The Key Update Volume 1 No.6 November 22, 2004

FRONT-PAGE NEWS!

New Legislation to Build Services and Support for California Mental Health Consumers

California mental health advocates won a victory on Election Day with the passage of Proposition 63, one of the most important pieces of mental health legislation in recent years. By increasing the tax on every California resident's earned income above \$1 million and earmarking those funds for mental health services, California has established a new precedent in mental health funding. According to California attorney general Bill Lockyer, Proposition 63 will generate approximately \$250 million in additional revenues in 2004-05, \$680 million in 2005-06, \$700 million in 2006-07, and increasing amounts every year afterwards. "Prop 63 will be `transformational' in its impact on the system," said Richard Van Horn, president of the Mental Health Association of Greater Los Angeles. "First - it requires that programs be recovery model with heavy input from direct consumers in the planning and implementation. It also demands an integrated service model (similar to the Village program run by NMHA/GLA) . . . and puts serious amounts of money (around \$300 million over the next four years) into workforce development." Van Horn also pointed out that there may be up to 16 other states that could follow California's lead and run similar initiatives to expand services, training and infrastructure for their mental health systems.

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SPECIAL ANNOUNCEMENTS ...

Scholarship Applications Now Available for Those Battling Severe Mental Illness

The Center for Reintegration, a non-profit organization working to improve the lives of persons with mental illness, has announced that applications for the 2005-2006 Lilly Moving Lives Forward Reintegration Scholarship are available. Sponsored by Eli Lilly and Company, the scholarship program was designed to help persons with bipolar disorder, schizophrenia, and related disorders acquire the educational and vocational skills necessary to move their lives forward and reintegrate into society. For the 2004-2005 school year, 50 students were awarded the Lilly Moving Lives Forward Reintegration Scholarship. Interested candidates can now obtain the application from the Center for Reintegration's Web site at <u>http://www.reintegration.com</u>. The application deadline is January 14, 2005.

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PRO International Offers Alternatives '04 Sessions on VHS and DVD

Pro International filmed the plenary sessions at Alternatives '04. To purchase a copy, please visit: http://www.theprointernational.com/alternatives2004talent.html or contact Anna Gray, the CEO of PRO International: ahgray@satx.rr.com.

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Center for Psychiatric Rehabilitation Surveys Current Consumers

The Center for Psychiatric Rehabilitation (CPR) at Boston University is conducting a brief anonymous survey to develop a new instrument assessing the extent to which relationships with mental health and rehabilitation providers contribute to the recovery of people with psychiatric disabilities. "How can professionals help people recover from a disabling psychiatric condition? Share your experiences through a survey on the Internet We invite the opinions of people who have experienced a psychiatric condition and who are currently receiving mental health and/or rehabilitation services," wrote Dr. Zlatka Russinova, an author of the study. The survey, which takes approximately 30 minutes, is available at the CPR Web site at http://www.bu.edu/cpr/rprs/index.html. "All information is strictly anonymous," according to the announcement. "Your answers will help us to enhance professional practices that promote recovery." For more information, contact Dr. Russinova, phone: 617-353-3549 (collect), voicemail: 617-353-1113, fax: 617-353-7700, or e-mail: zlatka@bu.edu .

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National Desk Process Seeks Supporters

Yvette Sangster writes: "At the recent Alternatives conference in Denver it was decided by a group of c/s/x [consumers/survivors/expatients] that the time is NOW to restart the process of building an infrastructure for a National Desk that would represent c/s/x issues and concerns in Washington, D.C. The NO [National Organization] [group] would like to include as many c/s/x people as possible to help make the National Desk possible. We will be working on a short time line to get the infrastructure in place and have someone in D.C. in the near future. The Bazelon Center for Mental Health Law has offered us office space and a telephone." Sangster said that the questions that need to be addressed include: 1. How will we get representative input from all states into what issues we work on? 2. Where can we get funded? 3. Should we incorporate? 4. Who will staff the National Desk? To join please go to http://groups.yahoo.com/group/no-desk/join.

Sangster a nationally known mental health consumer advocate and consultant, is the founder and first executive director of Advocacy Unlimited Inc. in Wethersfield, Connecticut, a nationally recognized model for advocacy education and activism within the mental health system. She currently works for the Georgia Advocacy Office in the PAIMI [Protection and Advocacy for Individuals with Mental Illness] Division.

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SELF-ADVOCACY AND SELF-CARE RESOURCES ...

Resources for Consumer-Run Organizations and Self-Help Groups ...

A Guide for Advocates Fighting Stigma and Discrimination

Beat the Stigma and Discrimination! Four Lessons for Mental Health Advocates is a new handbook by Dr. Patrick Corrigan of the Center for Psychiatric Rehabilitation at Evanston Northwestern Healthcare and The Chicago Consortium for Stigma Research. The guide looks at stigma and discrimination and methods that advocates can use to combat them. It is full of practical advice, utilizing examples, charts and exercises whenever possible to illustrate the application of theory. The topics range from identifying and targeting groups in power that can have an impact on opportunities for people with mental illness, to methods for evaluating the impact of anti-stigma/-discrimination efforts. Corrigan provides definitions of various strategies, offering hypothetical scenarios as well as the pros and cons of each method. He investigates different stereotypes that people in the identified power groups might believe and how each strategy addresses those beliefs. Advocates can select anti-stigma/-discrimination activities based on the goals and predicted outcomes of their efforts. To purchase the guide from the Center for Psychiatric Rehabilitation, contact Robert Lundin, 224-364-7219 or rklundin@enhpsychrehab.org. For information about the Center for Psychiatric Rehabilitation, see http://www.enhpsychrehab.org/; and for the The Chicago Consortium for Stigma Research, see http://www.stigmaresearch.org.

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Hot Tips for Dealing with Media

1. BE PREPARED: Ask the reporter: What's your deadline? What kind of story is it? What's your angle? Who else has been or will be interviewed? Learn about the reporter's style and media outlet.

2. KNOW YOUR STORY: Select your three key messages. Include facts, figures, and anecdotes to make your story compelling.

3. REMEMBER YOUR AUDIENCE: Look beyond a reporter's interview techniques, and tailor your remarks and demeanor to your audience.

4. BE ASSERTIVE: Don't just answer questions; seize every opportunity to drive your messages. Lead with the most important, newsworthy information.

5. USE FLAGS & BRIDGES: Signal that a key point is coming up by flagging it with a phrase like "the key point is." Link each answer to a positive message by using "bridging" phrases like "but let me put this in perspective," or "but the real problem is."

6. TURN NEGATIVES TO POSITIVES: Anticipate tough questions and develop responsive answers that are not defensive. Use each question to bridge to one of your key messages.

7. WHEN YOU DON'T KNOW, SAY SO: You are an expert, but you don't have to have all the answers. Say "I'll get back to you" or "I can put you in touch with someone who has that expertise."

8. AVOID PROFESSIONAL BUZZWORDS: The public doesn't know your industry jargon so don't use it even when the reporter does. Explain abbreviations and technical terms.

9. FOCUS ON YOUR OBJECTIVE: Don't get mired in statistics or lengthy explanations. If you want to be quoted, speak briefly and to the point. Correct misstatements and misperceptions.

10. BEWARE OF INTERVIEWING TRAPS: Don't repeat negative language or allow the reporter to put words in your mouth. Never lose your cool. Most of all, remember that there is no such thing as off-the-record. Source: Adapted from Media Tips provided by Ketchum at the 2004 PRSA Conference in New York. To get these Media Tip cards, please contact Ketchum at (646) 935-4062.

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HUMAN RIGHTS

SAMHSA Grants Target Seclusion and Restraint

The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded a total of \$5.3 million in grants to eight states in order to develop alternatives to restraint and seclusion of people with psychiatric disabilities. The grants, from SAMHSA's Center for Mental

Health Services, will be awarded over a three-year period. They are intended to support the states in their efforts to ultimately eliminate restraint and seclusion in institutions and community-based services, including those serving people with both substance abuse and psychiatric disabilities. Calling the eventual elimination of restraint and seclusion "a top priority," SAMHSA administrator Charles G. Curie told Mental Health Weekly that, by awarding the grants, "we will simultaneously be working to preserve dignity, restore hope and facilitate the recovery of people with mental and substance use disorders." The eight states to receive the grants (and the projected three-year totals of their respective awards) are Hawaii (\$710,958); Illinois (\$474,000); Kentucky (\$711,000); Louisiana (\$610,296); Maryland (\$711,000); Massachusetts (\$711,000); Missouri (\$710,793); and Washington (\$710,000).

Source: Mental Health Weekly, 11/1/04

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PARC CORNER - OLDER ADULTS & MENTAL HEALTH

Grief and Depression in Older Adults

As people age, they may begin to lose their loved ones and friends. Although this is a normal part of the life cycle, grieving over the loss of a loved one is a difficult and painful process. People often become very sad for a period of time after a loss. If this down mood does not begin to slowly improve and someone has trouble sleeping, eating, and carrying out everyday activities, he or she may be depressed. You might suggest that he or she talk with someone – a counselor or a member of the clergy – or join a support group. To read more of PARC 's information on grief, visit: http://www.positiveaging.org/consumer/lc_grief.html

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To unsubscribe: http://www.mhselfhelp.org/contact.html#thekey