels of a particular disability or illness, many even dislike the label "consumer", arguing that it focuses on the consumption of public funds rather than on the potential for contributing to the community. Just because one needs supports and services doesn't mean one is a community deficit. "Don't define us by the label you put on us," is the plea. "We are people first! See our wholeness, not just our afflictions." The root of injury caused by labeling people is that it ignores our wholeness. "Treat us as whole persons", is the rally cry. Is it not time to embrace this plea at the door, letting it creep inside and transform our entire organization? The good news is, in many places it already has sneaked inside. It starts just inside the door, many of them being "Peer Support Specialists" (alas, another label) working its way up the hierarchy and the results are amazing!

What's going on here? The principles of recovery, person centered planning, self- determination, personal responsibility and strengths based practice are transforming relationships at the door. If we want to stay ahead of this wave, the conversation needs to explore, "What would health care organizations look like that were organized around the principle that all people be treated with trust and respect as whole persons?" When we let the labels fall away, not only applied to those seeking care but also those fastened to "positions" inside the door, what do we discover? How does this deeper perspective affect how we interact with one another "on the inside"? This is not totally new stuff; many of the front line workers get it, having chosen a career that is in synch with their compassion, trust and respect for people.

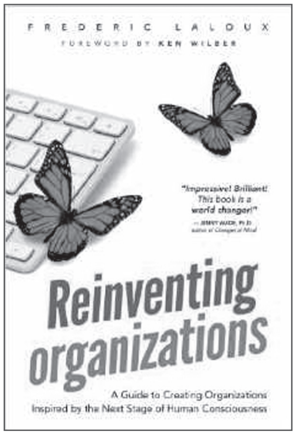
Now is the time to muster the courage for an honest exploration of how we can reinvent our entire organization so it is congruent with the principles we're learning to apply at the door. It is very disingenuous, expecting those who provide services to operate face-to-face within the community via an avowed set of principles while being embedded in an organization that operates within a more restrictive set of principles. Labeling discounts and dehumanizes those within the organization as seriously as it does those outside. Is this not a recipe for a serious dilution of quality, efficiency and effectiveness of services as well as the organization's deterioration through the attrition of staff who begin to recognize the disparity? Wouldn't you want to work within an organization that treated you the same way you've learned to treat those you serve? To pursue this further, take a peek at "The Book Corner," a new section in this issue of *Connections*. ■

BOOK CORNER

From time to time, Connections *would like to print reviews on books, articles, or video that our readers find to be relevant, compelling, or innovative concerning the work that we all pursue and love. The title needn't be a new release (classics that are worthy of a second read and new interpretations are welcome).*

To submit a review of a work that you believe would benefit others, send complete information on the publication to macmhbconnections@gmail.com. We will print reader reviews and recommendations as space permits. We welcome your participation as we all strive to better connect to each other, our work, and our communities.

This issue, we are featuring two book reviews by Connections *editor, Clint Galloway.*

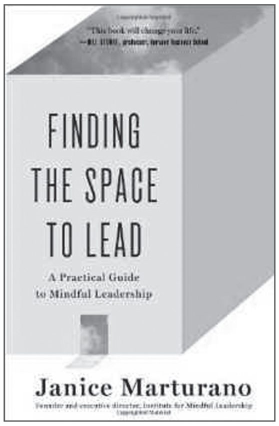


If you are a fan of the highly acclaimed book, *Leadership and the New Science* by Margaret Wheatley, I urge you to acquire two books hot off the press. The first one is: *Reinventing Organizations* by Frederic LaLoux. LaLoux profiles in detail 12 pioneer organizations, two of which provide health care, that have established what are variously referred to as "5th order", "high stage" or "Teal" organizations.

This is a well-researched book that is rapidly capturing the attention of leaders who want to create organizations in which people love to work and have the space to grow and utilize the wisdom and passion that brought them there in the first place. It is not surprising that these organizations are setting new marks for almost every measurement of success.

What captured my attention was the synchronicity between the principles we have found to be essential for the effective and efficient delivery of behavioral health care and the principles embodied in this new generation of organizational development. It occurred to me that this is the next piece on which we need to work. LaLoux provides a practical manual that covers structures, practices and culture. The emerging paradigm captures the essence of a living organism compared to the model of a machine, appropriate for the military and emulated by most organizational structures today. The evolving culture has an inherent recognition that all persons have an innate body of wisdom, value and power.

Research is revealing that when the whole person is encouraged to show up for work and provided the freedom to self-organize by pursuing goals that provide meaning and purpose in their lives the results are incredible! The greatest inhibitor of moving to this next stage of organizational structure is fear; what will happen if we really trust and respect one another! The principles and practices LaLoux describes are easy to understand but very difficult to practice. Not everyone is ready to go there.



The second book is: *Finding the Space to Lead* by Janice Marturano, which I regard as a companion to both Wheatley's and LaLoux's books. Marturano, sought out by leaders all over the world, describes the essential qualities of a leader: the ability to connect with self, others and to the larger community and to skillfully initiate or guide change. To accomplish this requires focus, clarity, creativity and compassion. So how do you do that? If we want the organization in which we work to move in the direction LaLoux describes, we will need to provide the leadership Wheatley describes. Marturano will help us get there. I hope these brief remarks inspire you to check them out. They are great tools for improving our system of health care.

LaLoux, Frederick. ***Reinventing Organizations*** – *A Guide to Creating Organizations Inspired by the Next Stage of Human Consciousness*. Brussels: Nelson Parker, February 2014.

Formats available: Kindle, hardcover, paperback

Marturano, Janice. ***Finding the Space to Lead:*** *A Practical Guide to Mindful Leadership.* New York: Bloomsbury Press, January 2014.

Formats available: Kindle, Audible Audio, hardcover

Mountaintop *(from page 9)*

who we look to the most for support during what seems like a never-ending journey full of pain (physical and emotional), lacking hope, and very often a decrease in faith of the goodness and happiness of our time here on earth.

Gratefully, I have also had an adept team of psychiatrists and therapists working with me. Over the years, they have encouraged me to view a mental health challenge like all other challenges: diabetes, high or low blood pressure, cancer—all challenges that require medication for some semblance of normalcy and quality of life. And yet, after a relapse in 2010, it became clear to my family that I was in dire need of something different to intervene in my recovery. Unlike in the past, recovery was taking longer, I was unable to work and my social and emotional skills were gravely affected.

My family began exploring the possibility of sending me overseas in an effort to achieve a long-term change or breakthrough towards my mental stability that would allow me to become independent and if possible mentally stable enough to complete my education.

Being nurtured by positive attitudes and encouragement from team leaders and peers gives me a greater sense of self-value, esteem, and confidence.

One can imagine that my family had embarked on quite a quest. It took one and a half years for them to select a residential treatment center in the United States. Being confident about having discovered a rehabilitation center that would help me create a positive future and long-term stability, they decided to begin a charity benefit to financially support my stay there.

Now, after being a resident for eight months, the benefits of a residential program for me are obvious. After not having worked for over three years and being encouraged to participate in a work program I feel so much more confident and positive about my goals of mental stability and independence. I have found it helpful to work as part of a team, share assignments, assume increasing responsibility for myself and others, and remain engaged in my treatment program, including a variety of therapies.

Being nurtured by positive attitudes and encouragement from team leaders and peers gives me a greater sense of self-value, esteem, and confidence. With positive reinforcement and by completing my work assignments I have been able to earn opportunities and privileges to make trips like going shopping or going to the movies, etc. This, of course, has helped build my social skills and understanding of taking responsibility for personal safety.

My family and support network at home is extremely thankful for my accomplishments. Without doubt my life has changed beyond description.

My message to others is that there will always be peaks and valleys in our journey; however, we must always try to pick ourselves up and go again.

[Note: As this goes to print, Lisa is nearing completion of her residential rehabilitation program. She is attending college and will soon be moving to a townhouse. She is making plans for her discharge in the Spring.]

Hope

Alan and Lisa shared a mutual friend— hope. Hope was (and is!) a constant presence in their lives at a time when they so desperately needed her. They needed Hope for love and acceptance; Hope for tomorrow; and Hope for a better life.

The fact is, we all need Hope on our personal journey to the mountaintop. But when that journey includes mental illness, life is even more challenging and Hope is often fleeting. Fortunately, there have been great strides in medications and therapies to help along the road to recovery. Increasingly (though much work remains to be done in this regard), mental disorders are viewed like other chronic medical conditions that are highly treatable and people are encouraged to seek treatment. And for those who achieve improved mental health, there is the recognition that this is a lifelong illness that requires on-going therapy and medication. Again, to quote Nelson Mandela, "When the water starts boiling it is foolish to turn off the heat."

Alan and Lisa are keeping the heat on and experiencing the joy of the mountaintop of their desires, because they know that recovery is possible. And they are each sharing the message of Hope so that others with mental illness will be able to proclaim, as Alan did, "Now, I'm ready to begin the next chapter in my life filled with the promise and potential for great things to come." ■

A big thank you goes to Gayle Flanigan for providing these stories of hope. To learn more about Rose Hill Center, go to:

http://www.rosehillcenter.org/

Culture *(from page 7)*

That sentence will gain few points from English teachers, but it does offer insight into what our focus must be if we want to create a culture that is conducive for healthy bottom lines and healthy hearts alike.

Have you ever heard of "seagull management?" This philosophy is indicative of a culture that offers little or no proactive support, and when things are not going well—for example, if a group home is in chronic upheaval—management (the seagulls) intervenes by providing plenty of white droppings to go around. The flock then flies off, leaving those covered in white droppings to rectify the scale tippers. So where do we need to focus if we want to prevent the seagulls from disrupting our day at the beach?

Creating a culture of gentleness starts with the leaders of organizations recognizing that the way we train, support, and maintain our employees ultimately has a direct effect on both the quality of care provided and staff retention. Just as those we support in our system of care strive for unconditional valuing, uplifting interactions, and encouragement so do our employees. We all do. It is imperative that all levels of management have an understanding of the six elements (*safe, valued, praise, demand, structure,* and *transitions*) that lead to a culture of gentleness. The key to higher quality training includes finding quality trainers and materials.[2] The Center for Positive Living Supports (the Center) has been involved with supporting staff in numerous Mobile Response Training Unit deployments. Overall, we find that without understanding, commitment, and congruent behavior from the host provider and CMH staff, we often find an increased amount of scale tipping.

For example, our home managers play a vital role. Staff often quit a direct care position, not because of the people they support in the home, but rather the way they feel devalued by management. Many home managers also feel devalued from lack of support from above. One way in which we demonstrate our appreciation of the value of employees is by providing tools that give them the confidence to help create a supportive culture under complex circumstances. These tools come in the form of training and gaining a basic understanding of what we can do. In a best case scenario, it is estimated that 2% of annual budgets are earmarked for training. To use this effectively we need to incorporate ongoing support within the day-to-day culture and focus less on the external classroom. This requires developing trainers and recognizing that mentors play a vital role in creating and sustaining a culture of gentleness.

When the going gets tough, the mentors get going. Not exactly the adage with which we are all familiar, but a culture of gentleness requires us to invest in some of the more skilled staff, enabling them to become mentors. They are able to assist in some of our more difficult situations that traditionally may have escalated into scale tipping events. If you can build a capacity of at least one mentor for every 50 staff you will be investing in someone who has the skill set to assist in our most complex situations. The goal of mentoring is to create a sustained environment that will begin to make everyone that lives and works in the setting feel safer, more valued and less volatile. MALA's findings, from their aforementioned 2009 study, concluded, "Education related to this culture of "gentleness" should be broadened throughout the state."[3]

According to projections from Michigan's Department of Labor and Economic Growth (DLEG), employment in the state's long term care industry is projected to grow by 20 % over the decade from 2006-2016, adding nearly 25,000 new positions. May I take you back to the dentist chair experience for a moment? When it's time to see your dental hygienist wouldn't you rather have Dena, whom you have grown to trust and respect? Me too, and for the same reasons the people receiving our care and those we employ will look to you, and want to stay with you. We need entire organizations that embody the elements that constitute a culture of gentleness. Working within an organization built on trust, mutual respect and valuing, dedicated to quality service, is like a sunny day at the beach engaging in experiences that can be meaningful and fun without worrying about Seagulls hovering overhead. They have also learned the prerequisites for landing and being warmly welcomed on the beach.

◆

Ayanna, left, is extremely bright, has a wonderful sense of humor, likes to shop, and cares deeply about her family. She has had over 15 different placements over the past several years and more recently spent two thirds of a year in psychiatric hospitals. Ayanna spent 45 days at the Transition Home *and her future caregivers attended the preliminary training offered by The Center. When Ayanna moved to her new home, our staff worked for approximately three weeks with her caregivers during which time the six elements were demonstrated, coached, and observed by the Mobile Response Team Mentor. Her current provider remains committed to supporting her in her home and for the past year she has lived successfully in her home having only been hospitalized for a week. She appears here as a proud model in a fashion show.*

[1, 2, 3] Michigan Assisted Living Association. *Strategies for Improving Wages, Benefits, and Training to Staff Providing Community Mental Health Funded Residential Services,* 2009.

Ed Kiefer, B.S., L.B.S.W, is employed by The Center for Positive Living Supports, an affiliate of Macomb-Oakland Regional Center. For information regarding training opportunities inquire through www.positivelivingsupport.org.

Veteran *(from page 6)*

We went from camp to camp searching and securing the areas. He was never found. So many lives were taken and so many lives were lost, all for the sake of religion. I then went from Saudi Arabia to Kuwait to secure a very valuable piece of land that possesses enough oil under it to supply the whole United States for decades to come, and both Iran and Iraq were fighting over its ownership.

I then got an opportunity to go home for a two month leave after being away in hell for five years. To be honest, I didn't know for certain if I really wanted to go home, being gone for so long and having gone through so much, I didn't want to harm anyone or seem like a stranger to my loved ones. I literally went from an innocent teenager to an emotionless, heartless, and aggressive stranger. I got home and felt like an animal that had been taken out of the jungle and brought to the city. I was totally out of my element at that time.

> Somehow, along the way, a spark of hope was ignited within me and I began to reestablish my goals, hopes, and dreams.

For two months I was around the house cleaning my weapons and patrolling the neighborhood for rebel troops. God must have known that I was having a hard time; because after two months of sheer madness being out of my element, I received orders to report to Afghanistan. Detroit was no longer my home. For another three years, the team and I fought our way around Afghanistan avoiding small arms fire and doing whatever was necessary to make it out alive and complete our project. After eight years of the most horrific experiences of my life, my second term ended and I got to go home—back to Detroit. I decided that studying law was not the way to go for me, however, the only skills I obtained were military-related. Therefore, I applied for positions with the Detroit Police Department, Wayne County Sheriff's Department, the State Police, and even with the Department of Natural Resources for a position with the Michigan Game and Wildlife Association. All were saying the same things, that I was not mentally stable due to my active war time experiences in the service. That I was not capable of making rational decisions and that I was a walking time bomb. I was furious. From 1991 to 1999—giving this country eight years of my loyal service and my life—those I so diligently served, rejected me and told me that I was ultimately useless; that's when my mental illness revealed itself. Post traumatic stress disorder (PTSD), depression, bipolar disorder, and rage, all kicked in at one time, leading me to the streets of Detroit for relief. The only relief I found was drugs and crime. This was my way of paying the world back for abandoning me. So I went on a drug induced crime spree that lasted for five years. Life had no value and I lost all hope of ever being the role model that I wanted to be. I was mentally and spiritually bankrupted with no rhyme or reason to live. All of my loved ones and friends who once looked up to me and were proud of me, had now turned their backs on me as if I were dead. The only thing left was to end my life. However, still having a shred of faith in the God of my understanding, I knew somehow He would turn things around for me and make everything alright.

One afternoon, while walking home from a non productive day, the police pulled up beside me and said that I looked like the man that just jumped out of a stolen car and ran. I pleaded that I was not the guy that they were looking for. They felt my chest to see if I had been running and took me back to the car to be identified by a witness. I had not been running and the witness said that I was not the one. They arrested me, even though there was no supporting evidence. Out of all the things that I had done, I was charged with the crime I didn't commit. Receiving and concealing a stolen vehicle. God had a plan for me!

Somehow my court appointed attorney found out that I was a veteran and had my case sent to Mental Health Court in front of Judge Kenny. I was sentenced to one year probation, with 90 days of mental health and substance abuse treatment. Also, a stipulation was placed on my sentence by the judge, stating that if I completed my sentence without violating, it would be removed from my record. Up until this point, I had no criminal convictions and my record was clean. Somehow, along the way, a spark of hope was ignited within me and I began to reestablish my goals, hopes, and dreams. I became a model probationer, a sponsor for substance abuse treatment, and peer support for those that needed a helping hand. Completing my probation, I have never looked back.

I am now a Certified Peer Support Specialist for the Detroit-Wayne Mental Health Authority (www.dwmha.com). I've learned that my experiences, knowledge, and wisdom gained along the way of my journey, can ultimately help multitudes of individuals who maybe have to travel some of the same roads. I increased my experience as a Peer Support Specialist by working in various positions, attending very valuable trainings offered by the State of Michigan, and helping others. I found that the more I give of myself, the stronger I become in handling my own dilemmas.

I attend Henry Ford Community College in pursuit of my associates degree in psychology. At this point in my life, my opportunities are endless. I have loved ones and co-workers who are supporting my efforts and achievements, I have a promising career with the Detroit–Wayne Community Mental Health Authority, and the rest of my life to look forward to. God has a plan for my life. What this world did to try to defeat me, God turned it around to use for the good of many. I became a living testimony for those who may be in a rough place and need encouraging hope. So, if anything has come of the obstacles that I have had to overcome and the demons I have had to face—I hope that I can be that lifeline to help someone else see that there is light at the end of that tunnel. Feel free to reach out to me at jrogers1@waynecounty.com. ■

John Rogers and Tom Watkins, CEO, Detroit Wayne Mental Health Authority

Peers *(from page 6)*

created an uncomfortable adjustment for those with "lived experience" by using potentially demeaning or stigmatizing language, we need to find ways to counteract this trend. Instead of minimizing worth by providing low rates of pay with no benefits, and less upwardly mobile opportunity for job advancement, a lack of specific job descriptions or titles, we need to figure out how to correct those shortcomings. Instead of incomplete or insufficient professional training, we need to make both initial and ongoing training more comprehensive and intensive so that certification becomes more meaningful, including establishing processes of continuing education and recertification. As we create environments that promote both recovery and professionalism with Peer input, mental health services can become the source of empowerment that it holds the potential for being in our communities.

Recovery Support Services have a significant value that can increase the effectiveness of mental health care and empower those who are experiencing the sometimes overwhelming feelings and stigma associated with being "mentally ill." Our mental health systems are increasingly encouraged to believe in recovery, but how exactly does that occur? Tangible evidence of the reality of recovery, and the hope and inspiration that can be extended to others are the products those with lived experience of recovery provide to the community. Peer providers demonstrate this evidence not only at a systems level, but also at an individual service recipient level, as we role model exactly what recovery looks like, and provide the services that are resources supporting others' recovery.

Peer Support in mental health contributes a significant element of quality in a support team. Peer Support roles are unique because of the shared life experience that support the demonstration of real empathy, and can create a sense of comfort for the recipient. Peers role model what recovery can look like, which fosters a sense of mutual respect, trust, and confidence with the person receiving services.

Understanding the holistic value of Peer Support and conveying how this role can contribute significantly to an individual's recovery as a potentially missing link in many recovery support teams, can be the beginning of a new outlook on Peer Support throughout Detroit Wayne Mental Health Authority. The perception that Detroit Wayne Peers seek to accomplish is that "Peers are the face of recovery," and that together with a team, lived experience is the driving force. At a systems level it can be argued that Peer Support has been a missing link in the array of recovery-supportive services. Peer Support in mental health has been proven to be effective in the areas of increasing knowledge, building coping skills, and encouraging self-determination.

Peer Support in mental health specifically provides:

- Empowerment
- Sense of hope
- Empathy
- Increased self-esteem
- Social inclusion
- Reduction in hospital visits
- Better health outcomes
- Reduction of stigma

Michigan's Department of Community Mental Health supports a recovery approach that can benefit immensely from Peer Support. This recovery approach has four domains that must be addressed—health, home, purpose, and community. As examples of persons that have received services, have stabilized, and have advanced to live lives of meaning and purpose, Peers provide illustrations of how others can achieve contentment in each of these important domain areas. An associated challenge for our system of care is the need to figure out how Peers can be respectfully integrated into the workforce as respected colleagues in interdisciplinary service settings.

A Peer workforce survey was recently taken in Detroit Wayne, giving Peers a chance to voice their opinion on improving their status in the work place. Comments included the following: "In the education realm, one must do an internship before graduation, in order to get a feel for the job they are going to school for; the Peers already have lived experiences of issues the clinical personnel are struggling with. The Peers bring a lot of knowledge to the workplace that is not being respected and/or challenged. When we are challenged in our knowledge, we can only get better in what we do."

Another stated, "RESPECT! Peer Specialist pay scales should be based on their qualifications, NOT their past/present diagnosis! Allow for Peers to have a voice. Treat them (Peers) as they would want to be treated. Non-peers should be trained more on the culture of Peers. All people in the workplace should be held accountable for their actions (good or bad), and not based on their past, current diagnosis."

Another area explored was the level of discrimination experienced in the workplace. A participant stated, "The irony of this question is that it is my colleagues and the people that are supposed to be 'supporting' me that appear to be most discriminatory toward me. Please allow me to elaborate: STIGMA! Posted my picture in the agency of me as a 'consumer' without my permission. Consistently using the term consumer when referring to me, when actually I have not received mental health services in years. No matter how much education a so-called 'consumer' has, they are still referred to as consumers and treated as such. Although I have more experience and education than some of my colleagues, my wage is based on me being a consumer. My immediate supervisor now and in the past is NOT a peer. WHY?"

Another stated, "I am no different than anyone else. We all have lived experiences. I am more than my diagnosis. I was taught by my parents that I have the most power in my life to create what I want. The biggest issue for most is lack of self-esteem. When I am feeling that way, I seek out those who know me and can support me. I do believe that PSS could use professional development training

(concluded on back cover)

MACMHB
426 S WALNUT
LANSING MI 48933
Telephone: 517-374-6848
www.macmhb.org

Got something to say? Send it to us. You might get published! And please, tell us what you think about your newsletter.
E-mail your feedback, questions, submission ideas to: macmhbconnections@gmail.com

On-line editions of *Connections* can be found at: http://macmhb.org/Connections/ConnectionsPage.html

Connections is published three times a year by the Michigan Association of Community Mental Health Boards • All Rights Reserved

Peers *(from page 15)*

and career coaching."

In consideration of these comments it is evident that Peer Support Specialists want the same respect level as their "colleagues" of other disciplines. As Peers move forward in their endeavor as gaining a mutual respect and acceptance as mental health providers, each component of the mental health system has to become educated, and willing to acknowledge and eliminate stigmatizing circumstances, so that peer-delivered Recovery Support Services can reach their fullest potential.

What can the Mental Health System Contribute?

- Systematically trained staff (non-traditional and traditional professionals)
- Proper training/education (ongoing)
- Upward mobility throughout job placement
- Coinciding job titles with functioning standards
- Policies that respect diversities in context and content

How Can Traditional Professionals Contribute?

- Become trained on and/or train staff on Peer Support
- Recognize stigma and address it
- Use language that's not stigmatizing
- Respect everyone for their uniqueness
- Include Peers in decision making processes

How Can Peers Contribute?

- Understand their role
- Continuing their education journey
- Role-model professionalism
- Be an example of recovery
- Recognize internalized self-stigma and address it
- Respond to external Stigma in positive and orderly manner

As peer-delivered Recovery Support Services continue to grow in Michigan's Mental Health System, and specifically in the Detroit Wayne area, education on the involved role and associated benefits is important. Opportunities for better recovery outcomes in the community are linked to the ability of Peer Specialists to excel in their unique areas of expertise, foremost among which is relaying a sense of hope to those in despair. With the added value of peer-delivered Recovery Support Services, Detroit Wayne is well on its way to becoming a recovery-oriented community. As implementation progresses, providers throughout our system of care will need to continue to work together to resolve the misunderstandings that serve as obstacles to receiving Peers as truly empowered "colleagues" in mental health service delivery.

Cherron Jones, CPSS, is the president of Detroit Wayne Mental Health Authority's Positive Energy Enhancing Recovery Services (PEERS for Wayne County). She is currently on staff as a research assistant with Eastern Michigan University, which is where she is also pursuing a bachelor's degree in psychology. Cherron is a mother, and in her spare time enjoys playing, watching, and reading about sports.

A special thank you to Tom Watkins, the newly appointed president and CEO of Detroit Wayne Mental Health Authority, for introducing us to Cherron and to Brooke Blackwell, director of communications and community outreach; for enabling us to connect. We cherish this connection!