Psych Ward Greeting Cards

By Katherine Ponte, NYCPS-P

“Tens of thousands of psychiatric patients will be spending the holidays in psych wards across the country, but they are not alone. They are in our thoughts and our hearts, especially those who have spent time in a psych ward as I have.

This Christmas, as a small gesture of comfort and support, as thanks for the inspiration and example of strength the patients offer us, the Psych Ward Greeting Cards (https://www.forlikeminds.com/psychwardgreetingcards) program created by Katherine Ponte, a NYCPS-P, and managed by ForLikeMinds (https://www.forlikeminds.com/) will be reaching out to patients at 3 hospitals.

The program will be delivering 342 largely handmade greeting cards with heartfelt messages written by people living with mental illness, 342 personal messages by Katherine, 342 Christmas stockings stuffed with 3,420 Hershey Kisses and 1,026 Candy Canes. It’s a small, but meaningful gesture, a reminder to patients that they are really not alone. We cannot forget them this holiday season, they are our peers too!”

Here’s a photo of my little holiday tradition – stockings for patients at 3 hospitals (1 in CT and 2 in NY)

- 342 patients
- 342 Christmas greeting cards
- 342 personal messages from me
- 342 Christmas stockings
- 3,420 Hershey Kisses
- 1,026 Candy Canes
I'm exhausted, but I love doing it! Xoxo, Katherine

Learn more about the program and donations: https://medium.com/psychwardgreetingcards (https://medium.com/psychwardgreetingcards)

---

STIGMA and DISCRIMINATION are around creating havoc all year round

December 15, 2020

Rita Cronise, Academy of Peer Services - Virtual Community Coordinator

Leave a comment

By Howard Diamond

So why does December and the holiday season think that they be exempt from any of this? Hope for a better day and life ahead is here for all to avail ourselves of. Naturally, December will have plenty of hope and a fair share of STIGMA and DISCRIMINATION. My role is to assist everyone through their time in the labyrinth. At least, I will do my best in our journey. Ready to begin, I know I am.

Ho, Ho, Ho! Hope is in the air. “High hopes”, originally sung by Frank Sinatra and performed by others, mention a probability that there is hope for all of us.

Sadly, both STIGMA and DISCRIMINATION are here, too. Especially, during these holidays, they peak the speak of bad times and cruelty. Of course, there are many non-believers who go around spouting negativity like, “Bah Humbug”, or “There is no Santa Claus”. There is still hope, continue to read on! However, on Planet Earth, we have other religions with many ideas.

My focus is to discuss hope for Mental Health as related to holidays. No belief necessary.

Yes, yes STIGMA and DISCRIMINATION, as well. HOPE is a feeling of expectation and desire for a certain thing to happen. Isn’t that what the December holidays are all about? “Hatikvah”, The National Anthem of Israel, literally means Our Hope. This anthem was written and published as a poem in 1876 or 1877 and when The State of Israel was finally established in 1948, the first stanza and refrain were adopted as its national anthem.

In the Middle East each religion or culture use STIGMA and DISCRIMINATION methods to gain an advantage. When one is from a specific religion, treating people from a different faith as evil or devil worshippers is their way to affect the words. Inevitably, this often turns into violence for territorial control. A song by the musical band War, “Why Can’t We Be Friends?”, fits the mood quite well and offers hope in our volatile world. Several religions share the same city, Jerusalem, as their focal point.

Now, hope comes into play – there is hope that all people of all religions will live in peace and harmony without STIGMA or DISCRIMINATION anywhere.

Tell me everyone, isn’t that what the December holidays are all about? During this time, most of us sing and pray for hope and good will towards mankind. On the other side, STIGMA and DISCRIMINATION are here, too. Christmas time signifies the birth of Jesus who gave people around the world hope with the promise of freedom and prosperity for all. Chanukah is celebrated with the hope that we survive just as the Maccabee soldiers did all those many years ago. The lyrics of a song by Peter, Paul and Mary begin with, “Light one candle for the Maccabee children”. Plus it ends with, “Don’t let the lights go out”. What a concept, put the light on for all to see and let it shine forever and ever.
Hope Springs Eternal”, an expression by Alexander Pope in, “An Essay On Man” shares his optimistic point of view that human beings will continue to hope, no matter what the odds. Now, during the holiday season or anytime over the course of the year, hope can come displaying themselves in many ways.

In contrast to hope, STIGMA and DISCRIMINATION appear also. Hope vs. STIGMA and DISCRIMINATION feels like good versus evil, but if Hope Springs Eternal, we know that hope inevitably wins. However, for the years ahead it appears that hope, STIGMA and DISCRIMINATION will continue to coexist. Still, the more we hope, the less STIGMA and DISCRIMINATION will have an effect.

As we close this year of perfect vision (2020), we have seen STIGMA and DISCRIMINATION through many perspectives. In part one, we talked about them in general terms, while in part two we showed how media was influenced by those words. Part three discussed SELF-STIGMA and DISCRIMINATION, while part four showed us ways to combat each one when they arrive and we know they will.

Unfortunately, this year is not the only thing that is ending. They say, “All good things must come to an end” and this will be my last article on STIGMA and DISCRIMINATION. My hope is that you enjoyed my pieces and maybe learned a thing or two.

Don’t despair, I will still be writing articles. Any comments or suggestions are welcome and can be sent to me in care of the Newsletter or Blog Site. See everyone in the NewsBlogs.

Howard Diamond is a New York State Certified Peer Specialist from Long Island.

Recent posts from Howard Diamond

December 8, 2020

Combating STIGMA and DISCRIMINATION

By Howard Diamond

Election Day. Veteran’s Day. Thanksgiving Day.

Each one has its own meaning and significance for all of us.

People similar to that deal with mental illness (health) issues, are being affected more and uniquely, by different days. Also, it occurs mostly every morning when we wake, not just on the three days above. The words STIGMA and DISCRIMINATION make our overall situations exceedingly difficult, especially during certain times of the year. Here in part four of these articles we will focus on assisting us with ways to combat and lessen those dreaded words.

To move forward, is to reflect back at the definitions. STIGMA is when one group of humans act or treat others in a way differently because of specific characteristics. When someone is victimized unfairly because they have mental illness it is then called, DISCRIMINATION. Unfortunately, they are both way too prevalent in our societies and need to be removed entirely.

Before we can eradicate them, we begin with reduction. Harm Reduction, 101 for those in the know. Of course, ideas and strategies need to be developed. Some of them have been tried, but many of us do not know they even exist. Try not get labeled and get the help we need. This in itself is STIGMA often called labeling, whether it be done to us or inflicted by us to others.
The Super Bowl is still months ahead
Still too early for a favorite to be said
Halfway through the Steelers are playing mightily fine

World Series won four to two by Dodgers and their winning ways.
Finally it was the Dodgers against the Rays
Without any games plus playoffs it would have been lonely

Lightning prevailed against the Stars four games to two.
Raising the STANLEY CUP was what every team waned to do.
There were no more games left to play

In four games to two the Lakers sent the Heat to defeat.
Lakers were in the finals with the Heat
Less likely for COVID19 to cause any trouble

Baseball, basketball, football, and hockey.
Focusing on four of them is enough for me
In 2020, sports not like it used to be

Fall Sports 2020, Not Like it Used To Be
By Howard Diamond

Sports has returned for us to see
In 2020, sports not like it used to be
Focusing on four of them is enough for me
Baseball, basketball, football, and hockey.

Basketball had been played in a bubble
Less likely for COVID19 to cause any trouble
Lakers were in the finals with the Heat
In four games to two the Lakers sent the Heat to defeat.

Hockey was contested in a similar way
There were no more games left to play
Raising the STANLEY CUP was what every team waned to do.
Lightning prevailed against the Stars four games to two.

Baseball had a strange schedule each team played sixty only
Without any games plus playoffs it would have been lonely
Finally it was the Dodgers against the Rays
World Series won four to two by Dodgers and their winning ways.

Football are playing games entering week nine
Halfway through the Steelers are playing mighty fine
Still too early for a favorite to be said
The Super Bowl is still months ahead

Take the time and discuss sports, the weather, or the economy with any one of us because we are intelligent, too. However, due to DISCRIMINATION we are the ones with Mental Health

Issues and not given the same opportunities as mainstream population. In addition, many remain either underemployed or unemployed while getting much less money to work. Plain and simple, THIS IS DISCRIMINATION. Never antagonize anyone and be as peaceful as possible.

My hope is that if we begin to use some of these ideas, we can be in less fear with decreasing anxiety and maybe live together as ONE human race. As it is said and as it is written, "All Men Are Created Equal." Tough five words to live by, but it has to be accomplished for people everywhere to exist in harmony. As mentioned over and over again by Mr. Spock in Star Trek, "Live Long and Prosper". Also, I wrote this in my previous articles on this topic and I will state it again, both terms STIGMA and DISCRIMINATION must be removed from all the dictionaries, eradicated from our collective vocabularies, plus eliminated from our thought processes, once and for all.

Now we hark back to the first line from the beginning of this piece. Citizens with a form of mental illness or a cognitive or emotional impairment are often left out of political involvement. Smells like STIGMA. There are positive alternatives.

Weeks, if not months before Election Day, officials canvas our great nation to find individuals with Mental Health Issues. Their goal is to educate, register and encourage everyone including those with these issues to go through the election process. Ultimately, we are able to vote which is a right of all us. For those in certain areas and cannot travel to voting places, they offer transportation on Election Day, itself.

We turn our attention to reducing and combating STIGMA in Veteran’s Mental Health. Many come back from service duty with a host of mental ailments, but most do not get the assistance they can avail themselves with. This may disproportionately impact military individuals and the many returning veterans. Today, there are more places to assist with their feelings of shame plus inadequacy to better encourage treatment. In large part this can be attributed to STIGMA.

Throughout time, people have had many things to be thankful for and try to set aside petty differences. However, STIGMA and DISCRIMINATION often makes this more difficult for some individuals with Mental Health Issues to combat the idea of being indebted to anyone. Thanksgiving marks the period of time to remember the little things and to be grateful for what we actually have. Although many of us are struggling, we might be able to pick one or two. Whether it be having family or friends, adequate physical and or mental health, or just a place to lay one’s head, there is one item out there. We can win this battle.

Despite STIGMA and DISCRIMINATION, we are appreciative to be alive. Try not give into temptation or greed, as they are the roots of evil. Focus on what gives us pleasure and if all humanly possible try to do more. Hey everyone I try to walk, go for a drive and or write almost every day! It helps me to feel better (yea, physically and emotionally), increase my self-awareness and self-esteem and breaks the STIGMA and DISCRIMINATION in my head. If I can do it, everyone can do it! At least try, one thing.

See you in the News Blogs. Howard Diamond is a New York State Certified Peer Specialist from Long Island
When one likes sports, we watched from home and enjoy
When one does not, we read a book or played with a toy.
As we turned our calendars to November
Enjoyed these sports when they converged together.

Howard Diamond, Certified Peer Specialist from Long Island

THANKSGIVING MEAL AND FUN, FOR SOME?
By Howard Diamond

Thanksgiving is here with many people to greet
Thanksgiving is here with plenty of food to eat
Everyone have your pants and belts relatively loose
Of course we are having turkey as main meal not a goose

Turkey is already in the stove
Fruit was picked from the grove
Many vegetables ready to be cooked
Desserts sitting everywhere waiting to be hooked

Feasting is what the holiday is for
Sharing stories of family lore
Together we are here to enjoy this day
We would not have it any other way

Gobble, Gobble, who wants some turkey
Take what you want there is plenty you see
Stuffing and potatoes for all to share
No dieting today, we don’t really care

An assortment of vegetables too many to count
Food on our plates are beginning to mount
Remember to put some gravy on top
Wash it all down with cider, soda, or pop

Leave some room for cakes and pies
Can’t stop eating, no one even tries
Another Thanksgiving meal is done
Too full right now to have much fun

Most of the men go and watch football
Or use their cell phones to make a call
While most of the women do the dishes
Discussing what they desire as holiday wishes

The children are in one of two places
Enjoying the day with their happy faces
They are playing outside around near the trees
Or doing things on laptops, busy as bees

It was nice to spend time with friends
When the day begins, we know later it ends
Football teams have many huddles
Before we leave we have group cuddles

Now I’m starting to wake
What I dreamt was totally fake
Another year spending Thanksgiving alone
Later I will call one or both of my friends on the phone

Maybe it’s the time to start a book
Reading the inside covers is where I look
Deciding on one to be read
Maybe I will begin the book in bed

My meal this day will be a frozen dinner
Either chicken or turkey will be the winner
Spending most of the day on my tablet
Just another day I’ll probably want to forget.

Howard Diamond is a Certified Peer Specialist from Long Island.
SELF-STIGMA and DISCRIMINATION using self-thinking
By Howard Diamond

Have these statements ever been said to any one of us? We are crazy, we are stupid or stop acting like a mental patient. Perhaps, we are told to, “Just get over it”. My notion is that at least one of them have been heard by most of us. However, each person reacts to this quite uniquely. Some laugh this off and think it is funny. Others take these comments as an insult and keep them inside for future use.

For many years, people with mental health issues have experienced some form of “STIGMA and DISCRIMINATION”. When mentioned often enough, individuals begin to believe what is said. Often this is called, “PUBLIC STIGMA” as it represents the stigma, prejudice, and discrimination of a specific group such as mental illness. My focus in this article is on something slightly different, but no less significant.

What happens when we use these negative phrases on ourselves? A couple of examples, I am stupid or I am behaving like a loony. Real confidence or self-esteem cannot be very high. Overall, these words are hurtful mostly to ourselves which can lead to other issues. Many times this is referred to as, “SELF-STIGMA”.

As a Mental Health Peer Specialist, I feel “SELF-STIGMA” is much worse for people that have mental health issues, because it is what we call or label ourselves. “SELF-STIGMA” occurs when we internalize public opinions and attitudes, while suffering mentally from a variety of maladies.

Stereotypes are the way we collect information about others out there. Like the current COVID-19 pandemic, “SELF-STIGMA” and its consequences can and do lead to negative feelings and emotions which many times turns into mental health issues and or social isolation. Additionally, from these bad feelings, people from the public, stay away from someone with mental illness because of fear “SELF-STIGMA” and or belief “DISCRIMINATION” that anyone with these issues are dangerous. What a absolutely horrible way to live.

Furthermore, “SELF-STIGMA” for me was a distorted belief of how people conceived I was. One way was that I was less than others, just because I had a mental illness diagnosis. These people continually discussed me and my given diagnosis, behind my back. Also, individuals saw that I had many types of behavior differences so a lot of ‘avoidance’ occurred. No, my diagnosis was never Paranoid. Regardless what was said or perceived, the more relevant and significant notion here was, that “SELF-STIGMA” caused a major impact on my self-esteem and my anxiety in the mind of others. Yes, it still influences me sometimes now.

“STIGMA” along with “DISCRIMINATION” are especially significant to “SELF-STIGMA” and more and more are now thought of as a front for treating many forms of mental wellness disorders. This overall effect of “SELF-STIGMA” is to help seeking individuals for anyone, not only to folks that deal with any of the vast assortment of mental health issues. In part four of this series will talk about the ways we already dealt with “STIGMA” or “SELF-STIGMA” and “DISCRIMINATION” and we will begin to reduce or even eliminate the words from our collective thinking plus our vocabularies, forever.

See you in the Newsletters and News Blogs. Howard Diamond is a New York State Certified Peer Specialist from Long Island

Halloweens Past and Present

October 27, 2020  Rita Cronise, Academy of Peer Services - Virtual Community Coordinator  Leave a comment
by Howard Diamond
Trick or treat! Want fish or meat? Can this be beat? Not from my seat.
Whatever one does for Halloween this year, it won’t be the same. We do not want exactly what we had last year, but some relevance to our Halloween past would be appreciated.

Knowing that COVID19 has disrupted many of our plans and holiday celebrations, so why did we think that this one would be any different.

Of course, Halloween did not start this way. A no warning is in effect ahead! Scary thought, no children walking in the streets, no costumes were worn and no one going from door to door expecting candy or coins.

Really frightening, no pumpkins were carved plus being placed in the window or left on the porches. Just imagine there was not even any hint of parties anywhere so no one went bobbing for apples. It does sound kind of boring, though. No warning is thankfully over.

Like many holidays, Halloween has had many names. All Hallows Eve or All Saints Eve are two of them. In its beginning, it was a three-day observance of All Hallows tide dedicated to remembering the dead, including all saints (hallows), the martyrs and all of the faithful that have departed. It is widely believed that many of its traditions originated from Celtic harvest festivals called Samhain. No, we are not talking about the Celts from Boston.

Samhain, (pronounced “sow-win”), marks the end of the harvest season and the beginning of the wintertime. It is celebrated on October 31 to November 1, due to Celtic days are from sunset to sunset. Their reasoning for deciding on this date is because it falls halfway between the autumn equinox and the winter solstice.

Historically, it has been widely observed by Scotland, Ireland and the Isle of Man. Celebrates often wore a variety of different types of costumes, flames from lit bonfires were everywhere and children many times received sweets all to ward off ghosts of their dead relatives and friends returning from the great beyond.

Sounds eerily similar to current day, Halloween. However, in 2020 it might be different. Due to COVID19, many of the kids may not be able to walk through their neighborhoods (of course, I mean trick or treating) and there may not be the usual parties where many people typically attend.

Hey there, some good news for all! Ironically, when politicians lessen some of the many restrictions, these trick or treaters are already wearing masks.

Remember, when we decide to go outside or attend a get together by participating in the custom of trick or treating, make sure we use our masks and they must be on and correctly at all times, no excuses and no exceptions. Also, be more cautious than ever, walk in small groups with everyone at least six feet apart. Please keep staying positive and stay safe, always. HAPPY HALLOWEEN!

See you in the Newsblogs.
Howard Diamond is a New York State Certified Peer Specialist from Long Island

Six Society Stigma Statements

by Howard Diamond

| SEPARATE   | SOCIAL    | SENSITIVE     |
| THINKING   | TENSION   | TALKING       |
| IDEALISTS  | INVOLVING | INSIDE        |
| and       | GANGS     | GET-TOGETHERS |
| GOVERNMENT | into      | of            |
| MAKING     | MULTIPLE  | MYSTERIOUS    |
| ACCUSATIONS| ACTIONS   | ADULTS        |
| STRONG     | STRANGE   | SPECIAL       |
| TACTICS    | TESTING   | TREATMENTS    |
| INFLUENCING| INCLUDED  | INDIVIDUALS   |
| GANGSTERS  | with      | with          |
| into       | GENERAL   | MASSIVE       |
| MASSIVE    | MEDICAL   | MENTAL        |
| ATTACKS    | APPOINTMENTS | AFFECTS |

by Howard Diamond, a Peer Specialist on Long Island

GROUPS FOR DISCUSSION

by Howard Diamond

Students don't belong in these groups.
Everyone wants to find a better way
Students please seek out different troupes
Hoping others agree to what I say.

Most of us are here for a reason
Sharing why we want to stay
New members arrive in every season
Speaking about work and about play.

Some come talking about depression
Getting support and maybe it will go away
For others anxiety is the topic of discussion
Wishing to relax and have a better day.

Groups happen morning, noon and night
Pick one or more whenever you may
Occasionally we argue and have a fight
It ends quickly so we can live for today.

Howard Diamond, A New York State Certified Peer Specialist from Long Island

Celebrating an Extraordinary Life: Mark A. Davis (a/k/a MAD)

Mark A. Davis, M.A., an award-winning mental health, LGBTQ, and human rights advocate who was also known for his warmth, kindness, humor, and his larger-than-life personality, died on September 14, 2020, in Philadelphia. He was 64.

An Ohio native who spent more than half of his life in Philadelphia, Mark was hired in 1985 to work at Project SHARE, the new self-help and mental health advocacy project Joseph Rogers had founded under the auspices of the Mental Health Association of Southeastern Pennsylvania. “Mark helped build the efforts...to be a large part of the national movement for social justice in mental health,” Rogers says.
Mark was the founding president of the Pennsylvania Mental Health Consumers’ Association (PMHCA). According to his bio on the NARPA website, he inspired over 75 consumer-run groups across the country; and he has been a speaker, consultant, and trainer in 43 states for a variety of consumer, family, community, and professional associations. In 2003, Davis founded the Pink & Blues, an ongoing support group for individuals from sexual and gender minority communities who also have lived experience with a mental health diagnosis.

With Gayle Bluebird, Howie the Harp, and others, Mark was a key organizer of Altered States of the Arts, celebrating the creativity of people with lived experience. “To the arts people, he was our role model,” says Bluebird.

Until recently, Mark often performed at conferences and in parades in what he called “drag with a tag.” In his debut performance in this role, at Alternatives ’92 in Philadelphia, Bluebird recalls, “the audience watched him as he was escorted on stage, where he disrobed from a fur coat, then to a ballroom gown, finally to the pink bathing suit. People in the audience were shocked, and laughed until they nearly fell out of their chairs.”

As Miss Altered States, Mark won Best Performance in the 2004 Philadelphia Gay Pride Parade.

As Mark’s NARPA bio noted, “As a person who is gay, living with mental illness, in recovery from addiction, dealing with hearing loss and living with an HIV-positive diagnosis (1988), he has consistently used his experiences and skills to combat stigma, inspire others in similar circumstances and e[ffect change],” particularly in developing culturally competent services for the LGBTQ+ community.

Having attempted suicide and lost his sister to suicide, Mark served on a committee of the National Suicide Prevention Lifeline.

In his LinkedIn profile, Mark highlighted his interest in “building movements of people seeking personal life enrichment and system change to eliminate stigmas, ignorance, and biases.”

Mark believed that Recovery Happens. He urged those with co-occurring conditions and many identities to “NAME IT, CLAIM IT, TAME IT, FRAME IT, LIVE IT!” He also believed that

SILENCE=DEATH,

TALK=LIFE, KNOWLEDGE=POWER, and that VOTING IS VITAL.

Addressing the Covid-19 pandemic, Mark wrote on his Facebook page that “We already have experience from Depression, Anxiety, PTSD, with social and physical distancing, unlike those experiencing this for the first time.”

In 2009, Mark received a prestigious Voice Award, presented by the Substance Abuse and Mental Health Services Administration, for his achievements as a mental health consumer/survivor advocate.

Mark Davis will be greatly missed by his many friends and colleagues all over the country; many have left loving messages of loss and remembrance on Facebook and the National Coalition for Mental Health Recovery e-list. One such memory is from acclaimed human rights activist Hikmah Gardiner, who said, “Mark was my supervisor years ago. His sense of humor was phenomenal: He joked about my being a woman of color and I joked about his being gay.” Dr. Mark Salzer, director of the Temple University Collaborative on Community Inclusion, called Davis “a colossal spirit and force in our mental health, HIV, and LGBTQ+ communities.”

Mark earned a B.A. and M.A. in Speech Education and Higher Education Administration from Bowling Green State University (1974-1981), where he participated in student government and the National Forensic League Team. In his LinkedIn profile, Mark reported that he was a varsity cheerleader, Sigma Nu Housemother (sic), and “the first ‘Male’ (sic) BGSU Homecoming King.” He was also director/producer of Miss Bowling Green State University, and was an “IFC Beer Chugging Champion.”

“The whole world is crazy; I just got caught,” Mark Davis once said. “We know that humor is the best medicine because there is no co-pay.” Memorial donations may be made to the Pennsylvania Mental Health Consumers’ Association and/or the Pennsylvania Peer Support Coalition.

Written by (alphabetically): Bluebird, Susan Rogers, Bonnie Schell, and Dr. Phyllis Solomon.
If you have a memory of Mark, please feel free to share it with the community!

What if Daniel Prude had Peer Support?

In a recent statement about the brutal death of Daniel Prude at the hands of police in Rochester, CCIT-NYC (Correct Crisis Intervention Today) points out that a “peer with lived mental health experience, trained in de-escalation techniques and paired with an EMT, would have responded more humanely and effectively to Mr. Prude’s health and emotional needs, rather than violently escalate the crisis as occurred. Mr. Prude should be alive today.” (Read More [http://www.ccitnyc.org/])

It occurred to me that stories about working with people, like Daniel Prude, written by peer specialists who are doing the work could change hearts and minds about “people like us”. Our stories of hope can help to reinforce the idea that recovery is possible. In fact, recovery should be the expectation.

Howard Diamond’s previous blog on Stigma and Discrimination is a narrative that can be changed if we collectively tell a different story. One in which we simply offer snippets about changes we’ve witnessed in people we support. Maybe we write down things people say when they thank us for the difference it made to have a peer to peer relationship. Maybe it is about having someone who believed in them. Or simply how they no longer felt alone. Our collective stories by and about the people we support can educate and inspire others (possibly policy makers). By writing a simple quote said by someone we support, an example of a life changed, we may be able to change — maybe save — someone’s life in the future.

Let’s tell our short stories about recovery, resilience, and the difference peer supporters make, one person at a time.

If you are not aware of the circumstances around Daniel Prude’s homicide, I invite you first to read the CCIT-NYC statement (Read here [http://www.ccitnyc.org/]), and then respond using the comment section below to the question, “What if Daniel Prude *had* peer support at the time of the incident? How might his life have been different?”

Stigma and Discrimination – Abused by Media by Howard Diamond

Does this look and or sound familiar? Did it grab our attention? It is in gold print in our local newspaper or perhaps it is the news personality that breaks into our favorite programming. Of course it does, at least to most of us at some point in our life. Utterly deplorable and a very sad day when this occurs. Wow, media strikes!
Mass Media often reports on people with Mental illness. Whether it be on radio or television or even in newspapers or magazine, my feeling is that the folks suffering are not even close to being portrayed in a correct manner. More often than not, media depicts mankind with mental illness in a extremely negative way, which often causes others to perceive each guy and gal dealing with this differently. In addition, inaccuracies stated by media causes judgmental and stereotypical thinking that many times leads to STIGMA and DISCRIMINATION. Worse of all, media shows people with mental illness as incompetent, dangerous and undeserving which serves to distance everyone from each other. What a lie! Realistically, what is needed is a more on the mark capturing of what someone dealing with these issues are like. This way and only in this way, one can discern between what is true or false, stereotype or reality and characterization versus real life story telling. Studies do inform us that people suffering from a form of mental illness are less likely to commit a violent crime, however, they are more likely to be victimized themselves. How does one like them apples?

People continue to STIGMATIZE and DISCRIMINATE others with mental health problems that look different from everyone else. Boy, is this false! Maybe it is their dirty hair or is it torn and tattered clothing being worn. Perhaps it is the wild eyes or the way one is meandering down the street. So, now we are lumping categories altogether. Think about these possibilities. Ultimately, is it because there are signs of mental health difficulties present? Once again, STIGMA and DISCRIMINATION rear their ugly heads.

Do people really appear that different? Of course not. These attributes tell us when casting for characters who look evil, threatening or at least are unkempt, interviewers need to check prospective candidates thoroughly before hiring. Out there are the homeless who lack funds or possessions to maintain the ability for an adequate appearance. These folks who have a right to perform and can and do possess any assortment of mental health issues. Also, there are huge numbers who get up every day, shower, go to work and lead productive lives.

Both STIGMA and DISCRIMINATION causes media to portray others dealing with any mental illness in a dismissive way. Applause, applause. Really it does seem like everyone looks and acts similarly, not like what the media often shows.

Mass Media glorifies Mental Health concerns. While many people are beginning to try talking about these issues and gains, recovery isn’t often displayed. Characters portrayed in media formats are rarely shown with any progress or recover from any of their maladies. If indeed humans do eventually improve and get better, it will only last for a short duration and is only a temporary situation. Ultimately, this creates a belief that there is little or no hope for someone who develops any type of Mental Health problem. Okay, I know, this is another way for media to justify that the words, STIGMA and DISCRIMINATION do exist.

In reality, people do recover! With an adequate combination of medications, therapy, social interactions with family and friends plus using the right mindset, many of these individuals can and do recover. Maybe in the future everyone can coexist and live in both peace and harmony.

Added to this, STIGMA and DISCRIMINATION will be removed from our collective vocabularies. Yes, earlier I said recovery is not only possible, it is probable. What do all the readers out there think? Let me know with some comments.

Next time, the article will be about how self stigma effects us and how we can develop other mental health issues. See you in the Blog.

Howard Diamond is a New York State Certified Peer Specialist from Long Island

Wounded Healer Discovers Her Limitations

By Zisa Aziza, Peer Specialist

There are certain truths that we can only discover for ourselves. Since writing my article in the Fall 2019 edition of City Voices, much has been elucidated. Between August and November of 2019, I had met my aspirations and still felt unsatisfied. As I had intended, I applied to Yeshiva University for their Wurzweiler School of Social Work Program. I applied on August 20th, the deadline, and by the 22nd, I had a student identification number. At work, I desired the role of Case Manager, which at the time exclusively required an MSW or Master’s degree. Due to the bail reform and expansions within the Supervised Release Program for pretrial services with justice-involved individuals, bachelor’s level case management was available. I didn’t immediately apply because it was adult-specific and I had a desire to work with young adults, ages 16-24. I was encouraged to apply for the position by my colleagues. It took about two weeks to receive the job offer, with a salary in the mid-50s. I was convinced that I was on my path—The Path—to the perceived greatness I wished to embody.

During my short time at Yeshiva University, an excellent institution, I was introduced to tremendous knowledge and a plethora of theories on human behavior. As a Jew, I was elated to attend Yeshiva, enthusiastic, and enthralled with the newness of it all. I held my professors in high esteem and was very respectful and appreciative of my classmates. I submitted some online assignments and wrote two papers, one a midterm, before withdrawing on November 8th, 2019. Although the papers received A’s, I found the process of learning about trauma and healing in an academic institution to be inexplicably triggering and retraumatizing. There was this approach of objective distancing that felt disconnected from the very statistics on the trauma that we studied. I took three classes at Yeshiva. In two of those classes, the professors distributed the Adverse Childhood Experience survey. I have a score of 9. The highest is 10. Of the questions in the survey, domestic violence between my caregivers was never witnessed, but intimate partner violence was very present.

I began to feel too wounded to facilitate the healing of others. Although I had withdrawn from Yeshiva University, I was promoted to Adolescent Case Manager as of November 18th, 2019, ten days after withdrawing from graduate school. I felt confident that if I focused on work and remained committed to my mental health treatment process, along with self-care practices, that I could maintain my work/life balance. This was upheaved when I performed an intake for two young men who were both charged with crimes of sexual violence against young girls. As a survivor of childhood sexual abuse, who is
currently naming and owning experiences of abuse that were normalized, I simply could not hold my seat at the table. After much deliberation, I applied for the Family Medical Leave Act and Short-term Disability as of January 6th, 2020. I write these words in late February, from a ranch in New Mexico, completely uncertain of my future.

Even so, I deeply believe that wounded healers can be exceptional in their ability to encourage and support the personal transformation of their peers. My pride instructed me that I required an MSW and a higher salary to execute such an intention. Humility is a wise teacher. It is not a matter of what you do, but why and how you do it. The creative impact is my intention. I thoroughly enjoy listening and processing and empowering people. My definitive dream is to live off the land, with a farm, in an adobe home, in a sustainable manner, and with the community. Whatever path that is aligned with my values and ethics that can actualize said dream, shall be explored. I intend on being content and graceful. I have faith in the process. This is my journey.

* * * * * * *

Flash forward to Corona times, Rosh Hashanah is upon us. Between February and September, my life has been full of abundance. I was in London to experience an art exhibit by Genesis Tramaine at the Almine Rech Gallery when the travel restrictions were declared. I recall being seated at a dinner reception after the opening of the art exhibit with Bernard Ruiz-Picasso, who after scrolling through my Instagram post suggested I explore the medium of music. The flight from London to Norway, and finally, back to New York was surreal. I returned to my employer at the end of March. I have been working remotely since that time. I currently have about 30 clients on my caseload and find it very manageable. I have also immersed myself into a community with JFREJ (Jews for Racial and Economic Justice) and Ammud: Jews of Color Torah Academy. I am currently enrolled in the Certification in Jewish Ethics and Social Justice at The Jewish Theological Seminary. Additionally, through a membership funded by my employer with SWEET (Supporting Wellbeing through Empowerment, Education, and Training), I am enrolled in two certificate programs: Cognitive Behavioral Therapy, and Psychotherapy.

Every day I challenge myself to surrender to the present. To do my best and to be most forgiving when I do not meet my own expectations. I have chosen to love myself as though I were my own child and my own mother; the abundance in such a task is life-giving. HaShem loves me, Spirit loves me, and I love me. How could I ever be lost? My path is of my own divining.

Editor: Zisa is an author and artist who writes poetry, prose, essays, and also does photography and strives to create documentaries. Her websites document her journey of self-love and striving for transcendence. She offers this as an open-copyright creator because she deeply yearns for community. For more of Zisa's creative works visit: truths89.com (http://truths89.com) or zisaaziza.com (http://zisaaziza.com)

Racism: A Public Mental Health Crisis

[Editor Note: On August 26, the Office of Mental Health broadcast the first in a six part webinar series on Racism as a Public Mental Health Crisis moderated by Matthew Canuteson, MA, Diversity & Inclusion Office, Director of the Bureau of Cultural Competence, NYS Office of Mental Health (OMH).]

The recording of the first webinar in the series is now available, and information about how to register for the rest of the series follows. Of particular interest is access to Project Implicit, a self-assessment tool to better understand our own level of implicit bias.

Webinar
Racism: A Public Mental Health Crisis with Matt Canuteson
New York State Office of Mental Health
Broadcast on August 26, 2020
For the Recording (https://meetny.webex.com/recording/service/sites/meetny/recording/play/f8c96faa844446cbb88523c5869bd1305)
Take the Implicit Bias Test (https://implicit.harvard.edu/implicit/takeatest.html)

During the webinar, viewers were invited to take a self-assessment called Project Implicit (https://implicit.harvard.edu/implicit/takeatest.html). The site provides a number of different categories for self-assessment. Race is one category and the self-assessment takes about 15 minutes to complete.

There are more webinars in this series. The next one will be broadcast on September 30. Learn More (https://virtualcommunityblog.files.wordpress.com/2020/09/091520-register-now-racism—a-public-mental-health-crisis-virtual-conferences-series-2-6.pdf)

Built That Way: Implicit Bias by James Clarke

[Editor Note: On August 26, the Office of Mental Health broadcast the first in a six part webinar series on Racism as a Public Mental Health Crisis moderated by Matthew Canuteson, MA, Diversity & Inclusion Office, Director of the Bureau of Cultural Competence, NYS Office of Mental Health (OMH).]

The recording of the first webinar in the series is now available, and information about how to register for the rest of the series follows. Of particular interest is access to Project Implicit, a self-assessment tool to better understand our own level of implicit bias.

Webinar
Racism: A Public Mental Health Crisis with Matt Canuteson
New York State Office of Mental Health
Broadcast on August 26, 2020
For the Recording (https://meetny.webex.com/recording/service/sites/meetny/recording/play/f8c96faa844446cbb88523c5869bd1305)
Take the Implicit Bias Test (https://implicit.harvard.edu/implicit/takeatest.html)

During the webinar, viewers were invited to take a self-assessment called Project Implicit (https://implicit.harvard.edu/implicit/takeatest.html). The site provides a number of different categories for self-assessment. Race is one category and the self-assessment takes about 15 minutes to complete.

There are more webinars in this series. The next one will be broadcast on September 30. Learn More (https://virtualcommunityblog.files.wordpress.com/2020/09/091520-register-now-racism—a-public-mental-health-crisis-virtual-conferences-series-2-6.pdf)

Built That Way: Implicit Bias by James Clarke

[Editor Note: On August 26, the Office of Mental Health broadcast the first in a six part webinar series on Racism as a Public Mental Health Crisis moderated by Matthew Canuteson, MA, Diversity & Inclusion Office, Director of the Bureau of Cultural Competence, NYS Office of Mental Health (OMH).]
[Editor Note: This week we welcome a new Guest Blogger, James Clarke, from the Syracuse Peer Network (SyrPeer). He shares with us an article on Implicit Bias, which is an important topic for peer specialists to consider.]

I find myself, like most, thinking I’m a rational person and base all of my actions on facts and decision making. At the same time, most decisions are automatic responses we have developed. Part of being human is to have logic and reasoning, making it almost taboo to speak of having biases or auto-judgments. This also sets us up to be hardwired to make mistakes within our judgment without ever being aware of it. It is now to be considered that these auto-responses are what lead us to the biases found within our society.

Nobel Prize winner Daniel Kahneman from Princeton University, who with Amos Tversky, worked toward undoing this century-long false view of how the human mind works showing how judgment is fallible and how we are hardwired to make mistakes.

When these two went into the study they believed that all people come to decision making logically and wondered how this could be used to influence the economy. Instead, they found the majority of our decisions were based on habits, intuitions, our personal history, and at times our emotional state.

This isn’t to say we are not rational beings, this is our fast mind at work-which occurs without active thinking. When we are logical we process things more slowly. This logical process is based on conscious reasoning, it is energy-draining and time-consuming. (Read More)

A day of remembrance: September 11

On September 11, 2001 the world changed in fundamental ways. Today’s anniversary is a time to reflect on the trauma and loss. It is also a time for hope. We survived. We are resilient. We will forevermore face the future as survivors of a crisis unlike anything our country had ever faced before.

Do you remember where you were and what you were doing when you learned the news of the attack and fall of the twin towers. In what ways did the news change your life?

One thing that I remember is a dear friend who, in the days immediately following the attack in 2001, organized a letter writing campaign. She went on Good Morning America and asked people around the country to send letters to first responders and the families of those who had lost loved ones in New York City and Washington DC. Thousands of letters poured in – and she redistributed those letters to families who had lost loved ones and to the fire fighters, police officers, and many other first responders who had lost friends and coworkers. People across the country shared their sense of grief and loss. Their sense of outrage. They shared their gratitude and appreciation for those who risked their lives – and for those who lost their lives. They let the people of NYC and DC know that the nation had them in their hearts and prayers.

I share that story because it feels like we are in another time of state and national trauma. And we are struggling with how to see our way through the pain and confusion. My friend’s simple act of going on Good Morning America and inviting people across the country to write letters and organizing them so that they brought comfort to many, just when they needed it the most, feels like just one way to help us to stay connected through the trauma of these days.

Do you have memories of September 11, 2001 and how you’ve found resilience in the years since? (Feel free to leave a comment.)
The anti-racism experiment

In light of the tragic events surrounding the death of Daniel Prude at the hands of police officers in Rochester, New York (see the Center for Disability Rights statement http://cdrnys.org/blog/advocacy/cdr-condemns-the-murder-of-daniel-prude/) and the subsequent protests, I’ve been reminded of a video resource we used in The Historical Roots of Peer Support Services course when we revised it to include topics related to power, oppression, discrimination, institutional racism, Intersectionality, and the origins of Eugenics.

The Anti-Racism Experiment

In this 1992 Oprah Show episode, award-winning anti-racism activist and educator Jane Elliot taught the audience a tough lesson about racism by demonstrating just how easy it is to learn prejudice.

Watch as the audience, totally unaware that an exercise is underway, gets separated into two groups based on the color of their eyes. The blue-eyes group was discriminated against while the people with brown eyes were treated with respect.

Jane says she first started this exercise in her third grade class back in 1968, the day after the assassination of Dr. Martin Luther King Jr.

Edited Episode: (https://youtu.be/ebPoSMULI5U) [Video 3:48 min.]
Full Episode: (https://youtu.be/ebPoSMULI5U) [Video 32:52 min.]
A Recent (2020) Interview with Anti-Racist Educator Jane Elliot [Video 7:16 min.]

We stand with those who call for reform to the way in which people in a mental health and/or addiction crisis are treated. Including and involving peer support is one of many possible reforms that should be considered.

Sports is here, but will it last?

SPORTS IS HERE, BUT WILL IT LAST by Howard Diamond
Sports is here, but will it last
No one knows when COVID19 is leaving
Enjoy sports like in the past
As this virus does its bobbing and weaving

Baseball, Basketball, Football and Hockey
Some sports are about to begin their season
While others are in playoffs to watch on TV
With COVID19 continuing to spread without a reason.

Baseball are using different ways that don’t make sense,
Basketball are playing their games inside a bubble
Football probably will start on time and will be intense
Hockey matches are getting on without any trouble.

Soccer around the world is basically the same
Golf tournaments are proceeding each week
Tennis courts are being used without much fame
Auto racing is around with sound reaching their peak.

Sports is here, but will it last
It is a good image for everyone to see
COVID19 is still running through countries very fast
Follow the rules, smart and responsible is the key.

A SPORTS POEM by HOWARD DIAMOND, A Certified Peer Specialist

Second Half Summer Though TV

BUZZ, BUZZ! The “buzzer” sounds ending the first half. What does this mean?

It is not signifying basketball has completed twenty four minutes. Nor is it the sounds of bees as they swarm around us.
Well, it tells us that summer is half over, now that July has changed into August. None of us can recapture the initial part of this season. Yes, what was done was done. Anyway, would anyone really want to? A win-win situation from my seat. Boy, that seat is hot. Summer is hot, indeed.

Wow, it is hard to believe that August has arrived and that summer is fifty percent over. Has July been a good or a bad month? Has the seventh ended or has the eighth begun? A coin can determine these “Family Matters” much more quickly, but why? “What’s happening” here? Conflict has its place, but not here. Most of the time, I think positively and move ahead. My life is not always about looking through my rose colored glasses, but I choose to gaze at the “Good Times” of my daily routine.

For many years in my past, I dwelt on the negative aspects. Statements I said were, “I can’t do this” or “I don’t want to try that!” What a freaking sourpuss and condescending attitude. Back then I was in muck and mire of quicksand with little or no rope to pull me out of my predicament. Yes, my life was in “60 Minutes.”

Then, one day it hit me like a pizza pie in the face. Help was out there, but it was, “One Step Beyond” my reach and I could not see well through the ever thickening fog. Like a familiar line often stated in, “The Three Stooges”, slowly I turned, step by step and suddenly in the distance was, That signpost up ahead… The Twilight Zone. At that moment, I got some strength and like “Tarzan or Superman”, I was able to find a way to get out of the quicksand.

Within a few moments, the fog began to clear and I awoke to my alarm ringing beside my bed. Another August day was dawning, while the TV was left on “Hill Street Blues”. That signpost up ahead… The Twilight Zone. At that moment, I got some strength and like “Tarzan or Superman”, I was able to find a way to get out of the quicksand.

Then, one day it hit me like a pizza pie in the face. Help was out there, but it was, “One Step Beyond” my reach and I could not see well through the ever thickening fog. Like a familiar line often stated in, “The Three Stooges”, slowly I turned, step by step and suddenly in the distance was, That signpost up ahead… The Twilight Zone. At that moment, I got some strength and like “Tarzan or Superman”, I was able to find a way to get out of the quicksand.

During these times of COVID19 and racial issues, I realized that it was exceedingly more difficult. For me, I attempt to plan different types of activities, “One Day At a Time”, sometimes only, “60 Minutes.” By doing partializing techniques, it helped me to reduce my stress and anxiety. My suggestion during the second half of summer is to spend part of each day outside in the sun. Attempt this carefully, one does not want to look like a lobster or a strawberry. OUCH!!! This can be quite painful. DOUBLE OUCH!!! Remember, “This is Your Life” so try to have fun while outside in August and do it at one’s own pace and speed, not someone else’s.

When we do this gradually, we can and do start feeling better with less redness or sunburn. Like on many installments of “Hill Street Blues”, Sgt. Esterhaus said, “Let’s be careful out there.” Very, very important now to be safe during the summer, especially this year. Do not need an “Emergency” and winding up in the “ER”. Therefore, please wear our masks outdoors, stay at least six feet apart (not to be confused with the show “Six Feet Under”), do not participate in gatherings or in large crowds. Plus stop torturing and killing one another by maintaining “Law and Order.”

From me to everyone reading this article, enjoy August, the rest of this summer and all of the “Days of Our Lives”. It’s a good time for me to reflect about my significant other, Maureen. Sweetie, I love you, I miss you and I still wish you were here.

See you in the Newsblogs.
Remember Moon Visit

Fifty one years ago we walked the moon
Now there are plans to return there soon
As time flies by, we celebrate each day at noon
While singing and whistling to a happy tune

Do we need to go back to that place
Or take care of our own human race
Time to put down the weapons and the mace
Before there are no humans, not even a trace

One person at a time is the way to start
Beginning the process by doing our part
Using our brain and our heart
Wow, that really does sound smart

Traveling again to the moon is a bad plan
Use our resources to help woman and man
Help others and become a fan
In every way possible that we can

A July Day…

OK, everyone jump in the pool. It is time for us to learn how to swim. Maybe we all know how, so it is time to practice what we have learned. Or perhaps, we just get wet and feel the water splashing our bodies cooling off from summer’s heat. Listen, I hear music playing and many laughing. Smelling food from a grill. Spending some time outside each sunny day as it comes. Most of us enjoying the recent holiday Independence Day without a care in the world.

Suddenly, with no advanced warning reality begins to set in. Bright skies turn gray, then it to black and in a second everything stops. In the distance, I see up ahead something familiar. It is not the signpost from The Twilight Zone. As I awake, I realize it was all a dream. Here my day begins. Eight a clock and I hear the TV that I left on talking again about COVID19 spewing the current stats of deaths and hospitalizations. How very upsetting. Although, I am not employed as a Certified Peer Specialist, I assist myself and others with my skills.

Using my tablet, many days I attempt to connect with people from other countries with their different cultures. Like most individuals, they are dealing with their current situation the way they can. This person states they drink too much, so I try Harm Reduction. On one day, I employed relaxation techniques to a man who barely leaves his home due to his stress of both COVID19 and anxieties. Others are local residents so it’s time to work with their budget or lend an ear and listen. Each individual needs to be heard.

By being a Certified Peer Specialist, I feel it is my responsibility to assist people where and when I can. No payments are given for my services. It is my feeling of satisfaction plus internal reward that drives me. Other Peer Specialists, can think of many possible volunteer opportunities to find a way to give back. Furthermore, I write these articles to promote what Peer Specialists CAN ACCOMPLISH! WE DO ACCOMPLISH! Look we are continually growing.
in numbers and in many more avenues of life. Do your part, too. One Peer Specialist at a time.

Most importantly, we do not need violence to solve our issues. Of course, I know that being different is difficult right now, but violence is not an answer to problems. Eventually, this causes others. Respect each other as individuals, not only as a race. Remember first we are ALL human beings. Since COVID19 is still around and gaining strength again, we have to stay and be safe. Wear those 😷 masks, remain six feet apart and have only small social gatherings. We owe this to each other. Yes, we do! Five years later, I long for my significant other, Maureen. Sweetie, I love you ❤️, I miss you ❤️ and I still wish you ❤️ were here. See you in the News Column.

Howard Diamond, Certified Peer Specialist from Long Island, New York.

---

**iNAPS Takes a Stand Against Systemic Racism**

In our role as peer supporters, many people whom we support, and many of our colleagues, come from marginalized communities. These individuals and communities continue to face discrimination, oppression, incarceration, injustice and abuse in a broad sense including within the mental health and substance use treatment systems. During the COVID-19 pandemic, we continue to see black and brown Americans getting sick and dying at disproportionately high rates.

Unfortunately, what we have seen very recently is not new. Now is the time to stand up.

Standing up will look different, and take different forms, for each of us. For us, as an organization we’re committing to additional conversations between the board, staff, and membership, as well as ensuring that our programming and offerings are centering black lives in more ways than we have in the past. We invite our membership and others in the world of peer support to join us on their journey and support us with feedback and ideas throughout this ongoing process.

How and why do we stand up to systemic racism as Peer Supporters?

**Core value #6 in The National Practice Guidelines for Peer Specialists and Supervisors of Peer Specialists**

Peer supporters facilitate change:

Some of the worst human rights violations are experienced by people with psychiatric, trauma or substance use challenges. They are frequently seen as “objects of treatment” rather than human beings with the same fundamental rights to life, liberty and the pursuit of happiness as everyone else. People may be survivors of violence (including physical, emotional, spiritual and mental abuse or neglect). Those with certain behaviors that make others uncomfortable may find themselves stereotyped, stigmatized and outcast by society. Internalized oppression is common among people who have been rejected by society. Peer supporters treat people as human beings and remain alert to any practice (including the way people treat themselves) that is dehumanizing, demoralizing or degrading and will use their personal story and/or advocacy to be an agent for positive change.

What facilitating change look like in practice for peer supporters and their supervisors?

**View Core Value #6 here** ([https://inaps.memberclicks.net/assets/Core%20Value%206.pdf](https://inaps.memberclicks.net/assets/Core%20Value%206.pdf))

As peer supporters we have the best tool already at our disposal:

LISTENING.

Our work is fueled by our own experiences of being othered and facing discrimination, and our resolve to advocate for others. **Draw on your struggles and make them your strengths.**

Talking about racism is not going to be comfortable. This is a quote from Leah Harris:

*Let’s talk about discomfort. Sometimes I need to make myself be a witness to a thing, even if it hurts. Sometimes I need to be in that hurt, because that’s called empathy, and it’s how I choose to live in this world. Believe it or not, comfort is not my primary objective in life. I am willing to be uncomfortable. Holding space for someone means you also have to be uncomfortable. If you don’t want to be uncomfortable, please don’t ask the person how they are doing in a terrifying unfolding situation. You may get an uncomfortable answer.***

This is time for taking action, but what does that actually mean or look like? One may be paralyzed by the abundance of needs, both evident and unexpressed, yet not knowing how to help. We all bring our own worldview based on our experiences. Lack of understanding and the willingness to listen often increases conflict.

**Finally, follow your heart. If you see a call to action or a chance to collaborate with others in your community to stand up against systemic racism and injustice, including addressing health inequity, and that speaks to your heart – STAND UP!**
If you would like to comment or ask questions about this article please email Martha Barbone, mbarbone@inaops.org.

To view the Virtual Resources for Peer Support Workers and Virtual Peer Support – click here.

Peer Support Approaches for Responding to Fear – Click Here for full article

National Coalition of Mental Health Activists Calls for Ending Police Role in Mental Health Crises

WASHINGTON (June 20, 2020)—In light of the repeated senseless killings by police officers of African Americans—many of whom are in a mental health crisis—the National Coalition for Mental Health Recovery (NCMHR) strongly supports the call by racial justice groups to “unbundle the police” and transfer a significant portion of police funding to health and human services—especially voluntary, community-based services.

“A report by the Ruderman Family Foundation that up to 50 percent of individuals killed by police in the U.S. had disabilities, and a large percentage of those were people with mental health conditions,” said NCMHR founder Daniel B. Fisher, MD, PhD, who himself has lived experience of a mental health condition. “And African Americans are at higher risk other individuals.”

In addition to their demand to increase funding for housing, job training, and health care, advocates representing a variety of human rights organizations have called for increased funding of mental health and substance use disorder services. “This would protect community members from the intrusion of police into situations involving mental health issues, for which they are insufficiently trained,” Dr. Fisher continued.

“However, there is the risk of replacing police force with mental health coercion,” Dr. Fisher noted. Rather than expanding forced mental health treatment and the number of beds in psychiatric institutions, NCMHR calls for using the increased mental health funding to expand voluntary, trauma-informed, community-based care. These services—such as peer-run crisis respite and warmlines, crisis stabilization units, and crisis outreach services—need to be delivered by ‘peers’—people with lived experience of a mental health condition—as alternatives to institutions.

“These services, which are evidence-based, could greatly reduce the killing by police of people with mental health conditions—especially African Americans, indigenous persons, and other people of color, who are most at risk,” Dr. Fisher said.

The NCMHR of member organizations in 27 states and the District of Columbia, and proudly joined 14 other disability rights groups run by persons with disabilities as a founding member of the National Disability Leadership Alliance.

Contact: Daniel Fisher, MD, PhD, info@ncmhr.org, 202-642-4480

We Don’t Need Cops to Become Social Workers: We Need Peer Support + Community Response Networks

(Reprinted Excerpt)

(Original Blog by Stefanie Lyn Kaufman-Mthimkhulu, June 6, 2020.)
"Replace the cops with mental health workers!" is a really well-intentioned statement, but the current mental health system is also a white-dominated, violent, coercive, and unaccountable structure that disproportionately harms people of color." — Morgan M. Page

As a Disability Justice organizer, a person with lived experience of madness, Disability, and neurodivergence, and someone who has been incarcerated in psychiatric institutions — I wrote this piece to shed light on why we can't reform cops into social workers, why we shouldn't replace cops with mental health professionals, and why abolition + peer support is the only way forward.

For many of our community members, it is dangerous and/or life-threatening to engage with police who are often the first responders for a mental health crisis (mentally ill/mad, Disabled, neurodivergent, and Deaf BIPOC account for over 50% of police deaths and mentally ill/mad, Disabled, neurodivergent, and Deaf folks are 16 times more likely to die in an encounter with police).

I am grateful to have learned + received knowledge from incredible Disabled organizers and scholars, such as Talila Lewis (https://www.talilalewis.com/about.html), Lydia X.Z. Brown (https://autistichoya.net/bio/), Alice Wong (https://disabilityvisibilityproject.com/about/), Stacey Park (https://www.kqed.org/news/11821598/what-stacey-park-milbern-taught-us), Leah Lakshmi Piepzna-Samarasinha (http://brownstargirl.org/), Azza Altiraifi (https://twitter.com/Azza_Alt), Leah Lakshmi Piepzna-Samarasinha (http://brownstargirl.org/), and so many more.

Continue reading on Medium (https://blog.usejournal.com/we-dont-need-cops-to-become-social-workers-we-need-peer-support-b8e6c4fe87a)

**SUMMER IS HERE**

by Howard Diamond

Summer is here
For all to reflect on the year
And of course, never fear
That Howard is here.

Summer is here to have fun
To enjoy a day or two in the sun
Be safe the virus is not done
And please put away that gun.

Summer is here for all to relax
Not thinking about all these attacks
Trying not to worry about the facts
Time for daydreaming on our backs.

Summer is here as we will leave June
And the heat will arrive very soon
Each night we can stare at the moon
While singing many a happy tune.
Summer is here to have joy
   Every girl and every boy
Open your heart and not to be coy
Now everyone lay back and enjoy.

Summer is here for one and all
Moving ahead without a stall
Remember always to answer the call
As summer moves into fall

A poem for summer days and summer nights by
Howard, Certified Peer Specialist from Long Island

Leadership for Uncertain Times

Finding Our Way: Leadership For An Uncertain Time by Margaret Wheatley
(An excerpt)

Opening

There is a simpler way to organize human endeavor. I have declared this for many years and seen it to be true in many places. This simpler way feels new, yet it is the most ancient story there is. It is the ancient story demonstrated to us daily by life, not the life we see on the news with its unending stories of human grief and horror, but what we feel when we're in nature, when we experience a sense of life's deep harmony, beauty, and power. It is the story of how we feel when we see people helping each other, when we feel creative, when we know we're making a difference, when life feels purposeful.

For many years, I've written and spoken about this ancient new story, and how we might apply it in organizations and communities around the world. I've learned that as we understand how living systems operate, we develop the skills we need: we become resilient, adaptive, aware, and creative. We enjoy working together. And life's processes work everywhere, no matter the culture, group, or person, because these are basic dynamics shared by all living beings. As we work with life, we also rediscover another gift, the great potential of the human spirit. I've worked in many places in the world of extreme material poverty. But that challenge fades in comparison to those of us who have forgotten how resilient and vast the human spirit is. Mother Teresa once said that the greatest poverty she saw was in the West because we suffer from spiritual poverty.

Western cultural views of how best to organize and lead (the majority paradigm in use in the world) are contrary to what life teaches. Western practices attempt to dominate life; we want life to comply with human needs rather than working as partners. This disregard for life’s dynamics is alarmingly evident in today’s organizations. Leaders use control and imposition rather than self-organizing processes. They react to uncertainty and chaos by tightening already feeble controls, rather than engaging our best capacities in the dance. Leaders use primitive emotions of fear, scarcity, and self-interest to get people to do their work, rather than the more noble human traits of cooperation, caring, and generosity.

This has led us to this difficult time, when nothing seems to work as we want it to, when too many of us feel frustrated, disengaged, and anxious.

The Era of Many Messes

I find it important, periodically, to ask people to step back and try to see the big picture. This is difficult to do when we're stressed by so many pressures at work and at home. But when we shift to fifty thousand feet, it's easier to see that our impotence is not a result of personal failings. Instead, failing to achieve good results is a consequence of living in this time when we’ve reached the end of a paradigm. Many of our fundamental beliefs and practices no longer serve us or the greater world. Worse than that, too many are causing harm and distancing us from the very skills, knowledge, and wisdom that would help. This is the era of many messes.
Some of these we’ve created (although not intentionally,) because we act on assumptions that can never engender healthy, sustainable societies and organizations. We act as if humans are motivated by selfishness, greed, and fear. That we exist as individuals, free of the obligation of interdependence. That hierarchy and bureaucracy are the best forms of organizing. That efficiency is the premier measure of value. That people work best under controls and regulations. That diversity is a problem. That unrestrained growth is good. That a healthy economy leads naturally to a healthy society. That poor people have different motivations than other people. That only a few people are creative. That only a few people care about their freedom.

These beliefs are false. They’ve created the intractable problems that we now encounter everywhere. If you look globally, it’s hard to find examples in any country or any major sector—health, education, religion, governance, development—of successfully solving dilemmas. Attempts to resolve them lead only to more problems, unintended consequences, and angry constituents. While millions of people work earnestly to find solutions, and billions of dollars are poured into these efforts, we can’t expect success as long as we stay wedded to our old approaches. We live in a time that proves Einstein right: “No problem can be solved from the same level of thinking that created it.”


JUNE IS BUSTIN’ OUT ALL OVER, … MAYBE NOT! By Howard Diamond

June 9, 2020  RitaC  Leave a comment

“June is bustin’ out all over”, is a song from the musical, “Carousel”. Yes, but is it really bustin’ out this year? There are a myriad of things that occur. For me, the month of June itself is bittersweet where both good and bad happened. Now, I am not talking about any candy. Maybe later, read on.

Whether it be longer days it longer days and shorter nights, warmer temperatures or just an abundance of sunshine, summer will begin one day this month. Also, one can plant in the garden and watch everything grow without worrying about frost or snow. Time to bring the vegetables inside and eat. Mmm good. Like from the end of the song, “Memory”, written by Andrew Lloyd Webber, “It is so easy to leave me, all alone with memory of my days in the sun …You’ll understand what happiness is”. Yes indeed, there are happy memories for all.

On a personal note, June 5, 2003, my significant other, Maureen, walked into my life. Here is what began some of the most wonderful “Days of Our Lives”. Of course, not the soap opera. This is fact, not fiction. Going to a park or beach, traveling or just being together, we tried to make the best of our situations. Bittersweet it was, as this did not last. June 12, 2015, Maureen died, which became one of the worst times of my life. Added to this, my mom died last June 19. As Charles Dickens wrote in, “Tale of Two Cities”, “It was the best of times, it was the worst of times”.

OKAY, time to try to turn my negative into positive. Difficult yes, but it is what is needed. So, now I focus on the sun beaming outside and the birds singing their songs and the smell of fresh air. Unfortunately, I know the drill, so please do not tell me. Spending time outdoors, helps me stay calm. Maybe, just maybe, we can do our part. Remember to be safe, wear our masks, stay six feet apart from each other and do not congregate. Safety first always.

As am I writing this article, there is civil unrest everywhere. Yes, it is our first amendment right to freedom of speech and freedom to assemble, but how we are obtaining our objectives needs to be peaceful and lawful. Riots and looting are not the answers. Included in the constitution it states, “the right of the people PEACEFULLY to assemble”. Furthermore, it is written in the Ten Commandments, “Thou Shall Not Kill”. I think the police are using excessive force and it has gone on way too long. ERIC GARNER and in the past, RODNEY KING to name two. Today, of course it is GEORGE FLOYD. THIS MUST STOP HERE AND NOW, PEACEFULLY!

We must all try to get along. Together and individually we will get through our dilemmas and our problems. We can, we definitely can! I want to believe in the good in ALL people not just some. ALL PEOPLE. June is bustin’ out. Let’s stand together for change.

Alright, now it is time to give out some sweet, not bittersweet candies. Finally, I put my attentions on thinking of my good times with Maureen. Wow, it is hard to believe it is now five years later, “Sweetie”, I love you, I miss you and I still wish you were here. See you in the Newsletter.

Howard Diamond,  A Certified Peer Specialist from Long Island

Can America Heal Its Racial Wounds? We Asked Desmond Tutu and His Daughter

June 9, 2020  RitaC  Leave a comment

South Africans surprised everyone by transitioning to a relatively peaceful post-apartheid society. Here’s what Americans can learn.

BY FANIA DAVIS (https://www.yesmagazine.org/authors/fania-davis/) & SARAH VAN GELDER (YES MAGAZINE) (https://www.yesmagazine.org/authors/sarah-van-gelder/) 8 MIN READ

Can we recover from the legacy of slavery, lynching, land theft, disenfranchisement, redlining, job discrimination, and mass imprisonment? We turned to Archbishop Desmond Tutu and his daughter the Rev. Mpho Tutu for wisdom on this question. Desmond Tutu led the South African Truth and Reconciliation Commission, formed in 1995.
Many people anticipated violence and a breakdown of society as decades of apartheid ended. Instead, the country transitioned relatively peacefully to a multiracial democracy, in part because of the truth and reconciliation process. (Continue to Read (https://www.yesmagazine.org/issue/make-right/2015/05/29/can-america-heal-after-ferguson-we-asked-desmond-tutu-and-his-daughter/)

Statement On Protests

June 9, 2020  RitaC  Leave a comment

On May 28th, we sent out a statement called 'Racism & the State of Our World.' You can view it HERE (https://madmimi.com/s/123fc01) if you missed it. Since then, tensions have continued to rise, with more and more protests rising up across the nation.

Some have asked, “Now that all four officers have been charged in George Floyd’s murder (https://www.cnn.com/2020/06/03/us/george-floyd-officers-charges/index.html), why haven’t the protests stopped?” It’s essential to understand that while the murder of George Floyd at the hands of the police in Minnesota – along with delays in their arrests – certainly raised us to the boiling point, what’s happening right now is not just about George. It’s about the fact that, in Minneapolis, it has been found that black people are seven times more likely to have police force used against them (https://www.nytimes.com/interactive/2020/06/03/us/minneapolis-police-use-of-force.html). And, it’s about the fact that finding is not at all unique to that city. It is about the fact that black people are at least 2.5 times more likely to be killed by the police (https://www.statista.com/chart/21872/map-of-police-violence-against-black-americans/) than white people. It is about the fact that black people are more likely to be randomly stopped by the police (https://www.theguardian.com/us-news/2020/jan/02/california-police-black-stops-force). They are more likely to be convicted (https://www.washingtonpost.com/news/opinions/wp/2018/09/18/theres-overwhelming-evidence-that-the-criminal-justice-system-is-racist-heres-the-proof/#section8) if charged with a crime, and more likely to receive harsher sentences (https://www.ussc.gov/research/research-reports/demographic-differences-sentencing). No, these protests are not only about the brutal murder of George Floyd, but about the epidemic of racially motivated violence and police brutality that has been going on in this country for many years, and has led to a long list of lives lost (https://www.latimes.com/nation/la-na-police-deaths-20160707-snap-htmlstory.html) and damaged.

(Continue Reading (https://madmimi.com/p/e797d01?pact=651158-158676609-12731305287-70f13b798936f248cb8389ba59a29dafa736f1))

A role for lived experience mental health leadership in the age of Covid-19

June 1, 2020June 1, 2020  RitaC  Leave a comment

Editorial published on May 23, 2020 in the Journal of Mental Health by Louise Byrne and Til Wykes.

(Excerpt follows.)

In 2020 an invisible assassin has swept across the world, creating chaos, confusion and uncertainty. Covid 19 has taken many people’s health, some people’s lives and the lives of loved ones. It has destroyed livelihoods and put the financial futures of billions at risk. We are helpless, there is nothing to fight back with. We are trapped, we have to stay in our homes. We are physically isolated, our usual freedoms and way of life suspended. As a result, our ability to enact fight or flight is inhibited, increasing the likelihood of lasting impacts on mental wellbeing (van der Kolk, 2014). Life as we know it, at least for a time, has changed so significantly we are reimagining our futures in a variety of ways, with no idea what’s really in store for us. We are collectively holding our breath, fearing the worst and hoping for the best. Never has there been a greater opportunity to stop pathologising the emotional experiences of human beings and start connecting over
commonality, sharing stories and strategies to collectively work our way forward. As a global community, we are all engaging with personal recovery on some level and trying to create a new life, with meaning and hope, beyond the effects of Covid 19. At a time when there is a global mental health crisis, the lived experience community has answers that are highly appropriate to the trauma induced situation we’re all facing.

As the prevalence of lived experience/service user/peer/survivor/Mad perspectives have grown in recent years, so recognition of the potential benefits of lived experience roles is growing. There are examples of lived experience work being embraced by organisations and enabled to contribute to systems transformation (Jackson & Fong, 2017). However, instead of welcoming the hands-on, been-there-done-that perspective lived experience brings, the established medical paradigm largely continues to resist the involvement of lived experience, with considerable push back and unwillingness to engage still occurring (Happell et al., 2015; Jones et al., 2020). There are a number of misconceptions or beliefs underpinning this unwillingness.

(View full article on the Journal of Mental Health (https://www.tandfonline.com/doi/full/10.1080/09638237.2020.1766002))

---

**May is Mental Health Month – Part 2**

**May 20, 2020**  **RitaC**  **Leave a comment**

**May Is For EVERYONE. (May is Mental Health Month Part Two.)** by Howard Diamond

Yes, May is Mental Health Month, but is more than that. Thirty-one days in May and many other interesting events happen yearly. Does this mean I am going to mention each and every one? Can we try to imagine this, would this be a great idea?

Of course not, I have better things to do, say and write.

May I? May I? Well, let us proceed. A few days ago on the 15 May, I had my birthday. No applause or congratulations necessary. In fact, I spoke with no one and I received but one card. For me, it was another day to spend alone. Since this is a common occurrence, it makes me sad for a moment and then I replace the thought to an even happier in my thought process.

During my years of therapy, I learned a technique called, Cognitive Behavioral Therapy (CBT). Simply put, it focuses on changing negative thoughts that can contribute to and worsen emotional difficulties. CBT is one of several ideas that helped me on my road to recovery. Although my thoughts are clearer now, I am still on the road. Who of you out there, want to join me on this road? Anyone, Anyone, I’m waiting…

This excursion is long and painful. Each and every journey begins with one step. Anyone, I’m still waiting … not for long, Okay I want to move ahead now. Remember, CBT assisted me, does not mean it will do the same for you. We all take our trip differently but our lives intersect and continue together. Look out, it might and can bite us, no pain, no gain. Chin up, (but not too much) and focus on what is up ahead, (but not too far) and accomplish this by following this one step at a time.

Right foot, left foot, right foot, left foot and repeat. Does this sound familiar? I know, I know! This is the walk used by The Armed Forces. This year on 25 May it is going to be Memorial Day which commemorates those who died in Military Service to and for THE UNITED STATES OF AMERICA.

Due to COVID19, this means more than ever so for this I salute ALL individuals who serve. THANK YOU!

It appears that Mental Health Month is not the only event in May. Most importantly, like I wrote previously, Mental Health is not only in May, but during every month of every year. So take care of oneself, physically and mentally, always. It is a positive way to look ahead in our journey to recovery in our lives. See you in the newsletter.

Howard, New York State Certified Peer Specialist from Long Island.

---

**May is Mental Health Month**

https://virtualcommunityblog.wordpress.com/blog-site/page/5/
MAY DAY! MAY DAY! Of course, I am not abandoning ship. What I am about to say, May is Mental Health Month. Now it is our time to be together, apart. Just as The Turtles sang, “Happy Together”. Although, this concept is quite difficult, we must do this for both our Mental Health and our Physical Health.

In an Army Motto, it is said, “Be all that you can be”. This encompass both togetherness and individuality. Many Peer Specialists like myself, attempt to get others to empower each person one at a time. Ultimately this is helpful in obtaining the greater good for ALL people. “Day By Day”, sung in the musical Godspell, we as Peer Specialists are trying to get better and more respect in the workforce and in society.

What is respect? Not only is it a song by Aretha Franklin, but one mantra by the peer movement. RESPECT is a feeling of deep admiration for someone or something. Remember, respect is earned and is never given. But, you must give respect to receive respect. Professionals and Peers must do this together as one. Wow, is that what Ms. Franklin meant all along with her song lyrics? Let us ponder?

OKAY, stop pondering and read on. We as people must unite to achieve an everlasting existence. Yes, yes, as performed my many artists, “PEACE, LOVE AND UNDERSTANDING for all. May is Mental Health Month, but this is applicable each and every month, all the years ahead and beyond. Please, no exceptions. See you in the News (Blog).

HOWARD, Certified Peer Specialist from Long Island

Essential Workers – Share Your Stories

Open Letter to “Essential Workers”

First and foremost, if you are reading this, we want you to know that your efforts have not been in vain. In our efforts to honor your work, we at City Voices would like to invite you to share your story…

From the frontlines, to the inner turmoil, we want the world to know your truth. This includes you, whether you are a nurse working strenuous hours servicing patients, someone in the social services or officers trying to uphold the law..

We at City Voices want you to know that you are not alone. We also want others to know how far you put yourself “out there” as an essential worker and how far you are willing to go in order to perform your chosen duty for the greater good.

As we all struggle to adapt to the effects of COVID-19, we must always remember those who go above and beyond to ensure that the motion of society continues to move forward with dignity, no matter the sacrifice or struggle.

This is exactly why City Voices welcomes the loved ones of essential workers to share their experiences, thoughts, and concerns for our loved ones who are selflessly pushing forward, as well.

For those not considered “essential” by the government, we here at City Voices understand what is essential is really a loose and ambiguous term requiring the individual to define it for him or herself experiencing it.

Remote workers: how are you adapting to telehealth communications?

- What are some of the differences in providing services in person vs remotely?
- What are some gaps in care that may have been forced to the service due to our current pandemic?

Whether you have been tech savvy prior to COVID-19 or are now learning to adapt to tech, your story, truth, and experience are what we are seeking for the next issue of City Voices.
We truly want to know what it’s been like for you to push forward and continue the big fight to ensure the care, compassion, and treatment for those you care for or the reasons you may have chosen to step down. Your story means the world to us and can help others who may feel left out or are still unable to grasp the chaos of this pandemic.

Your story can do more than bring you praise and honor. It can save lives and restore hope.

Please consider the following questions:

1. How have you broken free from isolation?
2. How do you envision the process of reconnecting with society on new terms? If this is something you have already adapted to, what has it been like for you?
3. What does life in isolation mean to you? Whether it be by choice or obligation. How has COVID-19 and your duties as an essential worker impacted your profession?
4. How have you practiced self-care while caring for others?
5. If you have chosen to step down as an essential worker…why?
6. How have you balanced essential work and family care?
7. Do you have any advice, recommendations, or warnings for other essential workers or non-essential workers?
8. What effect has COVID-19 had on you physically & mentally?
9. How do you practice, or promote self-care?
10. Are you aware of just how important, valuable, and appreciated you are?

Feel free to use these questions as a guiding point but be free to express yourself as you see fit.

City Voices asks for your help to not only reward yourself for your good deeds, but also to help others who may be losing their own internal battle. This is a time to come and stand together as we join forces, stand our ground and push back against that which wishes to destroy humanity.

All submissions can be anonymous or self-disclosed.

Article must be related to mental or behavioral health, a diagnosis, condition, experience, coping abilities or lack thereof, strategies, COVID-19, remote work or loss of belonging due to the disruption of society as we have come to know and understand it prior to COVID-19.

Any submissions for the City Voices newspaper must be free of derogatory language, political outlash, or religious assertions.

Submissions should be sent directly to CITYVOICES1995@GMAIL.COM and VAM1990@icloud.com.

We can also schedule online interviews.

City Voices writer’s guidelines are available on the website: CITYVOICESONLINE.ORG/SUBMIT.

--------------------

Survivor-Led Mutual Aid Projects Flourish in a Time of Crisis

By Leah Harris, MIA Correspondent

March 30, 2020


During the current coronavirus pandemic, the practice of mutual aid—defined broadly as the ways that people join together to meet one another’s needs for survival and relationship—has reached the mainstream. Yet often missing from major media coverage of mutual aid is any acknowledgment of its roots in movements led by marginalized people, including Black and Brown people, disabled people, mad people, and psychiatric survivors.

People relegated to the margins of society have long known that they can’t necessarily depend on systems for their survival. For example, Mutual Aid Disaster Relief emerged from New Orleans communities of color forgotten in the wake of Hurricane Katrina, when public authorities responded to demands for help with automatic rifles.
As activist Reyna Crow from Duluth, Minnesota told Mad in America, “I have learned not through this, but previous crises that have affected me similarly for protracted periods of time, that it is those who have already been there I can turn to for real support. Systems aren’t effective or safe in my case. Community is the best way to try to ensure we all get our basic needs met.”

(Continue on the MIA site [https://www.madinamerica.com/2020/03/survivor-led-mutual-aid-projects/])

---

“Couch Contemplations” …By Bluebird

I am writing this from my “couch” but by no means am I advocating for it to be the place for me (or you) to stay for long periods of time. I am concerned with the new every-day- now- requirements coming from all forms of government to stay put inside and to keep a safe distance—(six feet)—from others, can become a real problem especially for those of us who experience depression. Precautions narrowly defined are not considering the possibilities of secondary consequences.

I am not pretending to be an expert, but feel justified to recommend that we all need fresh air, to go outside for daily walks or to sit quietly in sunshine with a good book in hand, saying hello to others and stopping to talk with them at a safe distance, (not sure six feet).

Point in hand, I took a walk this morning, stopping at Einstein’s Bagels for a Lox and cream cheese bagel and coffee. Few people were out but sitting at the outdoor table was friend Ella who lives in my building and her dog Lexi. Ella has an illustrious history as a person with a Ph.D. who once raised money for wells for people in Africa. She looks like someone you could write a beautiful story about. When I sat down with her we both agreed that taking walks is important.

“These people who are choosing to stay in their apartments and not go out are just a bit cuckoo,” twirling her hand around her ear. (Not informed of our improved vocabulary you understand!) Later we walked to the Memorial Park across the street and met with the friendly dog walkers who meet up daily. None of them felt the need to isolate either, one of them with a story of a neighbor who is agoraphobic and never goes out stating humorously that her disorder is now the new “normal.”
It was fine to get out but there were differences noted: fewer people walking, fewer people in the park which will not close as there is no way to close it, thank goodness!, fewer people getting coffee, even at Starbucks. Forever available, the river remained the same; strong, reliable and calming! I will continue writing every day with some nuggets of information for you to ponder over.

May I suggest that you go outside for a walk, sit somewhere enjoying watching new spring flowers and birds chirping with paper and pen for writing or markers for drawing. Be creative.

What other thoughts, ideas, suggestions do you have and want to share?

About Gayle Bluebird, aka “Bluebird”

Bluebird has been a pioneer working to change the culture of the mental health system for many years in different parts of the country. She is known for “Altered States of the Arts,” and promoting the arts to heal from trauma and emotional abuse. Over the years she has formed national networks of artists, writers, and performers, networks of artists, writers, and performers who tell their mental health stories through art. She has also received many awards, including the prestigious “Voice Award” from the Substance Abuse and Mental Health Administration (SAMHSA) in 2010. In her last position, she was the Director of Peer Services in the state of Delaware, where she helped to develop and implement several peer programs, including a successful arts center, The Creative Vision Factory. Now retired, she spends much of her time writing daily poems on Facebook. She created a curriculum and soon to be launched Elective course for the Academy of Peer Services called, “Transforming Lives through the Arts.”

She has also written a book called Tootles’ Tails, that contains stories written in the voice of her dog, Tootles, soon to be published. You can find her on Facebook or email her at gaylebluebird1943@gmail.com.

Peer Support Approaches for Responding to Fear

March 14, 2020  RitaC  Leave a comment

Many in our community may be feeling extra stress with all of the talk about the Coronavirus outbreak, officially now called COVID-19. As peer supporters, we are in a position to support others around their own fears as well as the general fear in our communities.

Encouraging people to discuss their fears is a great practice. Our discussions can provide accurate information, and it can help others find accurate information from appropriate sources. In this way, people can decide what they need to do to in order to minimize their risk of becoming infected, and it also can have their minds put at ease if they realize that they have already taken necessary precautions. We can respond to fear with compassion and also offer constructive support.

Fear can be a lifesaver that protects us from real danger and spurs us toward positive action, but it also has the power to deeply disturb and limit us. Worst of all, fear can erode our trust in ourselves, in the goodness of others, and the joy in living.
Constructive responses to fear:

- **Put fear into perspective** – our perception of fear is often increased by what we see, hear, and read in the media. It is important for us to become knowledgeable consumers of information, and be able to differentiate between accurate news and exaggerated, scary sound bites of skewed information and wrongly-projected statistics. Staying informed and choosing reliable resources, such as the Centers for Disease Control and the World Health Organization will help. Resource link: https://www.cdc.gov/coronavirus/2019-ncov/.

- **Media breaks** – the key is to stay informed without being overwhelmed by a constant flow of upsetting information. Catch up on the news at a time of day you feel most rested, relaxed, and supported. Watch the news with a supportive friend.

- **Interrupt fear** – interrupting fear can limit its power. When we are fearful we may also feel out of control. Doing usual tasks such as washing dishes, exercising, or talking with friends reminds us that we can be fearful but still make meaningful choices. Each task accomplished lessens fear’s grip and restores our confidence and trust that we can cope with life’s circumstances.

- **Use all of our senses** – when fear takes hold of our thoughts, small concerns can grow large and take over. Awareness of all five senses can help us be in the present moment instead of losing ourselves to the “what-ifs” which can be circling around our brains. Breathing exercises, mindfulness routines, coloring, cooking, and practicing other ways of being in the “here and now” with the help of our senses is helpful.

- **Find your joy** – turning to joy does not mean ignoring your own suffering or the suffering in the world. Finding your joy means being willing to remember that connection to others is one of the most important ways of restoring life’s meaning.

James Baraz sums it up this way in his book, Awakening Joy, “Focusing only on the terrible things can lead us to pull back from life and fall into despair. Staying in touch with the well of joy within us enables us to be part of the solution rather than the problem.”

**What helpful strategies do you have that help you to calm your fears?**

Martha Barbone
Interim Director of Operations
National Association of Peer Supporters, Inc (iNAPS)
http://www.peersupportworks.org

March by Howard Diamond

March right in. Yes, March right in. If you choose, April left out. Of course, I realize that is quite a silly statement. They say in baseball, there is a position called left out, but that is not a fact but is more than having a feeling. It is way we can discount feelings.

For me, I am trying to separate the facts from what their insides are telling them. Maybe brain versus heart. Someone must have a beer idea. Does anyone have one, I am willing to listen?

During last month, there is a day where feelings get muddled with facts. On February 14, it was Valentine’s Day. For many of us, it is a day set aside for lovers who spend special time together. When my significant other, Maureen was alive, she said February 14, was a day like another and we are supposed to love each other every day.

Consequently, for the years Maureen and I were together, (12 not enough), no gifts, no candy and no cards were exchanged on February 14. Also, no flowers were given to each other, it was just an ordinary day, just to be together. Think about this, no chocolate nor sweets. So is this feelings or facts? Do you agree, or disagree? Decide what might be best for you. Remember I am not here to decide anyone’s ultimate happiness.
Now we March from February to another exciting month. Awaiting the new season, William Shakespeare wrote, “Beware the Ides of March”. Another famous statement was, *March comes in like a lion and leaves like a lamb*.

Are these truthful ramblings of writers to entice what goes on around us all? Both lines are feelings and not based in facts. Also, coming in March is the beginning of Spring. Although, so far this winter has been devoid of snow, winter will be ending. That is a fact.

GREAT and FANTASTIC are my feelings and what I wish for is no snow ever. On the other side if one goes skiing, they can take snow with them for a white time. Soon, there will be, GREEN GRASS AND NEW LEAVES, REDBIRDS AND CARDINALS SINGING and hopefully, BLUE SKIES AND BLUE WATER EVERYWHERE to adorn us with their beauty. Does this sound wonderful? Share your thoughts. Furthermore in Spring, it brings the start of the baseball and must see watching for this writer. LETS GO YANKEES! LETS GO YANKEES!

[Ed. Note: Thank you Howard! It's great to have you writing and marching with us again!]

City Voices Asks You to Get Involved

By Dan Frey, Director, City Voices, www.cityvoicesonline.org

Anyone can get involved within their community in order to strengthen the abilities of peers in recovery from mental health, or substance use concerns. Building this type of bridge is easier with the support of a mentor.

I had a mentor named Ken Steele who was well known and effective during his time. He was the founder of *City Voices*, the only newspaper in New York State that provides a platform for peers to share their voice with mental health experiences. In his time, Ken took some heat for the funding he received from a pharmaceutical company and his close relationship to the National Alliance on Mental Illness (NAMI) and Mental Health America (MHA) formerly the National Mental Health Association. However, he always spent the funds on his projects and on people instead of himself.

Ken also founded the Mental Health Voter Empowerment Project, which registered 28,000 people to vote in NYS. His project would have gone national had he not passed away suddenly at the age of 52. To my knowledge no one has taken up the cause of organizing people with mental health diagnoses into a voting bloc since Ken.

Twenty years since Ken died, *City Voices* is still going and it is gradually working its way back to Ken Steele-levels of distribution. In every issue we include content of value for the peer workforce. We are independent of pharmaceutical companies and raise money for operations from subscriptions, advertising, and donations.

To view the current issue of *City Voices* newspaper, click here [https://virtualcommunityblog.files.wordpress.com/2020/02/021820-city-voices-winter-2020_final_color_low_links.pdf].

In addition to the newspaper, we facilitate, and are working to grow peer-worker support groups, increase our web and social media visibility, and to start a mentoring project.

To view the flyer for Peer Workers United, click here [https://virtualcommunityblog.files.wordpress.com/2020/02/peer_workers_united_march-5.pdf].

All of these projects are volunteer and require a willingness to negotiate, compromise, have empathy and respect for each individual and the collective lived experiences, and, most significantly, teamwork. We do this work because we strive for a world where we feel like we belong and have the right to achieve our bliss.

I really hope our mentoring project takes wing, as mentoring helped me to stay active and engaged. I believe it can have the same impact on someone else. This year I am celebrating 10 years free of institutionalization and I hope to help others stay clear of that too.

Please send me a message if you want to get involved with *City Voices*: CityVoices1995@gmail.com or visit www.cityvoicesonline.org.

The web address may change in time, but the email should remain.
We are seeking volunteers with lived experience in mental health or substance use who can do any of the following: write, edit, mentor, mentee, organize, co-facilitate, sell, share, social media, web design, computer work, speak, or learn. Most work can be done virtually (anywhere), while some work depends on being near New York City.

I look forward to hearing from you.

City Voices newspaper is fiscally sponsored by Baltic Street AEH, the largest peer-run employer of people with lived experiences in NYS.


Wisdom Within Podcast

March 25, 2019

Our Guest Blogger, Kathleen Surline, has gone “audio” with her new blog on WisdomWithin: On a mission for good! She’s got the microphone on, got the support dogs, and in a very short time she is already up to a dozen podcast episodes that we thought we would share with you, especially if you like to listen to good wellness tips and ideas. Listen and share with others!

To review an earlier posting by Guest Blogger: Kathleen Surline, Founder, Wisdom Within (https://wisdomwithinweb.wordpress.com)

Of all the profundities that have come to light in the course of my illness, recovery, and even my subsequent choice to become a NY Certified Peer Specialist, one the most perplexing has been disconnection; or perhaps, more accurately, reconnection.

I suppose it goes without saying that most of us experience some manner of disconnection before, during and/or after our mental health diagnoses. While we are struggling with our symptoms and no one else gets us. While we are fearing what might really be wrong. While we are sleeping less and less. While we are swimming in that initial sea of uncertainty. We may not feel able to hold a conversation with a friend or loved one; our words don't work. We may find we are isolating (such a common occurrence during depressive episodes, etc.); we have a hard time reading with understanding; we feel unable to explain what we are going through, so we may say nothing at all. We don’t go out. We don’t answer the phone. We stop getting online. Slowly, slowly, through the course of recovery work, we make certain new connections that help our footing. Maybe its a medication regimen that finally seems to help, after months of trial and error and side effect surprises. Maybe it’s a therapist or doctor that we finally feel is the right fit for us. Perhaps we took up writing again, or art, or music, or (name your therapeutic endeavour of choice here). All this helps. But many of us are still very separate from the rest of the world. Some disabled by distance or finance, some by inability to leave their homes to attend support groups, workshops, conferences.

Then, lo and behold, and by whatever manner the opportunity came, we find there is now a connection, a path if you will, in peer support, that can allow us to make lemonade from lemons.
The Offices for Mental Health and the Academy for Peer Services avail us of the possibility of becoming Certified Peer Specialists in mental health via the online coursework they’ve so outstandingly developed! To connect with a like-minded group, even if only in spirit. To share what we’ve lived, survived, learned along the way, from our oft times lengthy dance in the darkness. To then take that forward, with shared knowledge and standardized education, in our history, in this new work, in an effort to help the next humans who find themselves at the dance; to encourage wellness, self-advocacy, and hope. Despite perhaps some sputters and spurts, we reconnect online to APS coursework and discussion forums, and focus on certification. The sense of accomplishment and affirmation once that certification happens, well, it’s like a rebirth of sorts. Back into the world of the functional, the valued, the accomplished!

Then, we may find, despite all best intention and enthusiasm, that peer support work itself can, at times, leave one feeling disconnected in its own right. Or at the very least, somewhat isolated.

If we are fortunate enough to gain a position in the peer support workforce, then the fellow consumer-survivors we serve may be our most frequent interactions. We are there for them (not the other way around). Its not like we have a support group for Peer Specialists. And the work is not easy; if it were, everyone would do it.

On the other hand, if we are not immediately finding positions in the peer support workforce, then we may again feel isolation and disconnect. Peer support work is evidence-based, yet old stigmas and biased perceptions still serve as roadblocks to our early success in some regions. This frustration could be enough to cause one to give in to the agony of defeat!

But, as Winston Churchill so aptly put it, “never, never, never give up.”

Now, we have APS’ new Virtual Community! What an opportunity! Might it be possible to create new connections with this as a starting point? Could this be one small step, to at least a foothold on the ladder to reconnection? Might we develop online support groups for our peer support workforce? For our new and continuing APS students? The mind boggles in wonder about ways can we look to reconnect our disconnects through this forum, and where that might … connect us to the future.

By Guest Blogger: Kathleen Surline. NY Certified Peer Specialist
Founder, Wisdom Within (https://wisdomwithinweb.wordpress.com)

City Views: Is the Mental Health system listening to the peers who’ve lived it?

📅 February 20, 2019February 18, 2020  📘 RitaC  📩 Leave a comment
In a recent article in City Limits, writer Noah Phillips describes how peers are organizing for system change. Peer workers are identifying critical areas where they are undervalued or not performing the work they are most suited, as people with lived experience, to do to engage people and help them to find their way out of the system.

Read the article and let us know what you think. Is this unique to New York City or is it something that happens everywhere peer support services are offered?

https://citylimits.org/2019/02/13/cityviews-is-new-yorks-mental-health-system-listening-to-people-whove-lived-it/

Joining the Military to Beat Depression: A vet finds her way back from suicidal depression

Joining the Military to Beat Depression: A vet finds her way back from suicidal depression, by Denise Ranaghan
On the psychiatric ward I didn’t get out of bed for weeks except to pee. The bathroom had two entrances, one from my room and one from the room of the two male veterans on the other side. It stunk of stale urine. I didn’t eat the meals served. I didn’t attend the community meetings. I didn’t respond when the psychiatrist came in and threatened to give me electric shock treatments if I didn’t get out of bed. I didn’t give a hoot about the female veteran who shared the room with me and was in bed almost as much as I was. I did notice that at least she ate. I didn’t talk to Alberta, the nurse’s aide who stood by my bedside every morning and told me I would have to get up some time. Alberta was right about that.

The afternoon came when I did raise my frail and weakened body from the hospital bed and trudge down the hall. The floors under my hospital issued foam slippers seemed very hard and cold, the lights in the hallway seemed very bright and the walls along the corridors seemed very white. Sounds of voices in the distance penetrated my eardrums as if they were coming from a loudspeaker above my head. I reached the TV room and with my slow and delayed steps shuffled over the threshold. Some guys with cigarettes hanging off their lips were playing pool and the first few times the pool stick hit the cue ball my body jolted. Nurses’ aides were huddled in a corner chattering about their personal lives: “You can’t let that boy get away with that sista he ain’t never gonna learn his lesson he need a daddy to whip him into shape and if he ain’t got no daddy he ain’t gonna know how to be no daddy…..” An unshaven veteran sat hunched over on a plastic folding chair, covering his ears with the palms of his hands and tapping his fingertips on the sides of his head. Every once in a while, he would stand up straight, shake his fists in the air over his head, and proudly exclaim, “Oh yes I did. You bet your ass I did!” then sit back down, cover his ears and start tapping again.

That visit to the psychiatric ward was the result my third suicide attempt in the one year…

Click here to view the full article: https://www.psychologytoday.com/blog/not-the-whole-person/201802/joining-the-military-beat-depression

About the author: Denise Ranaghan is the Director of Peer Services at NYAPRS. She is a veteran who served in the Army from 1986-1989. In 1992, while an inpatient at the NYS Psychiatric Institute, Denise returned to school through the Veterans Vocational Rehabilitation Program. She earned an Ed.M. in Psychological Counseling at Teachers College, Columbia University. Later, she pursued a license in Mental Health Counseling.

Denise served as a Peer Specialist on the MHA ACT team from 2008-2012. In 2012 she took the position of Director of Wellness Services at the MHA where she served until returning to the ACT team as Team Leader in 2016. She has held multiple positions in the mental health system including Residential Counselor, Residential Manager, Employment Specialist, and Coordinator for an Intensive Psychiatric Rehabilitation Treatment program. In 2018, Denise took the position as Director of Peer Services at NYAPRS. Denise says, “As oppressive and frustrating as organizations and institutions can be, I have benefitted from them and want to work to make them better. I have met some phenomenal, loving people who have helped me access resources along the way. I love the bumper sticker that says, ‘I don’t care what you know ’til I know that you care.’”

Connect the Dots

Help us Connect the Dots!

One of the projects of the Academy of Peer Services (APS) is to create a Community of Practice to provide opportunities for Certified Peer Specialists and others in the peer support workforce to connect, communicate, collaborate, educate, and look for new ways to improve the experience of giving and receiving peer support services.

This month, we (researchers within the Academy of Peer Services) launched a study to investigate the sense of community in and among the different roles and areas of the peer support workforce.

We need your help to gather information to connect the dots in the peer support workforce, particularly the sense of belonging (locally, regionally, and statewide) of those in different areas of the state and roles within the workforce. Whether you are a Certified Peer Specialist, a supervisor, a co-worker on a team with peer specialists, or someone just getting started in your role, your responses can help.

Please take our survey (https://www.surveymonkey.com/r/APS_SOC-01) and share your personal experience. It will take about 10 minutes. Then, if you are interested, you can also sign up after the survey is complete to join our mailing list and get more involved in the development of our Virtual Community.
(https://www.surveymonkey.com/r/APS_SOC-01)

Sense of Community Survey (https://www.surveymonkey.com/r/APS_SOC-01)

Look, Look Ahead

(A belated wish for the new year from our guest blogger, Howard Diamond.)

LOOK, LOOK AHEAD. A poem from Howard Diamond

Look, look to the year ahead,
Will it be filled with happiness or dread?
Some are hungry and need to be fed
Or just need a warm comfortable bed.

Look, look ahead towards greatness and joy,
And seek out all that one can enjoy.
Maybe playing with that holiday toy,
Whether you are a girl or a boy.

Look, look ahead and not behind,
Behold life’s wonders that one can find.
This is not a dream in the mind,
There are nice people that are kind.

Look, look ahead when my life is not happy,
Sometimes, I really think it is totally crappy.
See for yourself, I am not always sweet and sappy,
But I try to feel like a bird with its wings flappy.

Look, look ahead and try not to despair,
Life is not perfect, but some people do care.
Take a chance or a risk, if you dare,
Even if you think that life is not fair.

Look, look ahead it is now 2018,
Before we realize it will be 2019.
For every child, every adult and every teen,
Make it the best year we have ever seen.

Howard, a New York State Certified Peer Specialist

Pause and Reflect
As we begin this new year, it may be a time to pause and reflect on how far we’ve come, both as individuals and as a movement for social change. I was updating the Academy of Peer Services – History of the Peer Movement course over the holiday break and found myself, with each pioneer of the movement, deeply grateful for and in awe of those who had the courage and the tenacity to change the mental health system to one that is far more respectful and kind than it was even a half century ago.

Patrick Hendry of Mental Health America recently produced a video on this history called, “From Asylums to Recovery.” It is well worth the less than half hour to pause and reflect on the heroes of our movement.


The first term of 2018 opens on January 8, and I encourage you to take a look at some of the updates. There are many more resources about our history available now than ever. As we move forward, let us not forget to look back with gratitude for those who brought us where we are today.

We wish you a happy new year and look forward to your participation in the Academy of Peer Services and the Virtual Community.

~ Rita / Community Coordinator

academy.virtual.community@gmail.com

How to talk about Mental Health

(Ed) This is an excerpt from a recent TEDx Talk by Dan Berstein
A link to the TEDx Talk is included at the end.


When we ask questions instead of making assumptions, then we make room for the other story. Now making room for the other story also means that we have to replace our paternalism with respect for people’s choices, whether you are a mental health professional or a person living with a mental health condition or a supporter, or all of the above.

We all have our own answers when it comes to mental health and too often we spend our time telling people our answers instead of trying to learn from theirs. We tell people what we believe is the right treatment or the right resource because we’re trying to help, but we forget that even the experts debate everything from diagnosis to treatment. There are no perfect answers in mental health that work for everybody and without those universal answers what we’re left with are personal choices.

We have to learn to embrace the fact that there are all these choices, and respect the choices that people make. That means we have to say things like, “I know this is your choice. Can you help me understand what’s important to you when you’re making that choice?” or, “You’re making a different choice than I would. Can you help me understand why this is the right choice for you?”

When we frame our conversations as discussions about people’s personal choices, then we empower people. We make room for their story.

In making room for the other story we have to face the stigma head-on. We have to acknowledge that some people do have negative attitudes about mental health and this makes it hard for us to have conversations about it.

When I train managers to talk to employees about mental health, we can’t pretend that it is an easy or simple thing for those employees to go to their human resources department and tell them that they have a mental health need, or to use their Employee Assistance Plan to access short-term therapy. The scary reality is that it can be hard to disclose a mental health condition and people get worried that their boss or their coworker might see them differently. We can’t afford to dismiss the stigma or ignore the fact that it exists. When we make room for the fact that there really is the stigma, and we’re making room for the stories of people working to overcome that stigma, everyone has a story when it comes to mental health.
How to talk about mental health without offending everyone | Dan Be...

Editor Note: Dan will be holding a 5-Day Training in New York City at John Jay this August.

The Dispute Resolution in Mental Health (DRMH) Initiative

5 Day Training: August 9, 10, 14, 15, 16
John Jay College (59th and 10th)

The 5-Day Basic Mediation training will include lecture, discussion, and role play exercises that help participants learn conflict resolution skills. The program includes discussion of different alternative dispute resolution (ADR) processes, the nature of conflict, the values of mediation, the mediation process, mediation skills, the role of the mediator and other parties, the identification and management of power imbalances, the identification and management of diverse perspectives and possible bias, and ethical issues. This training also covers specific case examples relevant to the peer specialist community.

Click here for a flyer

Broken Light: A Photography Collective

We are photographers living with or affected by mental illness; supporting each other one photograph at a time.

Pier Support:
Nothing Remains the Same by Lisa
In Support of Peer Support

March 30, 2017  🗓️  RitaC  📘  Leave a comment

An invited article on the meaning of peer support to the peer support professional in mental health and wellness: While I haven’t yet been “working” in our field, I have been working hard (as a volunteer) since earning New York Certified Peer Specialist (NYCPS) certification in May 2016. My purpose in obtaining certification and my […]

via In Support of Peer Support... — WisdomWithin (https://wisdomwithinweb.wordpress.com/2017/03/29/in-support-of-peer-support/)

Where’s the reconnect button?

January 18, 2017  🗓️  RitaC  📘  1 Comment

By Guest Blogger: Kathleen Surline, NY Certified Peer Specialist
Founder, Wisdom Within (https://wisdomwithinweb.wordpress.com)

Of all the profundities that have come to light in the course of my illness, recovery, and even my subsequent choice to become a NY Certified Peer Specialist, one the most perplexing has been disconnection; or perhaps, more accurately, reconnection.

I suppose it goes without saying that most of us experience some manner of disconnection before, during and/or after our mental health diagnoses. While we are struggling with our symptoms and no one else gets us. While we are are fearing what might really be wrong. While we are sleeping less and less. While we are swimming in that initial sea of uncertainty. We may not feel able to hold a conversation with a friend or loved one; our words don’t work. We may find we are isolating (such a common occurrence during depressive episodes, etc.); we have a hard time reading with understanding; we feel unable to explain what we are going through, so we may say nothing at all. We don’t go out. We don’t answer the phone. We stop getting online.
Slowly, slowly, through the course of recovery work, we make certain new connections that help our footing. Maybe it’s a medication regimen that finally seems to help, after months of trial and error and side effect surprises. Maybe it’s a therapist or doctor that we finally feel is the right fit for us. Perhaps we took up writing again, or art, or music, or (name your therapeutic endeavour of choice here). All this helps. But many of us are still very separate from the rest of the world. Some disabled by distance or finance, some by inability to leave their homes to attend support groups, workshops, conferences.

Then, lo and behold, and by whatever manner the opportunity came, we find there is now a connection, a path if you will, in peer support, that can allow us to make lemonade from lemons.

The Offices for Mental Health and the Academy for Peer Services avail us of the possibility of becoming Certified Peer Specialists in mental health via the online coursework they’ve so outstandingly developed! To connect with a like-minded group, even if only in spirit. To share what we’ve lived, survived, learned along the way, from our oft times lengthy dance in the darkness. To then take that forward, with shared knowledge and standardized education, in our history, in this new work, in an effort to help the next humans who find themselves at the dance; to encourage wellness, self-advocacy, and hope. Despite perhaps some sputters and spurts, we reconnect online to APS coursework and discussion forums, and focus on certification. The sense of accomplishment and affirmation once that certification happens, well, it’s like a rebirth of sorts. Back into the world of the functional, the valued, the accomplished!

Then, we may find, despite all best intention and enthusiasm, that peer support work itself can, at times, leave one feeling disconnected in its own right. Or at the very least, somewhat isolated.

If we are fortunate enough to gain a position in the peer support workforce, then the fellow consumer-survivors we serve may be our most frequent interactions. We are there for them (not the other way around). Its not like we have a support group for Peer Specialists. And the work is not easy; if it were, everyone would do it.

On the other hand, if we are not immediately finding positions in the peer support workforce, then we may again feel isolation and disconnect. Peer support work is evidence-based, yet old stigmas and biased perceptions still serve as roadblocks to our early success in some regions. This frustration could be enough to cause one to give in to the agony of defeat!

But, as Winston Churchill so aptly put it, “never, never, never give up.”

Now, we have APS’ new Virtual Community! What an opportunity! Might it be possible to create new connections with this as a starting point? Could this be one small step, to at least a foothold on the ladder to reconnection? Might we develop online support groups for our peer support workforce? For our new and continuing APS students? The mind boggles in wonder about ways can we look to reconnect our disconnect through this forum, and where that might … connect us to the future.

By Guest Blogger: Kathleen Surline. NY Certified Peer Specialist
Founder, Wisdom Within

Sustaining and Enhancing Peer Support

A new video from Ontario, Canada features Peer Workers providing integrated Mental Health and Addiction services in a Local Health Integration Network (LHIN). In order to ensure these positions are sustained in the health care system the peer workers, peer supervisors, and the health care leaders are all engaged in ongoing communication and training.

This is one of the best videos on peer support I’ve seen yet. At one point I had to stop the video to write down a particularly inspirational quote: “It’s not about implementing a program into the system, it’s about fostering a philosophy. It’s about taking the values of peer support of hope, and being person centered, integrity, authenticity, and life-long learning and growth — and living and breathing that. Not only in our one-to-one interactions, but in our interactions with our fellow co-workers, supervisors, executive directors and CEOs. This is the way we communicate with each other to really create a system that genuinely cares for individuals. It’s all of our system.”

I hope you’ll enjoy it and share it with others.
Support for Peer Supporters

Why is support for peer supporters important?

A brief excerpt from the Psychiatric Rehabilitation Journal, Special Edition on Peer Support (September 2016). “Peer support for the peer supporter has emerged as an important and persistent issue.” (Harrington, 2011 p. 29). Collaborative learning approaches, such as virtual communities of practice, can enhance the personal and professional development of peer support providers. Similar to the person-centered practices that enhance the recovery experience of individuals, collaborative learning enhances the experience of peer support workers as they come together to explore issues in their own work — and personal lives — and offer unique contributions to the collective learning by working together toward improving peer practices.

We look forward to your support and participation!

~Rita Cronise, VC Coordinator

Post-traumatic growth

As a peer supporter, it is inevitable that things will happen in your work with others that will open up old wounds from your past. Many of the courses in the Academy talk about the importance of self-care. In your work as a peer supporter, we urge you to be sure you have your own supporters (friends, family, peers, spiritual counselors, professionals, or others you know) — people you trust who can help you through those inevitable times of revisiting old wounds.

Resilience is a person’s ability to overcome adversity. Most of us have heard of post-traumatic stress disorder. But many of us have also experienced post-traumatic growth, which is an awareness of all that has been gained through one’s struggles with adversity.

This short video introduces resilience and post-traumatic growth.
A peer supporter’s greatest gift is the ability to share from personal experience not only the struggle, but what has been gained. That is what gives hope to others.

In your practice of self-care, be sure to include people who can support you and encourage you to recognize post-traumatic growth in yourself and others so that you can continue to give that gift to others.

Rita Cronise / VC Coordinator

Source: http://trauma-recovery.ca/resiliency/what-is-resiliency/