

Consumer Supporter News

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Oahu's "Mixed Plate" Speakers Bureau Advocates for Consumer Rights

by Ellen Alderton, NCSTAC

With its long history of hosting immigrant workers, Hawaii is one of the country's most ethnically diverse states. In the 19th and 20th centuries, families from the far corners of the globe—Japan, China, the Philippines, Portugal and even Scandinavia—migrated to this chain

of islands in the South Pacific to build new lives for themselves as plantation workers.

Hawaiians take pride in this diverse heritage, and a popular offering at the local eateries remains the "mixed plate," a sampling of various dishes representative of different local ethnic groups.

To carry on this tradition of embracing diversity, the Mental Health Association in Hawaii (MHAH) has used NCSTAC grant money to transform its existing speakers bureau over the past year into a Mixed Plate Bureau that includes Asian and Native Hawaiian consumers. "In this way, MHAH can continue to serve its ethnically rich population while being respectful of Hawaii's

rich cultural heritage," says Paula Heim, project director.

MHAH invited interested consumers to join the speakers bureau by publicizing a series of four training workshops. The workshops, which lasted from two to six hours, provided an overview of the mental health

system in Hawaii and gave consumers opportunities to develop their public speaking and presentation skills. Initially, 10 consumers signed on, eight of which completed the training agenda to become active speakers bureau members.

The new speakers bureau members took to the training opportunities enthusiastically. "The

workshops empowered me with the confidence, ability and desire to take action through testimony and advocacy," said Charlene Ryerson, a new member.

Soon after completing their training, the new Mixed Plate Speakers Bureau took on a rigorous agenda of public education and advocacy. From October 2000 through January 2001, members offered 12 presentations on local Oahu television programs, and at community high schools,

universities and churches serving Asian Americans and Native Hawaiians.

In addition to providing an overview of mental illnesses and discussing the available health services in Oahu, speakers also tackled many cultural misconceptions about mental illnesses—explaining, for example, that these diseases are not the results of sin or weakness.

"In general," says Heim, "there is still a lot of distrust among Asian Americans of Western medicine. Some societies in Hawaii see mental illness as a punishment by God. It is considered a shame to the family to be mentally ill. Among the Japanese, in particular, it is shameful to even speak of mental illness."

Speaker bureau members also jumped feet-first into public advocacy with the impending



The speakers bureau helped prevent the closing of the Diamond Head Treatment Center, shown here.

"The workshops empowered me with the confidence, ability and desire to take action through testimony and advocacy."

*—Charlene Ryerson,
speakers bureau member*

Stepping Stones Strives to Promote Consumer Involvement

Alice Tsai,

Consumer Representative, Stepping Stones

In the spirit of consumer empowerment, Stepping Stones of Rockford, Inc., a nonprofit organization in Illinois that provides housing and rehabilitation services to adults with severe mental illnesses, established a new consumer position in September 1999. Called the Consumer and Family Affairs Representative, this position has greatly improved the quality of Stepping Stones' services. I was honored to be chosen for this role, and in my time in this position, I have been able to play a vital part in instigating consumer involvement in the development and delivery of our services.

Stepping Stones serves more than 140 clients and has helped hundreds to find housing within the community in our 30 years of existence. We strive to help consumers live as independently as possible.

One of my major responsibilities is to provide consumer representation in our work with coalition partners. One such partner, the Consumer/Family Forum of the Northwest Network (CFF), made up of consumers, family members and providers in the nine northern counties of Illinois, aims to foster hope for consumers and families by providing education, information and advocacy. In my work with CFF, I regularly invite Stepping Stones consumers to attend CFF meetings, and they have been eager to take part.

Stepping Stones is also a sponsor of the CFF spring conference. Each year, we explore the themes of recovery and empowerment. At the first conference, Larry Fricks of the Georgia Consumer Council was our keynote speaker, and participants were enthusiastic about the experience. This year is shaping up to be

another successful effort with Susan Rogers of the National Mental Health Self-Help Clearinghouse as our keynote speaker.

With the help of other coalitions and area agencies, we are also compiling a consumer handbook that describes Stepping Stones and the services and activities it offers. With the assistance of our clients, we have developed a list of rights and responsibilities that consumers have at Stepping Stones. The handbook also stresses the importance of each consumer's involve-

ment in his or her treatment planning. We say that they are the "critical ingredient" in their "recipe for recovery."

My proudest accomplishment has been the monthly publication of Stepping Stone's consumer newsletter, *Pebbles*. It is a 20-page publication with art, jokes, poetry, recipes, movie reviews, national and local news, puzzles, quizzes and event advertising, that is written and produced almost entirely by consumers. Consumers eagerly await the publication of each issue, and its readers—parents, providers and advocates—have praised its look and content.

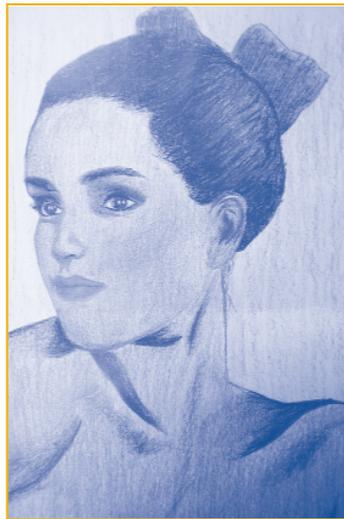
I am enjoying my time at Stepping Stones and I believe that no matter what I do in the future, I will continue advocating for people with mental illness. I believe that I am constantly showing by example that people with mental illness can succeed professionally.

For more information on Stepping Stones, please visit our Web site at www.steppingstones-rockford.org.

"I believe that I am constantly showing by example that people with mental illness can succeed professionally."

—Alice Tsai,

*consumer representative,
Stepping Stones*



Stepping Stone's monthly newsletter, Pebbles, includes artwork by consumers such as this drawing by contributor Alice Tsai.

Have you visited our Web site?

Visit us at www.ncstac.org and read *Consumer Supporter News* and other publications online, search the NCSTAC resource database and participate in discussion boards that cover such issues as voter empowerment, wellness and recovery, and advisory boards.



Seven Questions for Communications Planning

by Chris Condayan,
NMHA Media Relations Specialist

Working with the media to communicate mental health messages is one of the most effective ways to reach a wide and diverse audience. For the general public, the media serves as the most commonly used resource for health information. For policymakers, stakeholders in the field and community leaders, it provides a valuable measure of public opinion.

Getting media coverage on mental health issues is not as difficult as it may seem. Reporters and editors at newspapers, wire services, magazines, radio and television stations, online venues and other outlets are constantly searching for story ideas. Knowing how to sell your message is key. In order to maximize coverage of mental health issues, consider the following seven questions when developing communications plans:

1. What do you want to accomplish?

Examine what your organization advocates—its mission, values and beliefs—to help focus communications activities on the most important and pressing community issues. Once you establish the issue(s) your organization wants to address, get specific about the desired outcome: Do you want to attract people to an event, to sway public opinion on a specific issue, to comment on a recent event or to release new survey results? Those are just a few possible objectives, and if you

want news coverage, you need to be sure to set such realistic goals.

2. Whom do you need to reach?

Determining your target audience will dictate the type of media outlet you will seek to deliver the message. The target audience can vary greatly depending on the message. For example, if you want to comment on a recent newspaper article, your audience would be the public and policymakers who read that paper as well as the editorial staff. If you want to release new data about television and stigma, the target audience would be the entertainment industry, mental health advocates and the television-viewing public. If you want to publicize a local event, you need to reach the target audience for the event itself.

3. What does the audience need to know?

One way to identify what your audience needs is to view your message from the audience's perspective. You will need to mold the message around their wants, priorities and motivations. For example, if you want to communicate that people with mental illness can be productive workers, you would want your audience to know that mental illnesses are common and treatable and that a mental illness is nothing to be ashamed of. You would also want to communicate that many people with mental illness can achieve career success and that employers should be aware that discrimination is wrong, harmful and illegal.

4. What do you want your audience to do?

Said another way, what change do you want to motivate in your audience to meet your goals? Continuing with the last example, you would want local employers to hire more people with mental illness and not to discriminate against them. You would probably also like to see people encourage family members with mental illness to seek employment. And you would like to see consumers empower themselves through meaningful employment.

5. How are you going to reach your audience?

You now need to identify the media outlets that will reach your audience, and there is a long list of possibilities.

A good way to narrow down the list is to ask a few key questions regarding your targeted audience. Where or from whom does this audience get its information? Where does the audience spend most of its time? Whom is the audience most likely to find credible? This process should produce a list of television and radio stations, newspapers, magazines and Web sites. These are the media outlets you will need to contact and, in some cases, develop a relationship with to make sure your message is delivered effectively.

6. How are you going to make this happen?

To do this, you need to determine scheduling, staffing and budget needs by listing all the activities required in order to get your message out. This includes writing press releases, and

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NCSTAC's manual, "How to Work with the Media," provides information on developing a media strategy for your organization. It's available free of charge on the NCSTAC Web site at www.ncstac.org.

NCSTAC Takes Part in WomenVote 2000

NCSTAC showcased its National Mental Health Voter Empowerment Project at a conference held March 21 in Washington, D.C., by WomenVote, a nonpartisan, nonprofit program designed to help increase turnout for women voters, with a special emphasis on women of color.

"We were delighted to have the opportunity to let other civil rights organizations know about our project," said NMHA Senior Vice President Laurie Young, who spoke at the conference. "For mental health voter empowerment efforts to achieve their full potential, it is important that we cooperate with other like-minded initiatives."

WomenVote distinguishes itself from other women's voting projects because it focuses particularly on the role that women of color play in elections. Given the growth of minority populations, WomenVote considers it imperative to understand what motivates women of color voters, to determine the means of reaching these individuals, and to devise proactive strategies that will increase their voting participation.



In recent years, minority women voters have played a pivotal role in elections. For example, Caucasian women generally split their support between Vice President Gore and Governor Bush in the 2000 presidential elections (48 percent versus 49 percent).

This implies that minority women voters drove the majority support that women gave to the Democratic ticket.

"This is not surprising given the growing participation of minority voters overall, especially in states like

California, which is now a minority majority state," said Irene Natividad, national coordinator of WomenVote 2000. "Minority women voters believe in the power of government to improve their lives, and in every racial and ethnic category, women vote in higher numbers than men."

For further information on WomenVote, contact Larry Grady at 202-835-3713.

"For mental health voter empowerment efforts to achieve their full potential, it is important that we cooperate with other like-minded initiatives."

—Laurie Young, NMHA senior vice president

Oahu's "Mixed Plate" Speakers Bureau Advocates for Consumer Rights

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closing of a local community treatment program called the Diamond Head Life-Skills and Mental Health Treatment Services Center. Because bureau members "lobbied vigorously" in the media and at legislative meetings against the closing of Diamond Head, the center is still open and running today, according to Heim.

Heim also called on speakers bureau members to assist in MHAH's voter empowerment project, which helps to register mental health

consumers to vote and provides public education on candidates and policy issues.

Although this grant cycle has nearly ended, Heim is certain that the speakers bureau will continue to thrive. With an additional grant opportunity from the National Institutes of Mental Health, "MHAH will also expand the speakers bureau into a faith-based community outreach program in cooperation with Pacific Health Ministry and community religious leaders," Heim said.

Are you doing good work?

Tell us about it. Consider writing an article for *Consumer Supporter News* and let other consumers and advocates learn from your organization's activities.

Submit articles from 400 to 700 words in length to Ellen Alderton, National Consumer Supporter Technical Assistance Center, National Mental Health Association, 1021 Prince St., Alexandria, VA 22314-2971. Telephone: 800-969-6642, ext. 4792. Fax: 703-684-5968. E-mail: ealderton@nmha.org.

Mentoring Really Works!

by Paul Galonsky,
Community Educator, MHA in Delaware

The MHA in Delaware (MHAD) Pathways to Professional Employment Program is doing wonders for a select group of mental health consumers who wish to return to work.

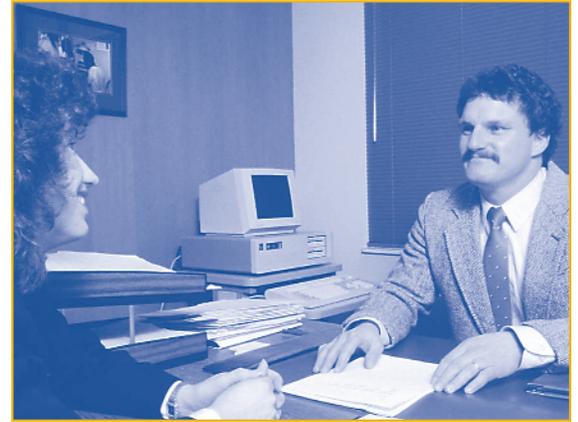
MHAD runs the Pathways program in cooperation with the Delaware Division of Vocational Rehabilitation Counselors, which refers consumer participants to the program. To be eligible, participants must have a mental disorder that has prevented them from working, and they should have two to four years of college or trade training. Consumers who do not have formal training may still be eligible for Pathways if they have several years of professional experience.

MHAD recruits mentors to pair with program participants and then provides these individuals with guidance on how to conduct the mentoring process. Mentoring typically lasts from three to six months and entails such activities as attending professional association meetings with the participant, reviewing the participant's resume and arranging for job shadowing—which involves the assigned mentorees observing their mentors on the job.

Mentors can help participants reach beyond self-doubt and discouragement to achieve career success. In addition, participants and mentors alike learn something new about themselves.

Mentors can help participants reach beyond self-doubt and discouragement to achieve career success.

—Paul Galonsky,
MHA in Delaware



Mentoring programs help mental health consumers return to the workplace.

“The insights of my mentor in leading me to an understanding of how I might address my concerns—and, to be honest, my fears—has been of tremendous value,” said one Pathways participant. “It was obvious to me that I needed an advocate to ‘blunt’ the negative connotations of gaps in my resume.”

Participating in Pathways is also a positive experience for mentors. “Mentoring is a journey,” said one mentor. “Through my participation, I have learned new ways of creating self-discipline.”

It is wonderful to see that mentoring really works. In the three years since Pathways was launched, approximately 35 consumers have taken part in the program and about 40 percent of these participants have found jobs.

If you would like to learn more about Pathways to Professional Employment, please contact Paul Galonsky, associate community educator for the Mental Health Association in Delaware, at 302-765-9740.

Seven Questions for Communications Planning

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contacting reporters. Under each activity on your list, outline the steps that will lead to each task's completion. Assign a budget estimate to each step. Then assign a deadline date for each step in the activity.

7. How will you know whether it's working?

Now you need to consider how to measure success. Two methods can help determine your project's impact. The first is a quantitative measurement of the number of media mentions you

receive or number of people who attend an event you publicized. The other method is a qualitative measurement in which you survey a sample of your audience to measure how successfully your message was delivered.

Whatever method you use to deliver your message, just remember that the key to getting media coverage is to tell your story effectively. Above all, although you want coverage on a specific issue or activity, it is more important to nurture long-term relationships with members of the media, and to develop a reputation as an accessible and reliable media source.

SAMHSA Provides \$16.6 Million for Substance Abuse and HIV/AIDS Services in Minority Communities

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) has announced that it will offer approximately \$16.6 million in grants to expand and strengthen primary health care, and substance abuse and HIV/AIDS prevention services for African American, Hispanic/Latino, American Indian/Alaska Native, and Asian American/Pacific Islander communities.

“Broadening our efforts in HIV/AIDS education and prevention services will help move us further toward our goal of eliminating racial/ethnic disparities in health services,” said Health and Human Services Secretary Tommy G. Thompson. “This new funding will build on the Administration’s efforts to help meet the needs of people in distressed neighborhoods and expand the heroic work of community and faith-based organizations.”

The Minority Substance Abuse and HIV Prevention Program contains three initiatives. CSAP is seeking applicants to apply for one of the initiatives below. CSAP is encouraging applications from domestic public and private non-profit community-based organizations serving predominantly racial and ethnic minority populations that are disproportionately affected by HIV/AIDS.

Initiative 1: Planning the establishment of new substance abuse and HIV prevention services.

The first initiative will support community-based organizations in their planning efforts to establish effective substance abuse and HIV prevention programs in minority communities. Applicant organizations should be able to use the knowledge and expertise gained from this grant to develop competitive applications for the future funding of these services. Approximately \$4 million will be available for 45 awards. The average award will range from \$75,000 to \$100,000 for one year.

Initiative 2: Expanding current health and human service delivery systems to include substance abuse and HIV prevention.

The second initiative will support community-based organizations in their efforts to develop new substance abuse and HIV prevention services or to integrate these services with existing primary health care services. The goal is to establish comprehensive and culturally competent systems of care in minority communities.

Applicants should be existing and experienced community-based providers that have the capacity to provide substance abuse and HIV-prevention services. Approximately \$8.6 million will be available for 20 awards. The average award will range from \$300,000 to \$500,000 per year for up to three years.

Initiative 3: Expanding faith-based and youth-serving organizations’ capacities to include substance abuse and HIV prevention services.

The third initiative will support community-based faith and youth-serving organization efforts to integrate substance abuse and HIV prevention services into existing youth programs. This initiative aims to increase the capacity of faith-based organizations to collaborate with youth-serving organizations in an effort to reduce substance abuse-related HIV infection in racial and ethnic minority communities. Applicants must have established youth services or must be collaborating with youth-serving organizations. Approximately \$4 million will be available for 12 to 15 awards. The average award will range from \$250,000 to \$300,000 per year for up to three years.

“In addition to supporting substance abuse and HIV prevention at the community level, this initiative will generate a wealth of new information about the link between substance abuse and HIV/AIDS and the approaches that yield the best prevention outcomes,” said CSAP Director Ruth Sanchez-Way, Ph.D.

The receipt deadline for grant applications is July 10, 2001. Details regarding all SAMHSA funding opportunities are published in the *Federal Register* and can be found on the SAMHSA Web site at www.samhsa.gov as they become available. For application kits, contact SAMHSA’s National Clearinghouse for Alcohol and Drug Information at 800-729-6686 or TTD 800-487-4889. Interested parties should request an application for GFA Number SP 01-006. For questions on program issues, call Fabian O. Eluma, at 301-443-5266. Direct grant management questions to Edna Frazier at 301-443-4456.

“This new funding will build on the Administration’s efforts to help meet the needs of people in distressed neighborhoods and expand the heroic work of community and faith-based organizations.”

*—Tommy G. Thompson,
Health and Human
Services Secretary*

SAMSHA Funds Children's Mental Health Initiatives

The Center for Mental Health Services, under the Substance Abuse and Mental Health Services Administration (SAMHSA), has made funds available to build statewide networks to help improve services for children and adolescents with serious emotional disturbances and

“This grant program affords us the opportunity to partner with America’s families. They are the experts on their children.”

—Bernard S. Arons, M.D.,
CMHS director

“This program recognizes that family members can have the greatest impact when it comes to working with policymakers and service providers”

—Tommy G. Thompson

their family members. The networks will create or strengthen coalitions among family members, service providers and policymakers.

Approximately \$3 million will be available to fund a network grant award in every state. Up to \$60,000 per year for a total of three years will be awarded to successful

applicants. An additional \$10,000 will be available for 10 grantees to include provisions for youth involvement in the network.

Qualified grant applicants are nonprofit private organizations that have a board of directors made up of at least 51 percent family members who have children who are either 18 years old or younger, or are under 21, in school and have a

serious emotional disturbance. The applying organization’s mission and scope of work must focus on this population throughout the state.

Existing Statewide Family Networks are eligible to apply. Eligibility is limited to family-controlled organizations, because the program is designed to enable family

organizations to have more influence over the services provided to children who have mental health problems.

“This program recognizes that family members can have the greatest impact when it comes

to working with policymakers and service providers to improve mental health services,” said Health and Human Services Secretary Tommy G. Thompson.

“Isolated efforts to serve families are not enough,” said SAMHSA Acting Administrator Joseph M. Autry III, M.D. “These networks allow providers, families and others to accomplish service system improvements that could not be achieved on an individual basis.”

Bernard S. Arons, M.D., director for the Center for Mental Health Services, added, “This grant program affords us the opportunity to partner with America’s families. They are the experts on their children, and we want to give them the opportunity to build networks that produce successful systems of care for their children.”

CMHS also announced the availability of funds for a Technical Assistance Center for Statewide Family Networks grant program. The Technical Assistance Center will provide training and support to the Statewide Family Network grantees. One annual award will be made for approximately \$300,000 to \$600,000 for up to three years.

Details regarding all SAMHSA funding opportunities are published in the *Federal Register* and posted on the SAMHSA Web site at www.samhsa.gov as they become available. Contact the CMHS Clearinghouse at 800-789-2647 for application kits.

Applications for Statewide Family Network grants must be received by May 21, 2001. Interested parties should request a copy of GFA number SM-01-004. Applications for the Technical Assistance Center must also be received by May 21, 2001. Interested parties should request a copy of GFA number SM-01-005. For questions on program issues, contact Liz Sweet at 301-443-1333 or esweet@samhsa.gov. Direct grants management questions to Gwen Simpson at 301-443-4456 or gsimpson@samhsa.gov.

The National Mental Health Association’s 2001 Annual Meeting, *Justice for All: Addressing America’s Mental Health Disparities*, will be held June 6-9, 2001, in Washington, D.C. For more information, call 800-969-NMHA (6642) or visit www.nmha.org.

Alsofa.com Provides Cyber-Help in Spanish

In response to a dearth of mental health resources for the Spanish-speaking community, a group of Hispanic mental health experts have launched alsofa.com, "a bilingual cyber-couch for your emotional well-being." In Spanish, al sofa means "on the couch," and the term carries the same connotation as it does in English as a place to seek comfort, help and advice.

With resources posted in Spanish and English, alsofa.com aims to integrate quality mental health care information with the technology of the new century and works to overcome stigma, cultural isolation and language barriers.

The site provides detailed information on various mental illnesses, including depression and bipolar disorder, and on mental health-related issues such as domestic violence, drug abuse and insomnia. Feature articles focus on topics of interest to different audiences—women, teenagers, seniors and professionals. Besides offering medical-related information in a bilingual format, alsofa.com hopes to develop into a site that allows the Spanish-speaking community to exchange ideas.

Alsofa.com's staff and contributors include the site's founders Jorge R. Petit, M.D., with the Mount Sinai Medical Center, and Belisa Lozano-Vranich, Ph.D., a consultant to *Latina* magazine and contributor to *Jane* magazine, and others dedicated to improving the mental health of the Hispanic community. Lozano-Vranich previously worked as director of Public Education at the Mental Health Association of New York City.

Alsofa.com is partnering on a number of projects with NMHA and NCSTAC, including a translation and review of NMHA and NCSTAC Spanish language brochures to ensure that they are delivering culturally appropriate messages that will be understood and valued by readers. For more information, visit the Web site at www.alsofa.com.

With resources posted in Spanish and English, alsofa.com aims to integrate quality mental health care information with the technology of the new century.



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The National Consumer Supporter Technical Assistance Center was established in 1998 with a grant from the Center for Mental Health Services. Our purpose is to strengthen organizations that support mental health consumers, survivors and ex-patients.

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