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10 Secrets For A Speedier Recovery

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I was first hospitalized for bipolar disorder six years ago. At the outset and throughout my struggle I worked on learning as much as I could about my illness and what I could do to help myself. Needless to say, I felt helpless and frustrated, as anyone would, to see themselves become immobilized and suffering.

I had many questions for the doctors and social workers: "Would I ever recover? How long would it take? Would it be complete? Would I be able to take care of myself in the future? Could I work again? Who would help in my recovery? How? Which medications, talk therapy, training would be prescribed? Little did I know then that it would take me over five years to learn most of the answers.

Today, I am the Director of our county's newest and most innovative drop-in center—The Center For Career Freedom. I'd like to share with you what I have learned from my own journey to recovery and from the struggles of our members at our Center. Let me first tell you about our Center and how our work with fellow consumers led to developing the "10 Secrets To A Speedier Recovery."

The Center For Career Freedom is a consumer-run, non-profit agency with a mission of rehabilitation and recovery for persons with severe and persistent psychiatric disabilities. We serve our three hundred members with a staff of twelve. We're funded by a \$75,000 grant from the Department of Community Mental Health and corporate and private donations. We are unique in that we are...

- The only Not-for Profit agency in the State of New York certified as a Microsoft Office User Specialist (MOUS) Training center.

- The only Not-for-Profit agency whose staff has extensive middle management corporate backgrounds (Pepsi-Cola, Trans-America, Bell South, NYSE).

- We also have State of the art

hardware and software: Pentium 3's, scanners, color printers, digital cameras, MS/Office 2000, Mavis 10, AOL, etc...

- 100% of our staff and board are consumers.

- And we have a stabilized and motivated membership base which drives our mission of competitive employment.

In a given week, about 100 members come to the Center for the Microsoft Certified Computer Training Program. Another 15 come for weekly one-on-one intensive vocational counseling sessions and about 50 come for our arts and crafts, free lunch, T.V., live music, free take home food and socialization.

Our outreach consists of phone calls, member designed and produced cards, hospital visits, a monthly calendar, and articles in the Mental Health News.

So far, we have placed some fifty people in competitive employment.

The majority of our members report satisfaction with their psychiatrists, therapists and medications. However, there are issues with accessing entitlements, housing, transportation, training and jobs.

The "Ten secrets for a Speedier Recovery" came about from our Case Management efforts to relieve the suffering and deplorable conditions of many of our members. *The "secrets" came from the street rather than the classroom or conference room. They're expedient solutions to painful problems. They're not "touchy-feely", arms length empathetic concepts like "sharing or connecting". They're how to bring real differences in ones life by making lasting changes through visible empowerment.*

We hope our secrets stimulate folks to forge their own personal recovery plan and strategies.

1. OUR FIRST SECRET IS THAT IT TAKES A "VILLAGE" TO EFFECT FASTER RECOVERY. A very smart, tough and caring village, that's up on the latest research, prescriptions, talk therapies, entitlements, eligibility requirements, appeals tactics, debt

negotiations, "trick" application questions, system code and more. Search and screen for the best psychiatrist, talk therapist, case manager, lawyer and peer advocate. If they're not actively helping you in your recovery, replace them.

2. THE SECOND SECRET: CO-OPERATE WITH YOUR TREATMENT PLAN. When visiting my friends in the inpatient units I always ask "What happened-how come you're back?" Almost everyone says it's because they stopped taking their meds either because of the side effects or they felt better and thought they were "cured". Contrary to some peer groups, our experience is that the right combination of psycho pharmaceutical medication is the cornerstone to recovery. Then comes talk therapy, housing, money/food/clothing, family/friends and lastly; skills acquisition, internship and competitive employment. Each new area seems to build upon the successful processing and stabilization of the previous one. To us, recovery appears to be a direct path with occasional and sometimes frequent detours.

3. BELIEVE IT OR NOT—SOME OF US CHOOSE TO BE HELPLESS VICTIMS OF OUR DISABILITY RATHER THAN FIGHT FOR RECOVERY. Fear of failure, or success can paralyze us just as much as deep depression or overmedication. While most of our members check off "to learn computer skills" on their applications as an objective, about one-third never make it to the training room. So our Clinical Advisor, Dr. Steven Smith, Ph.D. started a short-term individual cognitive-behavioral program to help members cope with the anxiety associated with acquiring computer skills. The program has been a total success. Another "threshold point" is when a student repeatedly passes the Microsoft practice test but is reluctant to take the similar final exam on-line. It's not that they don't know the material—it's that they're afraid of failure—or the responsibilities that success may bring i. e. "Now I'll have to go out

and get a job and go off disability". Our solution is to recognize this powerful fear of change and to deal with it, a day at a time.

4. LEARN EVERYTHING YOU CAN ABOUT YOUR DISABILITY. Go to the library, get the latest DSM (vol. IV or newer) and read up on your diagnosis, then visit relevant web sites of professional organizations, e.g. the American Psychiatric Association, NARSAD, NAMI, etc. for the latest research trials, results and conferences. Look up the meds in the latest "Physician's Desk Reference". Read "Mental Health News." This research will help you communicate better and often educate your therapeutic partners.

5. REPLACE ANY CO-DEPENDENTS ON YOUR THERAPEUTIC TEAM. Melody Beattie defines co-dependence as "one who lets another person's behavior affect them and is obsessed with controlling that person's behavior." Co-dependents are often found in the "helping occupations", social workers, nurses, aides, housing counselors, etc. who work with the chronically ill. The populations which attract them are usually needy and helpless; e.g. the physically or mentally ill patients or the elderly. A co-dependent feels compelled to help people solve "their problems" is often domineering, manipulative, and threatening. They are a danger to us because consciously or unconsciously, they do not want us to recover, to become strong and independent, to say "goodbye." Co-dependents won't encourage you to grow, to leave the nest, to move on.

6. QUESTION AUTHORITY. But be nice about it. Keep repeating your questions until you get a definitive answer. Listen critically; does the advice make sense to you? Does it correspond to what other "experts" are saying? Is the person speaking from experience? What kind of world do they work in: government, institutional, community agency or for profit? We find a better quality of care/information comes from