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Building Blocks of Recovery:
Housing, Health & Hope
On Our Own of Maryland’s 2016 Annual Conference

Thursday & Friday, June 9 & 10, 2016
Princess Royale Hotel & Conference Center, Ocean City, MD

Special Guest Presenters

Jody Silver
Executive Director, Collaborative Support Programs, Freehold, NJ

Dr. Barbara Bazron
Executive Director, Maryland Behavioral Health Administration, Catonsville, MD

Diane McComb
President, Main Street Housing, Inc. & Former Deputy Secretary, Maryland Department of Disabilities

LaVerne Miller
Senior Project Associate, Policy Research Associates, Delmar, NY

Thomas Hicks
Executive Director, Helping Other People Through Empowerment Baltimore, MD

Alison Carter
Trainer/Consultant, Berkeley Springs, WV

Jim Raley
Executive Director, Office of Consumer Advocates, Hagerstown, MD

Wilmore “Bunky” Sterling
Executive Director, Lower Shore Friends, Salisbury, MD

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Building Blocks of Recovery: Housing, Health & Hope

On Our Own of Maryland’s 2016 Annual Conference

CONFERENCE OVERVIEW

Join us on June 9 & 10, 2016 for On Our Own of Maryland’s Annual Conference being held at the beautiful Princess Royale Hotel in Ocean City, MD. This year’s conference is being co-hosted by our subsidiary corporation Main Street Housing.

The theme for our 2016 conference is: “Building Blocks of Recovery: Housing, Health and Hope.” Within this theme, we will explore housing models, supports and opportunities, and healthy living concepts, with a special focus on hope and happiness for ourselves as individuals and as collective peer communities. The kick-off to our 2016 conference will be our keynote speaker, Jody Silver, who is the Executive Director of Collaborative Support Programs of New Jersey (CSP-NJ) where more than 60% of the staff at all levels are peers with lived experience with mental health and substance abuse challenges.

Along with our dynamic keynote speaker, we are delighted to have some wonderful special guest presenters including LaVerne Miller, J.D., Senior Project Associate with Policy Research Associates in Delmar, NY; Alison Carter, Trainer/Consultant from Berkeley Springs, WV; and Kathy Fritze, R.N. BSN, Integrative Energy Therapist from Baltimore, MD.

There will be a wide variety of informative workshop topics focusing on issues such as peer support, peer-run respite/crisis homes, aging issues, spirituality, WRAP for Clutter, health and wellness, housing, holistic healing, behavioral health, advocacy issues, LGBTQ issues, criminal justice issues, employment, medication-assisted treatment, and more! A list of all the workshops will be available on our website after May 1st at http://www.onourownmd.org/events.

Our annual Awards Dinner will take place on Thursday evening. Following dinner there will be several activities including music on the beach, and our annual Karaoke and dance with a (Building) Block Party theme.

Our general session on Friday, June 10th begins with a presentation by the new Executive Director of Maryland’s Behavioral Health Administration, Dr. Barbara Bazron, speaking about her vision for Maryland’s behavioral health system. Following Dr. Bazron there will be a panel presentation which includes key peer leaders highlighting the importance of peer support systems-wide both in Maryland and at the national level.

Come hear inspiring and informative speakers, join in the fellowship of our consumer movement, meet and greet old friends, make new ones, and learn more about the “Building Blocks of Recovery: Housing, Health and Hope.” Join us on the beautiful beach in Ocean City, Maryland this June!
Building Blocks of Recovery: Housing, Health & Hope

On Our Own of Maryland’s 2016 Annual Conference

CONFERENCE AGENDA

DAY ONE: THURSDAY, JUNE 9, 2016

Note: No Lunch Served on June 9, 2016

11:00 - 1:00 PM Registration - Visit Exhibit Tables
12:00 - 1:00 PM Reception & Light Refreshments
1:15 - 1:30 PM Welcoming Remarks
              Patrice O’Toole, President, OOOMD
1:30 - 3:00 PM Keynote Address
              “Building Blocks of Recovery: Housing, Health & Hope”
              Jody Silver, Executive Director
              Collaborative Support Programs, Freehold, NJ
3:00 - 3:30 PM Break
3:30 - 5:00 PM Workshop Series A
5:00 - 6:30 PM Break; Dress for Dinner
6:30 - 8:45 PM Awards Dinner

Honorees:
           Kim Burton, Director of Older Adult Programs
           Mental Health Association of Maryland
           Eileen Hansen, Director of Programs
           Behavioral Health Systems Improvement Collaborative,
           University of Maryland, Baltimore
           Rick Rock, Executive Director
           Washington County Mental Health Authority
           John Winslow, Program Director (retired)
           Dorchester County Addictions Program,
           Dorchester County Health Department

9:00 - 10:00 PM Swimming at the Indoor Pool
9:30 - 1:00 AM Time for fun!
             Join us for:
             Karaoke & Dance Party ~ Evening Workshops

DAY TWO: FRIDAY, JUNE 10, 2016

7:45 - 9:00 AM Breakfast
8:00 - 9:30 AM Registration
9:00 - 9:30 AM Special Presentation
              “Future Vision for Maryland’s Behavioral Health System”
              Dr. Barbara Bazron, Executive Director
              Behavioral Health Administration of Maryland
9:30 - 10:30 AM General Session
              Panel Presentation
              “Innovations in Peer Support”
              Dr. Barbara Bazron, Executive Director
              Behavioral Health Administration of Maryland
              Thomas Hicks, Executive Director
              Helping Other People Through Empowerment (HOPE),
              Baltimore City
              Diane McComb, President
              Main Street Housing, Inc. &
              Former Deputy Secretary
              Maryland Department of Disabilities
              LaVerne Miller, Senior Policy Associate
              Jim Raley, Executive Director
              Officer of Consumer Advocates, Inc., Hagerstown, MD
              Wilmore “Bunky” Sterling, Executive Director
              Lower Shore Friends, Inc., Salisbury, MD
10:30 - 11:00 AM Break
11:00 - 12:30 PM Workshop Series B
12:30 - 2:00 PM Lunch
2:00 - 3:30 PM Workshop Series C
3:30 - 4:00 PM Return to General Session
              Wrap Up & Raffle Prizes
Jody Silver has worked as a leading mental health advocate for over 35 years, speaking up for change, integration and the overall better health of people with mental health and substance use challenges. Jody is the Executive Director of Collaborative Support Programs of New Jersey – where more than 60% of the staff at all levels are peers with lived experience with mental health and substance abuse challenges. Known as CSPNJ, the agency has 25 peer-operated Community Wellness Centers and is also one of the largest providers of supported housing in the state. Jody formerly served as Director of the Office of Consumer Affairs for The New York City Department of Health & Mental Hygiene [DOHMH].

Central to Jody’s work is a deep belief in the full integration of peers in all decision making and service delivery that affects their lives. Since taking the helm at CSPNJ, the organization has opened two peer-operated Wellness Respite that are state models for crisis diversion, and has secured major funding for housing and services for people with mental health and substance use challenges left homeless after Hurricane Sandy. CSPNJ is known nationally for their annual Wellness Conference. Ms. Silver also serves on the International Advisory Board of the Global Mental Health Program at Columbia University.

The Princess Royale Oceanfront Hotel is one of the premier Ocean City, Maryland hotels and is its largest all-suite resort. Located on white sandy beaches, the hotel offers a variety of accommodations, including two-room suites with fully equipped kitchenettes overlooking the ocean, and suites overlooking their indoor, heated swimming pool, hot tubs and four-story glass oceanfront tropical atrium.

The hotel has an exercise room, tennis courts, convenience, gift and jewelry shops, complimentary T-1 wireless access, guest laundry, game room and business center, along with free parking.

Please note: The hotel is non-smoking.

Directions
Detailed directions will be mailed with confirmation of your registration.

June 9 & 10, 2016 ~ Princess Royale Hotel, Ocean City, MD
Building Blocks of Recovery: Housing, Health & Hope
On Our Own of Maryland’s 2016 Annual Conference

AWARDS DINNER

Award of Special Recognition – Kim Burton
On Our Own of Maryland’s 2016 Award of Special Recognition is being presented to Kim Burton. Kim is the Director of Older Adult Programs for the Mental Health Association of Maryland where she oversees education and advocacy activities in support of older adults with behavioral health disorders. Kim has more than 20 years of experience providing geriatric and caregiving education and she has developed training curricula widely used in Maryland. As the Chair of the Maryland Coalition on Mental Health and Aging, Kim works with state agencies on policy issues related to aging and long term care reform.

Lifetime Achievement Award – Eileen Hansen
On Our Own of Maryland’s 2016 Lifetime Achievement Award is being presented to Eileen Hansen. Eileen serves as the Director of Programs, Behavioral Health Systems Improvement Collaborative in the University of Maryland School of Medicine, Department of Psychiatry. She is responsible for administering University of Maryland contracts with Maryland’s Behavioral Health Administration (BHA) to provide training, conferences, and implementation of evidence-based practices to state and local mental health administrators, providers, consumers, and family members throughout the state. She also oversees the implementation of evidence-based practices, bringing research-based knowledge to routine mental health settings within Maryland’s public behavioral health system. Ms. Hansen received her MSW from Columbia University in New York.

Visionary Award – John Winslow
On Our Own of Maryland and the Anti-Stigma Project’s 2016 Visionary Award is being presented to John Winslow. John is Coordinator of the Maryland chapter of the National Council on Alcoholism & Drug Dependence’s Recovery Leadership Program. He is also outgoing President of the Maryland Addictions Directors Council (MADC) and until recently served as Director of the Dorchester County Addictions Program and the DRI-DOCK Recovery & Wellness Center. He has more than 35 years experience working in a variety of settings concerning addictions prevention, treatment, and recovery. He is a nationally-recognized advocate and sought-after trainer. He has been a member of our Anti-Stigma Project since 2013 and is in his 40th year of continuous recovery.

Distinguished Service Award – Rick Rock
On Our Own of Maryland’s 2016 Distinguished Service Award is being presented to Rick Rock. Rick is the Executive Director of the Washington County Mental Health Authority, the Core Service Agency for Washington County in Hagerstown, MD which is responsible for the administrative, financial, and clinical oversight of publicly financed behavioral health services for the county. Rick has been involved at all levels of mental health services during his 40+ year career in the Washington County Mental Health System. During the course of his professional development, Rick has been a first-hand witness to the evolution of the mental health system in Maryland. Rick is a past President of Maryland Association of Core Service Agency Directors, and has been a strong supporter of the consumer movement both in Washington County and throughout Maryland.

June 9 & 10, 2016 ~ Princess Royale Hotel, Ocean City, MD
Building Blocks of Recovery:
Housing, Health & Hope

On Our Own of Maryland’s 2016 Annual Conference

June 9 & 10, 2016 ~ Princess Royale Hotel, Ocean City, MD

CONFERENCE REGISTRATION

SPACE IS LIMITED SO REGISTER EARLY! DEADLINE IS MAY 20, 2016

Please use a separate form for each registrant. Copy as needed. Please print clearly.

Name: ____________________________________________
Organization: _______________________________________
Address: ___________________________________________
City/State/Zip: _______________________________________
Phone #: (______) ____________________________
E-Mail: ___________________________________________

Special Needs*: _______________________________________

* Requests for special accommodations, including interpreter services and dietary needs must be received by May 20, 2016.

Roommate Preference**: ________________________________

**Double occupancy registrants (including scholarship recipients) who do not give the name of a preferred roommate will be assigned one.

Check here if a vegetarian meal is requested: ☐

A limited number of hotel rooms have been reserved for the conference. Please register early to ensure overnight accommodations.

Please register me for the following:

- Thursday, June 9 - conference only (no meals) $50
- Thursday, June 9 - Awards Dinner only $45
- Friday, June 10 - conference & lunch $80
- Thursday & Friday, June 9 & 10 - conference & lunch (NO overnight lodging) $125
- Thursday & Friday, June 9 & 10 - conference, all meals, & lodging (double occupancy) $215
- Thursday & Friday, June 9 & 10 - conference, all meals, & lodging (single occupancy) $265
- Membership fee (optional - see below*) JOIN & SAVE! (see below for membership fees) $10
- Late fee for all registrations postmarked after May 20th

(Hotel room is for Thursday night only)

Member Cost* Non-Member Cost* Amount Enclosed
$50 $70 $___________
$45 $55 $___________
$80 $100 $___________
$125 $165 $___________
$215 $270 $___________
$265 $310 $___________

Total $___________

*MEMBERSHIP INFORMATION

Members are those who have paid dues or made equivalent contributions during the past year. To find out if your membership is current, please call On Our Own of MD. To become a member, include dues with your conference registration fee. Check which fee applies.

- $10 for consumer/survivors
- $2 for consumer/survivors on disability income
- $25 for non-consumer friends and family members
- $50 for organizations

SCHOLARSHIP INFORMATION

A limited number of scholarships are available for consumers who reside in Maryland. For scholarship applications, call On Our Own of Maryland at 410-540-9020 or 1-800-704-0262.

REGISTRATION DEADLINE: MAY 20, 2016

Registration must be postmarked by May 20, 2016. Confirmation of your registration will be mailed to you. Enclose $10 late fee for all registrations postmarked after May 20, 2016.

Refund policy: Cancellations must be received in writing. If received before June 1, 2016 you will receive a full refund; if between June 1 and June 6 you will be subject to a 50% cancellation fee; after June 6 or (no shows), there will be no refund.

PAYMENT INFORMATION

Make your check payable to On Our Own of Maryland, Inc. and return with this form to:

On Our Own of Maryland, Inc.
7310 Esquire Court, Mail Box 14
Elkridge, MD 21075

You may also fax this form to our office at 410-540-9024; however, a hard copy and a check must also be sent.

For an extra fee, you may also pay by credit card over the phone by contacting Judith Kuzmak or Kristen Myers at 410-540-9020.

FOR MORE INFORMATION

Contact On Our Own of Maryland, Inc.
410-540-9020 • 1-800-704-0262 (toll-free)
Email: ooomd@onourownmd.org
On Our Own of Maryland’s annual Action Annapolis advocacy day was held on February 25th, 2016. The event looked a little different than in prior years as the legislative education sessions, which normally take place on the morning of the advocacy day, were done at the Wellness & Recovery Centers in the weeks leading up to the event. On Our Own of Maryland partnered with the Executive Directors of each center and provided them advocacy resources and materials including role plays, Youtube videos and Distorted Perceptions campaign materials to educate and prep the advocates at their centers for the big day.

The Action Annapolis gathering was held in the House of Delegates and more than 110 On Our Own of Maryland network members turned out to speak with their senators and delegates in an effort to promote understanding about behavioral health issues among policy-makers. On Our Own of Maryland and the Anti-Stigma Project put together legislator education materials which the advocate teams used as discussion prompts in their conversations with legislators. The teams also talked about the value of the Wellness & Recovery Centers, the role of peer support in their lives, and the importance of service options and multiple pathways for recovery.

The legislative appointments were followed by the largest behavioral health rally to date! More than 500 advocates from all over Maryland gathered on Lawyer’s Mall to support legislator speakers including Senator Catherine Pugh, Senator Guy Guzzone, and Delegate Antonio Hayes, all of whom were sponsors of important behavioral health bills including the Keep the Door Open Act and the expansion of Maryland crisis services. Peers and family members from organizations including Healthcare for the Homeless, Maryland Coalition of Families and many others spoke passionately about their recovery journeys and the importance of continued support to behavioral health services. On Our Own of Maryland representatives used the opportunity to share hand-warmers and Distorted Perceptions Campaign magnets with rally-ers that asked, “If someone you know had a behavioral health condition, would it change the way you see them?”

The Mental Health Association of Maryland, who organized the rally encouraged the audience to “tweet” about the rally in order to expand the reach of our important message beyond our dedicated advocates. More than 88,000 Twitter followers heard our call to #Keep the Door Open! during the rally and more than 100,000 people were reached since January, when the rally campaign began in full force. The media coverage of the rally was also the most extensive in the past several years. A number of local and state papers ran articles about the rally and a number of local news stations highlighted our efforts in their broadcasts.

As I chatted with several On Our Own of Maryland network members during the rally, many of us were moved by the sincerity and empowered by the support of the legislators with whom they spoke. A Calvert County advocate said, “I talked to Delegate Pena-Melnyk about our center and found out that she...”
supported another bill a few years ago around expungement that affected my life for the better and allowed me to get a job.” Another advocate from Howard County said, “I can’t believe the size of the rally this year! There are more legislators, more advocates, and more hashtags! It makes me feel like people are hearing us.” It is so important to remember the momentum that we gather when we come together again and again over the years to support the things we believe in. A huge thank you to the On Our Own of Maryland network, who is tireless in its passion for recovery advocacy and who make this a meaningful and impactful experience year after year.
The Maryland Coalition for Mental Health Awareness presents

WALK IN MY SHOES

Raising Mental Health Awareness Through Art

4th Annual Art Exhibit - This is a free event.
Art Exhibit ~ Presentations ~ Artist Discussions ~ Recognition Award ~ Collaborative Art

THURSDAY, MAY 19, 2016
1pm - 5pm

Where:
Jim Rouse Visionary Center
3rd Floor Ballroom
of the
American Visionary Art Museum
800 Key Highway • Baltimore, MD 21230

The Maryland Coalition for Mental Health Awareness is comprised of the Community Behavioral Health Association of Maryland, On Our Own of Maryland, NAMI Maryland, the Mental Health Association of Maryland, the Maryland Coalition of Families for Children’s Mental Health, the Behavioral Health Administration and many dedicated community members. We are working to raise public awareness of mental illness and recovery, and reduce stigma through education and outreach. Questions? Contact Katerina kevans@arundelodge.org or go to https://www.mhamd.org/mcmha-art-event/
Planting the Seeds of Change: Lettuce Squash Stigma

by Jennifer Brown & Michelle Livshin

This spring marks more than just the beginning of vegetable gardens, cherry blossoms, and college basketball. It also marks the 15th anniversary of the nation’s first Mental Health Symposium to Address Discrimination and Stigma, which was held here in Baltimore at the Renaissance Harborplace Hotel on March 26-27, 2001. On Our Own of Maryland’s Anti-Stigma Project was chosen by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) to coordinate and host this momentous event.

At one time, a diagnosis of a mental illness was a life sentence that could mean being chained in the basement of an institution, sterilization, lobotomy, or worse. In spite of tremendous progress, stigma in the new millennium was still causing devastating and dehumanizing consequences. It was creating barriers to employment, housing, and access to quality healthcare. It undermined relationships, perpetuated hopelessness and helplessness, and hindered recovery or blocked it altogether.

The landmark 1999 Surgeon General’s Report on Mental Health had named mental illness an “urgent health concern” and gave much-needed gravitas to the need for change. With 1 in 5 adults experiencing a mental illness in any given year, and only half of them seeking treatment, clearly something was a barrier. The report made it clear that one of the biggest barriers was...stigma.

Recent research had revealed that stigmatizing attitudes and perceptions about mental health were prominent in the public, the media, and the system itself. For instance, in 1996, the General Social Survey found that more than half of those surveyed were unwilling to “spend an evening socializing, work next to, or have a family member marry a person with mental illness.”

According to this survey, the majority of the public wished to distance themselves from or avoid individuals living with a mental health diagnosis. This desire for distance existed among mental health professionals as well, with research indicating that they desired just as much social distance as the general public. A study conducted by researcher Otto Wahl in 1999 revealed that stigma negatively affected the quality of treatment received from mental health professionals, citing such issues as “being treated with lack of respect by caregivers, talked down to as if they were children, and discouraged from taking on challenging roles in life. They described overhearing conversations and jokes told by mental health professionals in which mental illness was ridiculed.”

The media was another source of destructive stigma. A 1996 study found that 66% of television representations of those living with a mental health issue involved violence as the central theme. Additionally, “at the other extreme, people with mental illness are frequently portrayed as victims, pathetic characters, or ‘the deserving mad’.” Given that many people receive their information from the media, it wasn’t surprising that many feared “the mentally ill” or believed them to be incapable of leading productive lives.

It was against this backdrop that a national committee...
comprised of consumers, family members, advocates, providers, and researchers created a symposium to serve as a springboard to taking action to remediate stigma. “Spring to Action,” as it was titled, gave voice to a wealth of different viewpoints and created an opportunity for establishing common ground.

The two-day symposium brought together more than 400 people from across the U.S. and abroad to experience plenaries, keynotes, and a wealth of workshops which examined issues related to public awareness and education, the media, research, advocacy, and “Fighting Stigma from the Inside Out.”

Workshop presenters included such pioneers as Carmen Lee, founder of Stamp Out Stigma in California; Jacki McKinney, Human Rights Advocate; Al Guida, Executive Director of the National Mental Health Awareness Campaign; Richard Hunter, Deputy Secretary and COO of the World Federation for Mental Health; and world-renowned stigma researchers Patrick Corrigan, David Penn, and Bruce Link, to name a few.

One of the highlights of the symposium was the keynote speech from Surgeon General Dr. David Satcher. It was at this podium that he talked about stigma having its “fingerprints all over the system.” This was very significant in that, up until that point, most of the stigma initiatives from across the country had focused on stigma in the general public or the media, but not in the system itself. Our Anti-Stigma Project was one of the few that had dared to delve into that area of stigma.

Throughout the symposium there were opportunities to suggest further action steps, and there were many! We’ve chosen some of the predominant ones to highlight here, as we take a brief look at what strides have been made since then, and what still needs to happen.

Public Awareness and Education

One of the major “calls to action” was to create a national anti-stigma initiative, and SAMHSA indeed “answered the call.” The resulting National Mental Health Anti-Stigma Campaign worked to create public awareness through advertisements on television, radio, and in print, and also generated several other initiatives such as SAMHSA’s Resource Center to Promote Acceptance, Dignity, and Social Inclusion Associated with Mental Health (ADS center). This technical assistance center was designed “to help States, communities, and individuals get the necessary information and resources to counter misperceptions, prejudice and discrimination associated with mental illnesses.” It became a repository of information and resources, including training, which highlighted initiatives that cropped up nationwide and paved the path for future ones.

Another recommendation was to develop more education and communication strategies to reach young adults. Speakers referenced research indicating that many young adults viewed having a mental health issue not only as a sign of weakness but also as untreatable, which was particularly disturbing in light of the high rates of mental health conditions coupled with extremely low rates of help-seeking behaviors.

Since then, many efforts have been made to address stigma in this population. Organizations such as Active Minds, a non-profit dedicated to promoting mental health advocacy across college campuses, has seen over 400 campuses start their own Active Minds chapters. One positive result is that students have expressed seeing a greater willingness to speak openly about mental health and as a result, are noticing more acceptance of students with mental health conditions. For instance, the founder of one Active Minds chapter stated that “the community as a whole has grown and has become very accepting of the conversation about mental health.”

Other initiatives encouraged youth consumers to open up about mental health, such as NAMI’s “OK2 Talk,” and Creating Community Solution’s “Text, Talk, Act.” A study found the young adults that participated in “Text, Talk, Act” discussions were better equipped to discuss mental health, more likely to use the skills they learned, as well as to seek more information.
In 2007, a national cross-system organization called YouthMOVE National was created to further attempt to engage youth and young adults in conversations around mental health, cross-system involvement and the youth experience. Stigma was a concept applied for the first time not only to mental health but to the element of age. The organization began to initiate conversations around the “double stigma” of being both young and having a mental health diagnosis. Leadership models began to emerge that engaged young people as equal partners in systems change. Policy and evaluation initiatives including the What Helps What Harms Project were launched nationally as ways for the system to truly “hear” what youth needed and work with them to bring those visions to life.

SAMHSA’s 2007 initiative, “What a Difference a Friend Makes,” was a unique project designed to reach the friends of youth with mental health challenges in order to better support them.

One of the strategies that has been particularly effective in reaching young people is Strategic Sharing, a trauma-informed model developed by the National Federation of Families for Children’s Mental Health, to help youth and young adults share their lived experiences in a way that safeguards their own wellbeing, while empowering their peers, educating others, and ultimately impacting policies and systems.

These efforts may be paying off. In 2015, the Mental Health and Suicide Survey reported that 60% of college-aged adults were more likely to view seeing a mental health professional as a strength rather than a weakness. The conversation about mental health, it seems, has begun to shed the taboo and misunderstanding that used to accompany it. Young adults, once one of the most reticent populations to seek help, are now embracing the conversation about mental health.

Research

Another “call to action” was the need for more research on mental health stigma, particularly peer-led research and more culturally diverse research initiatives. In spite of the groundbreaking work of researchers such as Dr. Jean Campbell, who began the Consumer-Operated Service Program (COSP) Multisite Research Initiative, the largest and most rigorous study of consumer-operated services ever conducted (which, by the way, validated that peer-run service programs do help improve outcomes of adults with mental health issues when also paired with traditional mental health services),[7] there has historically been a paucity of input from consumer researchers.

Over the last 15 years, there have been substantially more mental health consumers involved in research; however, there is still a significant need for more consumer involvement.

Prominent stigma researchers Patrick Corrigan, David Penn, Bruce Link, and Faith Dickerson gave an overview at the symposium of the research at the time, including the finding that, of the three types of anti-stigma interventions—protest, education, and contact—that contact and education strategies are the most successful.

Organizations like Stamp Out Stigma (SOS), which is a consumer-run mental health advocacy and education program, founded by community activist Carmen Lee, have utilized the power of contact and education to change public attitudes and perceptions. SOS’s presentations include a panel of people with lived experience sharing their personal stories, which help audiences to understand what it is really like to live with a mental health challenge, and put a “face” to folks who often feel (and are treated as) invisible. SOS has had an impressive outreach over the last 15 years, having reached nearly 300,000 people via 2000 presentations.

NAMI’s In Our Own Voice program uses a similar format, in which people with lived experiences share their stories with audiences. These presentations can be powerful ways to influence public opinion. There is much anecdotal data showing, for instance, providers seeing recovery as “a real option—for the first time ever.” The Anti-Stigma Project’s workshops are another example of combining both contact and education strategies to reduce stigmatizing attitudes and beliefs (as well as an example of a consumer-led research project). The project partnered with Dr. Corrigan in 2008 to conduct a research study on the effectiveness of the Anti-Stigma Project workshop.

We’re proud to say that, in addition to thousands of anecdotal comments reporting significant change, we now have quantitative data as well. In the words of research-
ers Dr. Corrigan and Mr. Patrick Michaels, “In summary, the Anti-Stigma Project workshop raises awareness, improves attitudes, decreases stigma, and fosters a sense of personal recovery.”

One particular area of research discussed at the symposium was about the impact of language on stigma. Dr. David Penn described a fascinating study showing the power of “person-first language.” For instance, folks labeled “schizophrenic” were perceived more negatively than those labeled “individuals with schizophrenia.” Advocating for “person-first” language became a significant call from advocates in the decade that followed, and is one that continues to be a pressing issue today, particularly in light of integration and the language differences between the cultures of mental health and addictions.

**Mental Health and Media**

Language matters. Perhaps nowhere are words more powerful than in the context of the media. There are a myriad of media misrepresentations regarding mental health---both in the news media and the entertainment industry. For instance, the majority of television programs in the late 1990s represented people with mental health issues as violent while depictions of mental health in the news media focused on “dangerousness” as one of the most common themes. Because much of the public uses the media as a source of information, media representations can shape public perceptions significantly.

Symposium participants discussed three primary suggestions to address this: find and address negative media misrepresentations, provide training for the media, and partner with the media including rewarding those who are “doing it right.”

Organizations like the National Stigma Clearinghouse have done an excellent job of bringing to light stigmatizing examples in the media, and urging citizens to respond. Many examples of stigmatizing media such as television shows and ad campaigns have been altered or cancelled due to public protest. Here in Baltimore, the Anti-Stigma Project was a key reason why the Baltimore Ravens cancelled their ad campaign inviting people to come “go crazy” at the “world’s largest insane asylum.”

However, in light of research showing the impact of more “positive” strategies, there has been an increase in programs that reward journalistic excellence, such as those sponsored by Mental Health America and the National Press Foundation. In addition, organizations such as the Entertainment Industries Council’s Prism Awards and SAMHSA’s Voice Awards honor entertainment media for creating respectful and accurate representations of people who live with behavioral health conditions. The Voice Awards also highlights consumers/peer leaders for their advocacy and for demonstrating that recovery is real and possible.

One of the most exciting efforts has been the development of tools and programs to train reporters to more accurately cover news stories related to mental health. Former Lady Rosalynn Carter, chair of the Carter Center Mental Health Task Force explains that “informed journalists can have a significant impact on public understanding of mental health issues as they shape debate and trends with the words and pictures they convey.”

The Rosalynn Carter Fellowship for Mental Health Journalism is a great example---to date, the program has provided 159 professional journalist fellowships, resulting in 1,500 mental health pieces. Other examples include the University of Washington’s School of Social Work/Washington’s Mental Health Transformation Project “Guide for Mental Health Reporting,” and guides created by The American Psychiatric Association and the Entertainment Industries Council.

In spite of these steps forward, there has been one significant step back. The perceived link between violence and mental health has increased due in large part to the prevalence of news reports that blame mental illness as the cause for recent mass shootings. “Studies have found that dangerousness/crime is the most common theme of stories on mental illness,” said Cheryl K. Olson, co-director of the Center for Mental Health and Media at Massachusetts General Hospital Department of Psychiatry. But “research suggests that mentally ill people are more likely to be victims than perpetrators of violence.”

“The Stigma Within”

In addition to strategies and suggestions to reduce social
stigma in the general public and the media, participants also suggested ways to reduce stigma “within,” meaning within ourselves, within the mental health system, and within those systems closely related to it such as law enforcement.

A good example of this has been Crisis Intervention Training (CIT) for law enforcement officers. Originally created in 1988, the program has blossomed, and as of 2015 has established approximately 2,018 CIT programs throughout the nation. CIT is a 40 hour training that teaches new officers about mental health conditions, resources available in their communities, and de-escalation techniques to help them to more effectively handle crisis situations. In many states the program has now become mandatory for new officers. Studies show that those who go through the CIT program have better attitudes toward mental health consumers and increased knowledge about mental health.

Another suggestion was to create mandatory stigma orientation trainings for mental health providers and to distribute our own ASP training video to as wide an audience as possible. We are happy to share that approximately half of our stigma workshops are done for providers in Maryland, and are often done as part of the curriculum in the professional schools. Indeed, our “Stigma…In Our Work, In Our Lives” workshop has become an official part of the University of Maryland Medical System’s orientation training, helping to shape more respectful and effective medical professionals. In addition, our training tape is being used in more than 40 states as well as 8 countries.

So, it’s been 15 years… where are we now and have things improved?

Because of the many local, statewide and national stigma campaigns that have worked to educate the public about mental health, the public now has more knowledge and awareness about mental health conditions than ever before. Studies indicate that most adults in the United States believe that treatment can help people with mental health issues lead more productive lives and “Roughly 3 in 10 believe that recovery from either mental illness or drug addiction is impossible.”

Additionally, attitudes of mental health professionals have improved in recent years, with research showing that they now have more positive views toward mental health than the general public. So while stigma has improved among mental health providers as well as among college students, perceptions in the general public have remained relatively static over the last 20 years, with one exception. The misperception of the link between mental illness and violence has spiked, and people are more fearful than ever.

Continuing the Dialogue

While there have been many nationwide, statewide and local grassroots programs and organizations working on stigma over the past 15 years, we have a long way to go. Despite the increase in mental health literacy, stigma is still prevalent and more work remains to address it. Initiatives centered on increasing public awareness have resulted in more knowledge about mental health issues. However, education is not enough. Stigma is a complex issue. Not only is it a formidable barrier but because it can be “sneaky” and hard to recognize, it can be a difficult topic to address.

At the 2013 White House Conference on Mental Health, President Barack Obama acknowledged the prevalence of stigma in the United States, stating that “there should be no shame in discussing or seeking help for treatable illnesses that affect too many people that we love. We’ve got to get rid of that embarrassment; we’ve got to get rid of that stigma.” He encouraged Americans to become part of an ongoing national dialogue surrounding mental health. In response, SAMHSA helped to create the Creating Community Solutions initiative, which provided resources, tools, and technical assistance to help communities organize productive dialogues about mental health. Since 2014, they have held over 200 community dialogues throughout the United States.

Symposium participants back in 2001 made it clear that the conversation regarding stigma needed to continue long after—with the public, with other stakeholders, and among themselves. And it’s still true today. Continuing to create opportunities for honest, non-judgmental discussion; opportunities to see and hear the myriad of inspiring and illuminating stories from those with lived experience; and opportunities to truly hear what is needed from those who need it, is imperative.
The New Year has been busy! The monthly Facilitator Focus newsletter is going out to all the facilitators in the state. The first set of WRAP® Refresher trainings were held for area facilitators at On Our Own of Montgomery County, thanks to Daphne Klein and her staff. WRAP® was introduced to a group of young people from Hillcrest Family Services in Washington, DC and several weeks later, those young people went through Facilitator Training. The hope is that they will be able to offer WRAP® to other young people receiving services at Hillcrest. In March, the Project held a two day “Intro to WRAP®” class for peers, and later that month held a 5 day Facilitator Training held at Baltimore Crisis Response, Inc. The graduates from this class bring the total number of facilitators trained since the WRAP® Outreach Project began to over 260. Though the pool of active facilitators is smaller (approximately 130), WRAP® continues to touch many lives. Many wellness and recovery centers continue to offer classes, such as On Our Own of St. Mary’s County, On Our Own of Carroll County and Mountain Haven, and there are upcoming WRAP® classes at On Our Own of Dundalk through April and May. In order to introduce WRAP® to staff at Perkins Hospital Center, there will be two 4-hour classes to provide the basics of WRAP®. There will also be a full WRAP® presented in four, 4-hour sessions at the Silver Spring Wellness and Recovery Center beginning May 9th. And of course there will be a session on WRAP® at OOOMD’s Annual Conference in June, which will focus on WRAP® for Clutter. Patrice O’Toole from On Our Own of Anne Arundel County will be co-facilitating with me. If you have any questions about upcoming WRAP® classes and trainings, please feel free to contact me at the OOOMD offices.

Footnotes:
(1) Corrigan and Watson, “Understanding the impact of stigma on people with mental illness”, 2002
(2) Smith and Cashwell, “Social Distance and Mental Illness: Attitudes Among Mental Health and Non-Mental”, 2011
(3) Wahl O., “Attitudes of Mental Health Professionals” Presentation
(5) Berendt S., “Sarah’s Testimonial”- Active Minds Website
(7) Campbell J., “We are the Evidence: Evaluation of Peer Programs” presentation, 2015
(11) Stuber et al., “Conceptions of Mental Illness: Attitudes of Mental Health Professionals and the General Public”, 2014
(12) Tartakovsky M., “Media’s Damaging Depictions of Mental Illness”
(13) Lucas L., “Changing the way police respond to mental illness,” 2015
(15) “National Stigma Study-Replication”, 2006
(16) “Attitudes Toward Mental Illness: Results From the Behavioral Risk Factor Surveillance System”, 2013
(18) Stuber et al., “Conceptions of Mental Illness: Attitudes of Mental Health Professionals and the General Public”, 2014

WRAP® UPDATE

by Denise Camp

The 2001 Symposium was designed specifically to address mental health, as the mental health and addictions systems were in separate silos. The landscape today is quite different, and one thing the Anti-Stigma Project has learned in the past decade is how much the conversation needs to expand. We’ve heard from stakeholders that there is a clear desire for more collaboration between systems and stakeholders to address our “shared struggle” of stigma, an appreciation of our common ground, as well as a desire to honestly and respectfully address the stigma between systems as well. Today’s conversations need to honor the changing landscape we find ourselves in, and include all of us with lived experience. We can learn from each other, respectfully disagree with each other, and support each other, all at the same time.
Imagine walking through your front door tonight. How do you feel?


Are you looking forward to spending many more years watching the change of seasons outside your window and exchanging friendly waves with neighbors? Or are you counting down the days until you can leave and never look back?

If reading those questions made you feel a little more relaxed or stressed you out, then you already know how much of a difference home can make in your overall health and wellbeing. The quality of your housing – from the condition of the building, to the layout of the rooms and windows, to the character of your block or neighborhood – has significant impact on the state of your mind, body and spirit.

For people already living with behavioral health challenges, the constant stressors that come with poor quality housing can make it difficult to maintain wellness or even trigger crises.

If your rooms are dark, damp or drafty, you might be at risk for health problems from mold or airborne illnesses. Pest problems like roaches and rodents certainly increase anxiety and can bring exposure to disease. Having to stay in a place that is falling down all around you because you can’t afford anywhere better can exacerbate depression and increase isolation. Even if the building where you live is in pretty good shape, feeling unsafe or unwelcome in your home or neighborhood makes it hard to form the habits and relationships that sustain a life in recovery.

The good news is that living in quality, affordable housing in ‘neighborhoods of opportunity’ can promote better health outcomes, especially for people living with chronic illness. (1) Let’s look at some of the housing factors that can create positive benefits for health:

**Affordable Rent = Time & Money for Self-Care**

What helps keeps you well? Eating a balance of nutritious foods, getting enough sleep and exercising regularly support mental health recovery and keep your body in good working order. Spending time with friends and doing favorite activities help you feel happy, hopeful and whole.

Even for the thriftiest folks, self-care takes time and money. When rent and utility costs are overwhelming, too often people aren’t able to afford to take good care of their basic needs. Maybe you can’t afford fresh vegetables and proteins, so your diet becomes mostly processed meals-in-a-box or fast food take out. Maybe you have to pick up a second job to make ends meet, and no longer have time to be social or even to sleep.

The stress and anxiety of constantly scrimping and saving to scrape together enough for the bills each month puts additional strain on your mental health. On the other hand, when your housing costs are stable and affordable, you can spend your time and money wisely on the things that keep you healthy.

**Quality Home = Healthy Environment**

Have you ever heard of “sick building syndrome (SBS)”?

This term was coined to describe situations when people suffer health problems linked to spending time in a building, usually resulting from indoor air pollution or chemical contaminates. (2) Most people won’t ever experience a case of “SBS,” but thousands of people in poor quality housing do risk exposure to more common toxins like mold, lead paint or raw sewage. Other “severe housing problems” include overcrowding and lack of kitchen or plumbing facilities. (3)

You can imagine how quickly germs and viruses spread when too many people live together in close quarters, or when households can’t practice good food safety and personal hygiene due to broken plumbing, a substandard kitchen or a pest infestation. Federal, state and local governments have created regulations and inspection practices to help homeowners and landlords reduce or eliminate toxic conditions like exposed lead paint, but there are still
plenty of cases where individuals and families experience health problems due to lackluster maintenance in poor quality housing. Affordability plays a role here too; high mortgage and utility costs may exhaust funds, delaying important repairs.

A quality, well-maintained home won’t just keep out the elements – it will be a comfortable sanctuary that supports healing, health and hope. Warm and inviting, home is where you can retreat at the end of a hard day and it forms a foundation for growing in new directions: starting a morning exercise routine, hosting friends for dinner, or exploring a passion or pastime.

**Supportive Communities = Opportunities for Recovery**

What are the three most important words in real estate? Location, location, location!

What’s good in your neighborhood? A robust community has the structure, services and amenities that people need to live full and productive lives: a mix of housing types; shopping centers with grocery markets, local and chain businesses; maintained sidewalks, bike paths and public transportation; health and social service providers; recreational areas, leisure activities and community events.

Living in an environment where you feel welcome and have options about where to live, work, worship and play doesn’t just dictate how you spend your day-to-day; it has a significant impact on your health over the long term.

**The Deadly Costs of Poor Housing**

There’s a lot of research examining the complex connections between housing environment and health outcomes, especially regarding rates of chronic diseases like asthma, obesity and diabetes in low-income communities. (4) These health problems are also frequently experienced by people living with serious mental illness, and too often contribute to consumers’ premature deaths. (5) Simple strategies that help prevent many chronic health conditions – like taking a daily walk, eating a balanced diet and practicing self-care – aren’t so simple if your neighborhood isn’t safe, the grocery store is too far away, and your bank account has a negative balance.

Speaking of safety, is there a connection between housing quality and exposure to trauma? We know that people living with a serious mental illness are over 10 times more likely to be the victims of violent crime than the general public. (6) Research by The Hamilton Project of The Brookings Institute also reports that low-income individuals living in disadvantaged areas are more likely to be a victim of personal crimes such as robbery, assault and violence. (7) It stands to reason, then, that consumers living in low-income neighborhoods face heart-wrenching odds of being a prime target for violence. What does recovery look like when paranoia and isolation are necessary survival strategies?

Living in poor quality housing poses immediate and long-term risks to health and wellbeing. Does living in better quality, more affordable housing help maintain recovery? Can it prevent disease and disability? Every individual’s experience of how housing impacted their wellness will be unique, but common sense and scientific research both show that home really does make a difference when it comes to health.

**Main Street Housing, Inc.** develops and manages quality, affordable and independent housing for individuals and families living with psychiatric disabilities. Learn about our award-winning “Main Street Model” at www.mainstreethousing.org

**Footnotes**


(3) Maryland > Health Factors > Physical Environment > Severe Housing Problems (Data 2008-2012). County Health Rankings and Roadmaps. (http://www.countyhealthrankings.org)


In The News...

Congratulations to Carol Beatty, Secretary of the Maryland Department of Disabilities. Ms. Beatty was recently chosen as one of the Daily Record’s 2016 Top 100 Women in Maryland. The Daily Record created Maryland’s Top 100 Women in 1996 to recognize 100 outstanding women annually for their professional accomplishments, community leadership, and mentoring. Appointed by Governor Larry Hogan to his cabinet in 2015 as Secretary for the Maryland Department of Disabilities. The Department is the only cabinet level agency dedicated to those with disabilities in the nation. Secretary Beatty is the former Executive Director of The Arc Howard County, a private, non-profit organization providing advocacy and support services for children and adults with intellectual and developmental disabilities and their families.

Maryland ADAPT is a cross disabilities organization that is organizing a 5-day march from Baltimore to Washington, ending with a rally on the National Mall. The Feel The Power March will demonstrate our power as a voting bloc. JOIN US as we roll and walk about 8 miles a day and camp overnight in tent cities. We’re also requesting donations and volunteers, including people to provide peer support. For more information, call Paula Lafferty at (443) 765-3771 or go to feelthepowermarch.org. We are charging a $45 fee. This may be paid in (monthly) installments of $15.

Congratulations to Eric Wakefield and the folks at On Our Own of Frederick County on their starting a pilot “peer-respite program” in collaboration with Frederick Memorial Hospital. This is a demonstration endeavor to see if they can make this successful in their hopes of getting funding to make this a permanent peer-operated respite program in Frederick County.

Congratulations to Lisa Smith who is the new Executive Director of On Our Own of Cecil County. We look forward to working with you and your team in Cecil County.

Congratulations to Main Street Housing on their purchases of two new houses in Frederick, MD. They recently signed contracts on a single family home and a townhouse in the town of Frederick. Main Street Housing now has 33 housing properties with up to 99 tenant slots. Congratulations to Ken Wireman, Executive Director and Katie Rouse, Operations Manager on your new acquisitions. Main Street continues to grow to provide independent living options to individual consumers and families who have psychiatric disabilities.

Congratulations to John Allen, who celebrated his 10 Year Anniversary with Main Street Housing in March 2016. John has served in a variety of roles at Main Street over the years. His kind spirit, thoughtfulness and dedication have been very influential in shaping the Main Street philosophy, and we would not be where we are today without his tireless efforts. Thank you, John Allen!

Other Consumer Organizations

Silver Spring Wellness & Recovery Center
1400 Spring Street, Suite 100
Silver Spring, MD 20910
301-589-2303 x108 / Fax: 301-585-2965
Contact Person: Ben Aniba
Website: www.silverspringdropincenter.blogspot.com

Marty Log Wellness & Recovery Center
3 Milford Mill Road, Pikesville, MD 21208
410-653-6190
Contact Person: Sarah Burns
E-mail: sarahburns@prologueinc.org

Our Place Wellness & Recovery Center
400 Potomac Street, La Plata, MD 20646
301-932-2737
Contact Person: Stephanie Burch
E-mail: cclf_ourplace@verizon.net
By becoming a member of On Our Own of Maryland, you will be supporting our efforts to promote equality in all facets of society for people who receive mental health services and to develop alternative, recovery-based mental health initiatives. To become a member, complete this form, make your check or money order payable to On Our Own of Maryland, Inc. and mail to 7310 Esquire Court, Mail Box 14 • Elkridge, MD 21075.

Name: ___________________________________ Organization: ________________________________

Address: __________________________________ City: ___________________________ State: ______ Zip: __________

Phone Number: (_____) __________________ E-mail Address: ___________________________

Amount enclosed for annual dues:

☐ $10 ☐ $2 (those on disability/entitlement income) ☐ $25 (individual) ☐ $50 (organization)

Voting Members (consumers/survivors)

Nonvoting Members (non-consumer friends/family)
**Mission Statement**

On Our Own of Maryland, Inc., a statewide mental health consumer education and advocacy network, promotes equality in all facets of society for people who receive mental health services and develops alternative, recovery-based mental health initiatives.

**About Consumer Network News**

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