**FACES OF RECOVERY**

*Keystone Community Mental Health Leadership Council*

**Volume 1 Issue 3**

**April 2011**

**Education**

**Empowerment**

**Know me as a Person**

*‘Don’t Judge a Book by the Cover’*

I married at the young age of 18, and we really were both still kids. When she left me, my world began to fall apart and I began using alcohol and drugs very heavily. I had bouts of anger and volatile rage which resulted in decisions that I have regretted all my life.

I was committed through the court system after having used a variety of drugs to mask my mental illness. I thought I was invincible and really didn’t believe that anything was going to happen to me.

When I was committed, I thought I was going to be getting treatment. What I thought and what happened are two different things. I found myself caught in a maze of locked doors between the walls of Huntingdon State Prison and Farview Hospital for the Criminally Insane.

When I was incarcerated, the voices and hallucinations became worse and I would beg for medication as the voices became my life during the day and during the nights that I would lay awake.

The doors continued to be closed behind me after I was transferred to “The Wall” at Pittsburgh State Penitentiary with multiple transfers back to Farview Hospital. The treatment at Farview included a variety of industrial arts where you could sell your crafts and they offer you work doing janitorial jobs for close to minimum wage. Over these years of hospitalization, I began to see myself as a monster who deserved to be locked up and I would turn my anger inwards on (continue p 3)

**Visibility at Keystone Conference**

Keystone Conference was an exciting adventure this year with a variety of opportunities for individuals to share their stories and the impact that recovery and training has had on their lives.

Gary, Mark, Grace, Chris, Kim and Kathyann hosted the Keystone Human Services Poster board session for three days on March 21-23, 2011. This year the only poster submitted featured the impact of training on individuals’ lives since 2006 and included a combination of graphs and case studies.

During the poster board session there was a mingling of conference participants, management leaders and board members. (We even saw our friends from Chambersburg.) Participants were viewing posters to be able to submit their entry forms and in the process had a variety of opportunities to talk with individuals about their personal stories of training and recovery. (continued p 8)
Our Personal Journey

On April 7, 2011 residents and staff from the Allegheny SCR (Specialized Care Residence) shared their stories of recovery at the PAPSRS Conference (Pennsylvania Association of Psychiatric Rehabilitation Services) in State College, PA.

Staff shared a Power Point presentation that illustrated the impact that the closure of Mayview State Hospital had on the lives of individuals by giving them increased choices and opportunities to live in the community.

Shirlene and Wayne shared their personal journeys of recovery. Shirlene shared stories about the freedom that she has found in her own life since moving to her home at Keystone. She is able to maintain her privacy of her own room while having a variety of activities throughout the day. Shirlene indicated her favorite activities are with her children and that she enjoys the local senior center and BINGO.

Wayne shared his love for Pittsburgh sports and how he displays that love throughout his room. Wayne enjoys active days from hanging out at the drop-in center, riding his bike on the trail along side of the house and playing the guitar on the porch in the summer.

Staff shared the story of Robert (published in Faces of Recovery July 2010) and all enjoyed the time that was spent mingling with the conference attendees over lunch.

The Art of Emergence

Beginnings can start at different places in life
Some are the expected beginnings
Others grow in response to pain and loss.

Who I am is in part defined by those in whom I have invested in my life
As time evolves, these investments of love create lives of their own
My identity evolves as well, making investments in my own life
While continuing to value the lives created and entwined to mine.

New horizons begin to grow from the ashes of loss
Redefining my identity, with an emerging vision
Of a changing definition of how to discern my life’s call
Reframing my existence to incorporate these investments in love
While being able to grow into them is an emerging identity for life.

These are not the beginnings ever planted to be created
Yet they are the realities into which my existence is born
There is an unknown beauty created through this new existence
An existence with a hardened protective shell that slowly dissolves
Slowly, there are new opportunities for this existence to begin to emerge.

Kathyann E Corl
Know Me as a Person (cont.)

myself. While I was at “The Wall,” I had daily access to marijuana through friends on the mental health ward and it was readily available for a price. While you received medication on the mental health ward, there was limited contact with the psychiatrist, who would be seeing hundreds of patients, and the door would rotate in and out. Many of the medications were highly addictive and they would pretty much give you what ever you asked for.

After nine years of incarceration, I was feeling pretty hopeless and I was transferred to Cresson because they offered more progressive mental treatment with their own mental health ward. They did offer groups but never taught you about having a productive life while living on the medicine.

After two years, I signed an AMA (Against Medical Advice) order and went off of all my medications. This forced me to gradually have to confront the voices and delusions that I had been living with, discovering that without them I was a shell of a person who had to begin to learn to live life again. I learned to forgive myself and accept myself for who I was. This soul-searching resulted in me discovering my creativity.

In 1999 my father passed away and my mom was moving back to PA from Florida, and I requested a hardship transfer to Frackville Penitentiary. When you have been incarcerated for your whole adult life, you demonstrate institutionalized behavior and all you know are the routines of daily existence between meals, work, yard and lockdown. Over the years I did develop some relationships with my work bosses and the days would seem to go quicker.

As my time for incarceration was coming to an end, my sister approached CMU and crisis diversion to help connect me with mental health services in the community. I went to Bethesda Mission and then transferred to CSG Crisis Diversion. It took strong advocates who really believed in me as a person to even have me considered for services.

With time and advocacy, I came to live at the Keystone Taylor Apartments where I developed a routine that included working in a fiberglass plant, sharing an apartment and doing acrylic nature paintings.

Now I live in my own apartment, I went to the YWCA Supported Employment program where they taught me how to use computers and how to do interviews and resumes. I have become a member of Leadership Council and I volunteer as a van driver for senior citizens.

I take classes at the Paxtang Art Society and sold art work at the Paxtang Art Show and at the Magnificent Minds Gallery exhibit.

I am continuing in individual counseling and with a peer support because I want supporters who can help me stay well and in the community. I have found new freedom by having a computer and have been scanning my pictures into cards that I make for sale and by having a car and I just like the freedom of being able to drive. These are things that I had taken for granted, never realized that I lost and now have a chance to reclaim by living my life. Robert E Martin

“I do my best work when I am in the mood to paint”

“I have found freedom and a chance to reclaim my Life.” REM

An Innovative Guide to Choice & Advocacy

Written from the national perspective from the Area of Aging services, this tool provides a good overview of the various types of housing and community supports for housing available in the community.

March 23, 2011 was the first anniversary of the Affordable Care Act (ACA), and the National Consumer Voice for Quality Long-Term Care (formerly NCCNHR), announces the launch of its new guide Piecing Together Quality Long-Term Care: A Consumer’s Guide to Choices and Advocacy. The guide is intended to educate people with disabilities and older adults about their options for long-term services and supports and empower them to be self-advocates for quality long-term care. The guide also provides information and resources to assist people currently living in nursing homes to move back into the community.

For more information, visit - http://www.theconsumervoice.org/piecing-together-quality-long-term-care – to review the guide, which features Piecing Together Quality Long-Term Care in different formats, including an HTML version, a PDF version and audio portions of the guide.
“Enough”

What: I am afraid of just being a number…

Enough is enough. I am more than my social security number and my insurance card.

I am a person who is in pain and I need your time to listen to me and see me as a human being.

I will always try and give the doctors the benefit of the doubt. Maybe they are busy and haven’t see my message yet, but at some point what I am saying should matter. Enough is enough.

Why: ‘Cause I want to help others like myself

I am more than my fifteen minutes and my $15 co pay. I am a person and I need to be able to advocate for myself because no one else honestly seems to care if I get well or not. I have nurses who send the doctors daily reports and yet I have been through repeated hospitalizations for the same symptoms over and over. I’ve had enough. I need a voice in what happens to me and I am not alone. Other people are being treated the same way and have no voice either. If I can be able to find a voice for myself than I can help others find their voice. Why? Because this system goes round and round and enough is enough.

Who: Me… As a voice, a person who couldn’t take it anymore… I decided, I had a enough. I need to wake up, speak up and I need you to be willing to hear me. I try to be understanding but then you say to take these pills saying you will be right back, you need to talk to an attendant. Ten minutes later I had had enough because I wasn’t being heard and I felt that I didn’t matter. About fifteen minutes later, the attendant came in and said: “Hi I am Dr FIXU. What seems to be the problem?” Once again we go through the whole same story again to another doctor from the beginning. I finally decide…

and I said “I had enough…Can you recommend someone else. I want to see a specialist that can help me out. These symptoms have lasted long enough and these pills are not working. I have had enough.”

Where can I go to get more help? With a referral or without, I have insurance and I need help. Why can’t you do more to give me my life back?

Finally my doctor came back to the room and says “Are you going to be ok? When do you see your therapist again? I think that you should see your therapist next week. I am afraid that you might harm yourself.” “No I am fine. I want to know why these symptoms have not gotten better and if there is nothing more that you can do than I need to see someone who can do something more. You really can not expect me to continue to live with these symptoms and be frustrated all the time with what my body cannot do. I am not able to function; all I can do is sleep all day because the medications are making me constantly tired, yet the medications do not seem to be working. I want my life back.” Richard H Evans

Connecting at Colleges

Bob, Kim and Kathyann did a workshop presentation at Harrisburg Area Community College (3/17/11) for the Human Service Program. The workshop was based on the National Consensus Components of Recovery and illustrated the recovery stories of members throughout the presentation. Our members find this experience beneficial because of the questions and dialogue and because they have the opportunity to dispel the stigma of mental illness while educating the workforce of the future. The workshop was very well received by the students and the instructor shared that this is one of the only opportunities that his students have to actually engage in conversations with people in recovery in an open format and that the lessons that they learn are invaluable. We now have a standing invitation to be part of their curriculum every semester.

Touching Base at Danville

In our ongoing efforts to connect with peers at Danville State Hospital, Chris, Kenny, Gary and Bob attended “Meet the Peer Day” on April 21 with Zack and Craig from Case Management. Your presence does matter.
Pedestrian safety

Everyone benefits from walking. But walking routes needs to be safe and easy.

If you find problems, there are ways you can make things better.

Last quarter we looked at some of the problems in traveling safely so this month we are looking at how you can change those problems.

1. **Did you have enough room to walk safely? If not…**

   *Pick another route for now*  
   *Tell local transportation engineers or public works department about specific problems, and provide a copy of checklist*

2. **Was it easy to cross streets? If not…**

   *Pick another route for now*  
   *Share problems and checklist with local transportation engineers or public works department*

   *Trim your trees and bushes that block the street, and ask neighbors to do the same*

3. **Did drivers behave well? If not..**

   *Pick another route for now*  
   *Set an example: slow down and be considerate of walkers*

   *Encourage your neighbors to do the same*  
   *Report unsafe driving to police*

4. **Was it easy to follow safety rules? If not…**

   *Educate yourself about safe walking and have parents teach their children*

   *Organize parents in your neighborhood to walk children to school*

5. **Was your walk pleasant? If not…**

   *Pick another route for now*  
   *Ask neighbors to keep dogs leashed or fenced*

   *Report scary dogs to animal control department*  
   *Report suspicious activity to police*

   *Report lighting needs to the city*  
   *Take a walk with a trash bag*

   *Plant trees, flowers, and bushes in your yard*

What is DBSA - Final Tips???? Part Three

DBSA (Depression BiPolar Support Alliance) is a national organization that is easily accessible on the web: [http://www.dbsalliance.org](http://www.dbsalliance.org). Each person has an opportunity to go to a DBSA meeting in their own area and brings his/her life experience to that location.

When you first begin going to one or two meetings, there may not be any one change of anything in your life, but over time as you speak up, you will find many things in common with specific issues that come up at the meeting. Each person has their own reasons for coming to a DBSA meeting. Once in a while I go in a half hour late but not very often. Most often meetings have at least one break so a person can feel comfortable popping in or out when they need to do so.

If you go to several meetings over time you will have a chance to hear from lots of people who work or have worked in the mental health field, people from all walks of life, certified peer specialists, human service professionals and caretakers. There are a variety of well intended, good people who help facilitate the meeting. People who come to the meetings are all aged adults from 18 to 78 years old.

Once in a while someone will bring a baby or a pet but I would not recommend it because they can be distractive to the group.

(continued p 6)
“DBSA is one place
I learned it is OK to
make mistakes.”
“DBSA is not a
quick fix but each
person can learn a
little.” Mark

What is DBSA – Part Three (cont.)

Special events like a speaker who talks about the topics of special interest to individuals with BiPolar occur every few months. At Harrisburg/Camp Hill every fifth Tuesday is a special event get together at a gathering place like bowling, eating out or having picnics.

Like it or not, my daily life changes. I have choices everyday. Do I want to change anything going on in my life? DBSA is one way I have found most useful to helping me live in the present.

I never feel obligated to go to any meeting. I usually do not try to figure out who might decide to come to the meeting because I want to go to the meeting for me. Personally I do not call a lot of DBSA friends on the phone or try to chat with them on the internet but I do have friends who enjoy doing that.

DBSA is not probably going to work out for someone who insists that they have tried everything under the sun. They may find that nobody ever has answers for all the problems that happen to them all the time. If a person simply wants to rapidly cycle through all the bad things in life at one DBSA meeting, one needs to understand that there is a trained facilitator at each meeting and they will restrict the amount of time any individual has depending on how many come on a particular night.

DBSA is not a quick fix. It is a really good place to get in touch with the real you. It is one way I have learned that it is okay that I make mistakes. It helps me have patience with myself and with others.

Each person, if the person makes it to a few meetings, should find something out about themselves. Mark Underwood Harrisburg

“Healing Neen”

As part of the Maryland Transformation Grant, Keystone Maryland had the opportunity to view the video produced, “Healing Neen,” which was shared with Leadership Council members in Harrisburg.

On Monday, April 25, 2011 Leadership Council members had the opportunity to view the video. At a time when Keystone is having conversations and trainings in trauma-informed care, this video was both insightful and timely. It was viewed by 12 Leadership Council members and Liz Woodley, the forensic peer support trainer from PMHCA. The video had a profound impact on everyone as they watched the childhood abuse and trauma and respected her ongoing efforts to try and support her mother while breaking the cycle of abuse with her daughter and longing for the relationships she never had a chance to develop with her other children due to addictions and incarcerations. Through the video, Tonier uses actual family gatherings to where she lived under the bridge to tell her story which rang true for many of the members. Members felt it took courage and passion for her to go back to those prisons and now be able to offer HOPE to the women there.

Members had discussions about the need to use a variety of tools and to be willing to offer the support in a variety of ways till the person can accept it. Liz provided insights into how PA is moving forward with providing peer support in the state prisons.

Resource information and video trailer available at httpwww.healingneen.com

“When I got to the pro-
gram, the first thing my
therapist said to me was
‘what hap-
pended to you
as a child
happened to
you, you did-
n’t do to
yourself.’ And
I believed
her.”

Tonier
Spring Calendar of Activities

May 2011

“It’s a WRAP Class” Thursdays All first room
May 5, 2011-June 2, 2011
CSP Conference for Dauphin & Cumberland/Perry
Holiday Inn New Cumberland May 10, 2011
Dauphin CSP Open House and Art Show
CMU May 11, 2011
Mental Health Art Show
Chambersburg Mall May 13-15, 2011
Leadership Council Teleconference May 19, 2011
Leadership Council Meeting May 23, 2011

June 2011

PMHCA Conference Pittsburgh PA June 14-16
Breakfast with Leadership Council Pittsburgh PA June 17
Leadership Council Teleconference June 23, 2011
(note date change due to PMHCA Conference)
**New Date: KCMHS Wellness Tools Festival June 24, 2011
Leadership Council Meeting June 27, 2011

Upcoming

Christmas in July: July 21, 2011 Norlo Park Chambersburg
Psych Rehab Workgroup Date GIANT Linglestown Rd Harrisburg
“I am the Evidence” Kickoff activities to be announced
What is Leadership Council?

Leadership Council is beginning its fourth year in 2011.

Leadership Council meets twice a month with one teleconference and one face-to-face meeting. Leadership Council works in partnership with the KCMHS Management Team for the purpose of the development of recovery, person centered services. Using a variety of formats from speaking at conferences and community colleges to conducting evaluations of KCMHS agency, members have opportunities for both education and empowerment by learning from peers.

Faces of Recovery is now available online!

www.keystonehumanservices.org/kcmhs/newsletters

Visibility at Keystone Conference (cont.)

There were stories from our members about their unexpected encounters and conversations with Dennis Felty and Charlie Hooker, KHS Executive leaders, personal stories of discovering the journey that training meant to them in terms of discovering skills and interests they never knew they had and opportunities to network with staff that had supported them in the past.

Members provided personal perspective of how the growth on the poster board occurred overtime and factors of why growth spurts were happening.

On March 23, Mark and Kim were panel presenters on a discussion of how Teach Back has been a tool in helping KCMHS grow over the past ten years in creating relationships between staff and participants that allowed problems to be addressed and changes in the programs to occur. In the process, Mark and Kim had opportunities to share their personal stories of how learning the tools of Teach Back taught them skills of advocacy and empowerment and how they have used them in their lives. In the evaluations, the KHS staff indicated how informative, inspirational and motivating the panel was to them.

For two evenings, Mark, Grace, Chris and Kathyann (Richard attended last year) were able to attend the Dinner with the President and these small intimate conversations are how we continue to build relationships with the board leadership of Keystone Human Services.