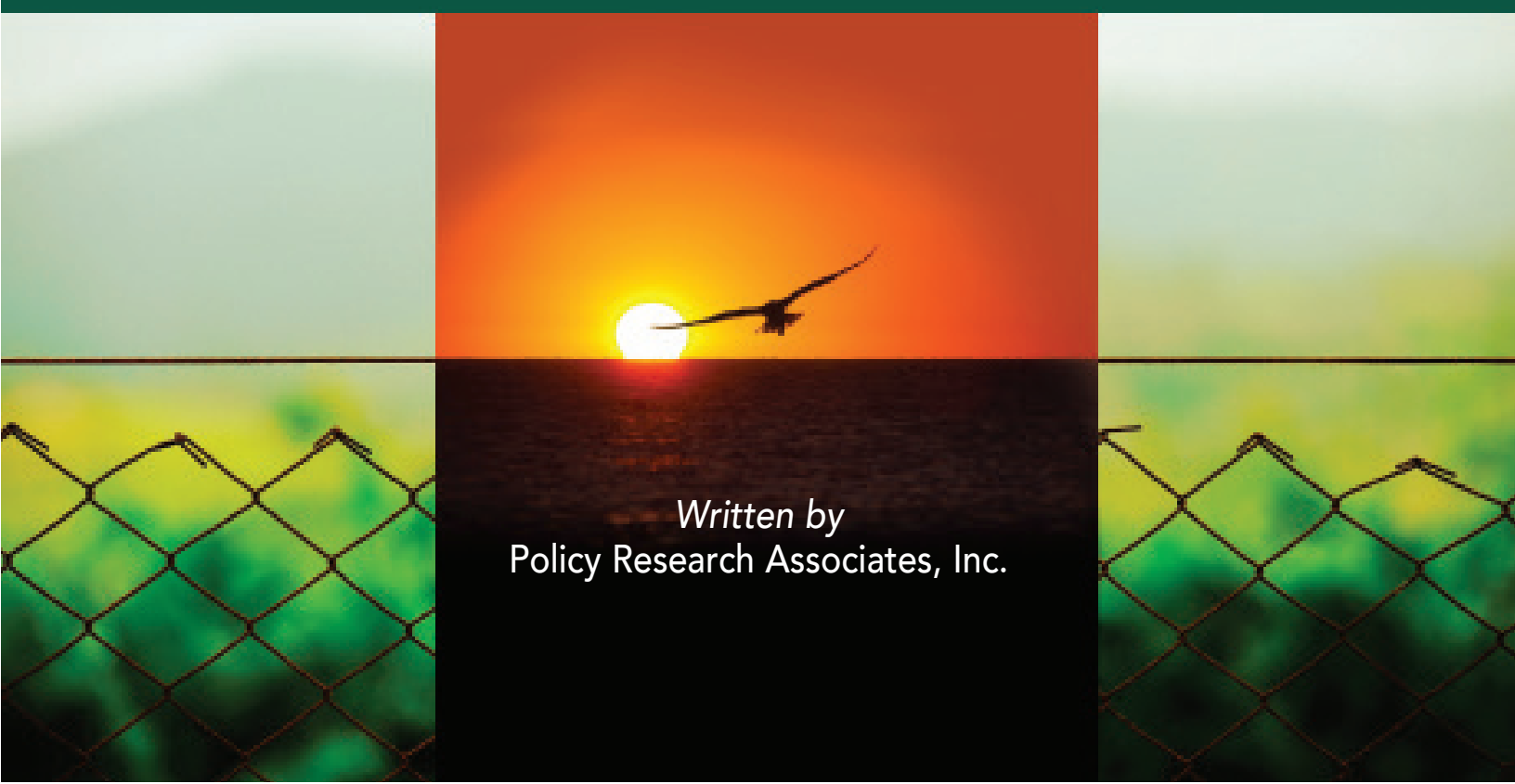# STAR Center

Support, Technical Assistance and Resources Center

Part 1 of a 3-part Series

Learning About Us, Learning to Help Us:

Supporting People with Psychiatric Disabilities in the Criminal Justice System

Written by
Policy Research Associates, Inc.

NAMI
National Alliance on Mental Illness

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STAR Center

Support, Technical Assistance and Resources Center

Learning About Us, Learning to Help Us:

Supporting People with Psychiatric Disabilities in the Criminal Justice System

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The Journey

Yearning for...searching for...and asking why?
The struggle to find the answers ran wild.
Then I stopped and asked and then I heard...I am here.
I have always been here and I will always take care of you.
For so long what I have searched for I found...
Hope
This small word with such enormous meaning...
Has been the light that guides me on my journey of
Acceptance
Forgiveness
Healing and...
Recovery

By Tracy C. Love

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Acknowledgements

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Getting Started

Learning About Us, Learning to Help Us: Supporting People with Psychiatric Disabilities in the Criminal Justice System is accompanied by the Consumer Toolkit and Personal Narratives. The Consumer Toolkit is designed to share with the consumers with whom you work. It provides descriptions of resources that people can use to support their personal recovery journeys. Readers can easily locate specific resources to help them access housing, information about benefits, peer support and other tools useful in their journey. Personal Narratives is a series of personal stories designed to assist you in learning about individuals with psychiatric disabilities and their involvement in the criminal justice system. They are beneficial in bringing inspiration and understanding to others with similar experiences, providing powerful examples of hope, responsibility, personal empowerment and the critical role of peer support. Personal Narratives are available in both audio and written form.

Community members, family members, friends, providers, criminal justice staff and consumers themselves can use these tools to learn more about people with psychiatric disabilities and their involvement in the criminal justice system and how to best to support recovery. We encourage everyone to share this guide, the accompanying Personal Narratives and the Consumer Toolkit with anyone who could benefit from them. These tools are designed to be used alone or in complementary fashion.

For some readers and listeners, this may be the first time reading and hearing the terms used to describe concepts such as recovery and peer support. Some may be unfamiliar with the tools we discuss in the Self-Exploration and Recovery Tools Section of this document, tools such as *Wellness Action Recovery Plans (WRAP® Plans), Pathways to Recovery: A Strengths Recovery Self-Help Workbook, South Carolina Share Recovery Planner* and 12-step supports. By using this guide and reading or listening to the Personal Narratives, readers will become familiar with these terms and what they mean and ultimately be better prepared to support justice-involved people with psychiatric disabilities.

To maximize the usefulness of this guide, you may wish to familiarize yourself with other terms used here. The term justice-involved is used to describe people having a wide range of involvement with the criminal justice system, from those experiencing initial contact with the police, to those reentering their communities following short or long periods of incarceration and even people on parole or probation. Another important term is jail diversion, which is the avoidance of or radical reduction in jail time by using community-based treatment as an alternative. A glossary is located in the back of this guide.

We have elected to use this approach to ensure that this guide, the Consumer Toolkit and the accompanying Personal Narratives are valuable resources, accessible to as many people as possible. We would first like to establish some common ground to ensure you learn as much as possible from the resources herein and as quickly as possible.

What is Recovery?

Recovery is a term used frequently throughout this guide, in the Consumer Toolkit and in the Personal Narratives. You have probably heard this term in the context of stopping the use of drugs or alcohol or getting better from an illness or an injury. In December 2011, SAMHSA released a working definition of recovery and a set of guiding principles. This definition was the result of a comprehensive process that began with an August 2010 Dialogue Meeting and ended with a formal public engagement process in August 2011. At the time SAMHSA released the working definition, SAMHSA indicated that they would continue dialogue to refine the definition and principles and based on additional stakeholder input, SAMHSA then issued a slightly revised definition.

> **SAMHSA's Working Definition of Recovery from Mental Disorders and/or Substance Use Disorders**
>
> A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

The revised definition is below.

Recovery from Mental Disorders and/or Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Four major dimensions that support a life in recovery:

- *Health:* overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- *Home:* a stable and safe place to live;
- *Purpose:* meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- *Community:* relationships and social networks that provide support, friendship, love, and hope.

Guiding Principles of Recovery

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Recovery is built on the

multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations including values, traditions, and beliefs are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and

recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems —including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.[1]

While it has been some time since the development of the National Consensus Statement on Recovery and despite self-directed care being listed as the first essential component of recovery in the Statement, there are only a handful of states with self-directed care pilots or established programs for adults with psychiatric disabilities. These states include Florida, Iowa, Maryland, Michigan, Oregon and Texas.[2]

The programs are in various stages of development and serve only a very small number of individuals. They vary in the level of self-direction allowed, the extent consumers are able to direct services and the extent to which individual budgets are separate from Medicaid funding (whether or not people control the way Medicaid funds are utilized).[3]

The National Empowerment Center strongly promotes **self-directed care/services** and is an excellent resource of information about the various self-direction projects across the country. (The National Empowerment Center is listed in the Resources Section on page 26.)

Another important tool related to self-direction that is being used more and more across the country is the **Psychiatric Advance Directive (PAD).** PADs are legal instruments used to record an individual's preferences regarding future mental health treatment, in the event the person loses capacity or become unwell.[4] A great resource about PADs is the National Resource Center

[1] Substance Abuse and Mental Health Services Administration. (2011). SAMHSA's Working Definition of Recovery from Mental Disorders and/or Substance Use Disorders. Rockville, Md.: Author.
[2] Substance Abuse and Mental Health Services Administration. (2005). National consensus statement on mental health recovery. Rockville, Md.: Author.)
[3] Alakeson, V. (2007). The contribution of self-direction to improving the quality of mental health services. Washington, D.C.: Harkness Fellow.
[4] Henderson, C., Swanson, J.W., Szmukler, G., Thornicroft, G., & Zinkler, M. (2008). A typology of advance statements in mental health care. Psychiatric Services, 59, 63-71.

on Advance Directives (NRC-PAD). Information about how to connect with the NRC-PAD can be found in the Resources Section on page 27.

Person-centered planning (PCP) is especially beneficial for justice-involved consumers because it focuses on people's needs by putting them in charge of the direction of their lives—many times after having spent considerable periods of time with their lives in the control of others. Person-centered planning involves the creation of a "toolbox" that enables people to choose their own pathways to recovery; supporters simply help them figure out where they want to go and what are the best or most efficient means of getting there.

Person-centered planning is used within other interventions, such as Supported Employment and Psychiatric Rehabilitation.[5] Information about PCP can be found at the Employment and Disability Institute, at Cornell University's School of Industrial and Labor Relations. The Institute's contact information is provided in the Resources Section on page 27.

It is important to note that justice-involved consumers face unique challenges in finding or accessing recovery-oriented services, particularly if incarcerated, on parole or probation or under other types of community supervision. Justice-involved consumers may be unaware that recovery-oriented services and peer support services are available in their communities. In addition, some elements of recovery, such as the nonlinear nature of the process, match up poorly with the goals of most criminal justice settings, which are mostly based on compliance.

Although criminal justice programs have been slow to integrate recovery-oriented services in their programs, there is growing recognition over the past few years that the core principles of recovery can work in criminal justice settings. Mental health agencies, including the Substance Abuse and Mental Health Services Administration (SAMHSA), have been receptive to the addition of recovery-oriented services and peer support services to criminal justice programs.

What is Cultural Competence?

It is important to point out that as you support the people you serve you must keep in mind the important role culture plays in the lives of people and therefore the critical place it holds in the work you do. Culture is a person's beliefs, norms, values and language and therefore plays a key role in how people understand and experience their lives. To effectively serve people with psychiatric disabilities, you need to understand and respect cultural differences.

Cultural competence is the ability to work effectively and sensitively within various cultures. The U.S. Department of Health and Human Services (DHHS) defines it as "a set of values, behaviors, attitudes and practices within a system that enables people to work effectively across cultures" and says the term "refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services."[6]

For consumers of color, access to mental health services and the quality of the services they receive are negatively affected by the widespread lack of cultural competence in service delivery. *The Mental Health: Culture, Race and Ethnicity Report* (2001) acknowledged that people of color may not seek services in the formal system, cannot access treatment, drop out of care or are misrepresented in research because of the lack of cultural competence.[7]

Because people of color are disproportionately represented in most criminal justice venues, demonstrating cultural competence in all aspects of your work is critical to your success in supporting people. Keep in mind that ethnicity is not the only determining factor when discussing culture. Providing culturally competent services and supports to LBGTQ, youth and individuals of various socioeconomic backgrounds is also important.

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[5] Cornell University Industrial and Labor Relations School Employment and Disability Institute. (2010). Person-centered planning education site. Retrieved July 21, 2010, from http://www.ilr.cornell.edu/edi/pcp/index.html.
[6] Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care, Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
[7] U.S. Department of Health and Human Services. (2001). Mental health: Culture, race and ethnicity – A supplement to mental health: A report of the surgeon general. Rockville, Md.: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

NAMI STAR Center is an excellent source of information on this topic and on other recovery-oriented topics; the Center is listed in the Resources Section on page 26.

Who is a "Consumer?"

In this document, we have striven to use person-first language and tried not to label or stigmatize anyone because of their experiences. However, we use some controversial terms here simply as a means to convey information.

It is unclear exactly where the term "consumer" originated and there are ongoing discussions as to whether its use labels and stigmatizes individuals. In describing "people with mental illness" in this document, we use instead "people with lived experience," "consumer," and "person/people with a psychiatric disability." It is important to note that it is up to the individuals with whom you are working to describe themselves in ways they are comfortable with.

Who is a "Peer?"

The term peer is commonly used to describe people who share the same or similar experiences. In the context of this guide, these experiences typically include involvement with the criminal justice and mental health systems. Peers can serve as role models, supporters and navigators who help people identify the services helpful to supporting their recovery processes. In addition, peers hold hope for people and give it to them when they are ready to take it.

When asked what has been the most helpful component to the success of various recovery processes, most reply that it is having people who have been through the same challenges they have by their side to support them.

Many of the traditional ways that people receive recovery supports, such as 12-step programs like Alcoholics Anonymous and Narcotics Anonymous, are rooted in the principle that people receive the best support from others who are overcoming similar challenges.

One of the primary reasons that peer support is so important is because in the early stages of the recovery process, it is often difficult to remain hopeful. Consumers may identify dozens of things that they want to accomplish or resolve, such as to find permanent housing or obtain a job. These efforts are often challenging and many times it is peers who help people remain hopeful in spite of frustrating obstacles they encounter along the way.

The need for connections with peers is a reflection of the need to connect with other people engaged in recovery—the need for community. Like a chain reaction, peer supporters can often help people identify additional supportive individuals or peer communities ready, willing and able to support their recovery needs.

Peer support is not a new concept in the mental health arena. Over the past 20 years, the traditional mental health system has become more and more accepting of the role peers can play in the recoveries of people with psychiatric disabilities. To this end, there has been a vast expansion in the use of peers in professional mental health settings.[8]

Some examples of this expansion include peer "bridgers" who help people reenter the community after long psychiatric hospital stays and peer specialists who support people in a number of different mental health settings. The acknowledgement of the important role of peers has played a major role in the development of mental health organizations operated and staffed by peers; peers may comprise part or all of the organization's board, management and staff.[9]

In many states, mental health consumer advocates have pushed for and won the integration of peer support services into mental health services and the criminal justice system. Advocates in states such as New York have been instrumental in getting their states to revamp the way that disciplinary actions are levied against people with psychiatric disabilities while they are incarcerated.[10]

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8 Campbell, J. & Leaver J. (2003). Report on emerging practices in organized peer support. Alexandria, VA: National Technical Assistance Center for State Mental Health Planning.
9 Corrigan, P.W. (2006). Impact of consumer-operated services on empowerment and recovery of people with disabilities. Psychiatric Services, 57(10), 1493-1496.
10 New York Advocates Urge Governor to Support SHU Legislation. (2007, June 18). Mental Health Weekly, 17(24).

Although much less developed, there has been an increase in joint initiatives by mental health providers and the criminal justice system that are designed to help individuals connect with organizations in their community that provide support to justice-involved consumers.

The movement toward the use of peers in various settings has led to more and more calls for the credentialing of peer supporters, which usually accompanies the funding of any profession. We include a list of peer support/self-help organizations at the end of this guide and recommend that you help people to contact these organizations if they are interested in becoming a part of these supportive communities.

It is important to note that over time peer groups may change to include peer supporters who have neither a psychiatric disability nor a history of justice system involvement. For example, one's peer group could start by including the individuals one attends therapy with and later expand to include coworkers, neighbors, friends and others with whom one forms a supportive connection.

Who is a "Recovery Partner?"

Another term you will find in this guide is **recovery partner.** Recovery partners are individuals or organizations that support people through their recovery process. They can be peers, family members, clinicians, case managers, parole officers, probation officers, corrections officers or any groups that people in recovery have a personal connection with and that support their recovery journey.

In some instances, people in recovery find support where they don't necessarily expect it. For instance, in *Personal Narratives* consumers talk about the positive relationships they have developed with parole and probation officers. Although people may have had little choice in entering into these relationships, they can become a source of strength and support.

We hope that by using this guide and listening to or reading the *Narratives*, you gain the hope, connection and personal empowerment needed to support people in their successful journey of self-discovery and transformation described in the National Consensus Statement on Recovery.

Most importantly, we hope that together these resources provide guidance in helping the people with whom you work make many of the important decisions they will face in their recovery journey and provide assistance to successfully overcome whatever obstacles they encounter along the way.

How You Can Help

Justice-involved consumers often express that shame, guilt and anger are the three feelings that most frequently get in the way of their moving forward in recovery. Many describe this as "stinking thinking"—feelings that hinder their focus on recovery. Many times justice-involved consumers feel shame about their involvement with the criminal justice system and at being diagnosed with a psychiatric disability. They often feel emptiness due to the loss of relationships with their children and other loved ones. They often are angry because their involvement in the criminal justice system may limit their ability to have the full range of personal choices regarding treatment or support.

This guide can help you understand how to support people in being proactive and turning these feelings into positive action. Be hopeful and resilient about this recovery journey. Recovery is not a destination but an ongoing process.

Many justice-involved consumers report that hope is the most essential component to recovery. The Personal Narratives describe how hope is sustained by each speaker or writer through many difficult periods in their lives—hope that recovery is possible and hope that their futures hold opportunities for employment, family reunification, a home in the community and all the other important benefits of community life.

Using the Personal Narratives

As discussed, this series of resources includes Personal Narratives, a selection of written and spoken accounts of recovery journeys that describe the real life recovery experiences of justice-involved consumers. Historically, such narratives have often provided firsthand accounts of the various experiences of the

speaker or writer. Currently, such narratives are used more and more to recount an individual's recovery process.[11]

You can listen to a group of narratives on a particular subject or all the subjects. How you use it depends on your work setting and the issues the people with whom you work are facing. We recommend you experiment with the narratives to decide what strategy works best for you.

For example, if you are currently working with incarcerated individuals preparing to leave prison or jail, you may find the narratives focusing on how to prepare people for return back into the community helpful. Similarly, if you are working with people dealing with disappointment over the pace of reconciliation with family members, most particularly parents and children, the narratives on family reunification could be an important resource.

Viewed collectively, the Personal Narratives provide clear examples of hope and resiliency for you to draw upon. Neither psychiatric disability nor involvement with the criminal justice system marks the end of a person's life. These experiences are life changing but not life ending. Many times people face significant challenges as they begin to focus on recovery and make changes in their lives. These challenges can be overcome and, with information and support, people can assume the responsibilities and benefits of community life.

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[11] Roberts G.A. (2000). Narrative and severe mental illness: What place do stories have in an evidence-based world? *Advances in Psychiatric Treatment*, 6, 432-441.

Grief and Overcoming Loss

You may ask why we have chosen to include a discussion on overcoming grief and loss in this guide. We have done so because many consumers experience profound personal losses during the course of their lives, not least during the period of their criminal justice involvement. When we think about grief and loss, typically we think about the death of a loved one. However, grief is not limited to death and dying; for example, it also can also stem from the loss of freedom and or relationships with family members, which is often the case when one becomes involved with the criminal justice system.

While some losses are temporary, they nevertheless can have a significant impact on the recovery process. Below are examples of just some of the grief-inducing events that justice-involved consumers experience:

• Loss of freedom
• Death of loved one while incarcerated
• Loss of family
• Loss of status in the family and community
• Loss of employment
• Loss of housing or education

We encourage you to think about the losses sustained by the people you are working with and reflect on how these losses may have impacted their recovery.

The loss of family is a consistent theme in many of the narratives and many speakers talk about the importance of coming to terms with these losses as part of their recovery. Moreover, many report that they have not had the time or support needed to grieve and ultimately overcome these losses. The failure to acknowledge and discuss the impact that irretrievable losses have upon the recovery process often undermines recovery because, left unresolved, these feelings frequently result in relapse and self-sabotage.

The spoken accounts below describe the real life losses experienced by justice-involved consumers. Erick shares that there is hope, while Tom speaks to the lack of control in situations of grief and loss.

Erick - Grief & Loss   Tom - Grief & Loss

Many justice-involved consumers have found Elizabeth Kubler-Ross's work, *On Death and Dying*, helpful in describing the emotional and psychological responses that people experience when faced with a life-threatening illness or a life-changing event. Kubler-Ross identified stages people experience when dealing with loss. They include: denial, anger, bargaining, depression and acceptance. However, not everyone goes through all of the five stages, nor does everyone experience them in the chronological order she describes.[12]

The table below shows the five stages of grief as described by Elizabeth Kubler-Ross and the ways justice-involved consumers experience these losses. The table also includes some suggestions you can use to help people overcome them.

A review of these stages may be useful in helping you identify what people are feeling and why. In addition, it could help you to begin to talk to the people you work with about these losses, giving them permission to engage in a grieving process and ultimately gain some acceptance of these losses. These stages help you support people in putting words to their feelings and provide some suggestions for work they can do. When people come to terms with their losses, they are often freed from much of the guilt and shame they experience in response to their losses.

It is important to note, however, that reaching the acceptance stage does not mean that the people you are working with will forget about these losses; acceptance simply means that they have overcome these losses in a way that does not undermine their recovery journey.

Table 1. The Five Stages of Grief: Action Steps

Stage	Feelings	Action Steps
Denial	I don't have a problem; the cops who arrested me have the problem and they should just leave me alone.	Reflect on the impact that your failure or inability to address your "problem" has had on your involvement in the criminal justice system.
Anger	Why did I have to be the one to get this illness? I am angry and am never going to get better!	Talk with other justice-involved consumers who are on their recovery journeys. Learn about the kinds of support that might be helpful and take advantage of them. Find something that works for you.
Bargaining	"You" make me better. I promise to take my medication.	Bargaining could set you up for something that you have little control over. Focus on the things you do have control over and spring into action.
Depression	This is really all my fault. It's because I am a bad person. I deserve to be sick and I will never get better. I might as well sit back and wait to die!	It is okay to temporarily feel depressed about your losses. Making progress towards your goals will help you feel better. Also, give yourself permission to have joy once again in your life and do things that make you happy.
Acceptance	My experiences in the criminal justice and mental health systems have impacted my life and those I care about. I will now work with those who love and support me to do whatever needs to be done so that I can regain a life in society. I want to work and have my own place to live!	Focus on your recovery journey and your future. Focus on things you have control over.

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[12] Kubler-Ross, E. (1969). *On Death and Dying*. New York: Touchstone Press.

There are also some things that people can do to prevent these losses or to minimize the impact these losses have. It is important that people take advantage of the mental health and substance abuse services available in many jails and prisons. For example, if you are currently working with incarcerated individuals, you may want to encourage them to seek out and attend peer support groups.

One way of approaching these issues is to help people plan for release from the first day of their incarceration. Many jails and prisons have reentry coordinators or other staff who can assist people in this planning process. WRAP® plans and other resources discussed in this guide can help people obtain and retain wellness during incarceration and beyond.[13]

Similarly, taking advantage of educational and employment programs, such as supported education and supported employment, increase the likelihood of future employment. These experiences have the added benefits of increasing opportunities to create new places for people in the community.

Thinking About What is Possible: Helping People Envision Their Futures

In the early stages of the recovery process, it is important that people develop ways to envision their futures and what is possible for their lives. Visualizing what they would like their futures to be is helpful for identifying goals and milestones to accomplish.

This guide and the accompanying *Personal Narratives* offer you the ability to understand how to support others in a new way of thinking and being.

Like a new pair of shoes, understanding recovery can be a little uncomfortable at first, but as people stretch they will become more comfortable with the changes they are making and gain confidence in your ability to help them succeed.

Remember that recovery is a journey and not a destination! While people might experience detours along the way, as a helper, you will be aware of the choices people have and of your power to help them overcome whatever real or imagined obstacles that may have stalled their journey.

The Impact of Involvement with the Criminal Justice System

Each year thousands and thousands of individuals with psychiatric disabilities have contact with the criminal justice system. These contacts range from family members calling for assistance and support during a loved one's crisis to arrest, prosecution and conviction and community supervision services provided by probation and parole. These contacts, no matter how brief, have likely had a lasting impact upon their lives and the lives of their loved ones.

Jails and prisons have cultures of their own. People may have developed attitudes and behaviors that made it easier for them to fit in and feel protected. They may have found it difficult to walk away from a confrontation for fear of being labeled weak or refused to ask for help for fear of being labeled crazy. In addition, they may have grown accustomed to keeping to themselves and avoiding speaking with staff or peers for fear of being labeled a snitch.[14] Some individuals report that talking with

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[13] Copeland, M.E. (2002). Wellness Recovery Action Plan®: A system for monitoring, reducing and eliminating uncomfortable or dangerous physical symptoms and emotion feelings. *Occupational Theory in Mental Health*, 17: 127-150.
[14] Rotter, M., McQuistion, H.L., Broner, N. & Steinbacher, M. (2005). The impact of the incarceration culture on reentry for adults with mental illness: A training and group treatment model. *Psychiatric Services*, 56: 265-267.

The personal narratives of Erick, David, and Ruben remind us about the importance of planning for the future and all of the opportunities the future holds, like spending time with one's children or supporting peers in the community. Optimism for the future is immensely valuable.

David - Recovery 2   Ruben - Recovery 4   Erick - Family

staff or peers made them vulnerable to attacks by other inmates and others report that they learned a new "language" that is not easily understood by individuals who have not been incarcerated.

They may often find themselves having to explain to others the meaning of terms they use or behaviors they acquired that helped them survive jail or prison. For example, they might talk about their stint in jail or prison as a *bid*, while most people associate the term *bid* with auctions or the selling of goods!

An example of a learned behavior is never sitting with their backs to a door to reduce the chance of surprise attacks by others. Finally, they may have had to posture themselves so that they would not be seen as vulnerable. These are things that can be easily misinterpreted by others with little personal knowledge about jail or prison. Your support and the *Personal Narratives* will help them talk about these experiences; most important, they will understand how these experiences might impact their recovery.

There are probably many other examples of behaviors people have developed to survive jail or prison, but recovery will require them to think about the benefits of changing the attitudes and behaviors that are obstacles to recovery. It is very important that they are willing to learn new ways to interact and seek out supports. Peers can provide support as they begin to explore the changes they would like to make during the course of their journey.

One area that is strongly affected by people's criminal justice histories is their ability to become employed. Having a psychiatric disability should not be a barrier to becoming employed; in fact, most people in recovery speak to the fact that employment has played a critical part of their recovery. However, significant barriers, including poor availability of appropriate employment support services and discrimination by employers, as well as a lack of coordination among service systems, have resulted in unnecessarily high unemployment rates of 60–80 percent for people with psychiatric disabilities.[15] This is especially troublesome for justice-involved consumers, who often face even more stigma and systematic barriers to becoming employed.

The good news is that research shows that, given the services and supports they request, people with psychiatric disabilities can recover and become employed. Work enhances self–esteem and provides people with valuable social support, but more than that, work is a way for people with psychiatric disabilities to escape poverty and avoid homelessness and it is important that you support people in their journey to become employed. The Social Security Administration (SSA) has a host of information about disability employment and financial incentives to work; the SSA is listed in the Resources Section on page 25.

Self-exploration and Recovery Tools

Self-exploration is an important part of the recovery process. Unfortunately, many justice-involved consumers are labeled and come to believe that they are defined by their involvement in the systems. People might avoid self-exploration because they feel that it would be too painful or perhaps that it would take too much time, but the benefits of self-exploration far outweigh the personal cost of not doing so.

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[15] National Association of State Mental Health Program Directors (NASMHPD) and Advocates for Human Potential, Inc. (2007). *Promoting independence and recovery through work: Employment for people with psychiatric disabilities.* National Governors Association, Center for Best Practices (NGA).

The first-hand accounts of recovery tell us what works for people with lived experience in the justice system. For some, like David, Cognitive Behavioral Therapy (CBT) makes a dramatic impact. David also finds therapy to be helpful – therapy also works for Keysha and John. Ruben and Jennette found the Wellness Recovery Action Plan (WRAP) to be an instrumental recovery tool. We're also reminded that physical health cannot go overlooked in recovery – nutrition, rest, and other essentials are necessary regardless of the selected recovery tool.

Jennette - Recovery
Keysha - Recovery 4

John C - Treatment 1
David - Services
David - Services 2

Keysha - Services
Lacy - Services 1
Ruben - Recovery 4
David - Recovery

Many people find it helpful to start keeping a personal journal to help them experiment with new ways of dealing with the problems or issues they want to confront and overcome during their recovery journey. Journaling is an effective way to chart feelings about trying new behaviors and the benefits that these new ways of behaviors have on recovery. Journaling can also help people explore ways to reunite with friends and family.

Several tools have proven to be very successful in helping consumers avoid crisis or relapse. The *Wellness Recovery Action Plan®*, more commonly known as WRAP®, was developed to help people maintain their wellness and recovery. Research has found that WRAP® is very helpful in helping people avoid crisis and relapse.[16]

The key elements of each WRAP® plan are the following:

1. Wellness Toolbox
2. Daily Maintenance Plan
3. Identifying Triggers and an Action Plan
4. Identifying Early Warning Signs and an Action Plan
5. Identifying When Things Are Breaking Down and an Action Plan
6. Crisis Planning
7. Post Crisis Plan, Post Crisis Plan Description

Increasingly, WRAP® is being used by justice-involved consumers. If you are interested in learning more about WRAP® plans and helping consumers develop their own WRAP® plans, we recommend that you contact the Copeland Center to find a trained facilitator in your area.

In the event you do not have access to a trained facilitator, you can help people develop their own individual plans by using the format used below.

Guide to Developing a WRAP®: Wellness Recovery Action Plan®[17] By Mary Ellen Copeland

Getting Started

The following is a list of supplies that are important to developing a WRAP®. While these items are suggested, only a writing utensil and paper is absolutely necessary.

1. A three-ring binder, one inch thick
2. A set of six dividers or tabs
3. A package of three ring filler paper; most people preferred lined
4. A writing instrument of some kind
5. A friend or other supporter to give you assistance and feedback (optional)

The three-ring binder should be divided into six sections; these sections or categories are listed below:

Section 1: Wellness Toolbox
- On the first tab, write "Wellness Toolbox."
- On the first page, make a list of activities you do to stay well and feel better when you are not feeling well.
- Some common wellness tools are: taking a nap, exercising, eating three healthy meals per day and writing in a journal.
- Tools can be added and removed as you discover new activities you enjoy.

Section 2: Daily Maintenance List
- On the next tab, write "Daily Maintenance List" and insert it in the binder followed by several sheets of filler paper.
- On the first page, describe (in list form) yourself when you are feeling safe and healthy.

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[16] Cook, J.A., Copeland, M.E., Hamilton, M.M., Jonikas, J.A., Razzano, L.A., Floyd, C.B., Hudson, W.B., Macfarlane, R.T & Grey D.D. (2009). Initial outcomes of a mental illness self-management program based on Wellness Recovery Action Planning. *Psychiatric Services*, 60(2): 246-249.

[17] Council of State Governments Justice Center. (2008). *Mental health courts: A primer for policy makers and practitioners.* New York: Author.

- On the next page, make a list of things you need to do for yourself every day to keep yourself feeling safe and well.
- On the next page, make a reminder list for things you might need to do to remain safe and healthy; reading through this list daily helps keep us on track.

Section 3: Triggers
Triggers are external events or circumstances that, if they occur, might produce serious symptoms that make you feel like you are in relapse. These are normal reactions to events in our lives, but if we do not respond to them and deal with them in some way, they might actually cause a worsening of our symptoms.

- On the next tab, write "Triggers" and put in several sheets of binder paper.
- On the first page, write down those things that, if they happened, might cause an increase in your symptoms. They may have triggered or increased symptoms in the past.
- On the next page, write an action plan to use if triggers come up, using the Wellness Toolbox at the end of this handout as a guide.

Section 4: Early Warning Signs
Early warning signs are internal and might be unrelated to reactions to stressful situations. In spite of our best efforts at reducing symptoms, we may begin to experience early warning signs, subtle signs of change that indicate we might need to take some further action.

- On the next tab write "Early Warning Signs". On the first page of this section, make a list of early warning signs you have noticed.
- On the next page, write an action plan to use if early warning signs come up, using the Wellness Toolbox.

Section 5: Things Are Breaking Down or Getting Worse
In spite of our best efforts, our symptoms might progress to the point where they are very uncomfortable, serious and even dangerous, but we are still able to take some action on our own behalf. This is a very important time. It is necessary to take immediate action to prevent a crisis.

- On the next tab write, "When Things are Breaking Down" and make a list of the symptoms which, for you, mean that things have worsened and are close to the crisis stage.

- On the next page, write an action plan to use "When Things are Breaking Down," using the Wellness Toolbox.

Section 6: Crisis Planning
In spite of our best planning and assertive action, we may find ourselves in a crisis situation where others will need to take over responsibility for our care. We might feel like we are totally out of control.

Writing a crisis plan when you are well to instruct others about how to care for you when you are not well keeps you in control even when it seems like things are out of control. Others will know what to do, saving everyone time and frustration, while insuring that your needs will be met. Develop this plan slowly when you are feeling well. The crisis planning form includes space to write:

- Those symptoms that would indicate to others they need to take action in your behalf
- Who you would want to take this action.
- Medications you are currently taking, those that might help in a crisis and those that should be avoided.
- Treatments that you prefer and those that should be avoided.
- A workable plan for at home care.
- Acceptable and unacceptable treatment facilities.
- Actions that others can take that would be helpful.
- Actions that should be avoided.
- What my supporters should do if I am a danger to myself or separate instructions about when the plan no longer needs to be used.

Pathways to Recovery: A Strenghts Recovery Self-help Workbook
Another great tool being used to help consumers embrace a recovery perspective in their lives is the *Pathways to Recovery* self-help workbook. The tool was created by staff at the University of Kansas School of Social Welfare in 2002 along with an advisory group of peer providers, directors of consumer-run organizations and other progressive mental health providers.

The workbook explores recovery in a strength-based way and helps people look at their personal, interpersonal and cultural strengths and identify interests or dreams across several areas of life. A major component of this tool is that it helps individuals set goals and addresses negative aspects of recovery such as self-stigma and the impact of discrimination.

By using the book, people set their recovery mission and develop their own recovery plans with attainable objectives. The workbook includes self-assessments, personal narratives and a series of easy to use self-help strategies. This resource, because it is based on self-help, is a great fit for people involved in the criminal justice system, especially people who are incarcerated, because it can be used by people who have limited contact with others.[18]

In addition to WRAP® and the Pathways tool, *The South Carolina Share Recovery Planner* is a quick and easy "workbook" that helps people think about goals and areas they need to concentrate on. The booklet focuses on Change, Positive Self-Talk, Physical Health, Emotional/Mental Wellness, Stress, Substance Use, Living Space, Money, Down Time, Employment/Volunteer work, Education/Training, Relationships, Legal Issues, Spirituality and Daily Routine.[19]

Consumer-run programs that provide recovery-orientated supports, traditional self-help organizations and 12-step support groups are all places known for providing programming that helps individuals with their individual journeys of self-exploration.

Information about how to access these tools is found in the Resources Section on pages 25-27.

Supporting Us in Talking About Ourselves, Our Dreams, Our Aspirations

Most consumers divide their lives into two separate periods: life before and life after psychiatric disability and experience with the criminal justice system. Many consumers with histories of involvement with the criminal justice system talk vividly about the dreams and aspirations they had before they became involved in the system. Those that become ill often have difficulties sharing their feelings and thoughts with other inmates.

Unfortunately, this code of silence frequently hinders recovery; in contrast, talking about feelings is important to healing. Consumers report that this

Like the narratives in **Thinking About What is Possible: Helping People Envision Their Futures**, these stories talk about dreams for the future, but they also discuss the personal responsibility consumers must take when thinking about their life before and life after psychiatric disability and experience with the criminal justice system. Talking about feelings with people like a therapist, as shared in Self-Exploration and Recovery Tools, is valuable, but self-discovery, self-efficacy, and a sense of personal responsibility for the past and future are invaluable. This responsibility includes opening up and being able to ask for help and communicating with others.

Keysha - Recovery 2	Jennette - Probation
Eric - Recovery	Lacy - Recovery 4
Erick - Recovery	Ruben - Recovery
Keysha - Recovery	Tom - Recovery
Ruben - Recovery 5	Tom - Recovery 2
Erick - Family 2	Tom - Recovery 3

is one of the most difficult patterns to break out of, yet it is one of the most important patterns to break. As a graduate of the Howie the Harp Peer Advocacy Center in New York City observed, "(G)oing to prison, I lost everything—freedom, home, family, job, clothes, self-esteem, self-worth and the will to live. The only goal I needed to accomplish was to find myself."

In the Personal Narratives, many consumers talk about the fact that sharing stories about what happened to them was critical to moving forward in their recovery. Most report experiencing feelings of relief and personal empowerment in talking about themselves and their experiences. Remember that self-discovery is part of recovery.

Regardless of what type of treatment and support people find most helpful, they all will require some degree of personal disclosure. It is important to help people get comfortable talking about themselves, what happened to them and most importantly, what they need from you.

Once again, journaling can play a critical role in helping people learn to talk about themselves. For instance, people may find it helpful to record the

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[18] The University of Kansas, School of Social Welfare. (2003). *Pathways to recovery: A strengths recovery self-help workbook.* Retrieved July 21, 2010, from http://www.socwel.ku.edu/mentalhealth/projects/value/pathways/workbook.shtml

[19] South Carolina SHARE. (2008). *Recovery planner.* Retrieved July 21, 2010, from http://www.scshare.com/recovery_programs.html.

milestones and goals they want to achieve during the course of their recovery journey. They may want to write about life experiences and the emotional impact the experiences have had upon them.

Building Trust

Trust is commonly defined as "reliance on the integrity, strength, ability of a person or thing; confidence or expectation of something; hope." Many justice-involved consumers report that trust is the first human emotion they lose during the course of their involvement in the criminal justice system. Trust may be damaged during incarceration in jail or prison. They also report that jail and prison environments are frequently violent and that trusting anyone makes them more vulnerable to violence and personal harm. Studies also show that while incarcerated, people with psychiatric disabilities are much more likely to be victimized by their fellow inmates. So, it may take some time for them to feel comfortable trusting other people again, including service providers and even peers.[20]

Similarly, many justice-involved consumers report that they have had adverse childhood experiences or have experienced traumas, such as neglect and physical, sexual and emotional abuse. Later in this guide we will discuss the types of strategies that might help you understand the impact of trauma and what types of services may be most helpful in supporting the healing process.

People do not have to embark upon their recovery journeys by themselves—there are many people who deeply committed to supporting and helping them. The most important thing people can do at the beginning of their recovery journey is to learn to trust others and to have hope in the future.

Even when people are incarcerated or have other restrictions placed upon them as a condition of parole or supervision, they retain the ability to make choices that support recovery. It is important to help them have hope and trust in your ability to help them recover and live a meaningful life. This may include helping them to reach out to mental health services in the facility they reside or attend groups or programs that focus on self-development and building coping strategies.

Stages of Change and Recovery

Above, we talked about the impact that involvement in the criminal justice system has upon consumers. To have a successful recovery, people might have to commit to making changes in key areas of their life. To do this, they may have to consider how previously learned behaviors and attitudes have impacted or hurt their recovery process. William Durant said *"Forget past mistakes. Forget failures. Forget about everything except what you're going to do now."*[21]

For many justice-involved individuals, trust is lacking from the present and their pasts and building trust for the future is essential to recovery and success. Support, healing, and self-reflection are all necessary for these individuals to begin trusting themselves and others again. Peer support, community, and even criminal justice professionals are important to this process of building trust.

Jennette - Community 2
Jennette - Community
Jennette - Community 3
Keysha - Community 2
Keysha - Employment
Keysha - Parole

John C - Correction Life 1
Erick - Trauma 1
Tom - Services 2
Tom - Services
David - Recovery 2

Here are a variety of stories about recovery. You can hear the various components of the Stages of Change Model in these stories.

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20 Miller, L. D. (2010). Reentry as part of the recovery process. In H.A. Dlugacz (Ed.), *Reentry planning for offenders with mental disorders, policy and practice* (Chapter 10). New Jersey: Civic Research Institute.
21 Here's what they are saying. (1936, Sept. 21). *The Telegraph-Herald*, p 6.

Here it is important to emphasize that everyone at some time in their life experiences change and transition. This is not unique to justice-involved consumers. Taking action is critical to becoming the change they want to see. It is sometimes overwhelming to know where to start when there are so many things you want to do and accomplish during your recovery journey. Change is often uncomfortable in the beginning and sometimes becomes an added stressor. But change is necessary when the behaviors that were once relied on no longer apply.

Justice-involved consumers report that they want to change the attitudes and behaviors that often lead to repeated involvement with the criminal justice system. They also relate the difficulty of overcoming many of the significant obstacles they face in their journey. Change is never easy, particularly when attitudes or behaviors have provided a sense of security or safety. Similarly many people report feeling hopeless and believe that change is impossible or wonder whether there are any real benefits to changing.

Take a moment and reflect back on the times when you set a clear goal for yourself but were unable to accomplish it. Next, think carefully about the possible reasons you were unable to accomplish your goal. For example, did you encounter an obstacle you felt was too great to overcome and become frustrated? Were you disappointed over the lack of support by family members and thus abandon your goal to maintain contact with your family? The same feelings are encountered by the people you are working with.

Life transitions are a great time for people to look at opportunities for personal growth and take action steps that move them forward in their recovery journey. One example was given by a mother who talked in her personal narrative about her strong desire to be a positive force in her grandchildren's lives as motivating her to change her lifestyle and get treatment. Simply put, she no longer ignored the impact that her behavior continued to have upon her children and grandchildren; she identified the obstacles that prevented her from remaining in

treatment and then took action to find supportive treatment, for herself and for family members.

Readiness for Change

All of the Personal Narratives speak of critical moments in speakers' lives where they acknowledge they were not ready for change, which in this context refers to not being ready to recover. A lack of readiness led to repeated involvement with the justice system. Yet all speak about eventually finding what was most helpful in motivating them to take action. If you have ever attempted to make a significant change and did not obtain the results you sought, you may have developed an aversion to attempting new behaviors. You may have tried to avoid thinking about change because you felt powerless. Unfortunately this is a common pattern for consumers in the criminal justice system.

In thinking about your situation, most likely you did not abandon previous efforts to change due to the benefits not happening quickly enough for you. That is exactly where you come in, being there to support the people you are working with so that they too do not abandon their efforts to succeed.

Motivation to change must come from desire and commitment. Despite obstacles, it is important to remember that change is essential to recovery. Only you can decide whether you want to change and what the benefits of this change will be to you, your family and your community. Change is an "inside out" process, meaning that while you will be supporting people's efforts, they must do most of the work themselves.

Justice-involved consumers have various motivations for change. Some of this motivation might come from wanting to avoid re-incarceration or other negative consequences of not changing. However, relying solely on the avoidance of negative consequences for motivation does not result in real change. The type of change that we are talking about is much deeper. It impacts how you view yourself and the world around you. These changes are more positive and long-term in nature, such as reuniting with family and obtaining housing and employment.[22] This guide focuses on the positive motivations for change and

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22 Prochaska, J.O., Velicer, W.F., Rossi, J.S., Goldstein, M.G., Marcus, B.H., Rakowski, W., Fiore, C., Harlow, L.L., Redding, C.A., Rosenbloom, D. & Rossi, S.R. (1994). Stages of change and decisional balance for 12 problem behaviors. *Health Psychology,* 12: 39-46.

one important benefit of personal transformation for the people you are working with is the lack of future involvement in the criminal justice system.

Understanding Change Theory

Sometimes it is difficult for people to understand exactly where they are in their change process and what types of support and activities are most useful in helping them progress to the next stage. Prochaska and DiClemente developed the *Stages of Change Theory Model* to promote an understanding of the stages that a person goes through in moving from just thinking about something to taking action. They describe six stages of personal change and we adapt that model to help you understand what people may be feeling and why. Most importantly we identify things that you can do to help people empower themselves during their recovery journey.[23]

The term "relapse," as used in the table below, includes any return to old behaviors that put people at risk for future involvement in the criminal justice system or that undermine their recovery. This includes failing to do the things that help them maintain recovery and personal wellness.

Regardless of what stage of change individuals are at in their recovery process, the Personal Narratives and this guide can help you identify strategies that may assist them in not just thinking about change, but actually taking action to successfully dealing with relapse.

If they are on parole, probation or participating in a jail diversion program, the consequences for these types of relapses are great. Therefore, it is important they fully understand the triggers that might lead them to relapse and to be proactive in taking responsibility for their overall wellness to reduce the likelihood of relapse and its negative consequences.

Although the speakers in the Personal Narratives emphasize that relapse is a natural part of the recovery process and can be a valuable learning experience, relapse is not inevitable.

Table 2. Adaptation of Prochaska and DiClemente's Stages of Change Model

Stage of Change	Characteristics	What You Can Do
Pre-contemplation	Not currently thinking about change	• Understand that the decision to change is yours • Think carefully about your current behavior and its consequences • Explore your life experiences and the impact they have on you and the decisions you make
Contemplation	Not really sure about change and what it means for you	• Understand that the decision to change is yours • Think about the cost and benefits of not changing • Set some new and positive goals for yourself
Preparation	You have made some changes and want to make more	• Identify and develop strategies for overcoming obstacles • Identify and use supports • Remember you have the skills to change • Continue to take small steps
Action	Practicing new behavior	• Check in with supports about your progress • Empower yourself to personally overcome obstacles and feelings of loss
Maintenance	Continued commitment to sustaining your new behavior	• Plan for follow-up support • Reward yourself for your accomplishments
Relaspe	Resumption of old behaviors: "Fall from grace"	• Identify "triggers" for relapse • Develop a plan for identifying stressors that lead to relapse and develop strategies for coping with them (WRAP® Plan is a good tool)

[23] Prochaska, J.O., DiClemente, C.C. & Norcross, J.C. (1992). In search of how people change: Applications to addictive behavior. *American Psychologist*, 47(9): 1102-1114.

Wellness Tools

Over the past few years there has been growing recognition that mental health is related to overall health and wellness. This approach encourages consumers and others to integrate physical wellness and spiritual wellness into all systems of care. Unfortunately, it might be difficult to do "one-stop shopping" in this area even though more and more treatment providers and consumer-operated services are taking a holistic approach to recovery. This guide provides an overview of overall wellness and ways that people can take ownership of their overall well-being in other areas, not just mental health.

Physical Wellness

Studies indicate that consumers die on average 25 years earlier than members of the general population. Only recently have consumers, programs and researchers began to look at the possible causes for this large difference. Many consumers recover from psychiatric disabilities and substance abuse only to be confronted with such chronic diseases as high blood pressure, diabetes and congestive heart failure.[24] There are three basic components to physical wellness: prevention, recovery and maintenance. Prevention is doing all you can to prevent the onset of preventable diseases and conditions. Recovery is working hard to recover from diseases and conditions. Maintenance is doing all you can to maintain your physical wellness.

The good news is that many of these diseases are preventable or at least reversible. Physical wellness is as important as mental wellness and physical health can negatively impact mental health. For example, think about how refreshed you feel after a brisk walk on the beach or at a local nature center. Consumers have shifted from focusing solely on their mental health to thinking about their overall health: the mind, body and the spirit.

One of the most important ways to assist individuals in setting and achieving wellness-related goals is to help them recognize the need for safely taking medications, engaging in physical activities, maintaining a healthy diet and getting sufficient sleep.[25] You can offer support, encouragement and reinforcement to help individuals make lifelong behavioral changes.

Spiritual Wellness

Spiritual wellness is a personal matter involving values and beliefs that provide a purpose in our lives. While people may have different views of what spiritualism is, it is generally considered to be the search for meaning and purpose in our recovery processes. It is important for everyone to explore what they believe is their own sense of meaning and purpose.

The path to spiritual wellness might involve meditation, prayer, affirmations or specific spiritual practices that support people's connection to a higher power or belief system.

Having compassion, the capacity for love and forgiveness, altruism, joy and fulfillment help people enjoy spiritual health — religious faith, values, beliefs, principles and morals define one's spirituality.

To help people assess if they are engaged in the process of spiritual wellness, suggest they ask themselves these few simple questions:

- Do I make time for relaxation in my day?
- Do I make time for meditation and/or prayer?
- Do my values guide my decisions and actions?
- Am I accepting of the views of others?

We find that consumers rely on a variety of tools to obtain and maintain wellness, including spiritual tools, employment, education, and community involvement. Stories of overcoming trauma and recovery help us understand the value of a variety of wellness tools for justice-involved individuals. We also hear about the ways in which the community can prevent wellness through the elimination of stigma.

Erick - Trauma 1
David - Community
Ruben - Trauma 2
Keysha - Recovery 3

Ruben - Recovery 4
David - Recovery
Jennette - Education
Tom - Employment

David - Employment
Keysha - Community 2
Jennette - Community 2
Jennette - Community 3

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[24] National Association of State Mental Health Program Directors (NASMHPD) (2006). *Morbidity and mortality in people with serious mental illness.* NASMHPD Research Institute, Inc. Retrieved May 20, 2010 from http://www.nasmhpd.org/publications.cfm.
[25] SAMHSA 10 x 10 wellness campaign. (2010). Retrieved May 20, 2010, from http://www.promoteacceptance.samhsa.gov/10by10/default.aspx.

The Eight Dimensions of Wellness

In addition to the information regarding wellness described, SAMHSA also offers a host of information designed to help people achieve and maintain wellness in a number of other important areas such as:

Emotional - Coping effectively with life and creating satisfying relationships
Environmental - Good health by occupying pleasant, stimulating environments that support well-being
Intellectual - Recognizing creative abilities and finding ways to expand knowledge and skills
Occupational - Personal satisfaction and enrichment from one's work
Social - Developing a sense of connection, belonging, and a well-developed support system[26]

These resources can be accessed through the SAMHSA 10x10 Wellness Campaign at www.promoteacceptance.samhsa.gov/10by10/default.aspx

Financial Management

Financial wellness is another important part of the recovery puzzle for justice-involved consumers. Finances are one of the leading stressors faced by justice-involved consumers—in turn, living with healthy financial practices is one of the great benefits of lives lived in recovery.

Keeping track of finances and keeping to a budget can be hard at the best of times, but can be especially hard for people who are also engaged in major life changes, such as reentering the community after long periods of incarceration. The situation can be made worse for people who have been unable to work and have a limited income. Learning how to manage money is empowering and can give people more choices in life.
In addition, it may be beneficial for people to talk with someone who is in a similar situation, that is, who is living on a small income and has figured out ways to make the most of their income. This is just another role in which peers can be extremely helpful in supporting others' needs.

Sometimes people have a long history of not being able to manage their disability benefits and being unable to meet their basic needs for shelter and food.

If this happens, the Social Security Administration may decide they cannot safely manage their money and representative payees are appointed for them. This limits people's autonomy and chance to grow; however, you can provide people with the resources to help them regain or gain self-sufficiency in this area of their lives.

One of the first tasks in helping people manage their money is helping them know and understand how much money they have and how much money they need to spend. Having a budget helps them understand where their money is coming from and where it is going.

You can assist people in learning how to manage money and gain control of debt. Resources dedicated to this topic are provided in the Resources Section on page 25.

Impact of Trauma and Adverse Life Experiences on Wellness

Psychological trauma can have a deep effect on the overall wellness of the individuals you are working with. Caused by short- or long-term reactions to traumatic events, many times trauma leads to posttraumatic stress disorder, which damages the person's ability to adequately cope with stress.

A traumatic event can involve a single experience or an enduring or repeating event or events that completely overwhelm an individual's ability to cope with life's experiences. The sense of being overwhelmed can be delayed by weeks, years or even decades as the person struggles to cope with the immediate circumstances.

Trauma can be caused by a wide variety of events, but there are a few common aspects. There is frequently a violation of the person's view of the world and of their human rights, many times putting the person in a state of extreme confusion and insecurity. This is also seen when people or institutions depended on for survival violate or betray a person in some way.

Psychological trauma might accompany physical trauma or exist independently of it. Typical causes of psychological trauma are sexual abuse; violence; the threat of either; and the witnessing of either, particularly in childhood. Long-term exposure to situations such as extreme poverty or milder forms of abuse, such as verbal abuse, can also be traumatic (verbal abuse can be as traumatic as a single event).

[26] Swarbrick, M. (2006). A wellness approach. Psychiatric Rehabilitation Journal, 29,(4) 311- 314.

Different people will react differently to similar events. One person may experience an event as traumatic, while another person does not suffer trauma as a result of the same event. In other words, not all people who experience a potentially traumatic event will actually become psychologically traumatized. People with psychiatric disabilities who have involvement with the criminal justice system have high rates of exposure to trauma in their lives.

A number of important tools are available to help you discover the impact of trauma on the lives of others. One of them is the ACE Study, an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente. Led by Co-principal Investigators Robert F. Anda, M.D., M.S. and Vincent J. Felitti, M.D., the ACE Study uses a simple scoring tool that counts nine categories of childhood trauma, listed below:

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcohol and/or drug abuser in the household
5. An incarcerated household member
6. Someone who is chronically depressed, mentally ill, institutionalized or suicidal
7. Mother is treated violently
8. One or no parents
9. Emotional or physical neglect

The ACE Study uses a simple scoring method to determine the extent of exposure to childhood trauma. Exposure to one category (not incident) of ACE, qualifies as one point. When the points are added up, the ACE Score is achieved. An ACE Score of 0 (zero) would mean that the person reported no exposure to any of the categories of trauma listed as ACEs above. An ACE Score of 9 (nine) would mean that the person reported exposure to all of the categories of trauma listed above.[27]

Additional resources and tools to help you support a person's recovery from the effects of trauma are offered in the Resources Section on pages 25-27.

Overcoming Stigma and Discrimination

Stigma is a challenge faced by many people with psychiatric disabilities, especially if they also have involvement with the criminal justice system. Based on negative stereotypes, stigma is a negative judgment based on personal traits, in this case, having a mental health condition and being labeled a "criminal."

It was once a common perception that having a psychiatric disability was due to a personal weakness or that people with mental health conditions were "bad" people. While advances have been made, we still have a long way to go to overcome the many misconceptions, fears and biases people have about mental health and the stigmas these attitudes create.

Stigma is sometimes direct, such as someone publically making a negative remark about mental health conditions or treatment. Stigma can also be hidden, such as the misconception that people with psychiatric disabilities are overly violent, when in fact this is not true and people with mental health conditions are 11 times more likely to be the victims rather than the perpetrators of violence.[28]

The consequences of stigma are often tragic and include:

- Pretending nothing is wrong and a refusal to get help
- Educational or employment-related difficulties
- Struggles in finding housing
- Physical violence and/or harassment
- Unfair public policies, such as unequal health insurance coverage for mental health treatment
- Stigma-related stress
- Not being accepted by family, friends, coworkers

Helping people learn to accept their differences and recognize what they need to do to treat and seek support for their differences is important; helping educate others in society is likewise. Below are some important messages you can give the people you are supporting, regarding ways they can cope with stigma. You can encourage people to: [29]

[27] Felitti, V.J., & Anda, R.F. (2007). Adverse childhood experiences and stress: Paying the piper. *ACE Reporter*, 1(4), 1-4.
[28] Teplin, L.A., McClelland, G.M., Abram, K.M, & Weiner, D.A. (2005). Crime victimization in adults with severe mental illness. *Archives of General Psychiatry*, 62, 911-921.
[29] Mayo Clinic. (2009). *Mental health: Overcoming the stigma of mental illness.* Retrieved June 21, 2010, from http://www.mayoclinic.com/health/mental-health/MH00076.

- Seek support. Many times people with psychiatric disabilities have a hard time deciding who to tell, if anyone and how much to tell. Because stigma can lead to social isolation, it is especially important to stay in touch with family and friends; isolation can make symptoms feel even worse.

- Avoid equating themselves with their differences. They are not an illness or a disability. Encourage them to say they are a person with a psychiatric disability or a consumer instead of, for example, "I'm bipolar." Remember, however, it is up to them to refer to themselves in whatever way they prefer.

- Take advantage of Federal, state and nonprofit resources and supports. Refer people to the Resources Section on pages 25-27.

- Join advocacy groups. Some local and national groups have programs that watch for and correct stereotypes, misinformation and disrespectful portrayals of people with psychiatric disabilities. Some of these resources are listed in the Resources Section on pages 25-27.

Understanding the Mental Health System

Many people look to the mental health system as a support for recovering from psychiatric disabilities. Even more do not, sometimes because they lack the knowledge of services available to them, other times because they do not trust the people offering the services provided. To best identify what services are right for consumers when choosing methods for starting and sustaining recovery, they must first educate themselves about the options available in their community.

According to the National Survey on Drug Use and Health (NSDUH), in 2008 an estimated 4.4 percent (9.8 million) of all adults aged 18 or older in the United States had a serious mental illness in 2007. Among this same group, 58.7 percent (5.7 million) had received treatment for a mental health problem, including: 52.6 percent who received prescription medication, 40.5 who percent received outpatient treatment and 7.5 percent who received inpatient treatment for a mental health problem. Many of these individuals received multiple forms of care.[30]

The mental health service system is composed of four individual sectors that provide both inpatient and outpatient mental health care to adults and juveniles. Within this system, it is important to note that there are many types of mental health care and multiple ways that services and support can be accessed. Several options include: specialty mental health providers (psychiatrists, psychologists, psychiatric social workers and psychiatric nurses); general medical/primary care providers (family physicians, nurse practitioners and pediatricians); human services (social welfare, criminal justice and religious); or voluntary support networks (self-help groups).[31]

For people involved in the mental health system, understanding the system is crucial. We hear from David who made a conscious effort to learn about the services available through the mental health system, as well as Jennette and Ruben who made understanding the mental health system and education a priority. For Tom, a justice-involved consumer, it was not until working in the mental health field that he realized trauma's effect – which can help him to better understand the system and the people it serves.

David - Services

David - Serivces 2
Ruben - Recovery 4

Ruben - Recovery 6
Jennette - Education
Tom - Trauma

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[30] Substance Abuse and Mental Health Services Administration. (2009). *Results from the 2009 national survey on drug use and health: National findings.* (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, Md.: Author.
[31] U.S. Department of Health and Human Services. (1999). Mental health: *A report of the surgeon general – Chapter 2: The fundamentals of mental health and mental illness.* Rockville, Md.: Author.

The list provided here does not comprise all methods for receiving mental health care but is a starting point for making choices about available care. Communities will vary on the number of services available and the extent of services offered. To identify support networks and treatment options in your community, contact your local peer support network or mental health authority.

Involvement of Justice-involved Consumers in the Recovery Movement

The consumer/ex-patient/survivor movement of the 1970s paved the road for the inclusion of consumers as partners in mental health transformation and the recovery movement. The goals set out by the consumer movement were to protect the rights of consumers/survivors and to overcome the oppression of "top-down" psychiatry. During the movement, consumers started to develop groups and support networks that focused on expelling stigma, preventing discrimination, promoting recovery and increasing self-determination. As the movement progressed, many ex-patients started to take part in various forums, legislative hearings and committee meetings despite the fact that their opinions and viewpoints were frequently dismissed as confrontational and disruptive. Although most of these groups disbanded after a few years, their organizing principles continue to be guiding values for today's consumer networks and support groups.[32]

Consumers/survivors have often worked as peer supporters in community organizations that promote recovery from substance abuse, alcohol abuse and psychiatric disability. In more recent years, many consumers have been involved in support roles within institutions, in the judicial system and as part of community corrections. These roles have included assisting peers with community reintegration and providing support to them through the recovery process. The consumers in these roles are often referred to as Forensic Peers Specialists. These specialists are individuals with histories of psychiatric disability and criminal justice involvement and who have been trained to assist people through multiple services and roles. Forensic Peer Specialists frequently serve as community guides, coaches and advocates. Much of their work is centered on working to link peers to housing, vocational and educational opportunities and community services. But most importantly, Forensic Peer Specialists provide hope to others that recovery is possible.[33]

Peer support in the recovery movement has an amazing impact on consumers. When people with lived experience connect with consumers, they are able to relate to and understand the complex circumstances of that consumer and provide support a provider would otherwise be unable to offer without having been through the same experiences. Ruben recognized that he can use his experience to help others and Keysha shares with us the value of a peer advocacy program.

Ruben - Reovery
Keysha - Employment

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[32] Chamberlain, J. (1990). The ex-patients' movement: Where we've been and where we're going. *The Journal of Mind and Behavior*, 11(3), 323-336.
[33] Davidson, L. & Rowe, M. (2008). *Peer support within criminal justice settings: The role of forensic peer specialists.* Delmar, NY: CMHS National GAINS Center.

Sequential Intercept Model and Diversion Explained[34]

As this is a guide created to help people who work with consumers involved in the criminal justice system, it is important that you have a solid understanding of the different stages of criminal system involvement. One good way to do this is to analyze the *Sequential Intercept Model*.

The *Sequential Intercept Model* creates a framework to review the various stages of the criminal justice system and many times the model is used by communities to organize ways to help justice-involved individuals with psychiatric disabilities.

The *Sequential Intercept Model* is divided into five intercept points, points that are actually opportunities to link consumers to services to prevent them from penetrating further into the criminal justice system.

The five intercept points identified in the model, depicted below, are: (1) law enforcement and emergency services; (2) post-arrest (initial detention and hearings); (3) post-initial hearings (jail, courts, forensic evaluations and forensic commitments); (4) reentry from jail, state prison and forensic hospitalization; and (5) community corrections and community support.[35]

Following is a detailed description of the five intercept points:

Law enforcement: 911 dispatcher training, police Crisis Intervention Teams, police-friendly crisis drop-off centers and mental health mobile crisis teams;

Initial detention/initial court hearings: Screening and referral processes for identifying defendants with psychiatric disabilities at jail intake or at a point prior to initial appearance court hearing, pre-trial jail diversion;

Jails/courts: Pre-sentence jail diversion, specialty court dockets and jail-based services and linkages; Jail and prison reentry: Transition planning, linkage to community-based supports, gap medication services and pre-discharge benefit enrollment/activation (SSI/SSDI, Medicaid, Medicare);

Community corrections: Specialized probation and parole caseloads, diversion of probation and parole violators and use of graduated sanctions for noncompliance.[36]

As this model is used by communities across the nation to develop strategies to prevent consumers from penetrating further into the system, it is worthwhile to discuss some of the mechanisms and service models currently used to divert people from the criminal justice system and into adequate mental health services.

Jail diversion programs can be divided into two basic categories: those that divert people before they are booked into jail are referred to as pre-booking, while programs that divert people after booking are called post-booking. Pre-booking programs operate at intercept one, while post-booking program operate at intercept points two and three.

Pre-booking Jail Diversion: The most prevalent pre-booking diversion programs rely on law enforcement officers trained with skills for effective interactions with people with psychiatric disabilities in crisis. Specially trained officers who encounter a person exhibiting symptoms of a psychiatric disability are allowed to use their discretion to determine the necessity of arrest. The most recognized pre-booking program is the Crisis Intervention Team (CIT) developed in Memphis, TN. Another law enforcement-based approach relies on mental health specialist —who are civilian employees of the law enforcement agency—to provide on-site or telephone consultation to officers. A third approach is a specialized community mental health response where a mental health mobile crisis team is dispatched upon request from law enforcement.

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34 This information has been adapted with permission from the *Judge's Guide to Mental Health Diversion: A Reference for Justice Systems Practitioners*, CMHS National GAINS Center.
35 Munetz, M.R. & Griffin, P.A. (2006). *Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness.* Psychiatric Services, 57(4): 544-549.
36 CMHS National GAINS Center. (2009). Developing a comprehensive plan for mental health and criminal justice collaboration: The sequential intercept model. Delmar, N.Y.: Author.

Post-booking Jail Diversion: The majority of jail diversion programs fall into the post-booking category. Depending on where the bulk of the screening and identification occurs—either the jail or the court—a post-booking program is either jail based or court based. Some programs assign participants to a regular or specialty mental health probation caseload, while others rely on pre-trial services case managers or day reporting. The major activities include screening for psychiatric disability, evaluating referred individuals against program eligibility criteria, negotiating with the court, coordinating mental health and other service systems to develop an integrated supervision/service plan and linking people accepted into the program to those services. Community-based supervision generally accompanies linkage to treatment services, although the form and duration of monitoring varies by program.

Court-based programs can be established to identify individuals at any point within the criminal case process, from initial appearance to pre-sentencing. Moreover, court-based programs might rely on the regular criminal courts to process the diversion cases or employ a specialized court docket responsible for all such cases. The most common specialized docket is the mental health court.

Mental Health Courts: The Council of State Governments Justice Center defines a mental health court as: "A specialized court docket for certain defendants with mental illnesses that substitutes a problem-solving model for traditional criminal court processing. Participants are identified through mental health screening and assessments and voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals. Incentives reward adherence to the treatment plan or other court conditions, non-adherence may be sanctioned and success or graduation is defined according to predetermined criteria." Mental health courts vary in terms of legal criteria, clinical criteria, program duration, use of sanctions and more, since there are no Federal, state or disciplinary requirements.[37]

Many Forensic Peer Specialists work in mental health courts and other diversion programs,

helping diversion participants engage in treatment and support services. Because Specialists have similar histories to the individuals going through the program, they can anticipate and address the psychological, social and financial challenges of reentry. They can also support individuals by helping them adhere to conditions of supervision. The Specialists' role is to model skills and problem-solving strategies that will assist the divertee to successfully complete the diversion program.

Conclusion

It is our hope that this guide serves as an important tool to help you support people with psychiatric disabilities who have come into contact with the criminal justice system.

While all of the resources and tools provided in this guide serve an important purpose, the most important resource in the lives of the people you are working with is you! The importance of your role in the lives of the people you serve is immeasurable.

The individuals you are working with may be at a low point in their lives; in fact, they may be at their lowest. While this may seem like a negative situation, it is quite the opposite. While people in recovery share different and important stories of how they entered the wonderful and inspiring world of recovery, many times contact with the criminal justice system is just the catalyst needed to push people onward and upward in their lives.

As you are supporting individuals in their current "crisis" or "predicament," you are also witnessing a very pivotal point in their lives. You are there to witness the point where many times people for the first time are reaching out for support, being reunited with their families and children, becoming employed and enjoying the many other rewards of recovery.

While people's struggles may seem insurmountable, you are the person who can bring hope and meaning to them until they find these ideas themselves. You are the holder of hope, the one who can help others see that there is a light at the end of the tunnel.

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[37] Council of State Governments Justice Center. (2008). *Mental health courts: A primer for policy makers and practitioners.* New York: Author.

The most important fact that must be stated is that people can and do recover. We hope these resources help you give people the tools and the hope they need so that they can enjoy all the opportunities and benefits of recovery and community life.

Resources

Accessing Benefits/Financial Management

Annual Credit Report Request Services
P.O. Box 105281
Atlanta, Ga. 30348
(877) 322-8228
www.annualcreditreport.com

Benefits.Gov: Your Benefits Connection
www.govbenefits.gov/govbenefits_en.portal

Center on Budget and Policy Priorities
820 First Street, NE, Suite 510
Washington, D.C. 20002
(202) 408-1080

State-by-State Information About Key Low-Income Benefit Programs; Links to Policy Manuals, Descriptive Information and Applications for State Food Stamp, TANF, Child Care, Medicaid and SCHIP Programs
www.cbpp.org/cms/index.cfm?fa=view&id=1414

First Step: On the Path to Benefits for People Who Are Homeless
http://homeless.samhsa.gov/resource/first-step-on-the-path-to-benefits-for-people-who-are-homeless-22889.aspx

Real Economic Impact
A Vision of the National Disability Institute
1667 K Street, NW, Suite 640
Washington, D.C. 20006
(202) 296-2040
www.realeconomicimpact.org

Social Security Administration
Office of Public Inquiries
Windsor Park Building
6401 Security Blvd.
Baltimore, Md. 21235
(800) 772-1213
www.ssa.gov/

Employment and Training

National Association of Peer Specialists
775 Alta Dale SE
Ada, Mich. 49301
(616) 773-8866
http://naops.org

ABILITY Jobs
The goal of ABILITYJobs and JobAccess is to enable people with disabilities to enhance their professional lives by providing a dedicated system for finding employment. By posting job opportunities or searching resumes, employers can find qualified persons with disabilities as well as demonstrate their affirmative action and open door policies.
http://www.jobaccess.org/

Federal Agencies

Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, Md. 20857
(877) 726-4727
www.samhsa.gov

U.S. Department of Education
Rehabilitation Services Administration
400 Maryland Ave., SW
MES Building, Room 3220
Washington, D.C. 20202
(202) 245-7468
www.ed.gov

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(877) 696-6775
www.hhs.gov/

U.S. Department of Justice
Housing and Civil Enforcement Section
Civil Rights Division
950 Pennsylvania Ave., NW
Washington, D.C. 20530
(202) 514-2000
www.justice.gov

U.S. Department of Housing and Urban Development
451 7th Street, SW
Washington, DC 20410
(202) 708-1112
http://portal.hud.gov

U.S. Department of Veterans Affairs
Health Care for the Homeless Veterans Program
810 Vermont Ave. NW
Washington, D.C. 20420
(800) 827-1000
www.va.gov

Mental Health Advocacy/Educational Resources
Consensus Project
Local Criminal Justice/Mental Health Program Database
100 Wall Street, 20th Floor
New York, N.Y. 10005
(212) 482-2320
www.consensusproject.org/programs_start

Council of State Governments
Reentry Programs Database
100 Wall St., 20th Floor
New York, N.Y. 10005
(212) 482-2320
http://reentrypolicy.org/reentry-program-examples/reentry-programs-start

Depression and Bipolar Support Alliance (DBSA)
730 N. Franklin Street, Suite 501
Chicago, Ill. 60654-7225
(800) 826-3632
http://www.dbsalliance.org/site/PageServer?pagename=home

Dual Diagnosis Website
http://pobox.com/~dualdiagnosis

Mental Health America
2000 N. Beauregard Street, 6th Floor
Alexandria, Va. 22311
(800) 969-6642
www.nmha.org

National Alliance on Mental Illness (NAMI)
3803 N. Fairfax Dr., Suite 100
Arlington, Va. 22203
(800) 950-NAMI
www.nami.org

NAMI STAR Center
3803 N. Fairfax Dr., Suite 100
Arlington, Va. 22203
(866) 537-7827
www.consumerstar.org
The STAR Center provides support, technical assistance and resources to assist consumer-operated and consumer-helper programs in meeting the needs of underserved groups, such as the LBGTQ, Latino, Black and Asian populations.

National Association for the Dually Diagnosed
132 Fair Street
Kingston, N.Y. 12401
(800) 331-5362
http://www.thenadd.org

National Association of Protection and Advocacy Systems
900 Second Street, NE, Suite 211
Washington, D.C. 20002
(202) 408-9514
http://www.napas.org

National Center for Trauma Informed Care
66 Canal Center Plaza, Suite 302
Alexandria, Va. 22314
(866) 254-4819
http://mentalhealth.samhsa.gov/nctic

National Empowerment Center
599 Canal Street
Lawrence, Mass. 01840
(800) 769-3728
http://www.power2u.org

National Mental Health Consumers' Self-Help Clearinghouse
1211 Chestnut Street, Suite 1207
Philadelphia, Pa. 19107
(800) 553-4539
http://www.mhselfhelp.org

National Resource Center on Psychiatric Advance Directives (NRC-PAD)
http://www.nrc-pad.org

Peerlink National Technical Assistance Center
c/o Mental Health America or Oregon
10150 SE Ankeny St.
Suite 201-A
Portland, Oregon 97216
(503) 922-2377

CAFE TA Center
1332 N. Duval Street
Tallahassee, Florida 32303
(850) 224-4670

The SIDRAN Institute
Traumatic Stress Education and Advocacy
200 E. Joppa Road, Suite 207
Baltimore, Md. 21286
(410) 825-8888
http://www.sidran.org

U.S. Psychiatric Rehabilitation Association
601 Global Way, Suite 106
Linthicum, Md. 21090
(410) 789-7054
https://netforum.avectra.com/eWeb/StartPage.
aspx?Site=USPRA

Mental Health Advocacy and Legal Resources

Bazelon Center for Mental Health Law
1101 15th Street, NW, Suite 1212
Washington, D.C. 20005-5002
(202) 467-5730
http://www.bazelon.org

Commission on Mental and Physical Disability Law
American Bar Association
740 15th St., NW
Washington, D.C. 20005
(202) 662-1570
http://www.americanbar.org/groups/disabilityrights.
html

National Resource Center on Psychiatric Advance Directives
http://www.nrc-pad.org

Self-Help and Recovery Resources

Alcoholics Anonymous
P.O. Box 459
New York, N.Y. 10163
(212) 870-3400
http://www.aa.org/?Media=PlayFlash

Copeland Center for Wellness and Recovery
PO Box 6471
Brattleboro, Vt. 05302
(802) 254-5335
http://copelandcenter.com

Cornell University
School of Industrial and Labor Relations
Ithaca, N.Y. 14853
(607) 255-7727
http://www.ilr.cornell.edu/edi/m-services.cfm

Narcotics Anonymous
P.O. Box 9999
Van Nuys, Calif. 91409
(818) 773-9999
http://www.na.org/

South Carolina SHARE
427 Meeting Street
West Columbia, S.C. 29169
(800) 832-8032
www.scshare.com/

Supported Education Group

Pathways to Recovery: A Strengths Recovery Self-Help Workbook
1545 Lilac Lane
Lawrence, Kan. 66044
(785) 864-4720
http://www.socwel.ku.edu/mentalhealth/projects/
value/pathways/workbook.shtml

Recovery Clubhouses
Guide to Mental Health Recovery in the United States with Emphasis on Alcoholism and Chemical Dependency
http://www.usrecovery.info/Clubhouses/index.htm

Glossary

Below is a list of terms commonly used in the criminal justice and mental health fields. These terms do not capture the complete list, but are provided as a reference to those in the justice system and to the people working to support these individuals.

Psychiatric Advance Directive (PAD)
A PAD is a legal document created by a person with a psychiatric disability while they are well. The purpose of the document is to allow the person to give instructions for future mental health treatment or appoint an agent to make future decisions about mental health treatment. The document is used when the person who created the document experiences acute episodes of psychiatric illness and becomes unable to make or communicate decisions about treatment.

Advocacy
A service-delivery model that provides comprehensive, community-based treatment to people with psychiatric disability.

Assertive Community Treatment (ACT)
A service-delivery model that provides comprehensive, community-based treatment to people with psychiatric disabilities. ACT provides individualized services directly to consumers through a team that provides treatment and supports in their own home and other nonclinical community settings. Team members are trained in psychiatry, social work, nursing, substance abuse and vocational rehabilitation. These services are available every hour of every day.

Boundary Spanner
A boundary spanner provides coordination across multiple organizations or systems. In jail diversion programs, a boundary spanner might be employed by the local mental health agency yet his or her office located in the county jail or courts. This person's role may be to coordinate the approval of treatment and supervision plans by the mental health agency and the courts or to coordinate the systems at an administrative level.

Clubhouse
A place where people with psychiatric disabilities, known as members, participate in their own recovery process by working and socializing together in a safe and welcoming environment.

Community-Based Treatment
Treatment that takes place in a community setting, as opposed to treatment that takes place in an inpatient setting, a State hospital or a correctional setting. Community-based treatment might take place at the offices of services providers or in vivo, such as in an individual's home or workplace.

Consumer
A person who previously used or is currently using, mental health and/or substance abuse services. Sometimes used interchangeably with the term "peer."

Co-occurring Disorders (COD)
An individual with co-occurring disorders (COD) has both a psychiatric disability and a substance use disorder. From a treatment perspective, both disorders are primary. Although the disorders may impact each other, neither are merely symptoms of the other.

Consumer-operated Services
An organization providing mental health services in which consumers constitute the majority (at least 51 percent) on the board or group that decides all policies and procedures. With limited exceptions, staff consists of consumers who are hired by and operate the program and have control of the operating budget.

Role opportunities for participants might include board and leadership positions, paid staff positions and volunteer jobs.

Crisis Intervention Team (CIT)
A law enforcement-based model of specialized response to people experiencing a mental health crisis in the community. Crisis Intervention Team (CIT) programs comprise a volunteer cadre of officers who have completed a 40-hour training on recognizing the signs and symptoms of psychiatric disability, identifying a mental health crisis situation and de-escalation techniques. Crisis Intervention Team (CIT) programs are a form of community partnership among local law enforcement agencies, local mental health agencies, mental health advocacy groups, mental health consumers and families.

Cultural Competence
The set of attitudes, skills, behaviors and policies that enable effective interactions in cross-cultural situations and incorporating these attributes in all aspects of policy making, administration, practice and service delivery.

Detainee
An unsentenced individual held in pre-trial custody.

Evidence-based Practice (EBP)
An intervention that, through research, has been found to be beneficial, effective and replicable for people with psychiatric disabilities.

Forensic Assertive Community Treatment (FACT)
An adaptation of Assertive Community Treatment (ACT) that addresses an individual's risk for arrest and incarceration in addition to the model's public health goals.

Family Psychoeducation
The practice of working in partnership with families to help them develop positive coping skills for handling problems posed by a psychiatric disability in their family and skills for supporting the recovery process. The Center for Mental Health Services (CMHS) has designated family psychoeducation as an evidence-based practice (EBP).

Gender-Specific Services
Services designed for individuals of one gender, at the exclusion of the other.

Health Information Portability and Accountability Act (HIPAA)
The Federal Health Information Portability and Accountability Act (HIPAA) provides protections for the privacy of an individual's health care information. To comply with HIPAA, covered entities such as hospitals, primary care providers and mental health service providers must obtain permission from an individual prior to sharing health care information with other service providers. State and local laws may demand stricter standards for the sharing of health care information than are required for a service provider to comply with HIPAA.

Housing First
A housing approach that relies on providing people who are homeless with quick access to permanent supportive housing. Support services are provided following the housing placement to meet housing stability and individual needs. Housing is not contingent on treatment compliance, such as taking medicine or remaining clean or sober.

Illness Management and Recovery (IMR)
Illness Management and Recovery (IMR) is a set of practices that provides people with psychiatric disabilities skills to manage their illness in order to achieve personal recovery goals. Practices include psychoeducation, relapse prevention skills and the development of coping strategies. Illness Management and Recovery is often referred to as Wellness Management and Recovery (WMR) and Symptom Self-Management.

Inmate
An individual, either sentenced or awaiting sentencing, involuntarily confined in a jail, prison or other correctional facility.

Integrated Dual Disorders Treatment (IDDT)
Treatment of co-occurring disorders is integrated when mental health and substance use treatment takes place in the same service setting with cross-trained staff.

Jail Diversion
The avoidance of or radical reduction in, jail time by using community-based treatment as an alternative to incarceration.

Management Information System (MIS)
An information collection and analysis system, usually computerized, that facilitates access to program and participant information. It is usually designed and used for administrative purposes.

Mental Health Court
A specialized court docket for certain defendants with psychiatric disabilities that substitutes a problem-solving model for traditional criminal court processing. Participants are identified through mental health screening and assessments and voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals. Incentives reward adherence to the treatment plan or other court conditions, non-adherence might be sanctioned and success or graduation is defined according to predetermined criteria.

Peer
A person who shares the same or similar lived experience.

Peer Programs
Peer programs are mental health service programs administered and staffed by individuals in recovery.

Peer Specialist
Peer Specialists are individuals with histories of psychiatric disabilities who provide support to other consumers.

Post-booking Diversion
Jail diversion programs that divert people after they have been booked into jail. Post-booking jail diversion programs may be court based or jail based.

Pre-booking Diversion
Jail diversion programs that divert people to services in the community as an alternative to arrest.

Psychiatric Advance Directive (PAD)
A legal instrument that may be used to document an individual's specific instructions or preferences regarding future mental health treatment as preparation for the possibility that the person may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric symptoms.

Recidivism
Mental health recidivism is the use of emergency services or hospitalization for psychiatric symptoms following a period of receiving mental health services. Criminal recidivism is measured by reoffense, re-arrest, reconviction or technical violation following a period of incarceration.

Recovery
Recovery in the context of mental health means to live one's life completely despite illness or loss.

Recovery Partner
Individuals or organizations that support a person through the recovery process. They can be peers, family members, clinicians, case managers, parole officers, probation officers, corrections officers or anyone else who supports the recovery.

Reentry
A term that covers issues relating to the transition of individuals from correctional settings into the community.

Service Coordinator
A means of coordinating the services available in a community to ensure continuity of mental health care across a nonintegrated service system. While some models of case management provide the services directly to an individual with psychiatric disability, most case management programs act as brokers by developing service plans, linking people to services, monitoring those services and determining additional areas of need.

Sequential Intercept Model
A strategic model that identifies points where communities can implement interventions to prevent further criminal justice involvement of people with psychiatric disabilities. There are five intercept points: law enforcement and emergency services, initial detention and initial court hearings, jails and courts, re-entry and community corrections and community supports.

Supported Employment
A set of supportive services, including follow-along support, for people with psychiatric disabilities who want to pursue and maintain competitive employment.

Supportive Housing
Affordable rental housing with support services. Support services, such as case management or vocational training, may be offered on-site or at locations in the community.

Therapeutic Jurisprudence
Approaches that are concerned with the impact of the law on an individual's emotional and psychological well-being.

Transition Planning
Often called discharge planning, transition planning from jail to community-based services entails assessment of an individual's service needs, development of a comprehensive service plan, identification of agencies responsible for treatment and supervision and effective linkages to those services and supports.

Trauma-informed Services
Services that respond to the needs of people with histories of trauma. Trauma-informed services involve understanding and responding to the special needs that a person with trauma histories may have in a particular setting or service.

Trauma-specific Services
Services that acknowledge the special needs individuals with trauma histories may have in a particular treatment setting or service by promoting empowerment and acknowledgement of the impact of trauma on peoples' lives.

WRAP®
WRAP® is the acronym for Wellness Recovery Action Plan®, developed by Mary Ellen Copeland. It is a tool used to relieve difficult feelings and maintain wellness.

STAR Center

"Let your star shine!"

nami
National Alliance on Mental Illness