When Martin Luther King Jr. delivered his now famous “I Have A Dream” speech, he addressed racial discrimination in the United States and his dream of hope for a better world. He delivered his speech as a part of the March on Washington in August of 1963. It is cited as a defining moment in civil rights history. Much of what he said was and is true about discrimination for any reason!

Individuals who have a mental illness have also experienced discrimination. The discrimination and stigma have very real impact. Stigma can inhibit someone from seeking treatment that could aid them in their recovery. Stigma can have a substantial effect on self-esteem and feelings of being disempowered.

Individuals with mental illness experience stigma and discrimination in seeking housing and employment, in schools, their community, and even sometimes from the mental health system itself. In addition, stigma frequently influences people as they interact with persons with mental illness. Also, unfortunately the media often reinforces stigma held by the public.

We hear much about recovery and system transformation in the delivery of mental health services, but all of these efforts can be seriously compromised by stigma. In this newsletter you will hear of additional “walks” (marches) and sharing of experiences as ways to address discrimination and highlight anti-stigma activities.

Community Mental Health for Central Michigan is engaged in an Anti-Stigma Campaign with the central theme of “Along the Way: Paving the Path to Recovery.” Through this effort we have sponsored “An Evening with Patty Duke”; television ads; ads on local transportation; and recently billboards. In addition, the Consumer Action Committee has a Speaker’s Bureau featuring individuals available to speak about their own recovery.

The solution lies in education and society’s ability to recognize that mental health issues are similar to physical health issues. With today’s treatments and understanding of mental illness, we expect individuals with mental illness to lead healthy, productive lives and progress in their path to recovery. We all need to contribute to community understanding.

“Mental illness is nothing to be ashamed of, but stigma and bias shame us all.”


Linda Kaufmann, ACSW
Neither rain, nor sleet, nor snow can stand in the way of people raising awareness for mental health. This was perhaps the worst of the three years with the wind blowing hard enough to collapse umbrellas and yet the rally was well attended with people who didn’t let the down pour get to them. Thirteen people from Community Mental Health for Central Michigan joined over 1,000 people for the rally. The event is held on the steps of the capitol and is meant to raise awareness of issues faced by persons with disabilities. The hope is legislators will hear us, see us, and think of us when drafting laws and cutting budgets.

A person from each county had a chance to say something about an issue facing that county followed by the crowd chanting “Walk a Mile in My Shoes.”

Joel Studebaker, manager of the Summit Clubhouse in Mt. Pleasant, said “I liked that every county got a chance to say something. I hope the politicians heard us.”

Judy Jones from Osceola County said, “I loved the rally. I want to come back. I learned about mental health.”

Isabella County’s Rue Morad explained, “This is my fourth year,” going to the rally. “This year we are focusing on budget cuts. We lost dental and eye care.” More needs to be done to stop the cuts.

Walk a Mile Rally 2010

Over 175 people attended the 12th annual Walk, Roll, and Stroll event at Mill Pond Park in Mt. Pleasant on Saturday, May 22nd. The event raised awareness of issues facing people with developmental disabilities and mental illnesses. Joel Studebaker, one of the event coordinators, gave opening remarks. “You are of great value to this community. You have the right to life, liberty, and happiness. Give yourself a gift today. Look in the mirror and love yourself every single day. That makes a difference if you love yourself, others will follow and love you too.”

Jane Gilmore, one of the walkers said, “When people ask us what we are doing on Saturday, it gives us a chance to talk about the walk.” Gilmore had been to every walk over the 12 years with her son.

In addition to the walk, people shared inspirational stories of recovery. Morgan Monte shared she was diagnosed with a mental illness seven years ago and since then has gotten a Bachelor’s Degree in Psychology from CMU and works for Listening Ear in Mt. Pleasant.

A walk was also held in Big Rapids on May 15th in efforts to reach people in mid-Michigan about disability issues.

12th Annual Walk and Roll

~article by Mark Oliver

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A walk was also held in Big Rapids on May 15th in efforts to reach people in mid-Michigan about disability issues.
Gary Shaw graduated from Central Michigan University in 1966 with a degree in accounting. After college, he served in the military and then was an accountant for a while, but was attracted to TV and radio and eventually made his living writing commercial spots for WMMI and WCZY in the mid-Michigan area.

Shaw was diagnosed with Obsessive Compulsive Disorder (OCD) in 1991, but says he had the disorder for many years before he was diagnosed. He says he is a “checker,” which means his OCD surfaces in the form of a need to check things before he can go onto other activities. When he lived in an apartment he had to check to make sure the stove was off, all the lights were off, and doors were locked, and he had to do this many times over. He explains OCD is known as the “doubting disease” because people with OCD are always doubting themselves.

He says it might have been his faith that helped him overcome the compulsions. He prayed for recovery and he feels God brought the right people in his life and the ability to overcome his checking.

Even though he was able to maintain recovery, he studied OCD to get a better understanding of the disorder. Dr. Inman, a psychiatrist at the VA hospital, suggested Shaw read the OCD Workbook by Bruce Hyman, PhD and Cherry Pedrick, RN who has OCD, and Shaw learned more techniques to maintain recovery. Shaw explains that just like jumping into cold water, our bodies react by adjusting to the cooler temperature. Similarly, a person with OCD can overcome their fear of germs. If a person is afraid to touch a doorknob with a subsequent need to wash hands, Shaw explains that it is important to encourage the person to touch the doorknob until he or she gets used to it and more importantly encourage the person not to wash his or her hands. Eventually, he or she will adjust and get used to touching doorknobs. This helps a person overcome the obsession. “The compulsion is a response to the obsession,” Shaw explains. Touching the doorknob to overcome a fear of germs is one aspect of Cognitive Behavioral Therapy (CBT), which is used to treat OCD. Cognitive Behavioral Therapy corrects inaccurate thoughts or beliefs in certain situations which lead to unhealthy mood or behaviors. A person can learn to view situations more realistically. This allows a person to behave in healthier ways. There are also medications that when combined with CBT can alleviate OCD behaviors.

Shaw says that a person can get “a momentum going” to recover. “Success breeds success. If you can overcome something, it makes you more self-assured. Life becomes better. It’s nice to watch TV, get to bed (without checking) and develop a routine—life becomes a routine and life is more enjoyable.”
Have you met Anna? An evening with Patty Duke was presented by Community Mental Health for Central Michigan to raise awareness of the stigma related to mental health conditions, diagnosis, and treatment. An evening with Patty Duke was made possible by a grant from the Michigan Department of Community Mental Health and was one of the events sponsored by CMHCM in recognition of May as Mental Health Awareness Month. Duke spoke on May 13th to a packed crowd at Central Michigan University's Plachta Auditorium about her struggles with and eventual treatment of bipolar illness.

Anna Marie Duke was born the third child of John and Frances Duke in Queens, N.Y., in 1946. She was renamed Patty by her childhood managers, John and Ethel Ross, when she first started work as an actress. Duke wrote about the trauma of having her name stripped from her in, "Call Me Anna: The Autobiography of Patty Duke." She also is the co-author of "A Brilliant Madness: Living with Manic-Depressive Illness."

Duke stated that from a young age her life had been a series of highs and lows. She spoke of her success as an actress, the molestation she experienced by adults who were entrusted with her care, her mother's severe depression, her attempts to self-medicate with alcohol, and her two failed marriages.

It was during her first marriage that she first started to show signs of bipolar illness with episodes of mania and then depression; she tried suicide many times, and became more and more isolated. “From time to time people would suggest I see a psychiatrist,” Duke explained, “but I wouldn’t go. I fought it tooth and nail.”

It was during Duke’s second marriage that her “psychotic episodes became more frequent and intense. I couldn’t get out of bed except to go to the bathroom and attempt suicide and I cried. It was like an occupation. I wasn’t ‘marriage material’ and I made everyone’s life miserable.” Her husband encouraged her to seek professional help but she didn’t go and her second marriage also ended and the cycle of depression and mania continued. Duke, who now had two young boys, says they “suffered everyday; they never knew who was coming out of the bedroom.”

Finally, a fellow actor convinced her she needed to see a doctor and after years of trying to cope on her own she agreed. The doctor told her she was manic depressive and Duke passionately proclaimed, “Thank God! It has a name! If it has a name people are aware of it,” and if people were aware of it she was not alone there was treatment. Duke was 35 when she was first diagnosed.

Treatment changed Dukes’ life. She became “marriage material” and has been happily married for 24 years. She takes her medications religiously. She says “I want people to step up to their fears, get the help they need and take the medications prescribed.”

Duke has been in recovery for many years and forgiveness has been a big part of that recovery process. She forgave and that helped her move on. Although the incidents of isolation and molestation undoubtedly added to the intensity of her illness, she recognized that her recovery needed to focus on what was happening now in her life. Duke believes that her Manic-Depression was inherited from her mother even though her brother and sister have no symptoms of the illness, but still continued, page 5
she needed to find a way to neutralize a genetic predisposition through medications and therapy.

Duke also spoke of mental health advocacy and the importance of maintaining funding for mental health programs. The cost of treatment can be a reason people don’t seek help. She stated she would support a mental health march on Washington; other people have done it. “We need to insist we have representatives who support mental health initiatives, maybe annoy Congress a little and they will act! With proper treatment we feel better, if we feel better we get jobs and the economy gets better.”

Everyone at Plachta Auditorium came away inspired by Patty Duke’s story. She entertained questions from the audience and spoke with those struggling with their own illnesses. She stayed after her presentation to autograph copies of her book. Each person who waited in line, some as many as two hours to meet Duke, received her undivided attention, words of encouragement, a hug, and acknowledgment that they are not alone as they fight this illness. It was obvious she cares deeply about people with mental illnesses and those who advocate for them.

Duke is one of the premiere peer support advocates in our country and all people with mental illnesses are lucky to have such an advocate.

Community Mental Health for Central Michigan (CMHCM) has a new web site. Linda Marshall designed the website and says, “It is very user friendly. You can find what you need quickly whether you are a client, a professional, a CMHCM provider, or just someone looking for information. This website was created to help people in general find more information about CMH.”

Marshall explains, “One major aspect of this site is the ease of use. On every page you will find a column on the right that directs to the main services CMH offers. Also, in the column is the toll-free help line number. If you aren’t sure you should call the help line, click on that button and more information is given.” The website also has links to information about substance use treatment services and CMHCM current events.

Marshall, who designs websites for a living, donated her services to CMHCM to show her gratitude because she “went through a difficult time,” in her life. Marshall says, “CMH was there when I felt I had nowhere else to go. I truly feel that if it wasn’t for my counselors I would not be here today. I know the design is a small thing, but I wanted to show people who thought they had nowhere to go, that CMH is out there and can help.”
Motivational Interviewing

In the above photo, Janet Wells, Outpatient Therapist, and Motivational Interview Network of Trainers (MINT) Trained Trainer, is leading a group in the “Virginia Reel” Reflective Listening exercise as a part of Motivational Interviewing. Two lines of people face each other and one person says a statement and the facing person repeats the statement as close as possible or in their own words. This insures the person is listening and the other person is feeling understood. The group had a lot of fun with this and nervously laughed when they realized it didn’t always come natural to find a reflective statement. Most people want to give advice or say something about themselves that they feel relates to the statement, but this is not Reflective Listening. It takes practice to be a reflective listener. This exercise was part of Motivational Interviewing training for mental health professionals; Wells co-facilitated this with Brenda Webb, Outpatient Therapist, at the George Rouman Center in Mr. Pleasant this past May.

Motivational Interviewing (MI) is a technique utilized at Community Mental Health for Central Michigan. It was started in 1982 by Bill Miller, a psychologist from the United States, as a means of counseling people with drinking problems to change their own behaviors and become non-drinkers. MI is now used for all types of addictions and mental illnesses. MI explores the consumer’s capacity rather than incapacity and shows a genuine interest in the consumer’s experience and perspectives. One of the goals of MI is to change harmful behaviors. The therapist must suspend their own personal judgment about what they believe is best for the consumer and allow the consumer to decide what’s best for him or her. Conversation about change must come from the consumer and not the therapist.

Groundbreaking in Midland for New CMH Building

Linda Kaufmann, Executive Director for Community Mental Health for Central Michigan, explains that Midland County is getting a new “building for the needs of community mental health services.” Currently, there are two locations in Midland County and the new location will house all CMHCM Midland County services. The 23,000 square foot building at 218 Fast Ice Drive to be built by the Three Rivers Corporation of Midland, with a completion date of April 2011.

George Rouman gave special thanks to Elaine Rapanos, property developer, and Rosemary McQuaid, County Commissioner, for their efforts to make this new building possible.

From left to right: Dick Dolinski and Ruth Chapman, Central Michigan Mental Health Facilities Board; Linda Kaufmann, Executive Director Community Mental Health for Central Michigan; George Rouman, Program Administrator Central Michigan Mental Health Facilities Board; and Bill Collins, Central Michigan Mental Health Facilities Board, broke ground on June 3rd for the new Midland County Community Mental Health building.
A Time to Quit

By Mark Oliver

On May 1st, the new law prohibiting smoking in bars and restaurants and most public places went into effect. This is a perfect opportunity to quit!

Smoking amongst the general population is around 22 percent but is as high as 41 percent for persons with mental illnesses (this rate is even higher for persons with schizophrenia).

According to NotAalone.com, some reasons why people with mental illness should quit smoking are: premature death rates are higher for people with mental illness than for the general population, many of the deaths are due to cardiovascular and respiratory problems, and some research has found that smoking may increase side effects of antipsychotic medications, such as restlessness and involuntary movements, and that persons with mental illness who smoke are more severely mentally ill than non-smokers.

Quitting smoking has major and immediate health benefits. Most counties have Tobacco Reduction Coalitions, cancer services programs, and human service agencies, which can provide you with resources and information about quitting. Some programs offer oral substitutes or lower costs for nicotine replacement products. The more you know and prepare for your quit day, the better your chances are of being successful.

Plan your quit day now, circle it on the calendar. There are many things you can do to increase your chances of success! Keep hard candy, gum, and mints handy. Change your habits and use positive self talk, repeat over and over “I don’t smoke anymore,” get rid of cigarettes, make a to do list, keep busy, and make time to do the things you really enjoy! Use the money you save by not smoking to buy or do something to reward yourself.

Jean Mathieu and Tracey Schnepp are two recent ex-smokers!

Block Grant Sought for Gladwin Drop-in

By Mark Oliver

Over 30 people filled the meeting room at the Gladwin office of Community Mental Health for Central Michigan (CMHCM) on April 28th to listen to Brian Wellwood, Executive Director for the Justice in Mental Health Organization (JIMHO), located in Lansing. JIMHO helps consumers of mental health begin drop-in centers. A drop-in center is a place where persons with a mental illness can meet in a safe and supportive environment.

Wellwood says the people at a drop-in center are “like family” to each other and healthy relationships are one of the biggest assets in recovery.

Judging by the size of the audience, there is a big interest in a drop-in center. Cheryl Firman remarked Gladwin has “a lot of people with nothing to do.” Barb Johnson says, there is “a lot of depression, drugs, and alcoholism because there is nothing to do.”

 Supervisor Doug Carey, who was also at the meeting, explained that CMHCM has applied for a block grant from Michigan Department of Community Health to help with startup costs for a drop-in center and if all goes well Gladwin will have the center in early 2011.
MISSION STATEMENT
To provide and support a wide range of mental health solutions to help the members of our communities gain control over their lives, achieve dignity and respect, realize their potential, and become full participants in community life.

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