



THE WE CAN COURIER

The MediCal Allies Project Finds Too Few Adults Receive Full Annual Checkups

By Joy B. McCorkle

Since October 2002 a group of clients have been concerned about their friends dying in their 40's and 50's of health conditions that are treatable: diabetes, heart disease, and common cancers. Joy McCorkle, Michele Hollingshead, Katharine Burke, Randy Lee, Judy Williams, Terri Sogolow, and Bonnie Schell designed posters and invited health speakers to come to MH-CAN. These were funded by the Center for Health Care Strategies. From Focus Groups and a survey of 112 mental health clients in North County, MH-CAN found that a third of mental health clients had not gotten a thorough physical exam. Less than half had been screened for diabetes, a possible side effect of taking all atypical medications. Of the 112 clients surveyed nearly 40% had used the Emergency Room instead of calling their Primary Care Physician's office after hours or on weekends to talk to the on-call doctor and get instructions.

Everyone who has MediCal benefits should have an ID Card from the Central Coast Alliance for Health; yet 48% did not. If clients don't keep the Alliance informed of address changes, they will miss getting new cards and newsletters explaining their full benefits. For instance, the Alliance has Service Representatives who can help with referrals to specialists or any problems making appointments. Their phone number is 457-3850 Ext. 4396.

Case coordinators will be asking at the time of writing annual service plans if clients have had a complete physical.

PEER SUPPORT CLASS GRADUATES FOURTEEN

By Melodee Dinnell

Friendships were formed and information on peer counseling was imparted. The number of persons working within the mental health system to support clients with the special insight of peers was increased by fourteen: clients who began the peer support counseling program on July 14th graduated on August 11th, 2003.

Members of the class received their diplomas and congratulations from Bonnie Schell, Director of the Mental Health Clients Action Network, and Jill Wolfson, MSW, who also gave instruction for the first five two-hour sessions of class.

Graduates may now work in various capacities giving peer support at MHCAN, Community Connection, CSS, and similar programs.

Peer support counselors offer an opportunity for mental health clients to discuss challenges in Recovery. They receive support in that Recovery from someone else who knows the system from "the inside out."

All graduates demonstrated proficiency in the skills of communications, group facilitation, crisis support, observing boundaries and safety, problem solving, ethics and client rights and responsibilities.

The graduates were, in alphabetical order: Carolyn Borba, Carolyn Carlquist, Mael Anne Dinnell, Joshua Harris, Michele Hollingshead, Mark Klahn, Patricia Mendoza, Oliver Nicholas, Sam Oastler (taking a refresher course), Erik Pieper, Malina Pieper, Nadine Prevedelli, Freddie Tanala, Nadine Tatarow, and Dawn Whitaker. Others who attended classes were Laura Werry, Madonna Lopez, Gary Galloway, Jonathon Thornton, and Toni Maier.

The Peer Principle is that when you help others, you help yourself. Next summer Peer Support Training will be offered again. During the year, students from the past three summer sessions will be invited to meetings for further training and skill building.

"Without deviation, progress is not possible." — F. Zappa

Discrimination & Stigma Hurt

Education is a popular way to challenge the stigma of mental illness. Many consumer groups have anti-stigma campaigns with public speakers to challenge the public's perception of people with a serious mental illness. However, research has shown that saying that something is NOT TRUE must at the same time (and in the same sentence) be replaced by something that IS TRUE. This recent research finding is from the University of Chicago Center for Psychiatric Rehabilitation. Despite articles in magazines about mental illness being a brain disease and a few helpful segments on TV's ER, stigmatizing attitudes have in fact worsened over the past 30 years (Pescosolido, 1999).

The stereotypes about people with mental illness are:

- ◆ **DANGEROUSNESS:** because of their mental illness, people are likely to become violent. Actually we are less violent than the general population unless alcohol is added into the picture. Mostly we are likely to be the victims of violence.
- ◆ **UNPREDICTABILITY:** the general public can never tell how a person with mental illness will react.
- ◆ **INCOMPETENCE:** people with mental illness are unable to live independently or manage anything but the simplest of jobs
- ◆ **CHILDLIKE:** people with mental illness need an authoritarian figure to make decisions for them just like a parent does for a child.
- ◆ **BLAME:** people with mental illness choose to be sick because of a weak moral backbone.
- ◆ **CONTAGION:** people who associate with the mentally ill will develop the same kind of symptoms and disabilities.

The emotional reactions provoked by these stereotypes are Fear, Anger, Pity, and Disgust.

Fear, anger, pity, and disgust cause other people to think and do damaging things. The actions by people in power that result from stereotypes about people with mental illnesses are:

1. Coercion: forced treatment
2. Avoidance: withholding work and independent living opportunities from those with mental illness.
3. Low priorities: cut budgets and services for those with mental illness, keep salaries low, provide resources for more deserving people first.

We can lay the blame for inaccurate stereotypes on horror movies or the news story selected because it is sensational. The fact remains that we have to be creative in meeting the challenge of prejudice. Soon. Now.

- ◆ **What can adults with mental illnesses add to a diverse community?**
- ◆ **How can we increase our social support networks?**
- ◆ **What is the best way to convince the general public that people diagnosed with mental illnesses do recover?**

If you have some thoughtful answers to these questions, or are willing to speak publicly about your recovery of stability, Bonnie Schell would like to talk to you. If you wish, you can write down your ideas and send them to her at MHCAN, 1051 Cayuga St., 95062.

Dafynitions
from *The Washington Post*

Bozone, a noun. The substance surrounding stupid people, which stops bright ideas from penetrating.

Hipatitis: Terminal coolness

Beelzebug: Satan in the form of a mosquito that gets into your bedroom at night and cannot be cast out.

Dopeler Effect: The tendency of stupid ideas to seem smarter when they come at you rapidly.

An Open Letter to the Medical Community about S.I. (Self Injury)

By Anonymous

You don't know me personally. But if you are a physician, Physician's Assistant, an ER nurse or a paramedic, there is a good chance you have treated me on one or more occasions. You may have stitched up my lacerations, cleaned out my burns, set my bones, pumped my stomach, removed foreign objects from my body, or dealt with my torn off nails or festering infections. I have been a repetitive self-injurer for thirty years. And for every time you treated me, there were five times I didn't seek treatment. Eventually I get the idea that you really don't want to see me in your medical office.

You don't understand me, and all of my life I have not understood myself. But my purpose here is to share with you the things I do understand now.

SI is not about suicidality. It is quite the opposite. I want to live. Self-injury as a means of coping with certain kinds of stress has allowed me to continue living. Drowning out my emotional pain by cutting, burning, banging, punching, pinching and some very creative forms of self-mutilation have been the means by which

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Simple Steps to Be and Act Aware

By Irene Van der Zande

(From a presentation made at MHCAN on August 8, 2003)

Awareness and confidence are among the most effective safety tools we have at any age. Research shows that attackers selecting potential targets are less likely to choose people who seem to be aware of the things going on around them and who are projecting an air of calm confidence.

Self-protection classes can be an excellent place to practice different attitudes of awareness. However, a few simple steps can make you look more aware and confident, and therefore help you stay safer, from the moment you finish reading this message. You can:

1. TAKE YOUR HANDS OUT OF YOUR POCKETS

While some people can look aware and confident while walking with hands in pockets, removing hands will almost always make anyone look *more* aware and confident. Hands are powerful tools - for setting boundaries, for striking if nec-

essary, and for catching yourself if you trip on the stairs. Allowing your arms to swing freely as you walk can make you look stronger, stand straighter, and seem more purposeful and directed.

2. LIFT YOUR VISION UP

While we rarely walk looking high above our heads and only sometimes walk with our chins pulled all the way down to our chests, many of us FREQUENTLY direct our vision to a spot on the ground about fifteen to twenty feet in front of ourselves while walking. This has the effect of changing the appearance of our eyes subtly in a way that makes us look somewhat tired and far less aware.

To experiment with this, stand across the room from a friend. Ask the friend to look at the tip of your chin -- thereby avoiding the eye contact that can feel confrontational. Look at your friend's eyes. Ask the friend to look at the very difference in the eyes. Then, ask the friend to look at your feet, and again, notice the difference in the eyes. Out in the world you can keep your vision up while, if you wish, avoiding eye contact by look-

ing at signs, trees, store windows, posters..... the world around you.

3. BE CONSCIOUS OF HOW YOU USE TECHNOLOGY

Anything that draws our attention quite logically distracts our attention from something else. Headphones, computers, and cell phones all demand some degree of auditory or visual attention which then cannot be directed elsewhere. Think first about where you are and what might demand your attention -- other people, traffic, an uneven walking surface? -- and make any changes that would make you feel safer and look more confident.

4. USE MORE THAN YOUR EYES TO LOOK AROUND

When we look around us just by moving our eyes and holding our head still, we can at times create an image of seeming fearful or lacking confidence. Allowing your head to turn naturally as you look around your environment can create an image of calm and awareness.

5. NOTICE WHEN YOU'RE TENSE, NOT CALM

Taking steps to slow down, calm

down, and relax can improve our safety immensely. People rushing about because they are late rarely look aware and confident and often miss cues about people, traffic, or other aspects of their environment that could present a safety risk; people acting tough and aggressive find themselves in fights more than people who act aware and confident; and people whose body language projects a great deal of fear when lost can draw the attention of people interested in committing an assault. Noticing when we get tense and stressed, noticing how we react to those feelings, and finding ways to take charge of our responses can help us to stay safe.

By taking these steps, we can prevent problems and help improve our own personal safety. We will also be modeling safe behavior for others.

“THE GREAT SOUL IS THE ONE WHO HAS TAKEN ON THE TASK OF CHANGE.”

Gary Zakov “The Seat of the Soul”

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I've SURVIVED.

Many myths still exist in the medical community about SI. When you treat us with disdain or lack of understanding, it causes us shame and insult. Your bluntness is not appreciated, and your curiosity does not trump my need to maintain some dignity.

I started self-injuring about the age of 13. I had lived for seven years in a suffocating abusive situation, about which I was not allowed to express myself. Some intuition told me that if I attacked myself it would release some of my frustrated rage. When I saw warm blood oozing out, I felt a sensation of warm relief, and I knew I had hit upon a means of tolerating my unending nightmare.

Like an addictive drug, this act that helped me feel mastery really mastered me. It demanded more blood and more damage each time. And the relief it brought lasted less and less time, calling for endless creativity. But it was accessible and reliable. Self loathing and depersonalization are involved in SI. For most of my life these were the only two states of being I knew. Often I needed to establish for myself that I even had a body.

Self-injury, whether repetitive or compulsive, is not a perversion. SI'ers do not like pain; they are inured against

SELF-INJURY RESOURCES

**National Self Harm Network
Box 7264
Nottingham , NG1 , 6W**

***The Cutting Edge* newsletter, P. O.
Box 20819, Cleveland, Ohio 44120.
www.geocities.com/sarahdarkblue
www.self-injury.net/
intheirownwords/readsection**

it Sometimes they can tolerate it due to numbness or sheer will. It is not done for attention; it is usually well hidden under clothes, until we come to a physician's office. It is usually reenactment of trauma, or is communication about a trauma (usually pre-verbal). The type, length and severity of it vary from person to person and it may be metaphorical.

Sooner or later society will take steps to protect you from yourself. Your life may become a series of facilities, institutions, heavy drugs and conservatism.

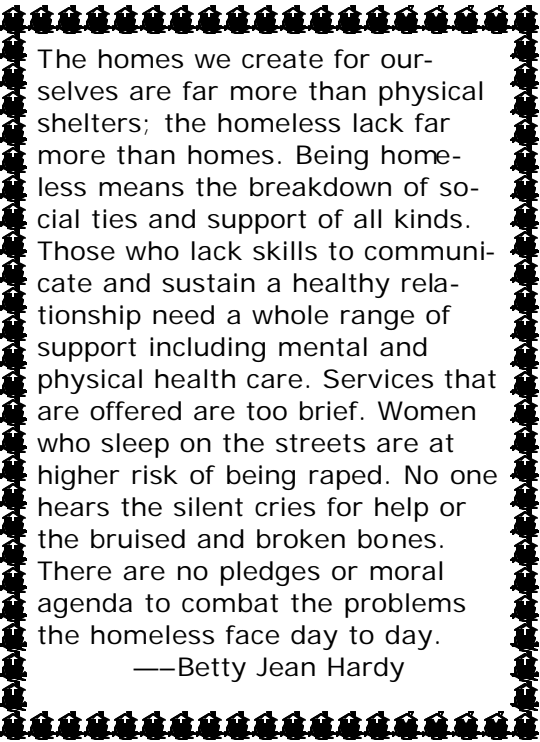
I never wanted to do the things I did. I grew as weary of doing it as doctors did of fixing me back up. But I needed to be relapsed from my emotional pain, rage and profound anxiety. Because of a lack of modeling, I knew no other way. It was always humiliating that I had to resort to this. If you are not in a trusted position in my life,

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don't ask me about my wounds or my scars. Do not stare at me. Didn't anyone ever teach you not to stare at crippled people. I am crippled too.

The SI'er does not need sympathy, but compassion and motivation. The SI'er needs to feel, above all, that she is not an intruder in the world but made of the same stuff as other people. In the medical community, you can have this influence, and promote self worth and dignity, by truly understanding— and by being kind.



The homes we create for ourselves are far more than physical shelters; the homeless lack far more than homes. Being homeless means the breakdown of social ties and support of all kinds. Those who lack skills to communicate and sustain a healthy relationship need a whole range of support including mental and physical health care. Services that are offered are too brief. Women who sleep on the streets are at higher risk of being raped. No one hears the silent cries for help or the bruised and broken bones. There are no pledges or moral agenda to combat the problems the homeless face day to day.

—Betty Jean Hardy



To The Honorable Judge Kelley,

Sir, how are you? Well, I hope.

I am starting school in one week to get ready to go to Law School. I can't even begin to explain how I feel ever since I made the decision. I have been on a never ending high.

The main reason for my doing this is because of you. I have this unexplained need to make you proud of me. I can't begin to tell you how many nights I laid awake thinking how close you came to sending me back to prison but instead you stood by my side. No one but my sister has ever showed me unconditional anything.

I can't even begin to tell you how grateful I am, and will always be grateful for your standing with me, and believing in me. It has been a long road but I am finally driving straight! I wish that other addicts could realize that no matter how bad it gets, there is a way through it.

I will keep you posted on my progress. Keep good thoughts.

You are in my heart,
Stacey Merry

Thinking about returning to college? Call Cabrillo Disabled Student Services 479-6512
Leave Sarah a message

To assess your employment possibilities, call 425-8132; ask for Patty or Ken

To see if you are eligible for MediCal, make an appointment by calling 454-4160 or 454-4131.

In Watsonville go to MediCal office on Beach St. for quick, courteous help

Mariposa Drop In Center in south county 763-1345

Community Organizers 462-4681 message machine after hours

Central Coast Center for Independent Living 462-8720

Looking for a support group on a certain topic or a support group for your family members, call Mental Health Resource Center 458-1923

POLICE: For immediate danger, call 911. If it involves a person with mental illness in Santa Cruz, ask for a Crisis Intervention Trained (CIT) officer. Otherwise, to report non-emergency incidents that have already happened or concerns you have, call 471-1131.

Access Line for M. H. Services 1-800-952-2335 is for all new requests for services and medication.
Dominican 24-hr. emergency 462-7644 or to reach an on-call member of your treatment team after hours. Say that's what you want.

CA Rural Legal Assistance for Fair Housing Issues and Advice 458-1089

Senior Citizens Legal Services 426-8824; Watsonville 728-4711

Patient Advocate and Ombudsman for seniors and all people in residential care and skilled nursing facilities and hospitals: 429-1913
After Hours: 1-800-231-4024
Also will help with denial of services.

MediCal physical health care:
Central Coast Alliance for Health 457-3850 Ext 4396 or 4377
Watsonville: 800-700-3874 Ext 4484
State Ombudsman Office
1-888-452-8609

Homeless Persons Health Project 454-2080 Bi-lingual

Diabetes Health Center 763-6445; bi-lingual staff

For help with daily living skills, Call Community Connection 425-8132

M. H. Client Action Network

Drop-In receptionist 469-0462; FAX 469-9160
client phone near kitchen 469-0479

Who We Are

MH-CAN (the Mental Health Client Action Network) is a valuable peer-community group, which helps adults with mental illness live without crisis. Each of our part-time staff is an adult with a serious mental health diagnosis. They are uniquely capable, together with many volunteers, of responding to others with dignity and respect.

What We Do

Our Drop-In Center is a refuge. It hosts over 12,000 visits annually from almost 600 mental health clients, who would otherwise have no community center. We provide safe daytime space for 48-65 homeless persons with mental illness a month. The Peer Support Center is open 9 a.m. to 3 p.m., 4 days a week. During the year we solicit private donations to be open on Saturdays during rainy, cold weather.

At MH-CAN our guests can find peer counselors, healthy snacks, a phone, library, art and music supplies, bus passes, and access to the Internet at 12 computer stations on DSL.

Special Projects

1. Lobbying for better physical health care for those on Medi-Cal, through our Health Education speaker series;
2. Collaborating with housing developers for more affordable, supportive, and independent housing.
3. Promoting the creative writing and painting abilities of mental health clients.
4. Making presentations on disability culture and telling our personal stories about living with an illness to community groups.

Benefits to the Santa Cruz Community

- ◆ MH-CAN reduces the incidence of panhandling and loitering in the community by providing a phone, coffee, newspapers, and a resting place for people, as well as transportation to medical appointments.
- ◆ People at MH-CAN demonstrate that people with a serious mental illness can work, go to school, maintain stable housing, and help their peers do the same. We know that recovery and realizing our dreams are possible.
- ◆ MH-CAN reduces pressure on other community resources to give adults with mental illness the dignity, time, and respect they deserve.
- ◆ MH-CAN demonstrates that people with mental illness are reliable and predictable (we never failed to be open since 1993); talented (we publish poetry, flyers, and position papers; mend computers; perform on cello, guitar, and piano); devoted to service (we volunteer with other agencies and run 8-10 peer support groups a week); and peace loving (we learn to solve problems by talking out conflicts and do not allow weapons or threatening behavior on our premises). Our presence in Santa Cruz enriches the quality of our community, families, and individual lives.
- ◆ MH-CAN advocates for individuals to get the services they want. We are a voice at the table when mental health policy in Santa Cruz County is made, and work as a partner with traditional medical and social services to make sure client needs are heard and accommodated even while budgets are being slashed. We participate on the county's Accessibility Committee, Cultural Competence Council, and Quality Improvement Committee. We know that adults with mental illness will (with enough information) voluntarily seek and use helpful services that work for them.

To Virginia Woolf

I heard you say on video that all must
have a room of one's own
 but was it only women
 and was it only writers
 and was it only gifted socialists socialites
 or did it pertain to adolescents in a hogan?

You and your piercing school-marm eyes!
Oh Virginia, you've caused me such troubles

I re-arrange other's crates to parse out
a slab for me. I started in high school
took my books and Underwood
from under Granny's corsets and sister Jean's corsages,
moved to the attic, hung my posters. And they came
like the Klan in the night,
carrying resentment, flaming
accusations:

"You are ungrateful for what we provide for you,
obstinate, head-strong, unforgivable, messy girl."

Virginia, I thought you meant a bed,
 but did you only mean a desk?
 Did you mean a place to eat?
 or was it simply a private place to think?

—Bonnie Jo Schell, October 1994

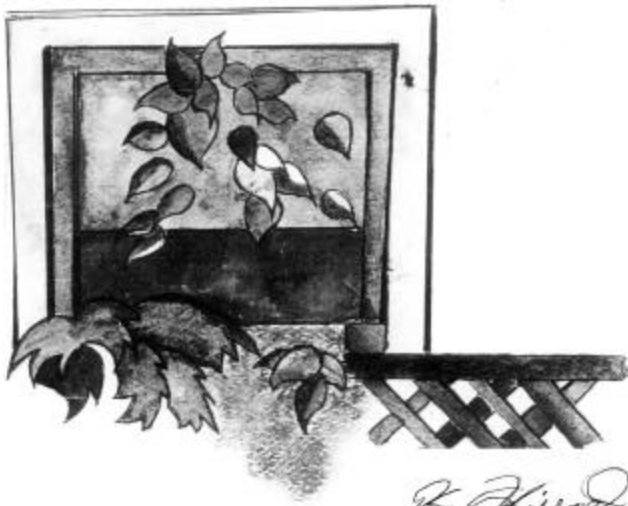
Virginia Woolf wrote the long essay *A Room of One's Own* in 1929

Project Report

New, Affordable, Peer-Supported Housing

By Bonnie Schell

MH-CAN was awarded a Community Action Grant in October 2002 to convince the people who can make changes in our living opportunities that we need more housing and housing that uses peers to help tenants when they encounter problems. We told the City housing planners that we wanted them to set goals of more special needs housing for all adults with disabilities and that they didn't need to waste



B. Hillman

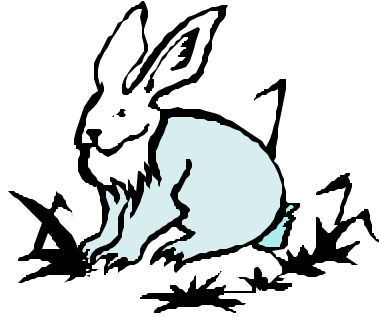
so much space on parking. We also said that we wanted housing in the middle of city life, near stores and bus lines, not in a remote place as if the builders were trying to hide their tenants from public view. We are good citizens who volunteer, work, and further our education. We patiently try to find treatments that improve our symptoms of fear, agitation, despair, disturbing voices and visions. We do our best to remain clean and sober in a town that winks at drug and alcohol abuse.

We agree with the Hoover Commission's Report to the Governor of CA that there is no recovery without first having housing. We know that housing needs to be affordable (not costing more than 30% to 50% of income), and independent so that each tenant has private living space and holds a lease with normal tenant rights and responsibilities. Participation in mental health services should not be a requirement for continued occupancy. Services need to be accessible, when a client wants them, and focused on maximizing independence and housing stability. MHCAN has been having focus groups on safety and privacy concerns for tenants in apartments, "green" design ideas, room designs with more storage, fair housing law, principles of supportive housing and being more a part of the communities we live in. If you want to be informed of future discussions, leave your name and address with MH-CAN reception at 469-0462.

MAMA RABBIT, WITNESS

One time a ghost came to my bedside to explain it...
The horrible nightmares suffered were all true
every damn one of them.
Every last night of them ...true.
When the headless horseman came galloping towards my bed
with a sword and cut off my head, true
while white mommy stood by the bed
in her long white gown holding the candle, yes
that was true.
When I screamed her name
she ran...All true.
Every time the Monster entered my room
he ran his big claw down my nights
shredding them.
My screams were heard
but the rabbit shivered in the corner
and could not move.
When I begged and cried
and when I asked rabbit where she was
all rabbit could tell me was the truth
that she was in the corner shaking.

Now I am shaking, helpless like a leaf
in the never-ending wind.
Once again it's my fault.
I get her forgiveness for asking...

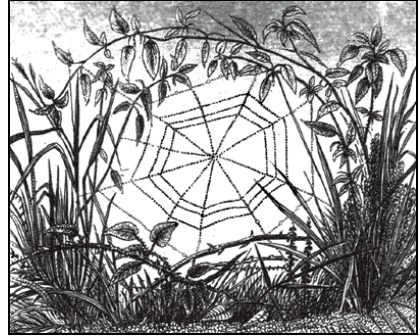


—Lisa Miller

FULL CUP

Pour out insanity
 Empty yourself—be rid of it, lest it poison your soul
 It's something
 Evil unseen by the naked eye —
 being insane
 Going through this world as if everything is OK
 THAT'S INSANITY!
 Yet, that's what we must strive to do
 To "survive" the insanity.
 It's no wonder I'm so confused.
 I'm walking a tight-rope
 Over the Grand Canyon with my eyes blindfolded
 TRY TO MAKE FUN OUT OF THAT!
 I can't
 When I wake I feel, barely
 Alive

—Maureen Craig



SPIDERS & SCORPIONS

Spiders, freaking out men as mice effect women.
 I see Spider Woman with the turquoise jocklas hanging from
 her slender tawny neck.
 Spider Woman sitting cross legged in her golden satin skirt
 and plush purple blouse.
 Spider Woman giving birth to all knowledge, wisdom and comfort.
 Spider Woman, mother of the sacred twins, consort of the sun.
 Spider Woman with ebony hair cascading below her waist.
 Spin your web, my Lady. Protect your children
 from ignorance and pain.
 Ensnare the translucent scorpion as it kisses me on the lips
 all the while raising its tail to sting me with death.

—Mama Joy

SIERRA QUARTER MOON -Peeler Lake

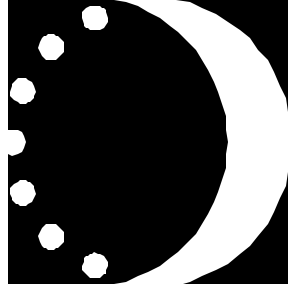
The moon's shuttering silver ribbon
Skipped the cold surface of Peeler Lake
Then slipped its shiny carpet beneath my feet
To ferry me back and forth to the opposite shore.

When the sun's light erased the stars
The ribbon pulled back into the shade
And left me marooned, back where I started
Motionless there

Able to hear the drop drop of snow melt
Slowly make itself the icy stream
That makes the white waterfall
Fill the lake. Listen

That blessed roar in the body
At the instant of a boy's first kiss.

—Philip Wagner



I REMIND US

The other side of the moon
Is tangled in the town of our old selves.

I grabble for safety and pass-times
To please myself

Watch wind ruffle leaves
Stagger towards tomorrow

One day at a time
I'm a mental health client

Willing my way through comfort zones
Like a willow weeping to the ground

Waiting for Eve to untangle herself
And take me back home.

—Sara Hummingbird

Maybe People with Mental Illnesses Weren't Born with Faulty Brain Chemistry, Researchers Say

At McLean Hospital (part of Harvard University) researchers in MA identified four types of abnormalities linked to child abuse and neglect, providing the first comprehensive review about the multiple ways in which abuse can damage the developing brain. In the Fall 2000 issue of *Cerebrum*, the researchers review evidence that suggests this early damage to the developing brain may subsequently cause mental disorders in adulthood.

"The science shows that childhood maltreatment may produce changes in both brain function and structure," says Martin Teicher, MD, PHD, Director of the Developmental Bio-psychiatry Research Program at McLean, and author of the paper. Although a baby is born with almost all the brain cells (neurons) he will ever have, the brain continues to develop actively throughout childhood and adolescence. "A child's interactions with the outside environment causes connections to form between brain cells," Teicher explains. "Then these connections are pruned during puberty and adulthood. So whatever a child experiences, for good or bad, helps determine how his brain is wired." The McLean team identifies

four types of abnormalities caused by abuse and neglect. "These changes are permanent," says Teicher. "This is not something people can just get over and get on with their lives."

The four types of brain abnormalities caused by abuse are Limbic irritability, Arrested development of the left hemisphere, Deficient integration between the left and right hemispheres, and Increased verbal activity. Researchers at McLean hypothesize that individuals become "wired" to respond to a hostile environment.

"We know that an animal exposed to stress and neglect early in life develops a brain that is wired to experience fear, anxiety, and stress, and we think the same is true of people." —Martin Teicher, MD, PhD

In a position statement on services to trauma survivors, the National Association of State Mental Health Program Directors stated that 43% to 81% of adults in psychiatric hospitals had experienced high rates of physical and/or sexual abuse. 92% of homeless women had experienced abuse. Current research assumes that perhaps 15% of the population has a genetic predisposition to mental illnesses which are triggered by abuse or drug use. For more on this subject see:



www.peoplewho.org/abuse

Gondola Afternoon

The things Italians love to see,
Rain after fettuccine,
Cappuccino for a clear sunny morn.

To see the tower of Pisa
He had to wash the dishes,
To this he had a leaning,
For a dishwasher—a dish has meaning
The reward itself so seeming
On a Gondola afternoon.

—Joseph Eaton and Mabel Payne

**New Support Group
For Lesbian, Gay, Bi-
Sexual, Transgender
Individuals**

**At MH-CAN
Thursdays at 11 to
12:30**

**Also in the works—
a group for Shy People
On Wednesdays**

**Your ideas and presence
are needed
to help meet these
needs.**

On Putting a Beloved Pet to Sleep

If it should be that I grow weak
And pain should keep me from my sleep,
Then you must do what must be done
For this last battle can't be won.

You'll be sad I understand.
Don't let this grief then stay your hand.
For this day more than all the rest
Your love for me must stand the test.

We've had so many happy years,
What is to come can hold no fears.
You'd not want me to suffer so
The time has come. Please let me go.

Take me where my needs they'll tend
And please stay with me to the end.
Hold me firm and speak with me
Until my eyes no longer see.

I know in time that you will see
The kindness that you did for me.
Although my tail its last has waved
From pain and suffering I've been saved.

Please do not grieve. It must be you
Who has this painful thing to do.
We've been so close, we two, these years.
Don't let your heart hold back its tears.

—Kerry Arko

Remembering Those who Died in Institutions

The California Memorial Project and chapters of "Capitol People First" in California sponsored ceremonies linked by cell phone at six California State Institutions commemorating the death and burial of mental health clients in hospital cemeteries. Over 25,000 patients died and were buried at state institutions between the mid-1880's to the 1960's. Their remains are mostly unmarked, in mass gravesites where numbered markers have long ago disappeared.

At Napa State Hospital 4,368 people were buried. At some Developmental Centers patients were cremated and buried in mass plots, one containing 1,302 people in Manteca. Governor Davis signed SB1448 (Chesbro, Arcata) on Sept. 9, 2002 to restore the cemeteries. The CA State Library will gather stories about people who were in the 11 state institutions. For information about contributing to the Oral History and Restoration Work teams, call toll free (800) 776-5746.

Thank You to our Contributors in Fiscal Year 02-03

Ample Annie Clothes
Nob Hill Bakery
The Buttery
Odwalla Juices
Second Harvest Food Bank
Jeanie Katzberger
Deborah & Brewster Smith
Suzanne Koebler
NAMI Book Fund
Jacob Sidman, Ph.D.
Elva Krupp
Lynn K. Gordon
Nancy Karges
Lucille Des Jardins
Raymond Lee Zager
Neal Adams, MD
Doug & Leslie Brown
Tom O'Brien
Paul S. Roberts, DDS
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Karolin Schwartz
Kathleen Highly
Coast Commercial Bank
Nancy Gorham
Val Lenore
Santa Cruz Indian Council
Jane Fisher
Lifescan
Friends and Family of Chris Shoub
Patricia Price Foundation
Center for Healthcare Strategies
SAMHSA-CMHS
County Mental Health, HSA

Emergency Tips for People with Psychiatric Disabilities

Anticipate the types of reactions you may have after a quake or a bomb and plan strategies for coping with these reactions. Some reactions might be confusion, memory difficulties, agitation, paranoia, crying, fear, panic, sleep disturbance, pacing, shouting, depression, withdrawal, irritability, anxiety, and shaking. Think through what a rescuer might need to know about you, and be prepared to say it briefly, or keep a written copy with you; for example:

I have a psychiatric disability. In an emergency I may become confused. Help me find a quiet corner and I should be fine in approximately 10 minutes.

I have a panic disorder. If I panic, give me one green pill (name of medication) located in my purse or wallet or pocket.

I take Lithium and my blood level needs to be checked every _____

If I am hospitalized, please call _____.

In the event of a disaster, you may need medical assistance. If you have a durable power of attorney for health care, you need a copy so that someone you have chosen may intervene for you.

(Tips from the Independent Living Center in San Francisco)

THE HASON APPEAL

“UNTIL YOU BECOME AWARE OF
THE EFFECTS OF YOUR
ANGER, YOU REMAIN ANGRY.”
—Gary Zakov

NOTICE: The *We Can Courier* is published as time permits by the staff of MH-CAN. All opinions belong to the authors and do not reflect the position of the Board of Supervisors or the Human Services Agency or County Substance Abuse and Mental Health Services. The Editor of this issue is Mael Anne Dinnell. Printing is by University Copy.

In 1995, Michael J. Hason applied for a license to practice medicine in the state of California, and was denied because of his history of depression. In 1999, Hanson filed a complaint of discrimination under the Americans with Disabilities Act. The 9th Circuit Court of Appeals ruled recently that Hason had the right to sue the state under Title 2 of the ADA Section 1983 of the US Code. The court stated that medical licensing is a “service, program or activity” which is covered by the ADA. Governor Davis applauded the decision, saying it was “critical to the well – being of people with disabilities.”

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Peer Support Groups are offered every day; some are long standing, like Mood Matters and Women's Group, but new ones are created based on client requests. Writing Salon is on Friday afternoon.

How YOU CAN HELP MH-CAN

We need community support for our services, both moral and monetary. While MH-CAN is funded in part by the County Board of Supervisors and Human Services Agency, we obtain special foundation and federal grants for special projects. Our operating expenses are barely covered and in the past two years we have had to eliminate all social activities, book buying, cable TV, being open on Wednesday and Saturday, and participation in all regional and state consumer conferences.

Your help could be as simple as your donation of much-needed supplies like coffee and toilet paper, men's jeans and jackets, good computer equipment. Send cash contributions to MH-CAN, a tax-exempt 501(3)c in the public interest.

How to contact us for additional information**Bonnie Schell, MA, CPRP,****Executive Director of MH-CAN****1051 Cayuga St, Santa Cruz, CA 95062****Tel: 831 469-0462 Fax: 831 469-9160****Website: <http://www.mhcan.org>****e-mail to****bonniebelle@mindspring.com**