

THE OUTLOOK

ALABAMA DEPARTMENT OF MENTAL HEALTH NEWSLETTER

Mental Health Action Day

May
20

MentalHealthActionDay.org

In the year since COVID-19 upended daily life, **mental health struggles have skyrocketed**, accelerating an already dire health crisis that some are calling a second pandemic. But help-seeking and action-taking for mental health has not kept pace. Often, the hardest action we can take on our mental health journey is the very first one—reaching out for the first time to a friend, walking into the first support group meeting, finding a therapist or calling a support line.

We must take actions now to meet the needs of our communities and identify opportunities to build long-term resilience. It is time we all **take care of our emotional wellbeing in the same way we tend to our physical health**, before we reach a moment of crisis. Individual action looks different for everyone, [Mental Health Action Day](https://MentalHealthActionDay.org) will encourage people to do what feels right for them.

[On Mental Health Action Day](https://MentalHealthActionDay.org), organizations, companies, government agencies, and leaders are coming together to put a spotlight on mental health action. Mental Health Action Day is a day to take the first action to get mental health support— whether for yourself, your loved ones or for all by advocating for systemic changes to remove the stigma around mental health.



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Want to be included in the next issue? Send us your stories, achievements, initiatives, events...etc!

publicinformation.dmh@mh.alabama.gov | 334-242-3417

SUPPORT FOR MENTAL HEALTH AWARENESS MONTH FROM GOVERNOR KAY IVEY



Video: Please view as Governor Ivey shares a message declaring May 2021 as Mental Health Awareness Month in the state of Alabama.

She encourages Alabamians to take part in Mental Health Action Day on May 20. Learn more at mh.alabama.gov.



PROVIDING PRACTICAL TIPS AND INFORMATION THAT EVERYONE CAN USE

Each May, the Alabama Department of Mental Health (ADMH) promotes Mental Health Month along with other national organizations to raise awareness about mental health and to reduce stigma. This year [Mental Health Month's theme is "Tools 2 Thrive"](#) provides practical tools that individuals can use daily to prioritize mental health, build resiliency, and better cope with the challenges of COVID-19.

"I am excited to celebrate Mental Health Month. We all face challenges that can impact our mental health. This month is a perfect time to learn how to improve your mental health and increase your resiliency," said Alabama Commissioner of Mental Health, Kimberly Boswell.

It is critical to have tools to support ourselves and others, when faced with challenges. We encourage individuals to explore the Mental Health America [toolkit](#) which provides important tips and information called *Tools2Thrive*: Adapting After Trauma and Stress, Processing Big Changes, Getting Out of Thinking Traps, Radical Acceptance, Taking Time for Yourself, and Dealing with Anger and Frustration.

Screening is a tool you can use as you work on your mental health.

Visit mhascreening.org to check your symptoms. It's free, confidential, and anonymous.



CRISIS DIVERSION CENTERS BEGIN SERVICES

THE NEXT STEP IN THE ALABAMA CRISIS SYSTEM OF CARE

Individuals in a mental health crisis often encounter law enforcement or first responders, and are taken to jails or hospital emergency rooms, instead of a mental health care facility, specifically designed to offer care. Unfortunately, this is a common occurrence in Alabama and around the nation, every day.

There is, however, some good news! A shift in the state of mental health is happening right here, right now. The State of Alabama is working to divert people with mental illness away from the justice system and toward the care they need, with new facilities, changes in procedures, education shared with law enforcement and health organizations, and expanded partnerships at the community level and statewide.

This change, a 'redesign', brings a chance for agencies and organizations, providers, partners, families and friends, to be part of the future of mental health care in our state. Every community should strive to have robust crisis services for people to receive the care they need. Our state is committed to supporting the further development and sustainability of a statewide system of mental health care.

Over the last two years, the Alabama Department of Mental Health – along with local community mental health authorities, experts in the field, and with support from the state legislature and Governor Kay Ivey – has launched the *Alabama Crisis System of Care*. This statewide redesign of a comprehensive, coordinated mental health care system includes vital elements that will open the gateway to care more widely than ever before.

A major element of this system of care is crisis diversion: diverting people in mental health and/or substance use crisis away from the justice system and toward the appropriate setting and care. Diversion is short-term help for individuals experiencing an event that is producing emotional, mental, physical, and/or behavioral distress. Diversion ensures fewer individuals become involved in the civil commitment process or are inappropriately booked into jail or admitted to hospital emergency departments. Diversion encourages individuals to be assessed, diagnosed and treated by the appropriate mental and medical personnel: the right care, in the right place, at the right time.

“A mental health crisis can be a traumatic and lasting experience for an individual and their family. Too often, no treatment or care is given, or the care is unsuitable or delayed,” said Commissioner Kimberly Boswell, Alabama Department of Mental Health.

Boswell continued, “With intentional planning, preparation and implementation of the Alabama Crisis System of Care, we will meet the needs of individuals before the lasting effect of a crisis is felt and seen, further cultivating recovery and hope in our communities.”

Three of the state’s first-ever Crisis Diversion Centers were funded by the Alabama Legislature in 2020, adding a fourth in 2021. Crisis Diversion Centers offer a place for law enforcement to take someone, safely and securely, to receive care who may be experiencing a crisis. The individual can then be provided both medical and behavioral healthcare in a safe, appropriate setting.

Alabama’s Crisis Diversion Centers are more than a single program, such as a mobile crisis team, a psychiatric emergency service or a crisis residential unit. The centers will offer core components of the entire continuum/system of crisis care, including 24/7/365 access, assessment, and linkage to resources; temporary and extended observation (<7 days), and collaboration with specialty providers.

Since November 2020, the centers' leadership and staff have connected with community groups, business organizations, and law enforcement to educate and raise awareness about the centers' services and the anticipated positive impact for all. The Crisis Diversion Centers have begun to offer services in the three locations of Montgomery, Huntsville and Mobile, with the first stage of services prioritized for mobile crisis response and law enforcement.

At the Montgomery Area Mental Health Authority (MAMHA), the service of mobile crisis teams is off and running. This service allows a team of mental health professionals to accompany a law enforcement call and assist with an individual who may be having a mental health crisis. If possible, the individual is diverted from an arrest, and can be assisted by MAMHA's crisis diversion services. MAMHA has purchased a property for the Crisis Diversion Center in Montgomery and will open in December 2021.

In Huntsville, WellStone Behavioral Health is building upon their strong relationship with the local law enforcement. The two entities are engaged and ready to work together on any call that may involve someone in need of mental healthcare who can be diverted to the Crisis Diversion Center.

This first step in diversion is caring for those in crisis in an appropriate venue, and we anticipate this will reduce arrests by 50 percent or more. WellStone is also piloting a crisis phone line with local law enforcement, with plans to expand. WellStone will open a new center in December 2021.

AltaPointe Health is now providing an alternative to inappropriate arrests, jail bookings, and transport and admission to hospital emergency departments through their newly opened Crisis Diversion Center. This center is currently operating eight stabilization areas for individuals in crisis at their Mobile location. Located in the heart of the community, this option for immediate crisis stabilization creates a greater choice for future willingness to engage, both among law enforcement and among those individuals being served. They are in the process of renovating and expanding services in the new Crisis Diversion Center building.

Crisis Diversion Centers are a bold, first step in expanding access to our statewide system of care – though it is only a first step. As 2021 continues, we will see more positive change and progress in mental health care.

For more information on Alabama's Crisis System of Care, please visit <https://mh.alabama.gov/crisis-system-care/>.

WHAT IS MENTAL HEALTH LITERACY?

[Take a Quiz on Mental Health and Check your Literacy Level](#)

Mental health literacy is having knowledge about mental disorders by recognizing specific mental disorders, their cause, and knowledge of how to access mental health services. Mental health literacy consists of several components which were created to overcome growing obstacles to mental health and address social stigma and prejudice.

These components include:

1. Recognizing Mental health disorders and their signs and symptoms
2. Knowledge of risk factors: knowing what factors put individuals at greatest risk for specific mental health disorders
3. Knowledge of self-treatment: knowing how someone can help themselves
4. Knowledge of how to seek and access mental health information

Mental health literacy is an important empowerment tool, as it helps people better understand their own mental health and enables them to act upon this information. It increases people's resilience and control over their mental health and enhances help-seeking self-efficacy. This includes knowing when and where to seek help and developing self-management skills. It can also empower people to effectively manage long-term mental health conditions.

Quiz: Mental Health

We all likely know someone who has experienced poor mental health or mental illness at some point in their lives. Yet there are still many harmful attitudes and misunderstandings around mental health and mental illness, which make people ignore mental health, fuel stigma about mental illness, and make it harder to reach out for help. Take the following quiz and see if you can separate the myths from the facts.

Mental Health Myths



Poor men
for long-la
conditions

Heart diseas

Stroke.

Cancer.

MENTAL HEALTH MYTHS AND FACTS

MYTH: People with mental illnesses are violent

FACT: The majority of people with a mental illness are not likely to be more violent than anyone else. In fact, they are more likely to be victims of violent crimes than the general population.

MYTH: Mental Illness is a character flaw or personal weakness

FACT: Mental Illness has nothing to do with being lazy or weak. Some factors that contribute to the illness are biological factors (genes, physical illness such as thyroid, anemia, brain injury and brain chemistry), life experiences such as trauma or history of abuse and family history of mental health issues.

MYTH: People with mental illness can never heal nor get better

FACT: With help and support, people with mental illness can heal and recover.

MYTH: It's alright to use the words "crazy", "nut job", "weirdo", it's no big deal

FACT: Using those words are mean and hurtful and can make a mental illness worse and/or lead to depression or suicide thoughts.

MYTH: Mental illness is rare

FACT: Mental illness is more common than AIDS, cancer, diabetes and heart disease.

NEW OFFICE OF SUBSTANCE USE TREATMENT SERVICES GRANT:

DECREASING HEALTH DISPARITIES IN LOW-INCOME COMMUNITIES WITH WHOLE PERSON CARE

ADMH Office of Substance Use Treatment Services is participating in a Centers for Medicare and Medicaid Services (CMS) grant with Alabama Medicaid. The Alabama Provider Capacity Project (APCP) is working to increase substance abuse provider treatment capacity by creating a pipeline to expand provider participation options. The goals are to decrease the extent of health disparities particularly related to substance use disorders (SUD) which includes opioid use disorders and its consequences in Alabama's low income communities.

This project places great emphasis on promoting the principles of a whole person integrated care, a continuum of care and seamless coordinated care systems. The primary strategy is to strengthen current and future Medicaid health systems by developing and implementing best practices to reduce the morbidity and mortality of SUD through leveraging existing resources, facilitating new provider participation processes and utilizing telehealth technologies to intensify provider capacity.

THE HEALING QUALITY OF ART

THE 16TH ANNUAL CAPITOL SHOWCASE



Since 2005, the Alabama Department of Mental Health has hosted the Capitol Showcase, an art show featuring works of art by individuals with mental illnesses, developmental disabilities, substance use disorders or co-occurring disorders. They graciously offer their works of art to showcase throughout the month of May, in observance of Mental Health Month.

The online gallery can be visited at <https://mh.alabama.gov/capitol-showcase-art-exhibition-2021/> and features unique artwork and personal stories from each artist. Artwork is posted daily on ADMH social media accounts, recognizing the artists with individual posts to demonstrate their expression of mental health and life experiences. Newly added this year is online voting for Best in Show and Honorable Mention. You can vote for the artwork [here](#).

Art benefits psychological and social recovery, especially in the areas of self-expression and discovery, relationships and social identity¹. Many of the artists remark how art is encouraged and celebrated through their recovery and the care and support they receive from community mental health centers.

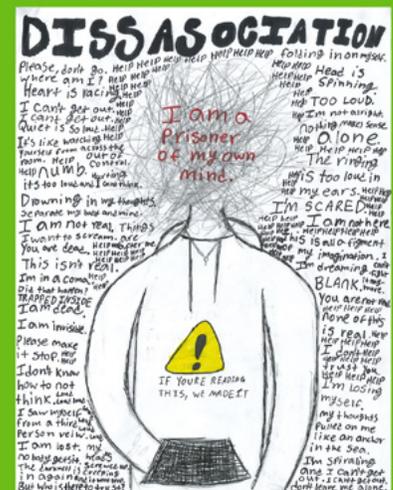
¹ Van Lith, Schofield, and Fenner. (2011). Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review.

Each year in May, the Alabama Department of Mental Health (ADMH) recognizes [Children's Mental Health Awareness Week \(May 2nd – 8th\)](#) as an opportunity to raise awareness about the importance of children's mental health. This year's theme **"Flipping the Script on Mental Health,"** focused on putting an end to prejudice and discrimination by changing hearts, minds, and attitudes regarding mental health.

Many individuals and families have been impacted by the current pandemic, which has been particularly distressing for children and youth, and even more so for those previously experiencing mental health challenges. Throughout the last year, they have experienced school closures, the loss of peer interaction, social connection and time spent in-person with extended family, educators, therapists, and other community members. Many have missed important rites of passages or had to grieve the loss of loved ones or friends.

This week, and every day, ADMH remains committed to inform and educate families and communities on the importance of accessing important mental health resources. Mental health stigma often discourages parents and children from seeking appropriate treatment. Children and youth with mental illnesses and their families deserve access to services and supports that are family-driven, youth-guided and culturally appropriate. Learn more and download [family activities here](#).

Children's Mental Health Awareness Week



May 2 - 8, 2021

Please wear Green for Children's Mental Health Awareness Week

Poster by Wings Across Alabama

334-649-1339 | WingsAcrossAL@gmail.com

Warm Line 1-844-999-4647 Mon-Fri 2-8pm, Sat-Sun 3-8pm

Poster art provided by an Alabama youth receiving services through Central Alabama Wellness

FIRST EPISODE PSYCHOSIS

STARTING A PATH TO RECOVERY AS EARLY AS POSSIBLE

Around the world, youth and young adults face enormous societal pressures, increased stress and other negative effects that impact their mental health. Due to increased mental health problems concentrated among adolescents and young adults, the Alabama Department of Mental Health is utilizing a well-researched and evidence-based practice to help youth and young adults begin the journey of recovery. The program, Alabama's First Episode of Psychosis (FEP), focuses on helping young adults stay on track in school, locate and maintain employment, as well as strengthen relationships with family and support networks.

Individuals can receive any services from the JBS Mental Health Authority program, aptly named NOVA Birmingham. Recently, two new sites were added in 2020 at AltaPointe Health Systems named NOVA Mobile, and at Wellstone Behavioral Health, named NOVA Wellstone, located in Huntsville. The addition of the two new programs will operate in the same manner and target individuals ages 15-25 who are experiencing their first episode of psychosis and/or any individual that has shown signs on the schizophrenia spectrum.

April Watkins, FEP statewide coordinator says the nationwide program came about in 2014, during the Obama administration. *"After recognizing that the majority of individuals with serious mental illness, such as schizophrenia, bipolar disorder, and major depression experienced their first signs of illness during adolescence or early adulthood, it was essential to develop early psychosis treatment programs across the United States that would be able to provide evidence-based interventions,"* noted Watkins.

Selection into the program is critical as it depends on the stage of the diagnosis of the individual. The FEP program works with individuals who have experienced acute symptoms of psychosis including hallucinations, delusions, reduced school performance, extreme behavior changes and not limited to perceptual changes.

"Research has shown that if you catch their psychosis early on, within six to 12 months, their recovery can be quicker and lead to an individual living a healthy productive life while being able to manage their symptoms effectively," she explained.

Under Alabama's FEP program individuals are allowed to participate during a two-year period, giving individuals the opportunity to receive the appropriate outpatient services from a dedicated support team including: a lead clinician, nurse, psychiatrist, both parent and youth peer, case manager, and supported employment and education specialists.

"We believe that having each of these entities affords participants in the program the opportunity to receive a coordinated care approach, which emphasizes the shared decision-making skills and allows individuals to reach their own recovery goals," Watkins said.

At the conclusion of the program, individuals can participate in a transitional program for up to 90 additional days, where the consumer would be referred to the best options suitable to their needs. The FEP program has provided service to 83 consumers since its inception in 2016. Among the three programs, they have received 205 referrals.

Watkins says the program's success stories come from those who are able to complete the program, maintain and fix broken relationships, work to get acclimated back to regular tasks and re-engage a connection in school. *"Working is part of recovery, and we want our consumers to have self-confidence, be able to complete tasks, establish good relationships in the community and reconnect with family, because sometimes when you have a mental health condition, many of those relationships tend to break down,"* Watkins shared.

In the future, Watkins says she hopes resources of the program will be made available statewide. To learn more about the FEP program visit the [First Episode of Psychosis Program tab](#) on www.mh.alabama.gov.

MENTAL HEALTH SUCCESS

WELLSTONE BEHAVIORAL HEALTH IN ACTION

When *James was 32 years old, he was without a home, had no income and little family connection. In earlier years, he was involuntarily committed several times, diagnosed with schizophrenia, and had no desire to connect with the outside world or with mental health clinicians. In 2019, he was hospitalized at WellStone under involuntary commitment. At that time, the WellStone Behavioral Health Assertive Community Treatment Team found him in a very negative state of mental health.



The ACT Team began to work with James after stabilization and discharge from the facility. They started with daily treatment, then moved to three to four days a week, even on weekends. They connected with at his level, and he eventually looked to them as a support, rather than in a clinical view. The team continually spoke to him about the possibilities and the next stage of his life, encouraging him to move forward.

Over the next two years *"we went on a structured journey with him,"* said Maxie Kirk, Recovery Services Coordinator, WellStone, Inc. Through adherence and support, his insight improved, and an understanding of the importance of his mental health took shape. With that, his physical health improved dramatically as well. He was able to obtain an apartment with the assistance of the ACT Team.

Soon after, James re-established a relationship with his mother and moved in with her, which enabled him to begin school at Morehouse College online. He graduated from Morehouse soon after! *"We are very proud of him,"* said Kirk. She continued, *"The model works."* The ACT Team offered the support to James, but his determination enabled success.

NEW INNOVATIVE PEER SUPPORT PROGRAM

FOR PREGNANT WOMEN WITH SUBSTANCE USE DISORDER PILOTED BY ADMH

Substance use disorders (SUD) are prevalent among pregnant and parenting women throughout the United States. Alabama is among the states with the highest rate of Opioid prescriptions, has limited resources, and has the most stringent chemical endangerment laws. This combination creates an environment that may be conducive to substance use during pregnancy, which leads to pregnant women not seeking services and support due to fear, judgment, and shame.

The ADMH Office of Substance Abuse Treatment Services (OSATS) believes that peer support can help address this issue and is piloting a program for peer support specialist to become certified doulas. Doulas are non-medical persons who are trained to provide emotional, physical, and informational support to women before, during, and after childbirth. Our peer support specialists will be trained and qualified to assist with not only the recovery aspects of the women's journeys, but also the birthing process; thus, providing integrated services addressing the whole person.

The goal of this pilot is to provide continuous support pre- and post-birth, which is associated with reduced mortality rates and improved overall health of the mother and the baby. Two peer support specialists began their doula training on April 23, 2021 and the projected implementation of this enhanced service is October 1, 2021.



MENTAL HEALTH SUCCESS

IPS AT WORK IN MONTGOMERY!

The Individual Placement and Support (IPS) program, which helps people with severe mental illness including those with co-occurring substance use disorders gain employment, has been a major success for several agencies and organizations throughout the state that have incorporated the IPS model into their existing workforce development programs.

At the Montgomery Area Mental Health Authority (MAMHA), individuals in treatment have noted that they want to work, however, they sometimes need assistance in securing employment. Most recently, MAMHA saw the benefits of the program through a married couple that completed the IPS program together. The couple was able to receive hand-in-hand support, job placement, and improved mental health.

“The couple maintained employment through the 90-day period, after which they had both completed the program this year, with the husband completing the program in January and his wife following in February,” explained Jennifer Harris, IPS Supervisor.

“When I met the couple to give them their certificates of completion the husband proudly told me that he was able to save his paychecks and was finally able to purchase a truck,” said Harris.

The IPS program supports individuals in a variety of ways, including assisting individuals to remain employed no matter the circumstance. A partnership with the Alabama Department of Rehabilitation Services allowed for the couple to receive a bus pass, but the ability to purchase his own vehicle was achieving another goal.

“I was proud of him, he was determined to have stable access to and from his job, and I knew that was a testament to his work ethic, because transportation had been an issue for him and this was a major accomplishment for him and his wife.”

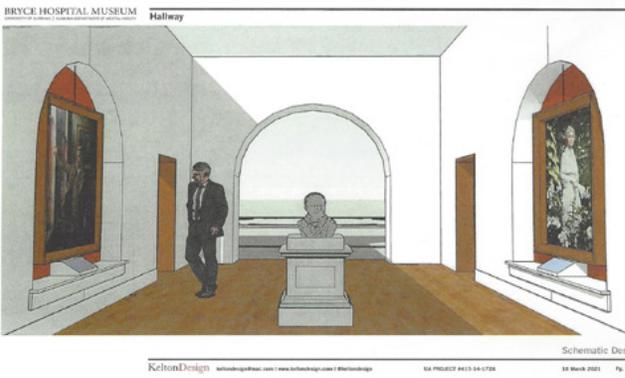


“The wife worked closely with the IPS Benefits Specialist to assist her with inquiries about benefits and work, and she too had a dedicated Employment Specialist that assisted her with immediately finding another job after she experienced a job loss a couple of months before she completed the program. The wife was proud to let me know that she was enjoying her new job and even picking up more hours,” noted Harris.

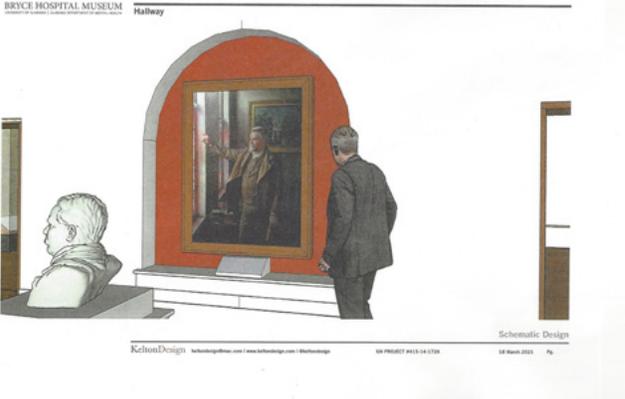
Recently, the couple was invited to take part in the IPS Steering Committee, and both accepted the invitation to share their journey and advice to others working within the program.

Once a client is successfully closed by the IPS Program the services are still available to them as needed for up to a year. *“The benefit specialist recently spoke with the couple and they are both continuing to work, and the husband was happy to report that he recently received a raise,”* continued Harris.

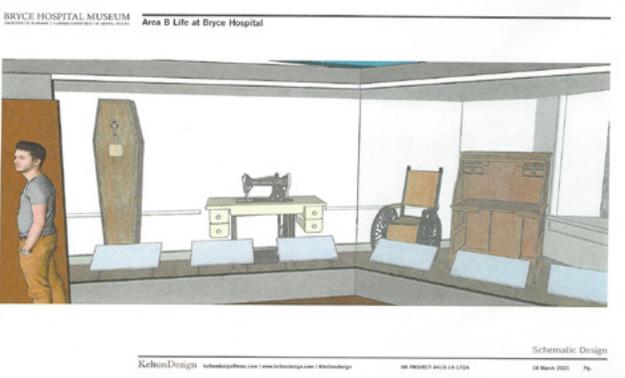




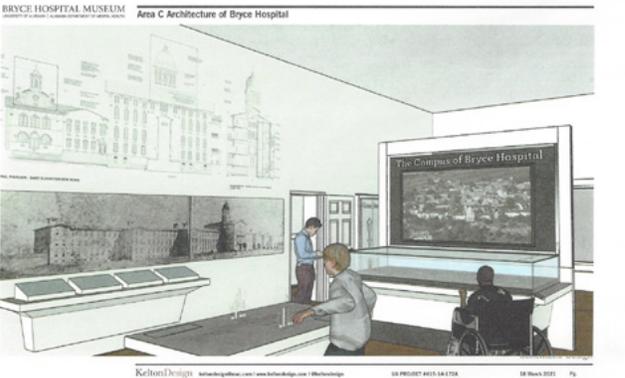
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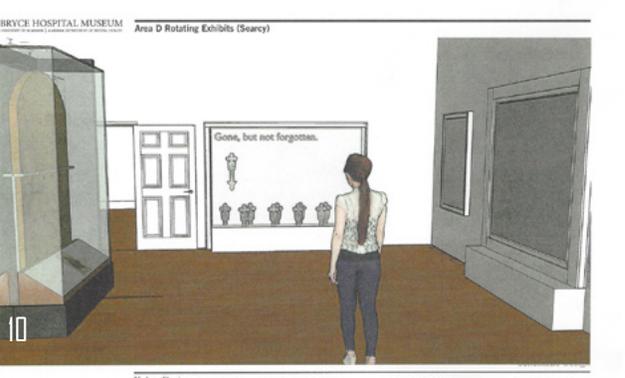
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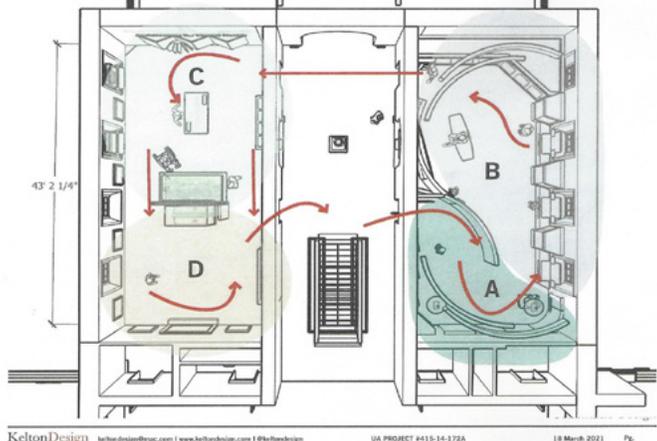


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- Area A
History of Bryce Hospital
- Area B
Life at Bryce Hospital
- Area C
Architecture of Bryce Hospital
- Area D
Rotating Exhibit Space



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BRYCE HOSPITAL MUSEUM

PLANS UNVEILED

Bryce Hospital, formerly Alabama’s oldest and largest inpatient psychiatric facility, will break ground this spring to be transformed into the Bryce Hospital Museum and the Performing Arts Academic Center at the University of Alabama.

The museum and the location were established with the deed of sale of the historic Bryce Campus to the University of Alabama. The museum will be located on the second floor of the Bryce Main above the University of Alabama Welcoming Center.

Throughout the museum, visitors can expect to see and learn about four distinct areas of the hospital including, the history of Bryce Hospital, life at Bryce Hospital, the architectural structure of Bryce Hospital, and a rotating exhibit space that will feature hospital memorabilia.

The Alabama Department of Mental Health’s Historian Steve Davis says there will be a bust of Dr. Peter Bryce in the hallway along with a life-size painting of Dr. Bryce and his wife Ellen Clarkson Peter-Bryce.

“The rotating exhibit will have an emphasis on Searcy Hospital at Mount Vernon, Al and its relationship with Bryce. In addition, it will also feature a separate exhibit on cemeteries at the state hospitals,” said Davis.

“While the life at Bryce Hospital section will be focused on patients and their environment at the institution there will be an emphasis on where to receive help today, what the mission statement of the Alabama Department of Mental Health is and how the mission continues today,” explained Davis.

The Bryce Hospital School of Nursing will be featured with photo books, caps, capes, rings, and valedictorian speeches as exhibits.

One of the museums highlights will be from the Architecture section of Bryce, which will include the original plans of the main building, as well as photographs of how the hospital became one of the largest buildings in the world.

At this time, the date for groundbreaking has not been set.



ADMH SHOWCASE:

APRIL WATKINS,

MENTAL HEALTH SPECIALIST, MENTAL ILLNESS COMMUNITY PROGRAMS

Mental Health Specialist, April Watkins has served the Alabama Department of Mental Health since 2017. During her tenure with the department, more specifically, she works as the coordinator for the First Episode of Psychosis (FEP) program which was established within the department in 2016. This evidence-based practice utilizes a person-centered and recovery-based approach to provide support and treatment for consumers and their families when the First Episode of Psychosis emerges.

The Chicago, Illinois native is a graduate of Tuskegee University, where she earned a bachelor's in psychology. She also received two master's degree from the University of Alabama, one in community counseling and the other in social work.

Before joining the department, Watkins was employed within the in long-term care arena, residential treatment, and the housing for homeless veterans with mental illness and substance abuse. Watkins says her entire professional career has been dedicated to working within the social services field supporting a population of clients to include youth, young adults, and geriatrics.

"I choose this work because it is meaningful and helps me fulfill my purpose for mankind," she noted.

"It is the FEP programs intent to restore the consumer back to as much normalcy as possible by connecting them to educational opportunities, competitive employment, peer supports, medication management, therapeutic interventions, and case management services," explained Watkins. "This holistic approach has been proven to lead to positive outcomes for the entire family unit and I will continue to do my part to shine the light with compassion, and advocate on the behalf of those who are the most vulnerable of the population," she continued.

Within the current project with the First Episode of Psychosis program, Watkins says it remains a clear intersect and collaboration among the Department of Vocational Rehabilitation, as well the IPS programs to assist with assessment and employment training.

"Using these modalities to approach the complex issues that the consumers are dealing with makes for a fluid path to recovery, and a reduction in the duration of untreated psychosis." "The success of the FEP program remains dependent on a transdisciplinary team approach that ensures that the client's needs are the focal point within the integration of needed services," she explained.

"I have personally witnessed how untreated and undiagnosed mental health challenges can affect families, so this program is a true testament to my journey as a helping professional." "I believe in it and I am so proud of the positive impact it is having on the youth and young adults within Alabama," shared Watkins.

In Watkins' spare time, she says she enjoys spending time with daughter Sydney. In addition, Watkins says she is an ardent Zumba enthusiast, and enjoys reading mystery and romance novels, cooking, and going on nature walks.

5 Myths vs Facts

About DEPRESSION

MYTH #1: Depression will not affect me.

FACT:

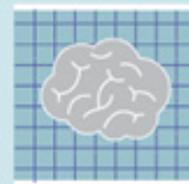
Depression is more common than you may think. In the US, more than 17 million adults live with depression yet less than half get treatment. While you may not experience depression, chances are you know someone who does.



MYTH #2: Depression and sadness are the same and people can just snap out of it.

FACT:

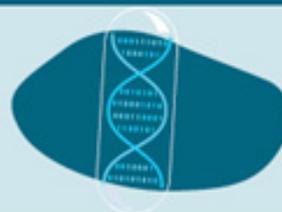
Being sad is not the same as having depression. Depression is a mental health condition that causes people to experience extreme sadness, trouble sleeping, loss of energy, difficulty thinking, and more.



MYTH #3: People's genetics dictate whether they develop depression.

FACT:

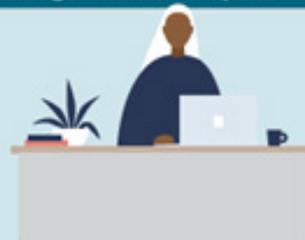
Depression is caused by one or more factors, including biological factors, life experiences, family history, personality, and environment.



MYTH #4: People with depression cannot work in demanding or stressful jobs.

FACT:

People with depression hold jobs in diverse fields and at all levels of organizations, from the shop floor to the c-suite. Depression impacts people's work and personal lives differently. There is no "one size fits all."



MYTH #5: Those impacted by depression do not recover.

FACT:

With proper treatment, usually consisting of medication, psychotherapy or a combination of both, people with depression can and do get better! Early and effective treatment leads to the best results.



ADMH STAFF SUCCESS

**GRADUATE PERSISTS FOR 20 YEARS TO EARN DEGREE;
SAYS NEVER GIVE UP - BRYCE HOSPITAL STAFF MEMBER,
LACRYSTAL DAVIS ACHIEVES HER DREAM!**

Bryce Hospital Staff Member, LaCrystal Davis always had dreams of being the first college graduate in her family. And after four separate enrollments at The University of Alabama that have spanned a total of 20 years, the 42-year-old interdisciplinary studies major will indeed be the first person in her immediate family to graduate with a bachelor's degree at UA's spring commencement.

She accomplished her goal in the nick of time. *"I've had a journey,"* said Davis, a native of Ralph. *"But along the way I've obtained life skills and a college degree to back it up. It was 20 years in the making, but I persisted. I knew I'd eventually get here; I just didn't know how."*

Shortly after graduating from Tuscaloosa County High School in May 1997, Davis enrolled at Shelton State Community College. After completing two years of course work she was ready to transfer to a university, just not UA. *"UA was not my choice because I grew up around UA and I always thought it was just too crowded and crazy during game weekends. So I was like 'anywhere but there.'"*

But after comparing schools with the program she wanted to complete — business marketing — and having her first child, attending the Capstone was too good of an opportunity to pass up. She started at UA in 2001 with the full intention of graduating in less than three years but her plans changed. *"I went from 2001 until the summer of 2004 when I had my second daughter, Madison Mayfield, who is now a 17-year-old junior at Paul W. Bryant High School. Life happened, so I took a break and came back in the fall of 2006."*

She attended UA the second round until spring 2007 but didn't do well academically, which caused her to lose her financial aid. Without financial assistance she couldn't afford to re-enroll and complete her degree, so she got a job and once again put her dream on pause.

In September 2007, she married Donald Davis Sr. and in October 2009 they had a son, Donald Davis Jr. One day in the summer of 2016 while on her way to work, she heard a commercial on the radio about the Back to Bama tuition grant. With only two classes left to complete her degree, she figured she apply. She was awarded the grant, but it only covered one of her two remaining classes, so after completing the course, her dream was put on pause again.



Life moved on. The grandmother who raised her and instilled in her the value of a college education, Mary Hardy, died in November 2019. Davis had promised herself that her grandmother, who only had a ninth-grade education, would see her graduate. It was a promise she couldn't keep.

A few months later in March 2020, she had her fourth child, Joy Davis. It was then that something inside of her — unrelenting grit— rose up and would not be denied. She would finish her degree as a tribute to her grandmother and a testament to her children that anyone can do anything if they never give up.

But the obstacle of school financing still remained. So she logged into her myBama account in search of funding and found the Bernard Osher Reentry Scholarship. She applied and received the scholarship, which paid for her final class in spring 2021.

"My experience was so positive at UA that it made me feel bad about not wanting to go here when I was younger. I had great professors, like marketing professor Dr. Lenita Davis, who always encouraged me."

Davis, who plans to use her degree to advance to higher positions at Bryce Hospital where she currently works, said she hopes her story inspires others who haven't finished their degrees. *"I don't feel that my story is too far from other people's stories outside of it taking me so long,"* she said, laughing. *"Life happens, but what you do in response to it develops your character. I feel like I'm not finishing late, but when God wanted me to."*

"I want people to know to never give up. Just because you don't see a way doesn't mean there's not a way. Knock on every door, do everything you can to complete your journey. Don't doubt yourself."

DATES TO REMEMBER

MENTAL HEALTH RELATED EVENTS OF INTEREST

05	Alabama School of Alcohol and Other Drug Studies Trainings Online
05/07	ASL Coffee Night Starbucks, Montgomery
05/22	Spring Walks Your Way on the National Day of Hope by NAMI Where you live
05/27	<u>2021 Capitol Showcase Art Exhibition Reception</u> Zoom
06	Alabama School of Alcohol and Other Drug Studies Trainings Online
06/04	ASL Coffee Night Starbucks, Montgomery

NOW ACCEPTING APPLICATIONS

FOR THE 2021-2022 CHILD-PARENT PSYCHOTHERAPY (CPP) LEARNING COLLABORATIVE COHORT 2

Initial training will take place July 27 – 30, 2021 and will be held virtually. The training includes 18 months of case consultation and support and a total of three virtual learning events. Upon completion of the training, clinicians will be eligible for inclusion on the national roster of trained CPP providers. NBCC continuing education hours are pending approval. The cost of this training is being subsidized by funding through the Preschool Development Grant Birth through Five, reducing the cost from \$2500 per participant to \$200 per participant. This covers materials for each participant.

CPP is a trauma-informed, evidence-based and relationship-based therapeutic treatment for children ages 0-6 who have early trauma history and/or are experiencing emotional, behavioral, attachment and/or mental health problems.

CPP is recognized as an intervention that promotes positive parent-child interactions and improves family functioning.

There will be 30 available seats for the training. Applications are accepted through an RFP process. RFP Packets may be obtained by emailing dallas.rabig@ece.alabama.gov. Deadline for submission is May 28, 2021. For information about the research on CPP, including the five randomized trials conducted on the model, please visit our website: <http://childparentpsychotherapy.com/about/research/>

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