



Mental Health Subcommittee Public Hearing

Dr. Karen A. Kangas

Stop Psychiatric Profiling! The news coverage of the terrible tragedy at Newtown has turned my own life upside down. I am a person that has lived with mental illness for fifty years—for the past thirty years I have worked in the field of mental health in various positions: advocate, commissioner's staff at DMHAS, Executive Director at Advocacy Unlimited (nonprofit organization that trains peers) and as an adjunct professor at Central Connecticut State University. All of these jobs have been done to inspire, give hope, to disclose, to help others find the road to recovery. These jobs have been accomplished in spite of a psychiatrist telling me that (thirty years ago) I would never work again. The discrimination of people with mental illness is horrendous and most of us can't risk telling or worse going to get help.

Even though I had my doctorate in education and experience in teaching and administration, following my diagnosis of mental illness, I was fired from my job prior to the ADA passing in 1990. I really thought my life was over and didn't know where to turn. What happened to me next was a complete surprise. Instead of being victimized by the media, there was an ad in the Hartford Courant looking for an advocate and this job was looking for someone with a mental illness. Imagine. The job was at Fairfield Hills Hospital in Newtown, CT. So my years of living in Newtown and working at Fairfield Hills Hospital were great memories. Being at Fairfield Hills taught me many things. Let me tell you the story of my friend Gerda. Gerda was at Fairfield Hills Hospital for forty years. She died there of lung cancer. Her family was told to leave her there and not to go and see her because they gave her no hope. Today she would probably be in the hospital for just a few days. She died of lung cancer because when you are in a locked facility one of the only ways you could get outside was to smoke, and that led

to her getting lung cancer. I took Gerda on many trips-one to McDonalds to see children, one to a pond to see ducks and on many walks. The night she died I was with her and she said to me, "I never got to own a cat or to make love to anyone." I held a memorial for her and her family all came and was surprised by the affection shown to her by the staff and all the patients. They wished they had visited her sooner. She continues to be my inspiration. So we might say she had outpatient commitment. Forty years without violence.

Over the years, I've had many hospitalizations, unfortunately all of the hospitalizations have been behind locked doors and most of them have not been pleasant. The mental health treatment I received differed widely from the treatment I received when I was diagnosed with cancer. When I was diagnosed with cancer I went from place to place to decide what treatment I would get and each place not only treated me with respect and dignity, but the treatment providers also were cancer survivors. Cosmetic companies offered me all kinds of make-up and everybody was extremely friendly. That is not true in too many cases when you have a mental illness.

Prior to working in the mental health field, I worked as an educator in a major city in Connecticut with African American, Afro Caribbean and Latino people. I mention this because for my students and their families, racial profiling in Connecticut and other parts of the country was just as devastating to them and cannot be tolerated any more than psychiatric profiling can be tolerated by people with mental illness. The important thing is discrimination and labeling in any form is wrong and harmful to all people, not just those who fit into a certain condition. This is a time when people should protect the human rights of all people, and especially ensure that people with mental illness are encouraged to get the help that they need without fear of being treated inhumanely and like second class citizens. Equating people with mental illness with violence is just as wrong as equating other people of color with violence. Both efforts to end that type of discrimination are equally important!



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The Value of Peer Support

Peer Support is a practice that all people have engaged in or been exposed to since the beginning of people living together in organized communities. Whether or not we have relied on and benefited from quality peer support in times of need and confusion or have felt let down and misunderstood by those our lives are connected to – (in times of crisis or just everyday life) – we have all been exposed to humans sharing their experiences in an interactive way – in one form or another.

Individuals working in the peer role believe that no one signs up for a dissatisfying life full of suffering and that whether or not one believes their upsetting situation is the result of personal mistakes or the result of a combination of whatever variables – every human needs to be respected and to feel valued and important. Furthermore, we believe that walking with a person on their road to finding out what they like about themselves and what they are good at – is the process that allows for healing and the realization of strivings. We do not believe that criticizing, blaming, or correcting allows for healing and the realization of strivings.

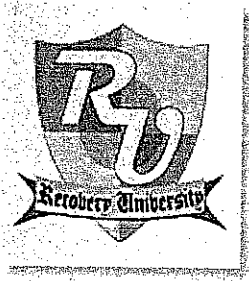
Peer Support builds mutually valuing relationships full of compassion and camaraderie with those who are suffering. The foundation of these supportive relationships is an understanding that we are all participants in a comparable experience of combating demons and building happiness – people don't occupy distinct categories of those who are sick or suffering and those who tell the sick or suffering how to fix their problems.

Peer support is the act of individuals supporting each other as equal collaborating partners who self-identify and openly acknowledge being participants in fundamentally comparable experiences. The benefits of peer support have clearly and consistently been demonstrated in arenas such as 12-step, labor alliances, cancer survival, athletics, and every arena of society – for a very long time.

This human to human interaction has a superb and unique capacity to allow individuals to access their inner-strength and personal strategies for taking action to improve their lives. People who make themselves available for their fellow person – (peer support workers) – willingly acknowledge that they have battled demons, (mental torment and despair, substance dependence, incarceration, etc.) and firmly believe that themselves and others can self-determine how to improve their life and successfully make their lives less hellish and more full with texture, meaning, and enjoyable activities.

Peers harness their personal lived narratives in ways that offer hope, perspective, motivation, encouragement, and information for those seeking to better their daily lives. Peers listen to those they support and actively engage in the process of those they support putting their decisions and plans into action – **with** them side by side. People working as peers play basketball with, create job applications with, go to doctor appointments with, and clean apartments with people – in ways that allow those who haven't benefited from "services" for decades to build inner strength and find their own new ways to improve their lives, allow for the building of inner-strength which enables people to get more out of previously ineffective "services," or solely allow individuals to share the perceptions of an enjoyable activity that is an end in itself with other humans – (regardless of whatever else happens).

This is the power that peer support offers!



Recovery University

Training and certification for Recovery Support Specialists

Recovery University is a 60-hour advanced training and certification program for persons in recovery from mental health and/or addiction issues. Upon successful completion of the course and certification test, graduates will be state certified as Recovery Support Specialists.

Recovery Support Specialist, RSS, is a position that emphasizes the importance of peer support in recovery. RSS's use personal lived experience to enhance the recovery process by connecting in a non-clinical manner.

In order to be certified as a "Recovery Support Specialist," the State of Connecticut requires that you be a person that self-identifies as having a lived experience with mental health or mental health and addiction issues

Course Description

Recovery University is 60 hours of training that involves interactive instructional education on the following areas:

- Effective, Empathetic Communication Skills
- Person First Language and Person Centered Recovery Planning
- Engagement and Role Playing activities
- Legal and Ethical Practice, Boundaries, Client Rights
- Mental Health, Addictions, and Co-Occurring Disorders
- Principles of Psychiatric Rehabilitation
- Medicaid Mental Health Waiver / Money Follows the Person
- Using Your Recovery Story, Role of Peer Support, Recovery Culture
- Role Challenges, Conflict Resolution, Self-Care
- Recovery Planning and Documentation
- Entitlements and Benefits Management
- Cultural Awareness, Trauma and Healing

See AU's website, www.mindlink.org, for more information and to obtain printable applications.