



NAMI

Cape Cod

The Nation's Voice on Mental Illness

September 2008

PRESIDENT'S MESSAGE :

LeRoy Spaniol, Ph.D., President, NAMI Cape Cod

What Would a Recovery-Oriented Program Look Like? Part IV

In the last three issues of the newsletter I discussed the “recovery vision” and several components of a recovery-oriented program. In this issue I will discuss the final components of a recovery-oriented program based on research, professional practice, family experience, and the lived experience of people with mental illnesses.

Provide Opportunity to Resolve Impact of Substance Abuse

There is a well documented need for the integration of mental health and substance abuse services for people with dual disorders (Doyle-Pita & Spaniol, 2002). Fifty percent or more of people with mental illnesses will experience a co-occurring substance disorder at some point in their lives. For many, this will be an ongoing struggle with the need for an integrated treatment program and a long-term relationship with an assertive community treatment team.

Providers need to understand that untreated substance abuse is a major barrier to recovery and that people in recovery from dual disorders are a very important part of any treatment team. People with dual disorders often need ongoing interventions for substance abuse related symptoms—which usually begin prior to or after the onset of the mental illnesses. Substance abuse often leads to further trauma, particularly from prejudice, discrimination, and violent victimization, which are common among people with severe mental illnesses.

Provide Fitness and Wellness Opportunities

There is a strong connection between wellness and recovery (Hutchinson, Skrinar, & Cross, 1999). Wellness programs such as nutrition, weight management, yoga, meditation, regular exercise, good physical health care, and symptom management, with programs and encouragement for active involvement, are essential elements of a recovery-oriented program. It is also important to provide opportunities for self-determined alternative choices such as Tai Chi, homeopathic medicine, vitamins, massage, and acupuncture.

Providers need to educate people with mental illnesses about intimacy and human sexuality. Help people learn the social skills necessary to find and maintain intimacy. Close personal relationships are important for recovery. Sexually transmitted diseases, especially HIV infection, are a high risk factor for people with mental illnesses.

Providers need to train people with mental illnesses in writing a Relapse Management Plan and an Advanced Directive Plan with a clearly designated surrogate decision maker. The Wellness Recovery Action Plan (WRAP, Mary Ellen Copeland) is an effective course for helping people identify and self-monitor symptoms of the illness and of stress. The WRAP is also effective for developing new beliefs and ways of thinking and challenging self-defeating thoughts. An Advanced Directive Plan gives people choices when they may be unable to make them themselves. The plan identifies how you want to be treated; what place you want to be treated at; who you want to be treated by; what medications you want to receive; and who will be making the decisions for you. The designated surrogate decision maker is the person, identified by the person with the mental illness, who will have final say over all treatment decisions. This is an important role to have someone take when we are unable to make our own decisions. So, the choice should be carefully thought through and put in writing in the plan. Unfortunately, Advanced Directive Plans are not always followed faithfully by psychiatric staff so the designated surrogate decision maker needs to be particularly one who could be actively involved during crises (Srebnik & Russo, 2007).

Provide Long-Term Commitment to People

People with mental illnesses have a right to assistance as long as it is needed and required. This may require a long-term commitment by their program. The program should have a “no fail” policy. “No fail” means that people may need “time outs” but that the program is willing to take them back and continue working with them if they want. The use of force, either obvious or subtle is never a “first option” intervention. People are treated with respect and there is tolerance for multiple personal perspectives on what is helpful or not in their recovery journeys. People are expected to take responsibility for their own recovery. People should not be looked at as “resistant” only as people with another perspective on what is helpful. Understanding another person’s perspective creates intimacy and trust, which are essential to helping people on their recovery journey. Providers and people with mental illnesses will need to “hang in there” through the inevitable emotional upheavals. Both need their own support to manage the normal stresses of the helping and the recovery process, to avoid over-reacting in the moment, and to avoid burn-out.

Provide Opportunities to Contribute to Others

Recovering the capacity to be helpful to others is an important turning point in the recovery process. Many people find that contributing to others with mental illnesses is an important aspect of their recovery. Their contributions can be within programs where those who are further along help those who are less far along, or, by contributing or volunteering in the community.

President's message (Continued from page 1)

Ongoing Education and Support for Providers, Family Members, People with Mental Illnesses, and the Community.

The provider's role has changed from that of all-knowing, all-doing caretaker to that of coach, facilitator, or mentor (Adams, Grieder, & Nerney, 2005). The family's role has changed from that of the cause of the illnesses to a resource in the recovery process. The person with the illness's role has changed from hopelessness to an expectation for self-determined recovery. Education and support must reflect these profound changes.

All parties need knowledge about recovery basics, hope, expectation for recovery, choice, listening, whole-person orientation, collaboration, supporting one another, encouraging self-care, knowledge of the illnesses, medications, side effects, and available resources. And, they also need the skills and positive attitudes to support the knowledge.

Advocacy

Advocacy is an essential component of a recovery-oriented program. All parties must share in that advocacy for it to be effective and to achieve its goals. Programs can establish a collaborative process for assessing and understanding the challenges and needs of all parties. This will lead too a comprehensive grasp and consensus of the policy and programmatic implications of these needs and a collaborative strategy for change.

CHALLENGES TO A CLIMATE OF HOPE AND RECOVERY

There are many challenges to creating a climate of hope and recovery.

Lack of Awareness and Inertia

NAMI hopes to create more awareness. There is a programmatic and personal inertia that needs attention. Programs and people tend to keep doing what they are doing. Change is difficult and the change to a climate of hope and recovery requires a change in culture, knowledge, skills, attitudes and the supervision to embed the changes into practice. The consensus-building process mentioned above under **Advocacy** helps to embed the needs cognitively and emotionally in the various audiences. It helps to overcome the "numbing" of people to the needs of people with mental illnesses.

Lack of Support for Self-Help

We need to move from a professionally driven system to a client driven system. Self-help is often misunderstood in mental health although it is well established in other disability areas. Helpers need to be chosen for competence as well as for presence of a disability.

The One Model Trap

We need to advocate for a variety of interventions and opportunities. There are many evidence-based practices and they need to be individualized for each person. There are many paths to recovery.

Retrenchment

Retrenchment means continuing to do the same thing rather than change. This occurs when people get overwhelmed by change or are not well prepared, trained, and supported in it.

Evidence-Based Practice vs. Process

Evidence-based practices are very important but we can not lose sight of the human variables in interventions. Hope, positive expectations, and optimism are important adjuncts to evidence-based practices.

Funding Neglect

Mental health has not been a public priority. It is not even on an equal "playing field" with respect to funding for other disability groups. Parity needs to be taken seriously in terms of reimbursement but also in terms of up-front funding for mental health that is at least on a par with funding for other disability groups.

CONCLUSION

People with mental illnesses can recover and build a self-determined life for themselves in communities of their choice. If the basic components of a recovery-oriented program are in place, their hopes for a fuller life can be more likely realized. It is hoped that by providing this brief summary of a recovery-oriented program providers, family members, and people with mental illnesses can better evaluate the closeness of their programs to what is now known that works.

REFERENCES

- Adams, N., Grieder, D., & Nerney, T. (2005). Models, Principles and Values of Person /Family-Centered Planning. *National Consensus Initiative on Person/Family-Centered Planning*. Chicago, IL: UIC National Research and Training Center on Psychiatric Disability.
- Doyle-Pita, D., & Spaniol, L. (2002). *A comprehensive guide for integrated treatment of people with co-occurring disorders*. Boston, MA: Center for Psychiatric Rehabilitation.
- Hutchinson, D. S., Skrinar, G. S., & Cross, C. (1999). The role of improved physical fitness in rehabilitation and recovery. *Psychiatric Rehabilitation Journal*, 22(4), 355-359.
- Srebnik, D. S., & Russo, J. (2007). Consistency of psychiatric crisis care with advance directive instructions. *Psychiatric Services*, 58, 1157-1163.

NAMI FAMILY-TO-FAMILY EDUCATION PROGRAM

Two Locations: Wellfleet and Centerville

Free for family members, partners, and friends of individuals with:

Major Depression, Bipolar Disorder (Manic Depression), Schizophrenia, Schizoaffective Disorder

Borderline Personality Disorder, Panic Disorder and Obsessive Compulsive Disorder

Co-occurring Brain Disorders and Addictive Disorders

This series of **12 weekly classes** is structured to help caregivers understand and support individuals with serious mental illnesses while maintaining their own well-being. This course provides the following: family response to the trauma of a mental illness; diagnosis and common symptoms; medications and their side effects; brain biology; how to cope with crises; self-care; the inner experience of having a mental illness; recovery from mental illnesses; community resources; and advocacy. The course is taught by a team of trained NAMI family member volunteers who know what it's like to have a loved one struggling with one of these brain disorders. **The NAMI Family-to-Family Education Program is free.** Over 80,000 people in the U.S., Canada, and Mexico have already completed this course. We think you will be pleased by how much assistance the program offers. We invite you to call for more information.

Wellfleet Classes Start: Thursday, September 4, 2008, 6:30- 9:00 p.m.

Wellfleet Council on the Aging, 715 Old Kings Highway, Wellfleet, MA 02667

Teacher: LeRoy Spaniol, 508-349-2475

Centerville Classes Start: Friday, September 5, 2008, 6:30-9:00 p.m.

Our Lady of Victory Parish Center, 230 S Main St. Centerville, MA 02632

Co-Teachers: Annette and Paul Foraste, 508-775-4636

This course is for caregivers only.

Pre-Registration is required.

Course is limited to 24 persons.

This NAMI Family-to-Family Education

Program is sponsored by NAMI Cape Cod and

by the Mass. Department of Mental Health

through a special grant to NAMIMASS

October 6-11, 2008 is Mental Illness Awareness Week!

Serious mental illnesses affect about 10% of the population and cause intense personal suffering for those who experience these illnesses and for their families and friends. In addition society loses the many benefits of their knowledge and skills. Today we know that people can recover from serious mental illnesses and given the appropriate medications and recovery-oriented services people with serious mental illnesses can expect to return to satisfying, productive, and contributing lives in their communities. NAMI of Cape Cod is one organization that is committed to helping people with serious mental illnesses recover and fulfill their dreams. One way to personally participate in Mental Illness Awareness Week and this important work of supporting the recovery of people with serious mental illnesses is by contributing financially to NAMI Cape Cod.

“Depression: True Stories” A Town Meeting on Cape Cod

Wednesday, Sept. 17, 2008

9 a.m. to noon

Cape Cod Community College

Tilden Arts Center

2240 Iyannough Road

West Barnstable, MA

- Join the local Cape Cod and Islands mental health community in a forum that includes the screening of Blake Works[©] 25-minute film entitled “Depression: True Stories” followed by a town meeting discussion on Depression, young people and their families.
- **An opportunity for people of all ages to participate in a dialogue about Depression.**

• **Sponsored by the Massachusetts Department of Health and the Massachusetts Department of Public Health**



Useful websites:

Social Security:

[www. socialsecurity.gov](http://www.socialsecurity.gov)

C.O.R.D. (Cape Organization for Rights of the Disabled)

www.cilcapecod.org

Barnstable County Human Services:

www.bchumanservices.org

The real voyage of discovery consists not in seeking new landscapes but in having new eyes.

Marcel Proust

NAMI Cape Cod Board of Directors

- LeRoy Spaniol, President
- Charles Bacher, Treasurer
- Paul Foraste, Vice President
- Stella Thomson, Secretary
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- Chris Ebel
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- Charlie Manning
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- Nancy Bacher, Advisor to the Board

NAMI CONNECTION, RECOVERY SUPPORT GROUP

NAMI Connection, a support group only for adults with mental illness, is successfully up and running each Thursday, except holidays, 5:30 PM to 7 PM free of charge at the NAMI Cape Cod office, 5 Mark Lane, Hyannis, MA 02601. We offer a flexible and casual environment without an educational format. No registration or enrollment obligation is required. It is facilitated by consumers Madge Zecker, Brian Ramsey, and Paul Foraste, who were trained to facilitate the group by a team from NAMI National. We understand the challenges we face. We keep up to date with conference telephone calls from NAMI National. Contact: Paul Foraste 508 775 4636.

NAMI Cape Cod
First Annual COOKOUT
Goodwill Park
Gifford Street, Falmouth
Saturday September 13, 2008
10 AM-3 PM

Come to celebrate all our achievements and lend support to each other. We hope to make this a yearly event moving around the Cape to different areas in hope of sharing fellowship with our members and including those who may not know about the support and assistance available to them through NAMI Cape Cod.

Hamburgers, Hot Dogs, Rolls, Condiments, and Drinks Provided. Those who would like to bring Salads or Desserts to Share would be most Welcome



Directions: (Watch for NAMI signs, as you get close)

From Bourne/North Falmouth: From rotary at the exit onto the Cape from Bourne Bridge or from Route 151 in North Falmouth: Take Route 28 South toward Falmouth. Take the Brick Kiln Rd. (West Falmouth/ East Falmouth) exit. Turn LEFT at the bottom of the ramp.

At the first set of lights turn RIGHT on to Gifford St. Goodwill Park will be approximately one mile, on the right

From Mashpee/Hatchville: From the Mashpee Rotary (at Mashpee Commons), take Rt. 151 (North Falmouth). Continue beyond the Barnstable County Fairgrounds on your right, to traffic lights at Hatchville. Turn LEFT on to Sandwich Rd. toward Falmouth. Follow to traffic lights at Brick Kiln Rd. and turn RIGHT. At next lights Turn LEFT onto Gifford St. In approximately one mile, Goodwill Park is on the right. Watch for the NAMI signs.

From East Falmouth: Follow Rt. 28 to Ox Bow Rd. Turn right, then take the second right on to Brick Kiln Rd. Take a left at second set of lights on to Gifford St. (see above)

NAMI Cape Cod Fall Speakers Program

The Speakers Program for Fall, 2008 is now being planned with two programs confirmed for September and October and additional programs being developed.

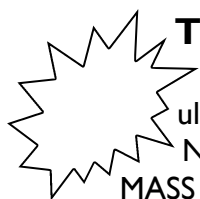
The first program is scheduled for Wednesday, **September 17, 2008** from 9 AM to 12 Noon at the Cape Cod Community College Tilden Arts Center. The focus of the program will be Depression and is sponsored by The Massachusetts Department of Mental Health and the Massachusetts Department of Public Health.

The program will include the screening of Blake Works 25-minute film entitled "Depression: True Stories", followed by a Town Meeting Discussion on Depression and the impact on young people and their families. The forum will provide an opportunity for people of all ages to participate in a dialogue about Depression.

The second program is scheduled for the evening of Tuesday, **October 14, 2008** beginning at 7 PM with the location still to be determined. The topic of the meeting will be the NAMI Massachusetts Legislative Agenda and the invited speakers include Laurie Martinelli, Executive Director of NAMI Massachusetts, and Toby Fisher, former Executive Director of NAMI Massachusetts who is now focusing on the legislative agenda for NAMI Massachusetts.

NAMI Cape Cod is fortunate to have this meeting in October with the upcoming elections in November, and we anticipate a good turn out.

Additional topics are continuing to be explored for upcoming speaker programs and announcements will be provided as they are finalized. If anyone has any specific needs or topics that they would like considered for future speaker programs, please contact the NAMI Cape Cod office in Hyannis.



The NAMI State convention will be held on Saturday, October 18 , 2008 at the Sheraton Ferncroft hotel in Danvers, MA. It is an all day event with a schedule of workshops and speakers. There is a Registration fee. For more information, call NAMI Cape Cod at 508 778 4277 or NAMI Mass (1 800 370 9085), or visit the NAMI MASS website, www.namimass.org.

NAMI Cape Cod Annual Report - 2007–2008

NAMI Cape Cod has had a successful year and we have accomplished most of our goals. These accomplishments could not have occurred without the efforts of many individual NAMI members and concerned people in the Cape Cod community. The Board wants to thank the many people who assisted NAMI Cape Cod over the past year.

The following accomplishments were noted:

1. NAMI of Cape Cod currently has three ongoing monthly support groups for family members of people with mental illnesses
2. Three support groups for people with mental illnesses—two of these meet monthly and one is the new Connections support group which meets weekly
3. Active involvement in supporting the three club-houses on the Cape by serving on their Boards, by helping them financially, and supporting their activities
4. Sponsored a series of presentations on recovery and family trusts that have been well attended
5. Offered two Family-To-Family classes that were very well attended
6. Sponsored a Legislative Breakfast for our state legislators to support the Children’s mental health initiative in the Legislature
7. Expanded our use of technologies we already possessed (e-mail, web page) as well as updating our technology (using a database for membership), enabling volunteers to accomplish more in less time
8. Our members serve on a variety of Boards for private and public mental health programs
9. We have an office in Hyannis which is staffed by family volunteers who respond to hundreds of requests for information, support, and referral
10. Have an active Board of Directors with each person having responsibility for at least one area of concern for our Affiliate. The Board meets monthly to review reports of ongoing activities and planning for the future
11. Walk for NAMI raised approximately \$18,000 for state and local Affiliate use

Our goals for the coming year are:

1. To continue to participate in the Children’s mental health initiative
2. To develop several additional Family-To-Family courses
3. To increase the number of Connections support groups and number of trained leaders
4. To increase the number of family members who are trained to run support groups and teach Family-To-Family classes
5. To collaborate with Cape Cod Community College to develop an educational program for people with mental illnesses to give them the knowledge, skills, and support to continue on in college or to work in the community
6. To develop a monthly series of presentations:
 - Depression
 - Legislative priorities
 - New medications
 - Suicide Prevention
 - In Our Own Voice
 - Recovery from serious mental illnesses
 - Educational approaches to supporting recovery
7. Improve our website
8. Collaborate with DMH to provide information on mental illness to Cape Cod Emergency Personnel and police officers
9. Complete a basic Packet of Information about NAMI Cape Cod and its activities and resources for distribution to various programs, agencies, health centers, places of worship, and professionals
10. Continue our outreach to veterans
11. Add new people to our Board as current member terms expire
12. Increase membership and awareness of NAMI Cape Cod through active outreach

www.nami.org/sites/capecod

Hyannis, MA 02601

5 Mark Lane

NAMI Cape Cod

The Nation's Voice on Mental Illness



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Support Group Schedule

For Friends and Family of People with mental illness:

First Wednesdays of the month—Christ the King Church Parish Center, off Rte 151, Mashpee 7-9 PM. Contact Charlie Bacher at 508-778-0650

First Thursdays of the month—First Congregational Church, Main St., Chatham 7-9 PM. Contact Chris Ebel at 508 778 4277

Fourth Tuesday of the Month—The Senior Center, 415 Old Kings Hwy, Wellfleet.. 6:00-8:00 PM. Contact LeRoy Spaniol at 508 349 2475.

NAMI CARE SUPPORT GROUPS

For People with Psychiatric Disabilities

First and Third Wednesdays of the month—Louis Gordon Office Facility Meeting Room, 1100 Rte 134, Dennis 6:00-7:30 PM. Contact Karen at 508-385-5078

Last Saturdays of the month—Federated Church, Main St., Orleans 10:00-11:30 AM. Contact Carolyn at 508-255-8521 or Linda at 774-722-3323.

*****NEW GROUP*****

NAMI CONNECTION

Recovery Support Group for people with psychiatric illness. Facilitated by consumers for consumers. Every Thursday evening from 5:30—7:00 pm at NAMI Cape Cod office, 5 Mark Lane, Hyannis, MA 02601. Call 508 778 4277 for more information.

NAMI Cape Cod

MISSION

NAMI Cape Cod serves to advocate for improved services and laws governing the care of people with mental illness, to support and educate families and individuals on their path to recovery, to educate all people on the nature of mental illness.