

CONSUMER DRIVEN
RECOVERY FOCUSED
MENTAL **HEALTH** SYSTEM

A CONSUMER PERSPECTIVE

THE ALABAMA **DIRECTIONS** COUNCIL

2007

Introduction

In June 2005, Commissioner John Houston established a taskforce to address the acute care crisis in Alabama's public mental health system. All of Alabama's state psychiatric facilities were operating above capacity, which if not addressed could affect accreditation. Loss of accreditation would result in the loss of millions of dollars in federal funding. Under these conditions, it is becoming increasingly difficult for the hospitals to maintain quality care that staff desire and that the patients in their care deserve.

This acute care crisis is not unique to Alabama. Most states are in similar situations. Departmental staff have participated in national meetings and focus groups on the crisis across the nation.

The scope of the taskforce was broadened to produce a framework for transforming the entire mental health system based on recovery and resiliency. The taskforce was made up of representatives from all the stakeholders in the mental health system.

On March 31, 2006, the report, *The Transformation of Alabama's Mental Health System, The Crisis in Acute Care*, was presented to the Commissioner. The report proposed a wide range of transforming strategies for mental health system improvement in Alabama, including shifting the responsibility for acute care from the state hospitals to local communities. The report suggested that regional planning committees be established around the state to plan the implementation of the report.

Four regional planning committees were established and have met to draft plans. All stakeholders were represented on each regional committee, including consumers.

Each regional plan addressed a wide range of strategies including but not limited to: recovery, peer support, housing, employment, transportation, crisis services, additional acute care capacity, and forensics. Three of the regional planning groups mentioned that the system should be recovery based, while the fourth used the term wellness based. But what do recovery

based and consumer and family driven really mean? We often hear these terms, however, and are not always clear as to their meanings.

The Directions Council has been asked to develop a "white paper" on what a "consumer driven, recovery oriented mental health system", should be from the standpoint of consumers, survivors and ex-patients.

The White Paper

How Consumer Input Was Obtained

Consumer input was obtained primarily by two methods. The Alabama Directions Council membership organizations were asked to have members to submit a list of three things important to them in developing a consumer driven, recovery oriented mental health system. We also asked for their definition of recovery. In addition, the same request was made to individual consumers on the Office of Consumer Relations mailing list. Additionally the Directions Council discussed and edited the White Paper at Directions Council meetings on August 29, 2006, and on October 23, 2006.

The Responses

What Recovery Means to Alabama Consumers

Principles

1. Hope and encouragement are essential for recovery
2. Medication is an important tool in recovery
3. Recovery is a process that embodies the mind, body, and spirit
4. Recovery requires consumer input into their treatment
5. Interaction with others with mental illness or peer support is a vital component of recovery
6. Consumer input into treatment is essential for recovery
7. Recovery requires individual choices

8. Stigma, discrimination, poverty, and segregation from society (hospitals, institutions, group homes) toward individuals with mental illness is a major hindrance to recovery
9. Consumers want the same things everyone else wants
10. Recovery requires services that are culturally and linguistically appropriate
11. Effective communication between the consumer and their mental health provider is essential

Directions Council definition of Recovery:

Recovery is an individual process in which a person with mental illness reclaims a sense of who they are in mind, body, and spirit.

Key Components of Recovery

- Resilience
- Respect
- Self-determination
- Choices
- Perseverance
- Access
- Peer Support
- Hope and Encouragement
- Acceptance
- Socialization
- Service
- Goal Orientation

My definition of “recovery” is that it is a comprehensive, ever changing process that only ends when we do.

Recovery is Not

- Stabilization of symptoms
- Temporary absence of symptoms
- Staying out of the hospital
- Absence of symptoms
- That serious symptoms will not return
- Watching TV all day
- Sitting on the porch smoking cigarettes all day
- Seclusion in your own home

Directions Council definition of Consumer-Driven:

Consumer driven means that consumers must have a voice in the decisions that affect their lives and treatment. Consumers must have choices in the services they receive and where they live. Additionally, consumer driven means that the consumer voice must be present in planning, implementing, providing, and evaluating and evaluation of services and care on the local, state, and national level as well.

Consumer input and consumer-driven should not be confused. Input is providing comment or opinion. Driven is having an impact on the direction or course of action.

Consumers should have positions on the boards of directors of mental health providers. Times and locations of board meetings should be posted in each center and consumers should be encouraged to attend. Consumers should be made aware of the process of getting on the agenda to address the board.

Each provider should have a consumer council that meets on a regular basis with the management of the center.

What Consumers Want

- A job
- A home of their own
- A social life
- To contribute to society

The lack of decent, safe, affordable, and integrated housing is one of the most significant barriers to full participation in community life for people with serious mental illnesses.—The President's New Freedom Commission on Mental Health

Attaining Recovery Goals

Consumers view a recovery based consumer driven system as a system that recognizes recovery as the goal of all treatment and that all treatment should work toward that goal.

While consumers have many different goals for recovery the two most recognized goals are having a home to call their own and a meaningful, stable job. To many these two goals are recovery. These goals cannot be achieved in isolation. Peer and community support are cornerstones to these processes. Most of the responses in this paper directly or indirectly are components of

working toward achieving these two goals, even if ultimately the goals are not attained.

Strategies and Recommendations:

Peer Support

Consumers see peer operated programs as key to a recovery based, consumer driven mental health system.

Peer Support Specialist

Consumers believe that the peer support specialist program in the state facilities should be expanded. Each facility should have several peer support specialists. Peer support specialists should be available every day, and in the larger facilities more than one or two specialists should be available each day. Additional peer support specialists should be on campus at night and on weekends.

A peer support specialist program should be established at all community treatment programs.

A training and certification program should be established for peer support specialists. Collaboration of peer support programs should also be included in the overall establishment of such programs to assure that these are not developed in isolation.

Self-Help/Peer Support Groups

The number of consumer operated local self-help/peer support groups available should be increased especially in communities that currently do not have an active support group.

Drop-In Centers

More consumers should have access to consumer run drop-in centers. Consumer-run drop-in centers have proven to be a cost effective and an important element in recovery. The National Association of State Mental Health Program Directors (NASMHPD) considers drop-in centers an emerging evidence based practice. Studies are underway to develop measurement criteria to validate their benefit.

A drop-in center can operate for a year for about the same amount of money required to operate one bed in one state facility for that same year.

Funding

More funding should be available for the consumer programs above as well as new consumer programs such as consumer operated businesses. Additional funding should be made available for training and for consumer operated programs. Funding for ongoing leadership development is key to the success and long term stability of peer programs.

The importance of funding peer programs should be viewed as important to the success of the mental health system as funding traditional mental health service providers.

Education

A recovery based consumer driven system should provide education opportunities for consumers.

Patient Education:

The most mentioned educational need expressed by consumers was the need to know more about their illness, the symptoms, their treatment, their medication and its side effects.

It would be beneficial to conduct a survey or assessment of not only consumers' knowledge of mental illness and mental illness treatment resources but also their knowledge of physical health issues such as diet, lifestyle and physical illnesses, especially smoking and diabetes.

In order for consumers to truly pursue recovery, these resources should be available and consumers should know how and where to access them.

Also consumers expressed the need for additional education in developing better coping skills, better communication skills, self-esteem building and developing a healthy lifestyle, including better hygiene practices, diet and exercise.

Additionally consumers expressed the need for training in recovery techniques that they can use. What other consumers have found works and does not work for them (peer support).

Job Training

Last but not least expressed the need for job training, supported employment, GED training, and training in financial management as important in reaching their ultimate goal of employment.

Treatment Needs

Responses from consumers indicate that consumers value the mental health system and realize the important role that treatment plays in recovery. Consumers provided a wide range of ideas of what was needed in order to transform the system into a recovery based consumer driven system. Most of these needs can be broken down into the following categories.

Medication

Medication was the most mentioned response in the responses. Affordability and access to medications that work is a major concern for consumers. Consumers often try many medications before finding one that works. Once medication/medications that works is found consumers need confidence that the medication will be available. The uncertainty caused by Medicare Part D, the confusion over choosing a plan, the "doughnut hole" has caused a great deal of anxiety. While most consumers continue to get the medication they need through Medicare Part D, this uncertainty and anxiety has been problematic to consumers as they pursue their recovery.

Additionally, consumer input in deciding the best medication(s) for them is important and essential in personalized treatment and in a consumer driven system. Many consumers have taken medications for many years and have knowledge of which medications work and do not work for them, as well as which medication's side effects they can tolerate. This information is vital for the provider, is best for the individual's treatment, and can play an important role in whether the consumer takes the medication.

Another medication issue often mentioned is cost of medication and lack of insurance. Many consumers see employment as a key goal of recovery but feel that loss of benefits and the cost of medication is a road block they fear they cannot overcome. Some consumers that responded have jobs and families, and medication expense is a constant struggle and often contributes to exacerbation of their symptoms.

The fact that so many consumers also take non-psychiatric medications only adds to this concern.

Access

A number of access improvements are needed to transition the mental health system into a recovery based and consumer driven system. Access to mental health services in rural areas is of special concern. Not only are available services often limited in rural areas, but attitudes toward mental illnesses, and cultural issues often influence whether people seek services that are available. The experiences of living with mental illness in rural areas is very different than the experiences of living with mental illness in an urban area.

The most mentioned issue was that consumers need more time with their psychiatrist. Many equate lack of access to their psychiatrists as poor treatment and a hindrance to their recovery. This response was second only to medication among all responses.

Not being able to see their psychiatrist on a regular basis sends the message to many consumers that they are not getting quality care.

Consumers expressed the need for more and better trained staff. Consumers believe that a recovery based system should provide timely access to treatment. Waiting weeks for appointments, not being able to meet with their psychiatrist for months at a time is frustrating, often results in symptoms getting worse and contributes to a feeling of hopelessness that hinders recovery.

Other recovery based services should also include crisis care 24 hours per day 7 days per week, walk-in crisis care centers and psychiatric emergency rooms, more outdoor activities, suicide prevention, more one-on-one treatment, more talk therapy, more individualized treatment, and alternatives to day treatment.

Consumers also expressed the need for treatment for substance abuse as a key component of a recovery based system. A recent study indicates that over 50% of the patients in Alabama's state operated inpatient facilities have co-occurring disorders. However treatment for mental illness and substance abuse has been separated. Consumers believe that recovery requires that treatment for mental illness and substance abuse be treated equally, at the same time in the same treatment setting in a seamless and integrated manner.

Trauma

In recent years the prevalence of trauma and histories of abuse among individuals with mental illness is becoming more and more apparent. Studies consistently indicate that up to 80% of consumers have histories of sexual and physical abuse. Recognizing the importance of trauma sensitive treatment has only recently begun to be recognized.

It must also be recognized that mental illness itself is traumatic. Being labeled a mentally ill person, the loss of self, friendships, family, hope, the commitment process, loss of freedom, being separated from society in hospitals and other residential facilities, stigma and discrimination, are all traumatic.

Recovery focused treatment should therefore assume that all consumers are victims of trauma and all treatment should be trauma sensitive.

Staff Training

Consumers believe staff should receive training on recovery, respect for consumers, sensitivity, and the importance of peer support. Consumers should participate in the planning of this training and should also be a part of the training itself.

Other Treatment Needs

Consumers should be involved in planning recovery oriented programs and they believe that consumers should be surveyed at each mental health center on what they need to recover and what recovery based consumer driven community mental health treatment programs should have.

Consumers want access to new and advanced treatments as they are approved by the Food and Drug Administration.

Additionally, consumers believe that nontraditional services such as meditation and yoga would be a positive supplement to traditional services offered by the centers.

Hope and encouragement are key components of a recovery based system.

Other Components of a Recovery Based Consumer Driven Mental Health System

Employment

A majority of consumers view employment as key to recovery. Employment is not the goal of recovery but rather should be viewed as playing an important role in recovery as medication and therapy. Consumers who have successfully returned to work or who have

continued to work often view their job as the best therapy they receive.

Most consumers want regular jobs in the mainstream of society, jobs that are open to anyone. They want the same responsibilities and the same pay with the same opportunities for career advancement. They want to be able to pursue the kinds of jobs they want, not just the jobs that others think they should pursue.

Traditional vocational rehabilitation services provided to individuals with disabilities have had limited success for individuals with mental illness. Most vocational programs are time limited after the person is successfully employed. Individuals with mental illness need continued support after they are employed. Support should be provided for as long as needed. A person with mental illness may go for months or even years without the need of supports and then go through a period that they do need support to continue working. Provisions should be in place to provide the support services needed promptly without having to go through a long case re-opening or application process.

Additionally individuals with mental illness may need personalized support that may be unique to that person and their situation which may not fit traditional agency supports, for example, peer support by another person with mental illness who is employed.

Employment services and mental health treatment should be integrated and should focus on assisting consumers re-enter the workforce as soon as possible. Statistics show that the longer a person with mental illness is not working the less likely that they will return to work.

A system of linking consumers to volunteer opportunities should be established. Volunteering can be a successful pathway for consumers to transition into full time successful employment. Since volunteer opportunities are not a part of traditional employment programs and services, it is very difficult for consumers to find opportunities to volunteer. Consumers often face the same stigma and discrimination looking for volunteer opportunities as they face in looking for traditional employment.

Medical Issues

A large number of those responding expressed physical health issues as a key component of recovery. Many feel the need for additional access to quality medical treatment and especially dental care. Lack of health insurance is a major concern for consumers as they consider pursuing employment.

Transportation

Additional access to transportation is a key component for a recovery oriented mental health system. Whether getting to appointments at the mental health center, medical doctor appointments, grocery shopping, the list goes on. This is especially a problem in rural areas. Consumers must often pay friends and family to provide transportation.

Family Issues

Many of those who responded expressed their desire for more family support. Family education about mental illness would benefit this. They also expressed the need for better communication between consumers and their family. While consumers want the support of their families they do not wish to be dependent on their family.

Legal and Advocacy Needs

A number of respondents expressed that in order for the system to become a recovery based consumer driven system the internal advocacy program should be expanded to better address rights issues.

A number of respondents expressed the need for better training on mental illness for law enforcement, and more respect from law enforcement. Consumers believe that all counties should have crisis intervention teams and mental health courts.

Consumers also believe that the present commitment process is not compatible with a recovery based consumer driven mental health system. The current system often sends the message that you are being punished for having a mental illness rather than receiving

treatment for mental illness. The current process often creates an adversarial relationship in service providers and consumers that discourages consumers from seeking treatment. The current commitment process is a major contributor to stigma toward individuals with mental illness. The process of appearing in court, being carried to the hospital in handcuffs in the back seat of the Sheriff's car, and then being locked up in a "facility", all send the message to the public that consumers are to be feared and should be avoided.

Lack of insurance parity continues to be a major problem for consumers and their families.

Other

Faith

Other important components of a recovery based consumer driven mental health system are recognizing the spirituality and religious needs in recovery. To many consumers their faith is the center of their lives. Their faith is the center of who they are as a person. Many consumers view faith as a key to their recovery and see their faith as their most important support system. Yet a person's faith is often ignored in treatment for mental illness and in some cases considered a part of the problem. A consumer driven recovery oriented mental health system should recognize the important role faith plays in many consumers' lives and can be an important tool in helping these consumers as they pursue recovery.

Stigma

The continued need for anti-stigma education and the need for hope and encouragement for recovery should be embedded into the fiber of the mental health system. Most of the problems faced by consumers and the mental health system, if traced back to their most basic roots, can be attributed to stigma and attitudes toward mental illness whether it is inadequate funding,

Research shows that the most effective way to reduce stigma is through personal contact with someone with a mental illness.--The President's New Freedom Commission on Mental Health

housing, employment and the shortage of psychiatrists, psychologists and nurses.

Evidence Based Practices

Consumers believe that the limited resources be used to provide services that have been proven to be effective—Evidence Based Practices. Consumers must be involved in choosing, implementing and evaluating which evidence based practices are adopted by the system. Special care should be taken to insure that the focus of evidence based practices does not stifle the use of new and innovative treatment ideas. It is important to note that many consumer operated programs have not been adopted as evidence based, not because they don't work, but because a sufficient body of research and data on their effectiveness has not accumulated. Many of these programs are essential for recovery, including peer support, drop-in centers and support groups.

Technology

Many consumers do not have access to technology that most now take for granted including computers, the internet and online resources. Consumers that do, view this resource as an essential component of recovery. The internet can be a valuable source of information, and a valuable tool for outreach, socialization, and communication with other consumers. Recently online peer support and self-help networks have become important to a growing number of consumers. Consumers in Alabama should have access to this resource.

Conclusion

Recovery is a personal process of changing attitudes, values, feelings, and goals as an individual pursues a more fulfilling life-despite the challenges caused by a mental illness. The concept of recovery does not mean that the

symptoms of the mental illness have disappeared, but rather that the illness is no longer the primary focus of one's life.

For many years the mental health system has focused on keeping people out of the hospital, shortening their length of stay in the hospital, attending day treatment, the number of people served, the list goes on. While all of these considerations are important, they tend to focus more on cost containment and stabilization rather than treatment that focuses on recovery. This results in many consumers getting caught in an endless dependence on the mental health system rather than becoming independent, contributing to society and living a life of fulfillment and satisfaction.

The change in philosophy from a stabilization philosophy to a philosophy of recovery and hope is only accomplished by involving consumers and family members in the planning, decision making process, and implementation of mental health services in Alabama. It is only logical to make use of the vast body of knowledge of consumers and family members, when dealing with issues that have such an important effect on their lives.

The Alabama Department of Mental Health was the first to recognize and embrace the need to include consumers and family members in the decision making process. Consumers and family members have guaranteed positions on all committees. As we move forward, this same commitment to inclusion of consumers and family members must be embraced and implemented by all community providers.

Consumers have the same wants and needs as everyone else—a clean, comfortable safe place to live, good food, a job, spending money, a social life, and things to do during their free time, freedom to go and come as they please. Consumers want to be respected by others. They want quality mental health treatment as well as quality physical healthcare. They have dreams for the future—a reason for going on.

In 2003 Commissioner Kathy Sawyer conducted a series of Consumer Town Meetings around the state to learn directly from consumers what was important to them. The responses in 2003 were similar to 2006. In 2003 jobs, housing, the cost of medication, rights issues, independence, education,

and access to psychiatrists and medical treatment, especially dental care, were priorities.

Those who participated in the development of this paper prioritized the key ingredients for recovery differently. Common themes were that recovery requires resilience, creativity, respect, and choices in their lives and in their treatment. A successful recovery process allows an individual to recognize both their strengths and deficits and seeks to develop the strengths and lessen the negative effects of their deficits.

A recovery-based, consumer-driven mental health system must provide quality treatment, housing, transportation, education, advocacy, and peer support in order for the consumer to build a life that is both meaningful and fulfilling. Consumers must have access to services that facilitate wellness, both physically and mentally. Studies prove that good physical health, including dental services, is essential for good mental health.

Recovery is a self-transformation process in which a consumer's values and belief system are reevaluated. Consumers and providers must believe that recovery from mental illness is possible for all consumers. Hopefully this paper will give providers insight into what consumers believe is important as you facilitate a recovery-based, consumer-driven mental health system.

For the mental health system to become a recovery based consumer driven system, service providers must be willing to embrace and take the lead in transitioning from provider-driven to consumer-driven care and support consumers as partners rather than recipients of the service they provide.

Someone once said that in business the goal is to make a profit, in the public mental health system recovery is that profit.

Appendix

Top Ten Most Mentioned Components of a Recovery based consumer driven mental health system (categorized):

1. Improved quality of care
2. Housing & living independently
3. Peer support
4. Job and jobs training
5. Affordable medication
6. Improved law enforcement interaction, a more consumer friendly commitment process and related legal and rights issues
7. More time with psychiatrist
8. Access to medical and dental treatment
9. Hope and encouragement
10. More timely access to routine treatment and crisis care

The Alabama Directions Council serves as the advisory board to the Office of Consumer Relations. The Directions Council also assists in planning the Annual Alabama Recovery Conference and selects the RESPECT Award winners. The Directions Council also serves as a forum for leaders of consumer organizations to interact with each other, share ideas and concerns important to their membership. The Directions Council also provides an organizational base for special projects that are of benefit to consumers around the state. The Council is made up of the leaders of the self-help/support groups and drop-in centers from around the state, and statewide consumer operated programs.

Recovery, What Others Say

"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." (Kathryn Power, Director of the Center for Mental Health Services at the 2006 Alabama Recovery Conference)

"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." --National Consensus Statement on Mental Health Recovery-SAMHSA

"Recovery is a deeply personal process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness." --William Anthony, Director, Boston Center for Psychiatric Rehabilitation

"Recovery is to reestablish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution."--Pat Deegan, Ph.D. and Consumer

SAMHSA Consensus Statement on Mental Health Recovery

On February 16, 2006, the Substance Abuse and Mental Health Services Administration (SAMHSA) unveiled a consensus statement outlining principles necessary to achieve mental health recovery. The consensus statement was developed through deliberations by over 110 expert panelists representing mental health consumers, families, providers, advocates, researchers, managed care organizations, state and local public officials and others.

"Recovery must be the common, recognized outcome of the services we support," SAMHSA Administrator Charles Curie said. "This consensus statement on mental health recovery provides essential guidance that helps us move towards operationalizing recovery from a public policy and public financing standpoint. Individuals, families, communities, providers, organizations, and systems can use these principles to build resilience and facilitate recovery."

The 10 Fundamental Components of Recovery include:

1. **Self-Direction:** Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.
2. **Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.
3. **Empowerment:** Consumers have the authority to choose from a range of options and to participate in all decisions-including the allocation of resources-that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.
4. **Holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services (such as recreational services, libraries, museums, etc.), addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

5. **Non-Linear:** Recovery is not a step-by step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.
6. **Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.
7. **Peer Support:** Mutual support-including the sharing of experiential knowledge and skills and social learning-plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
8. **Respect:** Community, systems, and societal acceptance and appreciation of consumers -including protecting their rights and eliminating discrimination and stigma-are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.
9. **Responsibility:** Consumers have a personal responsibility for their own self care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.
10. **Hope:** Recovery provides the essential and motivating message of a better future- that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.

Consumer-Driven Definition, SAMHSA

Consumer-driven means consumers have the primary decision-making role regarding the mental health and related care that is offered and the care received. In addition, the consumer voice is paramount in determining all aspects of care for consumers in the community, state, and nation. The consumer voice must be present and fully represented both collectively and individually with regard to all aspects of service delivery from planning to implementation to evaluation to research to defining and determining outcomes. This includes, but is not limited to, the policies and procedures governing systems of care, choosing supports, services, and providers; setting goals; designing and implementing programs; monitoring outcomes; and determining the effectiveness of all efforts to promote mental health and wellness.

NASMHPD The National Association of State Mental Health Program Directors

SAMHSA The Substance Abuse and Mental Health Services Administration

Self-help generally refers to groups or meetings that: involve people who have similar needs; are facilitated by a consumer, survivor, or other layperson; assist people to deal with a "life-disrupting" event, such as a death, abuse, serious accident, addiction, or diagnosis of a physical, emotional, or mental disability, for oneself or a relative; are operated on an informal, free-of-charge, and nonprofit basis; provide support and education; and are voluntary, anonymous, and confidential. Many people with mental illnesses find that self-help groups are an invaluable resource for recovery and for empowerment.

Self-help/peer support groups are geared for mutual support, information, and growth. Self-help is based on the premise that people with a shared condition who come together can help themselves and each other to cope, with the two-way interaction of giving and receiving help considered advantageous. Self-help groups are peer led rather than professionally led.

Peer Support is the building and nurturing of relationships between peers which assists individuals in their journey of recovery and wellness. Some

characteristics of this relationship include mutual respect, trust, hope and education.-The Institute for Recovery and Community Integration

A peer support specialist is a person who has experienced mental illness themselves, and is in recovery, working within a mental health inpatient facility or community program providing peer support. As individuals who are themselves recovering from mental illness, peer support specialists are able to understand in a unique way, the mental illness experience and have a unique understanding of the recovery process and have the ability to connect with and assist individuals who are receiving treatment, develop and practice skills needed to pursue their own recovery.

Drop-In Center

A Consumer-run drop-in center is a freestanding and independently operated facility where consumers voluntarily visit for socialization, fellowship, and peer support. A consumer-run drop-in center is planned, developed, and governed by an incorporated board of directors and consumers according to their expressed desires and needs. A drop-in center is a non-clinical supplement to the professionally run treatment programs provided in the community.

The Alabama Directions Council Membership

*** Participated or contributed to the White Paper**

Statewide Consumer Organizations

- *Wings Across Alabama
- *The Visionary Guild for Mentally Ill Artists
- *Alabama Minority Consumer Council (AMCC)

Self Help/Peer Support Groups

- *Cahaba Consumer Affairs, Selma
- Consumer Outreach, Athens
- Consumer Social Club, Montgomery
- DBSA Birmingham
- *DBSA Huntsville
- *DBSA Morgan County, Decatur
- Emotions Anonymous, Anniston

- Free Spirit, Bessemer
- Hogohegee Consumer Wellness Center, Moulton
- *MHCA in Huntsville
- Northeast Mental Health Sharing and Support Group, Birmingham
- Orrville Cahaba Outreach Center
- Postpartum Support Group, Montgomery/Statewide
- *R.E.S.T.T., Cullman
- Recovery, Inc., Birmingham
- *Revelations of Self, Auburn/Opelika
- *Schizophrenics Anonymous, Mobile
- Shoals Sharing Group, Florence
- *Soul Survivors, Albertville
- *Support for Recovery, Tuscaloosa
- *The CARE Group, Cullman
- The Consumers Support Troops, Andalusia
- The Recovery Group of Alabama
- *The Moodies (DBSA), Tuscaloosa
- *The Serenity Group, Decatur
- *The Sharing Group of Birmingham
- Wallace Support Group, Hartselle/Cullman

Drop-In Centers

- *1920 Club, Birmingham, AL
- Friendship House, Tuscaloosa
- *Cahaba Drop-In Center, Selma
- SO-MI House, Mobile
- *Our Place, Huntsville
- *The Kip Center, Foley, Baldwin County

Peer Support Specialists

- *Samuel Michael Herring, Searcy Hospital
- *Ronald Hunt, Searcy Hospital
- *Elizabeth Volonino, North Alabama Regional Hospital
- *Fannie Hicks, Greil Hospital

Consumers at the following also contributed

- *Cullman Mental Health Center
- *The Mental Health Association in Birmingham
- *The Mental Health Association in Morgan County
- *Numerous individual Consumers across the State

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