

Community Network Services
Anti-Stigma Program

THE STOMP!



www.cnsantistigma.org

June- July 2010

Welcome to **The STOMP!**, the newsletter dedicated to stomping out stigma by providing education and raising awareness about mental health issues.

Excitement is building for our upcoming Annual CNS Stomp Out Stigma 5K Run/Walk!



Planning for our Third Annual Stomp Out Stigma 5K Run Walk is in full effect!! We are very excited to have begun our registration process, and sponsorship and donation opportunities are available! Thank you in advance for your donation of time, energy, and resources. This event has been so successful in the past, we can't wait to share it with you again! This year's event will be held Saturday, September 25, 2010. Registration begins at 8:00, and the run will start at 9:00, with the walk starting once the runners have left. Be sure to register early!! Before September 1, the entry fee is \$20. September 1 and after, the entry fee is \$25. You can register online by going to www.getmeregistered.com, type "stomp out stigma" in the search field.

For more information or sponsorship opportunities please contact Amy Yashinsky at 248-871-1403 or ayashinsky@cnsmi.org

It's Time for the Third Annual CNS Stomp Out Stigma 5K Run/Walk!!

Mental Health First Aid is a Hit!!

CNS is proud to announce that all of the scheduled Mental Health First Aid trainings for 2010 are officially booked! This training has not only been extremely successful in reaching many people in the community, but also extremely useful for those who have attended. We would like to thank all of those who have participated, and look forward to our upcoming 2010 trainings and even more trainings to be scheduled in 2011!

For more information about scheduling a training for your agency, group, or community, please contact Amy Yashinsky at 248-871-1403 or ayashinsky@cnsmi.org

What is Mental Health First Aid?

People who enroll in the Mental Health First Aid training learn a five-step action plan to help loved ones, colleagues, neighbors, and others cope with mental health problems. Similar to traditional First Aid and CPR, Mental Health First Aid is help provided to a person developing a mental health problem or experiencing a crisis until professional treatment

is obtained or the crisis resolves. Mental Health First Aid is an evidence-based public education and prevention tool—it improves the public's knowledge of mental health problems *and* connects people with care for their mental health.

Who should take Mental Health First Aid? Everybody!

Hospitals and Health Care Centers, School employees, Direct-care Home Staff, Families and Caring Citizens, Policymakers, Faith Communities, Law Enforcement/Justice, Mental Health Authority Employees

This program has been made possible by Community Network Services and Oakland County Community Mental Health Authority

Just 5 Minutes of Outdoor Exercise Aids Mental Health



Just five minutes of exercise a day in the great outdoors can improve mental health, according to a study, and policymakers should encourage more people to spend time in parks and gardens.

Researchers from the University of Essex found that as little as five minutes of a "green activity" such as walking, gardening, cycling or farming can boost mood and self-esteem.

"We believe that there would be a large potential benefit to individuals, society, and to the costs of the health service if all groups of people were to self-medicate more with green exercise," Barton said in a statement about the study, which was published in the journal *Environmental Science & Technology*.

Many studies have shown that outdoor exercise can reduce the risk of mental illness and improve a sense of well-being, but Jules Pretty and Jo Barton, who led this study, said

that until now no one knew how much time needed to be spent on green exercise for the benefits to show.

Barton and Pretty looked at data from 1,252 people of different ages, genders, and mental health status taken from 10 existing studies in Britain.

They analyzed activities such as walking, gardening, cycling, fishing, boating, horseback riding, and farming.

They found that the greatest health changes occurred in the young and the mentally ill, although people of all ages and social groups benefited. The largest positive effect on self-esteem came from a five-minute dose of "green exercise."

All natural environments were beneficial, including parks in towns or cities, they said, but green areas with water appeared to have more positive effect.

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September 25, 2010

Anti-Stigma Team Upcoming Events

Michigan Dept. of Community Health
Office of Consumer Relations and
Justice in Mental Health Organizations
(JIMHO)

13TH Annual Consumer Conference
Kellogg Center @ Michigan State
University

55 South Harrison Rd.
East Lansing, MI 48823
July 22, 2010

For more information:
Terri Baker
Ph: 517-241-5066

Email: bakert3@michigan.gov

14th Annual Region V Metro East
Consumer Conference

All natural environments were beneficial, including parks in towns or cities, they said, but green areas with water appeared to have more positive effect.

In Observation of Minority Mental Health Month



The CNS Anti Stigma Team thought there was no better way to honor Bebe Moore Campbell during Minority Mental Health Month than through her own words. Below is her own account, or Testimony as told to Tanisha Blakely of AOL Black Voices.

Watching my loved one become violent and an incoherent stranger certainly tested my faith. My very close family member has bipolar disorder, which is a mood disorder - a disease of the brain. We were at a hotel together and my loved one flew into a rage. The next thing I knew, all of my suitcases were outside the hotel door. In my mind came the words "She's sick, she's sick." It just kept echoing. I recognized that this was indeed a mental illness and I had absolutely no control over it, that I would have to let go or I would be destroyed.

I didn't know what was wrong, but throwing me out of the hotel room really crystallized that this was indeed a mental problem. When I began to see the early manifestations of early bipolar disorder, I went into denial. I told myself, "This is something she will outgrow. This is a phase, etc." But once I recognized that this was a sickness, being in denial, I didn't talk about it outside of the family and I forbid anyone else talking about it. This is our secret.

A secret is really a burden. I didn't allow myself to seek any help because I couldn't talk about there being a problem. Once I recognized that this was indeed a problem, I began to open up and I shared with a friend who encouraged me to talk to a mutual friend who had a mentally ill family member. At first I resisted that, I didn't want to. She said "You need to talk to Nancy." I said "I really don't know Nancy that well, I don't want her knowing my business; she might tell my business." You know how black people are. Our business is of paramount importance. Things got worse and finally I did call her and indeed we had something in common.

We stayed on the phone for hours and I felt better when I hung up than I had before I dialed the number. We agreed to meet and we met at church and stayed after and went to brunch and talked some more. She was not as secretive as I was. She knew other people and she said "I'll call these people and we will get together." We formed a support group of about seven African American women. We all loved people who had mental illnesses and we came together every two weeks.

We would come to pray mainly and to share. We would pray for our loved ones and ourselves and we would share what was going on in our lives. It was an enormous relief to be able to be with people with whom I could be open. I didn't fear judgment. I didn't fear condemnation. I relaxed and we all agreed that we would respect and hold confidentially. I trusted the women so we just started meeting every two weeks, like clockwork.

We rotated houses, we came together to pray, eat and share. After the first time, we started laughing. We started laughing about what our relatives were doing. It wasn't funny, but it was a relief to see some sort of lightness. That it was not so awful and dark that we couldn't laugh about it. That was Spring, then what we noticed was we wanted to start hanging out a little bit. "Let's pray and let's share and then let's go to the movies. Let's pray and let's share and let's go to the dinner. Let's pray and let's share and did you say you knew someone who gave massages? Call them up."

As we began to relieve ourselves of our burdens and our deep dark secrets, we left space for joy to come back. Then I found out from a friend about the National Alliance of Mental Illness (NAMI). My friend is white. And nobody wants to own up to being mental ill or having a mentally ill loved one. But black people really, really, really, really don't. And because we really don't, we are in denial for all kinds of reasons. We don't have any information. I didn't know anybody, but this white woman knew about NAMI. So I put on my high heels and went over to Beverly Hills to the NAMI meeting. And I got involved with it and then I told my other support group members and they went and all got involved. After we took the teacher training course, we were able to teach it. We joined there support group for family members. During a conversation we said, "Why are we coming over here to Beverly Hills, where we don't live when the need is very great in our own community?" We got our 501C paperwork done and we opened NAMI Inglewood which will soon be NAMI Urban Los Angeles, in a predominantly black community. That has been what has sustained me, the support came through prayer.

Faith is the substance of things hoped for, the evidence of things not seen, Hebrews 11:1.

Source: <http://www.namiurbanla.org/content/view/full/46/53>

It Could Happen to Any One Phyllis Clemons: A Success Story By Kimberly Rider



As I sat in a room talking with Phyllis Clemons she took me down memory lane as she shared her story with me. After the death of her friend Valerie in 1993, Phyllis started having some problems dealing with her death. "I couldn't sleep, and everyday tasks were difficult." Phyllis sought help from her doctor, who gave on medication to help her cope and get back on a healthy sleeping schedule. Phyllis also turned to substances at this time, which made things more complicated and difficult to handle. After six months, Phyllis was "feeling pretty good" and under the guidance of her doctor, she was weaned her off of the medication. Though things were back on track for Phyllis, this was not the end of her journey.

In 1995 she began her employment with CNS, family formally known as Mercy Network. She noticed little changes in her everyday thinking process when things became hard to deal with. She found herself experiencing panic attacks every so often. She didn't think much of it at the time so she didn't do anything about them. As time went on, however, the panic attacks became progressively worse. She would listen to the news and she would find herself having an episode, a simple car ride would cause unbearable distress, causing her to pull

over and get out of the car. The panic attacks were unpredictable and lasted anywhere from five minutes to twenty minutes. She said, "I could feel my heart beating so hard, it was hard to breathe and I had a sense of impending doom". Phyllis remembers telling herself "I am a social worker I have to pull it together...social workers don't get sick like this". Phyllis started to obsess over the panic attacks, and trying to control them. The obsession became so great that it started to consume her. She wasn't eating, couldn't sleep, and things had gotten so bad that she didn't have the tolerance to deal with her clients at work. Phyllis said, "things got so bad that I couldn't go into work I just sat and started sobbing". She started looking up the symptoms she was experiencing to try to figure out what was wrong. A co-worker suggested to Phyllis to consult with her doctor and possibly get on medication.

In April 1997 after visiting her doctor she was diagnosed with Anxiety and Panic Disorders. Her doctor prescribed medication to help with the panic and anxiety attacks. She said "I felt ashamed, fearful, and angry". She started asking herself questions like "Can I function? Will I have to be hospitalized? Am I losing control over my life? Will I have a say in my treatment?" She even started to question the medication and wondered if it would even work.

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Belleville, IL 62221
August 6, 2010
For more information:
Cindy Mayhew
Ph: 618-474-3361
Email: cindy.mayhew@illinois.gov

4th Annual National Peer Specialist
Conference
Westin Yorktown
70 Yorktown Shopping Center
Lombard, IL 60148
August 23 – 25, 2010
For more information:
Steve Harrington
Email: Steveh@naops.org

NEED Help in a CRISIS?

In Oakland County, MI:
Common Ground
Sanctuary
24 hr. Crisis Line
800-231-1127



National Hopeline Network
24 hour Crisis Center
800-784-2433

“Unlocking the Mind” on CMN TV

This month we will be showing
The Award-winning video Did You
Know
Comcast Ch.52
WOW! Ch. 18
Tuesdays 2:30 pm
Wednesdays 6:30 pm

Did You Know?

One theory for some of the
benefits of exercise include
the fact that exercise
triggers the production of
endorphins.

You don't have to be
suffering from a clinical or
diagnosed Mental Illness to
get substantial mental
health benefits from
exercise and fitness.

Do you have a story or article
You would like to see in
The Stomp?
Contact Laura Farwell at:
lfarwell@cnsmi.org
Or call 248-745-4900 x1035

Get a copy of our VIDEO!!

Eventually, after agonizing over her current state, Phyllis had an epiphany. She began asking herself, "how do people live with this for twenty and thirty years?", and began to understand first hand what some of the consumers she works with must be going through. Phyllis was fortunate, because her doctor gave her a choice of which medications she could take, and this made her realize the importance of choice in treatment.

After being on the medication for about three months her body did not seem to be adjusting to it. She said she felt "detached and very flat". After another doctor visit her physician decided they were going to try another medication, but the switching process was not done correctly, and Phyllis started to experience symptoms of mania and "didn't feel normal". The panic attacks started to occur again, and her thoughts were racing. Her co-worker helped her get appropriate medical attention and reassured her by telling her "just because you take medication doesn't make you not normal...it means you are taking care of yourself". More questions entered into Phyllis's mind, and she began to wonder if other social workers also took medication for mental health issues. She then began to realize that people take medications for all kinds of physical illnesses, and she was no different.

As time passed she developed a great personal relationship with that co-worker. Phyllis stated "I felt ok with her, she was my rock". Today, Phyllis is proud of her many accomplishments. Not only is she a well-respected professional in her field, but she is a proud grandmother, she has been sober for several years from all drugs, alcohol, and caffeine, and off all medications since 2007, as well. She uses her faith in God as well as Jazz and Gospel music to sooth her when she begins to feel anxious. When asked what recovery meant to her she said "Do everything you can do to make sure you keep your body in balance. Do what you need to do to be ok even if you don't like it. It's ok to say no to things".

We need to be aware that even those who work in the mental health field can be personally touched by mental health challenges. Mental illness is, after all, an equal opportunity disease. People don't volunteer to become sick, sometimes these things just happen, but treatment, medications, and a support system will all help you find your way along a very personal recovery journey.

Barriers In Parenting With A Diagnosis By Kimberly Rider

People who lack knowledge about mental illnesses do not necessarily know that they are doing more harm than good. Stigma is putting a label on something without knowing the truth. It is like believing a rumor that is told to you without doing the proper research. Stigma can be very devastating on many different levels. It can even prevent someone from getting the proper help that they need.

As I was surfing the web, I came across this article which talked about a mother of three children who is diagnosed with Generalized Anxiety Disorder and depression. The mother had been attending support groups faithfully, taking the proper medications, making friends who can relate to her, and taking the proper steps to recovery.

For the past few months she hasn't been taking her medication, seeing her doctors, or support groups. She has been very hesitant to get back on track because of not only financial reasons, but because she is currently separated from her soon to be ex-husband.

According to some state laws mental illness is cited to be a condition that can lead to loss of custody or parental rights. Thus, parents often avoid seeking the services needed for fear of losing custody of their children.

The major reason states take away custody from parents with mental illnesses is the severity of the illness, and the absence of other competent adults in the home.

Having a mental health challenge is bad enough, but for women with mental health issues, the ramifications are far more severe. The publicity surrounding the Andrea Yates case (the mother who suffered from post-partum depression who drowned her children), led many to believe that children must be removed from mothers with any degree of mental health issues.

It appears that they compare every form of mental health challenge as the same severity. However, in reality they vary. Most diagnosis's are treatable and if individuals take the right steps they can most definitely recover and live a very fulfilling and meaningful life.

The second that most people hear the words "mental illness" they usually identify it with someone who is a threat and has no business taking care of a child. They are automatically the expert; they just do not research the information. Instead they believe the negativity that surrounds it.

Still to this day many people are uneducated about mental illness and continue to pass judgment on those who can recover. I sincerely hope that the readers continue to help us spread the word of truth to others and continue to fight with us with us as we battle this thing called Stigma.



Just Changing the Labels Won't Fight Mental Illness By Jackie Castine



Jackie Castine

I read with interest the recent letter from the gentlemen who resented being "mentally ill." He has manic depression and prefers to be called a "mental health sufferer."

I, too, am recovering from manic depression and I wholeheartedly agree with him that there is a need for the general public to understand that mental illness is a brain chemistry problem, not a character defect.

Bi-polar disorder is the new name professionals have given to manic depression, but I am convinced that changing words does little to combat the stigma connected with mental illness. In fact, it further mystifies rather than educates people. A change of heart and mind and more compassion will do more than a play on words.

Education is required and should not be left to professionals. If more people who have mental illness would talk openly about their private struggle and vulnerability, perhaps the public view of mental illness would not be limited to the media images of the minority who act out violently against others.

Stigma is not the only battlefield in this largest health problem in the United States. Denial, a primary symptom of mental illness, prevents many people from getting treatment. Thus, "mental health sufferer" may better describe family members rather than those who have the illness.

As a woman of faith, I have found it helpful to say that I am often centered in uncertainty, awaiting further instructions. Over the years I have relied on God to help my son, the professionals, and myself. Today I pray that this story will in some way increase both community compassion and attention to the plight of those individuals and families who suffer from mental illness and the people who are trying to help them.

Guest Opinion Oakland Press March 7, 2001

Jacqueline Castine is the community education specialist at the Oakland County Community Mental Health Authority. Her fall class schedule is posted at www.jacquelinecastine.com. She is the author of *I Wish I Could Fix It, But...* She can be reached at castinej@occmha.org and 248-975-9684.

Monthly Footprints By Malkia Maisha Newman

"Did You Know?"

The video is filled with stories from people who have had a first hand knowledge of what it like to live with a mental illness and how stigma personally affects them.

Designed to help promote awareness of mental health issues, the film could be used at trainings, group meetings or in the classroom.



****\$10.00 suggested donation**

Contact: mmaisha@cnsmi.org



The team is going full steam ahead with promoting our most recent presentation offerings.

We have been going to clubhouses all over the state of Michigan sharing with everyone about advocacy and finding your own voice.

There has also been a great deal of excitement about our newest offering "Adventures in Recovery" where we are taking people on a recovery journey by "following the Yellow Brick Road".

In addition to this Community Education has been very successful in the launch of "Mental Health First Aid" a 12 hour course on mental health diagnosis and resources needed to assist people as a lay person assisting people in crisis or exhibiting signs of possible mental health issues.

We have had the privilege to present to Baker College Nursing students, NAMI Michigan's Annual Luncheon held in Iron Mountain, MI (our first trip to the Upper Peninsula, hopefully not the last), the Staff of Turning Point in Macomb County, the Alpha Kappa Alpha's in Oakland County, Social Work Students at the University of Michigan, and Michigan's 2nd Annual Peer Specialist Conference, Lansing, MI.

We are very pleased about the growth, inspiration, and the greater hope that our programs have given others and we are looking forward to more of the same.

In addition to our programs we have been setting up informational booths to provide vital information to the public about mental illness. We were pleased to partner with the parents of Pontiac High School at their International Parent Night, The Refuge Center of Pontiac with their Community Resource and Information Fair, the pastors of Oakland County at the Pontiac Point of Hope, and to participate in a Community Fair at Doctor's Hospital Pontiac, MI. Events such as these have enabled us to reach people who are not aware of resources that are available.

To book a presentation call 248-409-4227 or email mmaisha@cnsmi.org

Confronting the Myth By: Linda Haywood



In June 1981, I was a new wife and mother and newly diagnosed with a serious mental health challenge. Little did I realize how much my life would change as I spent the next ten years on a chaotic journey with a number of twists and turns which led down roads that resulted in the termination of my parental rights, the humiliation of experiencing domestic violence in more than one relationship and the ever-increasing addiction of alcohol and other drugs before making a U-turn onto the road to recovery.

In retrospect, I was totally unprepared and unwilling to accept a diagnosis of a mental health issue for a number of reasons. For sake of time, I'll discuss the top three reasons, yet I now recognize that each reason had been rooted in the many myths and stigmas that I had grown up with regarding mental health.

First, I lived with myths, not necessarily verbalized, but myths that cued me in to believe that I had descended from a strong heritage and a strong people who had survived slavery, Jim Crow and every other injustice and quite simply put, "A nervous breakdown was only for the weak. African Americans did not have nervous breakdowns!" Like many, I had an Uncle so-and-so or an Aunt so-and-so who was "peculiar in their ways," but imagine my feelings of shame and failure as an African American when I became the first person in my family to be diagnosed with a serious mental health issue.

Second, I too had grown up with the media's portrayal of mental health issues. Unfortunate men and women shackled in chains and kept locked in basements and attics "for their own good" or "to save the community from such a one." I had also grown up hearing the news reports concerning individuals who had a mental health diagnosis and had gone on crime sprees and/or had harmed others in their families or the community at large. Due to these images, as well as my own lack of knowledge about mental health, each day I fretfully waited to turn into this person that my family and others would come to fear.

Lastly, I just couldn't grasp how I could have such a diagnosis when just two to three years prior to my diagnosis I had been a straight A student, graduating with honors and being pursued by a number of local and out-of-state colleges and universities. I somehow equated having a mental health issue with having a deficit in intelligence. As a result, I derailed my own stability a number of times when I stopped being medication compliant because "I'm just smarter than that! (smarter than someone needing mental health services)." Almost 30 years have passed since that first diagnosis and I have been in recovery for over 20 years. I'm a licensed Master degree level social worker, as well as a licensed minister. While I believe that there is still work to be done to address the needs of African Americans experiencing mental health issues, I'm very encouraged by the advances that I have noted over the years:

There is more literature coming out yearly which addresses mental health within the African American community and facilities, agencies and staff members are being trained in cultural diversity and are being better equipped for working with those of a different ethnicity, culture, and /or gender.

Person Centered Planning is the rule rather than the exception. This enables those receiving mental health services to be strong advocates for themselves and also encourages loved ones to be an active part of treatment. Person Centered Planning also embraces the supports that family, fictive kin and others have been providing all along.

Current research continues to stress the importance of family and faith in the African American community. As stated above, mental health professionals encourage family support and there are those professionals who are collaborating or exploring collaboration with places of worship to address the needs of congregants receiving or in need of mental health services.

Myths and stigmas associated with mental health in the African American community, as well as other communities, are being addressed and eradicated with education, advocacy and collaboration.

Things to note:

The National Alliance on Mental Illness (NAMI) defines mental health challenges as medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. These medical conditions often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental health issues include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD) and borderline personality disorder.

According to the NAMI African American Mental Health Fact Sheet, here are a few things to consider when working with African Americans experiencing mental illnesses:

Some studies suggest that African Americans metabolize some medications more slowly than Caucasian Americans, yet they often receive higher doses of psychiatric medications, which may result in increased side effects and decreased medication compliance.

African Americans comprise 40 percent of the homeless population and only 12 percent of the U.S. population. People experiencing homelessness are at a greater risk of developing mental health challenges.

Nearly half of all of all prisoners in the United States are African Americans. Prison inmates are at a higher risk of developing a mental health challenge.

Programs in African American communities sponsored by respected institutions, such as churches and local community groups can increase

awareness of mental health issues and decrease the related stigma.

Thank you for your support of the Stomp Out Stigma program. We hope that you have gained valuable information that can help in erasing stigma and look forward to seeing you at one of our upcoming events. If you have any comments or questions about The STOMP!, please contact us at lfarwell@cnsmi.org



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