

THE NETWORK NEWS

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OUR MISSION

To create a climate in Virginia where peers are empowered to understand and find their own recovery through programs that achieve:

personal transformation
community transformation
systems transformation

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State of the Art Recovery Trainings Coming to Virginia

By Deidre Johnson, Executive Director

VOCAL is pleased to announce the receipt of a grant from DBHDS which will allow us to present the following trainings in 2018 and 2019:

- Community Inclusion, from the Temple University Project on Community Inclusion
- eCPR, from the National Empowerment Center
- Pathways, from the Depression and Bipolar Support Alliance and the University of Kansas
- Peer Support, Whole Health and Resiliency, from the Appalachian Consulting Group
- Smart Recovery(R) Self Management and Recovery Training
- Trauma Informed Care from SAMHSA

There will be scholarships available for these trainings throughout each of the five DBHDS regions so that trainings are accessible to peers throughout the Commonwealth.

Additionally, this grant will allow VOCAL to offer scholarships for certification testing fees for Peer Recovery Specialists.

Ann Benner, VOCAL's REACH Program Director, hopes to begin taking registrations and applications for scholarships by December. Watch VOCAL's email digest, website, and Facebook for news about registration.

Mark your calendar now!

The VOCAL Annual Conference will be held at the Sheraton Roanoke Hotel and Conference Center, May 21st - May 22nd.

"Community In Recovery" What do those words mean to you? We often use the word recovery community to describe ourselves and the culture of peers. Of course we have other connections as well, be it our families, or social groups, our congregations or the larger community in which we exist. How can we incorporate recovery into those groups? What does the term "Community Inclusion" really mean? How do communities recover after unsettling events? We hope this conference will make room for these ideas and more.

Workshop proposals will be accepted through the month of March, 2018. Conference registration will begin on March 1, 2018 and end on April 30. We will announce our keynote speaker early next year.

From the Executive Director

By Deidre Johnson, Executive Director

Happy fall, friends. Many wonderful things have been happening at VOCAL the last couple months. We welcomed a new staff member, received new grant awards to expand our programming and reach across the state, and are now in search of another person to join the VOCAL team.

Please join me in welcoming Heather Orrock to the Co-OPP Program Director position. In this role, she provides capacity building, organizational development, and technical assistance to Virginia's network of peer-run programs. You may visit <https://vocalvirginia.org/about-vocal/vocal-staff/> to learn more about Heather. Please feel free to contact Heather via email at heather@vocalvirginia.org or call her at 804-343-1777.

VOCAL is seeking candidates for REACH Coordinator to help with the implementation of our new trainings; please visit <https://vocalvirginia.org/news/jobs/> to learn more about this position. The closing date for accepting applications is 11/3/17.

We are also seeking peers interested in participating on our Veterans Advisory Committee. Please contact Malaina Poore at malaina@vocalvirginia.org if you're interested in offering input.

I look forward to writing you again soon with more wonderful things happening!

From the Network Director

By Malaina Poore, Network Director

This is a time of expansiveness around the VOCAL office. New staff members, new board members and of course, new funding with new deliverables. Maybe it is because I have an October birthday, but I see October as the month where anything can happen. The temperatures cool down (only a little this year!) and the Blue Ridge Mountains take on deep red and orange hues. For people who like costumes, it is the time to shapeshift into your own dream come true. October is also Mental Health Awareness Month, which makes for many events that I will happily drive to with the windows down.

We were all thrilled to learn that SAMHSA will help support out outreach efforts in Southwest Virginia. In October we were in Wytheville attending their first ever Mental Health Recovery and Resiliency Day, sponsored by Mount Rogers CSB. It has been difficult knowing where to tap in in that huge expanse of space or who to talk to. We have individual members in all counties, but rural counties have particular challenges, like transportation and distance. We sincerely

hope this is just the beginning of partnering with Region 3 and getting services, supports and participation in place. If you live in Southwest Virginia and would like to get involved or share your opinion, please get in touch!

Another part of our work with SAMHSA, VOCAL's LGBTQ advisory Committee will work together to create a training tool for Peer-run centers and others to working with LGBTQ folks. Members of this population who are receiving mental health services often feel the need to keep their sexual or gender identity separate from their work or other aspects of life. The project will educate allies and professionals and help ensure that peer-run spaces are "safe spaces" for all people. This work is exciting for me because it is personal. But that is another story for another day.

An Interview with Bonnie Neighbour on Transformation in Virginia

By Ann Benner, REACH Program Director

Recipient of Mental Health America of Virginia's **2017 Transformational Leadership Award**, Bonnie Neighbour was Advocacy Coordinator at VOCAL from 2007 to 2012. She was Network Program Director from 2012 to 2014, and VOCAL's Executive Director from 2014 to 2017. Among many affiliations and leadership positions Bonnie held during this time was Vice-President of the DBHDS Board of Directors from 2012 to 2015. The following interview was conducted in October 2017.

How did you get started at VOCAL? What was the draw for you in the beginning to work at VOCAL?

I'd been living with several diagnoses for a while – learning how to live with limitations imposed with the diagnoses, feeling hopeless. I was becoming less and less involved in the community when I discovered value in a few relationships with others who were also living with mental health diagnoses. I met them through the DBSA Support Group at Chippenham Hospital. One peer I met was a facilitator in CELT training and they told me about CELT but I didn't go at first. It seemed overwhelming to go to a week-long training away from home. One of the participants told me good stories about the CELT training I didn't go to, so I went to the next Celt training, where after a week I walked out reminded of all that I am. I had walked in identifying solely as a mentally ill person.

Shortly after I finished CELT, the Secretary of Health and Human Services, Marilyn Tavenner, held a meeting about mental health services in Virginia. I attended and just listened. It was pretty overwhelming. Then Delegate Albo held a meeting to allow fellow delegates to learn about mental health because the tragedy at Virginia Tech had happened and Delegate Albo correctly anticipated that there would be a lot of legislation about mental health that January. Delegate Albo had representatives of all mental

health stakeholders except consumers. When they had completed the agenda he said, “Well now I think we’ve heard from everyone. Are there any comments from the audience?” When nobody else stood up, I stood up, shaking, and spoke about mental health and recovery from the perspective of a “consumer.” The legislators on the committee then asked me lots of questions. News media asked to interview me. And I realized how much the voice of consumers was missing.

I started volunteering with MHAV where, among other things, I was part of rewriting the CELT curriculum and facilitating CELT. MHAV and VOCAL were sharing office space. I was intrigued with VOCAL and started to volunteer. I helped with a VOCAL conference and ran to be on the VOCAL Board but didn’t get elected. My response was, “I may not be on the Board, but I will be involved in VOCAL in some way.” I applied for and got a job at VOCAL as soon as one opened. (*The job was Advocacy Coordinator.*)

Regarding the voice of peers and the power of peers to affect change, how did 2007 compare to how things are now?

I came to the table with a commitment to being a collaborative voice and one that was sought after. Prior to that, the peers were often patted on shoulder. “How brave you are to do this.” “Thank you for being here.” When not seen as a brave, token voice to be tolerated, the peer voice had been seen as confrontational. I came into this at just the right time to change the “consumer” voice from confrontational to collaborative. There’s a place for confrontation. I don’t think we would be where we are if people hadn’t been there before with confrontational voices pointing out what was wrong and drawing attention to it. Those voices made the state ready to move forward more collaboratively.

Prior to 2008 it seemed that most peers involved in systems decision making were seen as tokens at the table to fulfill a mandate. In the beginning my experience was that I would share ideas and thoughts --often changing the direction of meeting -- but when I looked at the minutes my contribution was not recorded. The impact of what I said was recorded, but not what I said. I don’t think that happens in Virginia now most of the time. Peers are now sought after as valued participants. Their voices are important. I’d like to think I had a hand in that change.

What are all the factors went into that change?

Early in 2007 the state began to look at transforming the mental health care delivery system. The Chief Justice of the Virginia Supreme Court had created a task force to begin the process. Then the tragedy at Virginia Tech happened. The task force became much more energized. I was lucky to get involved and bring a collaborative spirit to the table. I worked closely with various partners, including but not limited to the Supreme Court, VACSB, NAMI, MHAV,

SARRA, VOPA (dLCV). Our work together began to set a new standard, I believe, in including the consumer or peer perspective as a valued perspective of equal value.

Consistently attending legislative meetings and meeting with legislators one on one helped the legislators also to recognize the consumer voice and hear our perspective. In the beginning of my involvement in 2007 the “consumer” voice was an afterthought at legislative meetings, and after a few years legislators sought us out and made sure we were present at meetings discussing mental health.

Peers are now often part of the driving force in the system and not just recipients of services, and that is what I’m most proud of in the area of systems change.

In 2007 when I came to VOCAL, Mira Signer began her work with NAMI Virginia. NAMI’s willingness under Mira Signer to collaborate with VOCAL and VOCAL’s willingness to collaborate with NAMI was a new strategy. From what I understand the two perspectives represented by those organizations often found themselves in conflict. VOCAL and NAMI couldn’t always agree on different points but had each others’ back to make sure each voice was heard. The organization I consider to have been my mentor was the VACSB Public Policy Committee. The VACSB also wasn’t always able to agree on VOCAL’s advocacy points since they represented yet another perspective, but they too had our back. And they would regularly take the time to walk me through understanding all the finer points of Virginia mental health law and policy.

Because of some of the changes that happened in 2007 and 2008 with the Governor’s task force and VOCAL’s participation, VOCAL developed strong working relationships with the Attorney General’s office, Supreme Court, ILPPP, DBHDS, Secretary of Health and Human Services, and those relationships and forces carried forth beyond this time. DBHDS’ increased respect for peers and the concept of recovery paved the way for the Office of Recovery Services to be formed at DBHDS.

I think a gift I brought to the advocacy table was a great tenacity. Rarely did a meeting happen in Virginia addressing the mental health care delivery system that I wasn’t present and prepared to participate. Other players in the system grew to trust my determination and preparedness. Virginia is somewhat unique in the way different organizations and agencies are able to work together respectfully towards a plan that all (or most) can agree with. The national consumer movement was happening at the same time but there were many states where it didn’t happen – where it even went in the opposite direction. Other organizations were (and still are) lobbying **against** the recovery movement. A strong one of these organizations with an anti-recovery movement focus is based in Virginia but we’ve been able to hold them off where some states have not partially because of how all the players are willing to work respectfully together towards a solution.

What was most difficult for you about those days and that process?

I found it most difficult and painful to see the sticking points where systems change didn't happen because of stigma and discrimination. We need to continue our efforts to educate others about who we are and why we deserve the same value of citizenship of any other citizen.

On a personal level the stigma and discrimination that I faced created the most difficulty for me to stay healthy and focused. When faced regularly with comments about the inability and unworthiness of people receiving services to access civil rights and adequate and appropriate care, I had to utilize all the wellness tools I had to keep me strong and motivated to keep at it. More than once I'd hear comments that mental health consumers are not and never will be able to make good decisions for themselves. I heard that, because of a diagnosis, mental health consumers don't deserve the same rights. I worked hard to keep in mind this perspective comes from an uneducated point of view and my mission becomes to educate differently.

What did you learn about changing peoples' perceptions?

Our perceptions come from what we hear and read and experience. If I want to change someone's perception I must be willing to share what I know from what I've experienced. And if I want them to hear me I need to share my perspective in a respectful way and not a way that shuts ears. And I need to listen to their perspective.

What do you think it's important for us to work on now?

Never become comfortable. Never let go of our values in spite of outside pressure as the peer recovery specialist profession moves forward. We need to continue to stop assuming "they" owe us something. We need to earn our spot at the table daily. And we need to remember it's not "us vs. them," but that we're all working together from our own perspectives and expertise to make the mental health system in Virginia the best we know it can be.

New! MHA National Certified Peer Specialist Certification

Peer support specialists are in demand across systems and sectors. To meet this demand, Mental Health America has created the first national advanced peer specialist certification. This lets peers show they have the highest levels of knowledge and expertise that qualifies them to support people wherever they are.

The MHA National Certified Peer Specialist (MHA NCPS) certification recognizes peers with the lived experience, training, and job experience to work alongside healthcare teams. The certification is designed to exceed the standards used in public behavioral health around the country. A major purpose of the certification is to meet the needs of private health insurers and private practitioners. Expansion of peer

support into the private sector will open up new career paths and opportunities, which have been previously unexplored, for thousands of peer supporters.

Learn more about MHA NCPS Certification at: <http://www.mentalhealthamerica.net/mha-national-certified-peer-specialist-certification-get-certified> Contact Kelly Davis at kdavis@mentalhealthamerica.net with any questions.

VOCAL Board of Directors Will Meet in November

The VOCAL BOD will meet on Wednesday, November 15th from 10 a.m. - 2:00 p.m. in the conference room of the Disability Law Center of Virginia dLCV is located at [1512 Willow Lawn Drive, Suite 100](#), in Richmond (23230)

This is an open meeting - you may attend in person or call in via the conference line information below. Please contact Erin Crettier at the VOCAL office or by email: erin@vocalvirginia.org if you plan to attend. To call in: [866-423-8755](tel:866-423-8755) and enter Guest code: 271381

From Where I Sit....Creative Offerings from Members and Friends

Bi-Polar Disorder – I Call it a Blessing In Disguise By Tammy Ozolins

"You have Bipolar Disorder-Rapid Cycling" the doctor told me when I was in my first hospitalization. I was like, okay, I thought it was like a cut and all I had to do was put a band aid on it and I would be good to go. I told the doctor I have things to do, so let's just do what we need to do. So, I truly did not accept my mental illness, because I started to take my medicine, but then once I started to feel better, I stopped, why because I thought I knew what was best for me. Boy, was I wrong! I truly did not accept my illness until the 2nd hospitalization and this is when I accepted the illness as a blessing and below is a summary of why.

My life was spiraling out of control, even though it felt good that I had some answers for some of the things I did, like one day I went shopping and spent \$1,000 dollars in one hour, I bought all these clothes and stuff and the most exciting thing was the 7 different colored toothbrushes I bought for the week. I use to tell my friends in high school, let's just go to Florida, and I meant it even though they laughed it off. When I was manic I would stay up for days, vacuuming at 3 AM in the morning, yet I had to work at 6 AM that same day. Those were some days/nights let me tell you.

Now, you might be saying where are the blessings? Well, even though I was not diagnosed until my late 20's I was able to graduate high school (even thru all the ups and downs) and I was able to graduate college with a Bachelor's and Master's Degree. I took it even further and I was able to earn a Post Master's Degree. I have been able to hold down a full time job now for 12 years. While working a part time job as well. Even being recognized with several awards during my 12 years of employment.

Another, blessing is it actually has brought me closer to my parents than ever. Growing up my parents and I did not have the best relationship, my mother and I would fight a lot, my father and I never really spoke. But, when I was hospitalized and I was told my diagnoses, I remember my father picked me up from the hospital that day and we talked for hours about our relationship. We became even closer after my 2nd hospitalization. They are my rock and I can always count on them. I have been living in another state now for 12 years (which I own my own house) and I still share my ups and downs with them, but now they know how to help me with them getting educated on dealing with mental illness.

Faith has always been an important to me, but when I was going thru my hard times, I was like why would God do this to me, make me suffer like this. Well, again after accepting my illness, I started to attend NAMI support groups and started to feel comfortable telling strangers my story. After being involved with the support group, I now have become a facilitator for a NAMI support group and I am an In Your Own Voice presenter for NAMI as well. I go to various health facilities and share my story of recovery with other patients. I even was a key note speaker for a conference in November titled "Being a Normal Person while living with a Mental Illness, I spoke to a crowd of about 200-300 people, in Fredericksburg.

I know it's God's wisdom and strength and will, that has allowed me to share my story of compassion, Hope, and Recovery to people. I know I was chosen and meant to share my story. I still have ups and downs, but I am so thankful to be in recovery and being able to continue to keep succeeding in life. These are only a few of the blessings this illness has given me, I will continue to make a lot more. I will keep fighting the stigma of mental illness and be blessed doing so.

Autumn Bounty

By Ann Catherine Braxton, Hampton

I speak of Autumn's golden array
The lovely decay begetting life
Crunching leaves speak to the ground
Blanketing fields of harvested land.

Come enjoy the cornucopia!
Gather apples, pumpkins, and zucchini
For breads and pastries made with love
I touched Granddaddy's heart with pumpkin bread
How I miss him!
I honor him and his garden of memories
With raisin-filled slices
Taste Autumn!
Taste the circle of life!

Standing on the Shoulders

By Joyce Johnson Rouse. Read in honor of Carolyn Peterson at the 14th Annual Mental Health Awareness Day, May 18, 2017 and submitted by William Hart.

I am standing on the shoulders of the ones who came before me.

I am stronger for their courage, I am wiser for their words.

I am lifted by their longing for a fair and brighter future.

I am grateful for their vision, for their toiling on this Earth.

We are standing on the shoulders of the ones who came before us.

They are saints and they are human, they are angels, they are friends.

We can see beyond the struggles and the troubles and the challenge

When we know that by their efforts things will be better in the end.

I am standing on the shoulders of the ones who came before me.

I am honored by their passion for justice.

I will stand a little taller, I will work a little longer

And my shoulders will be there to hold the ones who follow me.

They lift me higher than I could ever fly,

Carrying my burdens away.

I imagine our world if they hadn't tried.

We wouldn't be so very blessed today.



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From the Editor:

The deadline for the next issue of “The Network News” is Monday, June 19, 2017
Please submit your submissions to Yolande Long: yolande@vocalvirginia.org or mail them to:
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