

Recovering Together, December 2004

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*A joint publication of the Peer-to-Peer Resource Center
and the Support, Technical Assistance, and Resource (STAR) Center*

Welcome to the latest issue of **Recovering Together**, a newsletter focused on self-help and recovery for people with mental illness! The newsletter is published electronically four times per year by the Peer-to-Peer Resource Center and the STAR Center. The Peer-to-Peer Resource Center promotes the value of peer support and training/employment of consumers as peer specialists. The STAR Center promotes self-help and recovery in culturally diverse communities.

Focus on the Alternatives Conference

An interview with consumer Yvonne Smith

Question: What is Alternatives?

Answer: Alternatives is the only conference of its kind. You can't equate it with anything else because it is consumer-controlled, consumer-designed, a totally consumer conference. We struggle with the idea of inclusion elsewhere but at Alternatives people are actually leading their communities. It's been around for a long time, and it's the one place you can come and feel totally empowered. It is truly where alternatives for peer support have come of age.

The people who come to Alternatives are "in-your-face" consumers. The only reason why these things grow is that we have to be sort of on the edge. I think that at the Alternatives conference that was held in Philadelphia, the leaders actually partnered with the hospitals and housing authorities to fight for the right of equal treatment for consumers. Years ago when the idea of consumers running services was foreign, I would tell people at home that I am conservative compared to the people at Alternatives." Today all over the country we are not just at the table but providing alternative services. You can go to a workshop at Alternatives and find out how far we've come, how we've organized. We don't have to be junior stakeholders to family members or the agencies.

At Alternatives, people highlight successes in their communities of emerging evidence-based practices. Two years ago, many workshops were highlighting the work that was happening in Georgia as far as peer specialists. At the most recent Alternatives in Denver, I attended many workshops at Alternatives. I was impressed by SAFE, which is a consumer operated peer center in Oregon where they have consumers' drop-in and the consumer providers actually share part of their fees with their peer clients. I attended another workshop where I learned that people who were using WRAP (Wellness Recovery Action Plans) in the jails. Alternatives is a place where I can go and grow as far as peer-related services. So far it is working. In Washington, DC, we have just started a peer specialist program. Presently, there are no peer-operated services.

The Alternatives conferences, which are held in different locations every year, have planks including the one in Philadelphia. They don't have planks any more, but then we had planks on different topics, like "forensics" and "recovery." We had working groups at these Alternatives, and we came to a consensus on issues to work on. People went back to their communities and they were galvanized. They were saying, "This is what we got from Alternatives and this is what is going on."

Alternatives is a place people go and find out what is happening elsewhere as far as consumer-run services. It's become even more important in the last two years. Alternatives is a necessary component as peer support services begins to develop alongside traditional services. It is essential that peer support services emerge from just illness and maintenance to ensuring that consumers become full citizens contributing to their community.

There's a tradition at Alternatives at the end that there's an open microphone about what improvements are needed for the conference. This tradition is very good and also very important. People come up and vocalize about their issues and vocalize about what we need to work on to continue to make Alternatives relevant.

Another good thing about Alternatives is that it gives people materials they can take home and actually use. Jean Campbell's report on Consumer Operated Services confirmed what was already known anecdotally. We have known for a long time that peer service worked but here is a study that documents its success and this information is evidence-based.

The fact that SAMHSA has a presence at Alternatives and that they have a booth with materials is very helpful. I use the materials from SAMHSA. After the Philadelphia Alternatives conference, I ordered a lot of those recovery booklets from SAMHSA. I don't have a benefactor or organization in Washington, DC, that wants to finance recovery stuff, so these booklets were a Godsend. I used them to get into the hospitals and wherever else to get the recovery message to my community.

Question: How have you benefited from attending Alternatives?

Answer: For a person like myself -- in my community where we're not as far along in consumer-operated programs in Washington, DC -- coming to a place like Alternatives where you can be with other people from around the country and learn from them is wonderful. In fact, I've been fortunate to get a scholarship these last two years, because I would not have had any other way of going. My first Alternatives conference I attended was in 1998 in Long Beach, CA with only \$50 in my pocket.

At Alternatives, I'm more likely to meet other African-Americans from around the country who are actually providing peer services. Depending on who's giving the conference, the representation is still very low among minorities. I think that has to do with people not being able to pay the cost. I have suggested in my report to SAMHSA that we start talking about ways of raising money for the minority population to attend, especially since this is a life-changing event, even if the person who's coming isn't an emerging leader.

Alternatives has provided me with skills and knowledge in order I can continue to be involved in the change that is occurring in the recovery based system in my community.

For me, Alternatives helps me see the hope of where I could be. It gives me inspiration to keep fighting. People are taking the newer medications, they're getting well, and they're going on with their lives.

There are some people in the world who have the belief that recovery is possible for some high-functioning people but not for most people. Someone told me recently, "I'm sure your situation was different." They don't know my story. They'll say, "That's not for that person." Well, I was that person. And I'll say that Alternatives and WRAP had a lot to do with my recovery.

Question: Who else can benefit from attending Alternatives?

Answer: The people who can benefit from attending Alternatives the most are the people who can disseminate information, who are going to go back to their communities and be excited about disseminating the information. Every once in a while you need someone to go who is "not really there yet." They are just in the early stages of recovery and maybe they are active in something. Alternatives really helps people to be able to turn dissatisfaction into something meaningful that will help their community and people who are in leadership roles.

Yvonne Smith lives in Washington, DC. She is a facilitator of a DBSA support group and of a blended open support group at NAMI DC. Yvonne is a WRAP facilitator and facilitator trainer and currently facilitates WRAP at St. Elizabeth's Hospital. Additionally, Yvonne has just completed coordinating the first phases of a DC peer specialist program and for the second year will be co-coordinating the MHSIP survey. Yvonne states that this was very important in providing continued training for her community work.

Plan now to attend Alternatives 2005

The next Alternatives Conference will take place during October 2005 in Phoenix, AZ. Watch this newsletter or visit the National Empowerment Center web site for future information on conference registration, speakers, and scholarships: <http://www.power2u.org>

Focus on peer specialists

First in a series of articles showcasing peer-to-peer assistance

Jana Spalding was a young woman in California on her way to a career as a pediatrician when her experience with mental illness took her on an unscheduled detour. And that detour has led her to an unexpected and rewarding career as an Inmate Mental Health Specialist for the Broward County Sheriff's Office in Florida.

Dr. Spalding (or Jana, as she asks to be called) recounts the story in a matter-of-fact manner. Growing up in Panama as a girl of both African-American and Hispanic descent, she moved to the U.S. where she studied biochemistry in college and was admitted to Stanford University Medical School. Although she experienced what she recognizes now as psychiatric symptoms (depression and sleeplessness) as a teen and then again in medical school, she somehow finished her coursework at UCLA. After experiencing a psychotic episode while she was working in a newborn intensive care unit during her residency, she was hospitalized and diagnosed incorrectly with depression and anxiety. Jana became manic and tried to overdose but still denied that she was experiencing mental illness. After a brief marriage, she gave birth to her son, followed by an episode of post-partum depression.

In 1994, Jana was finally correctly diagnosed with bipolar disorder and began to recover with treatment that met her needs and the help of support groups. Although she had received her M.D. degree, she felt that she could never practice as a physician and, as she puts it, "bounced around," working part-time and raising her son.

When Jana went to an agency in 2001 seeking rental assistance, she got that assistance – and was offered a job! She was hired at a consumer-run drop-in center where she was charged with engaging participants in activities. (Later, she learned that people didn't know what to make of her, doubting her ability to succeed and giving her the assignments that no one else wanted to tackle.) Taking the meager existing resources and using her own experiences and instincts to approach others from the position of a peer, not an expert, she designed and ran group sessions on "Talking to Your Doctor," "Anger Management," and "Peer Support." Consumers responded enthusiastically, and Jana found herself forging a new path for herself and the agency. The agency blossomed, and so did Jana.

Unfortunately, Jana's job ended in 2003 when agency funding was cut back. However, she was noticed during a training session she conducted for law enforcement officers when her innovative presentation drew rave reviews. Jana credits the support of John DeGroot, – Executive Assistant to the Inspector General and her supervisor – with selling others on her expertise and potential and on the necessity of having a consumer to connect with other consumers.

She was hired in fall 2003 in her current position and now works alongside two additional staff in a similar role with the Sheriff's Department. Both these individuals, however, are mental health professionals; Jana brings her unique focus and talents to her position as the only consumer. She sees her role as offering understanding and support by communicating the message of hope and understanding that she crystallizes as, "I once was lost, but now am found."

There are plenty of people for her and her co-workers to serve. Broward County has five jails, with an average of more than 5,000 inmates in custody and 8,000 under community control. People with mental illnesses stay an average of 62 days in the County's jail, vs. an overall average length of stay of 28 days. Between 21 and 24% of inmates are on psychotropic medications, and – characteristically – the vast majority of incarcerated persons are people of color.

How does Jana spend her days as a peer specialist? "I don't spend a lot of time in this cubicle," she laughs. "I meet people wherever – restaurants, drop-in centers, everywhere." Besides working individually with inmates in custody, she facilitates a number of recovery-focused groups in the jails. "Conquering Chemical Dependency" is an ongoing 12-step group for currently-jailed women, and her new "Starting Point" women's group serves ex-inmates with mental illness and/or substance abuse challenges who are trying to make new lives for themselves in the community. Jana also facilitates men's groups and represents the Sheriff's office with consumer groups and mental health provider groups.

When asked how she deals with the special challenges of being a peer specialist who is a person of color, Jana responds, "I do that which minorities have done since time immemorial: I make that little adjustment to try to jog them into listening to me and what I'm saying, and not to who they think I am. I ask them about themselves to get their focus off me."

What makes Jana most proud these days? Because there are a growing number of individuals working as peer specialists in Broward County, she now finds herself the Chair of a new county-wide Peer Support Specialist Association, made up of consumers working in a variety of settings, including drop-in centers, community mental health centers, hospitals, and the courts. This innovative group is moving to develop a peer specialist training curriculum, establish training, and to expand their efforts to certify peer specialists statewide. They also recognize the need for accompanying research to validate the results of the work of peer specialists with consumers.

Her favorite moment in her work? "I love it when I see the light bulb go on for an individual, when they really 'get it' with regard to changing the focus of work with consumers to self-determination and the individual's strengths," she says.

Although she still sees a long way to go in changing the focus of treatment systems – and professionals – to recovery and a strengths base, Jana sees shifting attitudes and is energized by the nationwide shift toward incorporating peer support as an integral part of treatment. And she is hopeful and focused and ready to tackle the next challenge, wherever it may be.

What are Consumer/Peer-Run Technical Assistance Centers?

The National Consumer/Peer-Run Technical Assistance Centers have been established to provide consumers and their supporters with skills necessary to foster self-help/self-management approaches, and to assist with the improvement of state and local level mental health service systems. These five national centers promote development and growth of consumer-operated programs at the state and local levels. They also offer hands-on assistance and information to promote consumer self-help approaches and recovery-oriented programs and disseminate information regarding mental illness and related conditions, services, and practice.

Contact these centers to find out how they can help you:

- **Consumer Organization and Networking Technical Assistance Center (CONTAC)**
Postal address: P.O. Box 11000
Charleston, WV 25301
Telephone: (888) 825-8324 (toll-free) or (304) 345-7312
<http://www.contac.org>

- **National Consumer Supporter Technical Assistance Center (NCSTAC)**

Postal address: P.O. Box 16810

Alexandria, VA 22302-0810

Telephone: (800) 969-6642 (toll-free) or (703) 684-7722

<http://www.nmha.org>

- **National Empowerment Center**

Postal address: 599 Canal St.

Lawrence, MA 01840

Telephone: (800) 769-3728 (toll-free)

<http://www.power2u.org>

- **National Mental Health Consumers' Self-Help Clearinghouse**

1211 Chestnut St., Suite 1100

Philadelphia, PA 19107

Telephone: (800) 553-4539 (toll-free) or (215) 751-1810

<http://www.mhselfhelp.org>

- **Support, Technical Assistance, and Resource (STAR) Center**

2107 Wilson Blvd, Suite 300

Arlington, Virginia 22201- 3042

Telephone: (866) 537-STAR (7827) (toll-free)

<http://www.consumerstar.org>

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