

Community Champions Initiative



for Mental Health and Addiction Awareness
Implementation Guide

What's Inside

This booklet is meant to serve as a guide only. The “Community Champions” workplace/organizational awareness initiative is designed to be flexible. Therefore, it should be tailored to meet your organization’s needs. We will work with you to ensure it does. Furthermore, the activities provided may not include certain activities your organization would like to participate in. Unlisted activities can be substituted. Lastly, all materials are available both manually and electronically, so please take advantage. Congratulations on becoming a “Community Champion.”

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Welcome to Community Champions

Congratulations! You have decided to become a “Community Champion.” We are glad you’re partnering with us to increase awareness about mental health and addiction within your organization and community, and address misunderstanding and misinformation related to these diseases.

In the weeks ahead, ODMHSAS will work with your organizations to hold educational presentations and other awareness events. We will also provide literature of myths and facts to your organization’s staff and customers.

And guess what! All materials are provided by ODMHSAS free. Participation will only cost the time associated with completing activity and events. But the benefits are invaluable. Here’s why!

Twenty-six percent of all Oklahomans have a mental or addictive disorder. Those who aren’t affected directly are affected indirectly.

These diseases have a direct impact on the economy and society. Oklahoma employers will spend over \$600 million annually in additional medical cost for the 200,000 Oklahoma workers dealing with depression and addiction.

Public awareness efforts pave the way to reversing negative trends of these issues.

Through this campaign, your organization’s staff or members will benefit directly; and their families and communities will benefit indirectly.

Lastly, we are providing you with this booklet to use as a guide through the process.

Let’s get started!

Phase 1: The “Blitz”

Step 1: Kickoff

Responsible Party: ODMHSAS (provide materials) and _____ (complete activity)

Completion Date: 3 to 5 weeks from start date

Expected Cost: Time – 3 to 5 weeks commitment for internal awareness efforts

Launch Date: _____

Completion Date: _____

Activity Menu Checklist

Task I _____ E-mail/mail announcement letter or host launch event to introduce program to staff

Phase 1: The “Blitz”

Step 2: Awareness Activity

Activity Menu Checklist

Task 2 _____ E-mail/mail educational literature directly to staff

Task 3 _____ Choose at least three of the following activities:

Set-up informational/screening booth on-site

Display awareness materials in office lobby

Hold consumer presentations or awareness forums for staff

Hang educational posters and fliers throughout office

Publish recovery story or article in organization’s newsletter

Distribute educational literature directly to staff as paycheck stuffers

Step 3: Recognition & Phase II Planning

Task 4 _____ Complete plan and outline for Phase II

Task 5 _____ Recognition as a “Community Champion”

Phase 2: Sustained Campaign

Responsible Party: ODMHSAS (provide materials) and _____ (complete activity) Completion Date: 1 year from start date.

Expected Cost: Time – 1 year commitment for internal awareness efforts

Completion Date: _____

Level 1 – Bronze: Organizational Messaging

Bronze, is the minimum level of participation. Partners at this level will complete the three-step launch and all activities listed under the activity menu checklist for Level 1 – Bronze. Messages should be sent directly to all employees, typically electronically.

Tasks: Activity Menu Checklist (complete all activities)

- Employee Survey
- Regular awareness e-mail alerts to staff
- Quarterly behavioral health publication update

Level 2 – Silver: Awareness Activity

Silver, is the middle level of participation. Partners at this level will complete the three-step launch, all of Level 1 – Bronze, and two of the six activities listed under the activity menu checklist for Level 2 – Silver. You should use this booklet to highlight the activities you plan to participate in and keep track of your progress. Also, if your organization can identify an unlisted activity in which it would like to participate, the activity can be used as a substitute for activity. We want to specifically meet your needs, so your ideas are always integrated.

Tasks: Activity Menu Checklist (complete 2 of 6 activities)

- E-mail or use employee website to distribute educational video clips
- Feature ODMHSAS awareness content in organization's newsletter
- Distribute posters, fliers, brochures to staff and constituents
- Host an "awareness week" internally
- Partnership to receive support for EAP program
- Hold resource drive (i.e. clothing, food, etc.) to donate to local mental health facility

Phase 2: Sustained Campaign

Level 3 – Gold: is the highest level of participation. Partners at this level will go above and beyond by completing the three-step launch, all of Level 1 – Bronze, two of the six activities listed on the activity menu checklist for Level 2 – Silver, and one of the three activities listed on the activity menu checklist for Level 3 – Gold. You should use this booklet to highlight the activities you plan to engage and keep track of your progress. Remember, if your organization can identify an unlisted activity in which it would like to participate, the activity can be used as a substitute for activity. So always feel free to make suggestion. Onsite Services & Community Awareness

Tasks: Activity Menu Checklist (complete 1 of 3 activities)

ODMHSAS sponsored trainings (i.e. MH First Aid, QPR, other)

Quarterly Health Presentations (from consumers, community leaders, advocates, clinicians)

Community Events (mental health fair, screening day, community forum)

Campaign Close:

“Community Champions’ Recognition Day” Celebration

This is an annual event in which ODMHSAS will recognize your organization and the other “Community Champions” for the year; and celebrate transformation in Oklahoma.

Community Champions Appendix of Examples

for Mental Health and Addiction Awareness
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Phase 1: Example

Sample announcement e-mail/letter

(PARTICIPATING ORGANIZATION'S LETTERHEAD)

(DATE)

Dear Employee:

This letter is to announce that the (PARTICIPATING ORGANIZATION'S NAME) will be participating in the Oklahoma Department of Mental Health and Substance Abuse Services' "Community Champions Initiative," which is a workplace awareness program addressing myths and facts related to mental and addictive disorders.

The purposes of this awareness campaign is to generate discussion in Oklahoma workplaces and community organizations, create an atmosphere that will allow the public to begin embracing mental and addictive disorders as medical and public health issues, and equip participants with a fundamental understanding of these disorders so they may better interact with citizens of their communities impacted by these disorders.

In Oklahoma, employers will spend more than \$600 million annually in additional medical costs for the 200,000 Oklahoma workers suffering from addiction and depression. Through this campaign, employers and employees will benefit directly; and their families and communities will benefit indirectly.

Therefore, everyone is encouraged to learn more about these issues by reviewing literature that will be distributed electronically and physically, and participating in presentations and other activities that will be held throughout the campaign.

Thank you in advance for your participation. This experience will be rewarding for us all. We are truly excited to partner with the Department of Mental Health as we believe such efforts will have a lasting impact on Oklahoma's public health and mental health care delivery systems.

Sincerely,

(SIGNATURE AND INFORMATION)

Phase 2: Examples

Addiction (Alcohol and Substance Abuse): Myths and Facts

Myth #1: Drug addiction is voluntary behavior.

FACT: A person starts out as an occasional drug user, and that is a voluntary decision. But as times passes, something happens, and that person goes from being a voluntary drug user to being a compulsive drug user. Why? Because over time, continued use of addictive drugs changes your brain -- at times in dramatic, toxic ways, at others in more subtle ways, but virtually always in ways that result in compulsive and even uncontrollable drug use.

Myth #2: More than anything else, drug addiction is a character flaw.

FACT: Drug addiction is a brain disease. Every type of drug of abuse has its own individual mechanism for changing how the brain functions. But regardless of which drug a person is addicted to, many of the effects it has on the brain are similar: they range from changes in the molecules and cells that make up the brain, to mood changes, to changes in memory processes and in such motor skills as walking and talking. And these changes have a huge influence on all aspects of a person's behavior. The drug becomes the single most powerful motivator in a drug abuser's existence. He or she will do almost anything for the drug. This comes about because drug use has changed the individual's brain and its functioning in critical ways.

Myth #3: You have to want drug treatment for it to be effective.

FACT: Virtually no one wants drug treatment. Two of the primary reasons people seek drug treatment are because the court ordered them to do so, or because loved ones urged them to seek treatment. Many scientific studies have shown convincingly that those who enter drug treatment programs in which they face "high pressure" to confront and attempt to surmount their addiction do comparatively better in treatment, regardless of the reason they sought treatment in the first place.

Myth #4: Treatment for drug addiction should be a one-shot deal.

FACT: Like many other illnesses, drug addiction typically is a chronic disorder. To be sure, some people can quit drug use "cold turkey," or they can quit after receiving treatment just one time at a rehabilitation facility. But most of those who abuse drugs require longer-term treatment and, in many instances, repeated treatments.

Myth #5: We should strive to find a "magic bullet" to treat all forms of drug abuse.

FACT: There is no "one size fits all" form of drug treatment, much less a magic bullet that suddenly will cure addiction. Different people have different drug abuse-related problems. And they respond very differently to similar forms of treatment, even when they're abusing the same drug. As a result, drug addicts need an array of treatments and services tailored to address their unique needs.

Phase 2: Examples

Myth #6: People don't need treatment. They can stop using drugs if they really want to.

FACT: It is extremely difficult for people addicted to drugs to achieve and maintain long-term abstinence. Research shows long-term drug use actually changes a person's brain function, causing them to crave the drug even more, making it increasingly difficult for the person to quit. Especially for adolescents, intervening and stopping substance abuse early is important, as children become addicted to drugs much faster than adults and risk greater physical, mental and psychological harm from illicit drug use.

Myth #7: Treatment just doesn't work.

FACT: Treatment can help people. Studies show drug treatment reduces drug use by 40 to 60 percent and can significantly decrease criminal activity during and after treatment. There is also evidence that drug addiction treatment reduces the risk of HIV infection (intravenous -drug users who enter and stay in treatment are up to six times less likely to become infected with HIV than other users) and improves the prospects for employment, with gains of up to 40 percent after treatment.

Myth #8: Nobody will voluntarily seek treatment until they hit 'rock bottom.

FACT: There are many things that can motivate a person to enter and complete substance abuse treatment before they hit "rock bottom." Pressure from family members and employers, as well as personal recognition that they have a problem; can be powerful motivating factors for individuals to seek treatment. For teens, parents and school administrators are often driving forces in getting them into treatment once problems at home or in school develop but before situations become dire. Seventeen percent of adolescents entering treatment in 1999 were self- or individual referrals, while 11 percent were referred through schools.

Myth #9: You can't force someone into treatment.

FACT: Treatment does not have to be voluntary. People coerced into treatment by the legal system can be just as successful as those who enter treatment voluntarily. Sometimes they do better, as they are more likely to remain in treatment longer and to complete the program. In 1999, over half of adolescents admitted into treatment were directed to do so by the criminal justice system.

Phase 2: Examples

Understanding Mental Illness

The purpose of the following information is to provide a general understanding of what mental illnesses are, and to address some facts associated with this disorder.

What is mental illness?

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder. Mental illnesses can affect persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing.

Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

In addition to medication treatment, psychosocial treatment such as cognitive behavioral therapy, interpersonal therapy, peer support groups, and other community services can also be components of a treatment plan and that assist with recovery.

The good news about mental illness is that recovery is possible.

Some facts about mental illness:

Mental illnesses are biologically based brain disorders. They cannot be overcome through "will power" and are not related to a person's "character" or intelligence.

Without treatment the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives; The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.

With appropriate effective medication and a wide range of services tailored to their needs, most people who live with serious mental illnesses can significantly reduce the impact of their illness and find a satisfying measure of achievement and independence. A key concept is to develop expertise in developing strategies to manage the illness process.

Stigma erodes confidence that mental disorders are real, treatable health conditions. We have allowed stigma and a now unwarranted sense of hopelessness to erect attitudinal, structural and financial barriers to effective treatment and recovery. It is time to take these barriers down.

Phase 2: Examples

Discussion Questions:

After reviewing the above information, you should be prepared to accurately answer the following questions.

What is mental illness?

1. Define mental illness.
2. What are some examples of mental illnesses?
3. Who does mental illness affect?
4. Are mental illnesses treatable?
5. How are mental illnesses treated?
6. Is recovery possible?

Some facts about mental illness:

7. Can mental illnesses be overcome by “will power”?
8. What are the consequences of untreated mental illness?
9. Can people suffering from a mental illness live independently?
10. What effect does stigma have on treatment and recovery?

Phase 2: Examples

Mental Wellness: Finding Your Balance: At Work and Home

For a lot of people, the pursuit of a healthy work/life balance seems like an impossible goal. With so many of us torn between juggling heavy workloads, managing relationships and family responsibilities, and squeezing in outside interests, it's no surprise that more than one in four Americans describe themselves as "super stressed." And that's not balanced—or healthy.

In our rush to "get it all done" at the office and at home, it's easy to forget that as our stress levels spike, our productivity plummets. Stress can zap our concentration, make us irritable or depressed, and harm our personal and professional relationships.

Over time, stress also weakens our immune systems, and makes us susceptible to a variety of ailments from colds to backaches to heart disease. The newest research shows that chronic stress can actually double our risk of having a heart attack. That statistic alone is enough to raise your blood pressure!

However, when workers are balanced and happy, they are more productive, take fewer sick days, and are more likely to stay in their jobs. Here are a few practical steps we can all take to loosen the grip that stress has on us and win back the balance in our lives. Read on and reap the benefits.

At Work:

Set manageable goals each day. Being able to meet priorities helps us feel a sense of accomplishment and control. The latest research shows that the more control we have over our work, the less stressed we get. So be realistic about workloads and deadlines. Make a "to do" list, and take care of important tasks first and eliminate unessential ones. Ask for help when necessary.

Be efficient with your time at work. When we procrastinate, the task often grows in our minds until it seems insurmountable. So when you face a big project at work or home, start by dividing it into smaller tasks. If you feel overwhelmed by routines that seem unnecessary, tell your boss.

The less time you spend doing busy work or procrastinating, the more time you can spend productively, or with friends or family.

Ask for flexibility. Flex time and telecommuting are quickly becoming established as necessities in today's business world, and many companies are drafting work/life policies.

If you ask, they might allow you to work flexible hours or from home a day a week. Research shows that employees who work flexible schedules are more productive and loyal to their employers.

Take five. Taking a break at work isn't only acceptable, it's often encouraged by many employers. Small breaks at work—or on any project—will help clear your head, and improve your ability to deal with stress and make good decisions when you jump back into the grind.

Tune in. Listen to your favorite music at work to foster concentration, reduce stress and anxiety, and stimulate creativity. Studies dating back more than 30 years show the benefits of music in everyday life,

Phase 2: Examples

including lowered blood pressure. Be sure to wear headphones on the job, and then pump up the volume—and your productivity.

Communicate effectively. Be honest with colleagues or your boss when you feel you're in a bind. In a tense situation, either rethink your strategy or stand your ground, calmly and rationally. Make allowances for other opinions, and compromise. Retreat before you lose control, and allow time for all involved to cool off. You'll be better equipped to handle the problem constructively later.

Give yourself a break. No one's perfect! Allow yourself to be human and just do the best you can.

At Home:

Turn off your PDA. The same technology that makes it so easy for workers to do their jobs flexibly can also burn us out if we use them 24/7. By all means, make yourself available—especially if you've earned the right to “flex” your hours—but recognize the need for personal time, too.

Divide and conquer. Make sure responsibilities at home are evenly distributed and clearly outlined—you'll avoid confusion and problems later.

Don't over commit. Do you feel stressed when you just glance at your calendar? If you're overscheduled with activities, learn to say, “no.” Shed the superman/superwoman urge!

Get support. Chatting with friends and family can be important to your success at home—or at work—and can even improve your health. People with stronger support systems have more aggressive immune responses to illnesses than those who lack such support.

Take advantage of your company's Employee Assistance Program (EAP). Many organizations offer resources through an EAP, which can save you precious time by providing guidance on issues like where to find a daycare center and caretaking for an elderly parent, as well as referrals to mental health and other services.

Stay active and eat right. Aside from its well-known physical benefits, regular exercise and healthy eating reduces stress, depression and anxiety, and enables people to better cope with adversity, according to researchers. It'll also boost your immune system.

Stay away from drugs and alcohol. Don't rely on drugs, alcohol or cigarettes to cope with stress; they'll only prolong the problems you face and lead to more in the future.

Get help if you need it. Don't let stress stand in the way of your health and happiness. If you are persistently overwhelmed, it may be time to seek help from a mental health professional. Asking for help is not a sign of weakness—taking care of yourself is a sign of strength.

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Phase 2: Examples

Kim Bartlett Recovery Story

Imagine living in a world where every movement, every decision you made was criticized by a group of people that you could never see, but always hear. Imagine being in the first grade when you were shoved into this world.

That's what happened to Kim Bartlett. She has schizophrenia, although she wasn't diagnosed until her early thirties. She lived in a world of hopelessness for the majority of her life.

Bartlett said she viewed everything as dangerous. Someone was out to get her. She was convinced her own mother was trying to poison her and that the police were constantly monitoring her every move.

"I was a walking zombie, had no emotions, could not communicate effectively, weighed 257 pounds, was diabetic, hallucinating, paranoid and delusional," Bartlett wrote in a letter to the commissioner of the Oklahoma Department of Mental Health and Substance Abuse Services, Terri White.

Like so many other people facing mental illness, Bartlett was able to seek help. She found it at the Jim Taliaferro Community Mental Health Center in Lawton. At this facility, run through ODMHSAS, she was finally able to obtain the treatment and support she needed to recover.

"Within five months (of therapy), I lost 110 pounds, the diabetes disappeared, I began to want to communicate, my emotions came back, I wanted to be clean and presentable and, most importantly, I began to love myself the way God intended for me to," said Bartlett.

With the encouragement of her psychiatrist, Dr. Jenny Boyer, Bartlett was able to come out of her living coma and find a new passion for life. She is searching for ways to share her story, seizing every opportunity to speak at conferences and conventions about her disorder.

She currently serves as secretary for the National Alliance on Mental Illness' "Caring Families" chapter in Lawton. Here, she does her part in helping NAMI in its campaigns to educate people about the truths concerning mental illness.

Bartlett said she believes in recovery and in a system that values its consumers' right to recover.

"Today I love my life. I have a lot to offer the world, because I can offer hope ... hope for recovery ... hope for a better future ... and hope for every individual who has ever suffered or been associated with anyone who has had a mental illness. This is my passion and my life – to go public with educating others about recovery."

Phase 2: Examples

Brenda Shebanek's Story

My addiction began when I was 13 after the death of my beloved mother and brother. I was lost in addiction for 21 years. The barriers to my recovery were unresolved grief, a lack of family and financial support, and a lack of services. However, recovery has given me the life that I deserved. Life now is richer in every way. I have healthy and rich family relationships; an interesting and gratifying career, a home, and a passion for helping others find their way out of difficulty.

I have been in recovery now for more than 12 years and I am currently completing a doctorate in clinical psychology. My research interest is the stigma of addiction. The higher I go in my education and career, I can't help but wonder if my past history of addiction affects the way people will view me, and if the social stigma associated with addiction and the discrimination that grows from this stigma will be a barrier to my future success. It makes me wonder how anyone can find the hope to recover when they face so many obstacles, especially if they have gotten into trouble with the law as a result of their addiction.

As I study stigmatizing attitudes and stereotypes that people hold about those who have struggled with addiction, I am amazed at the obstacles that people face and yet still recover! It takes a lot of courage and determination. If you are struggling, don't give up. If you know someone who has had an addiction, please remember that this does not mean that they are a bad or untrustworthy person, but more likely that life events, genetics, personality, the era that they grew up in, and environmental factors have all converged into this problem. It is not a life sentence. Change happens.

Crockett, California