# Cal Net Gazette

Summer 2000 Volume 3, Issue 4


## Congratulations pour in as AB1800 is Defeated

I have just heard that you have successfully stopped AB 1800 and I think that this is brilliant! Your success also gives me hope because in the UK, where I live, we are being threatened with similar legislation. Hopefully, if you can win human rights, so can we!

Regards, Tamasin Knight, UK

Montreal, August 29 2000

Dear all, It is a great day and your work is an inspiration for all of us. The human rights of all of us are more of a reality. Take care.

Love, Hélène

CONGRATULATIONS! you showed it can be done - through uncompromising determination & hard work. Now the rest of us have to build the same kind of strength. I think I'm going to publicize California's victory in N.Y. and let people know not everybody agrees that we're rabid dogs who need to be quarantined for the public health.

Tina Minkowitz, NY

To All CNMHC Members and Your Volunteers:

My sincere congratulations on your success at stopping AB 1800! You all are role models and a beacon of hope to the rest of us in the country. Thank you for your hard work and sacrifice.

- Barbara Reynolds, Portland, OR

We have...great admiration for your perseverance... Your struggle has been closely observed all over the globe. - Hagai Aviel,
Israeli Association Against Psychiatric Assault

Far South Issues Broadside on

### DISPELLING MYTHS

Stigma is defined as "Something about a person that causes that person to have a deeply compromised social standing; a mark of shame or discredit. The modern use of this word derives from the ancient Greek practice of burning or cutting a mark into the bodies of slaves, criminals, or traitors, to make visible something bad about the moral status of the bearer." Stigma is functionally the same as discrimination.

Mental Illness is a word used to describe severe emotional and behavioral problems. According to the recently released Mental Health: A Report of the Surgeon General, mental illness is a product of both nature and nurture, an interplay or interaction between biological, psychological and socio-cultural factors. People who have been labeled as mentally ill have different ways of decrying their experiences. Members of the California Network of Mental Health Clients (CNMHC) have

chosen "mental health clients" to describe a person who has been diagnosed as mentally ill or been a recipient of mental health services.

Following are some of the myths about people diagnosed with mental illness that have become part of societal thinking and have contributed to the stigma that affects anyone who has a psychiatric history :

**MYTH : PEOPLE WITH MENTAL ILLNESS ARE VIOLENT**

FACT: Studies show that mental health clients are far more likely to be victims of violence than to victimize others. In fact, studies indicate that people diagnosed with major mental illnesses account for a very small percentage of the violence in American society. For example, the MacArthur Violence Risk Assessment Study found that "the prevalence of violence among people who have been discharged from a hospital and who do not have symptoms of substance abuse is about the same as the prevalence of violence among other people living in their communities who do not have symptoms of substance abuse." The Surgeon General's Report states, "---the overall contribution of mental disorders to the total level of violence in society is exceptionally small".

**MYTH : PEOPLE WITH MENTAL ILLNESS ARE INCOMPETENT AND CHILD-LIKE.**

FACT: Most mental health clients are competent to make decisions about their treatment. According to the MacArthur Treatment Competence Study, "Most patients hospitalized with serious mental illness have abilities similar to persons without mental illness for making treatment decisions. Taken by itself, mental illness does not invariably impair decision making capacities." The Surgeon General's Report concurs, "Typically, people retain their personality and, in most cases, their ability to take responsibility for themselves."

**MYTH : PEOPLE WITH MENTAL ILLNESS DO NOT RECOVER.**

FACT: Most mental health clients do recover and go on to lead productive lives. Research disproves the "broken brain" theory or once a schizophrenia always a schizophrenic Ten worldwide long term studies investigating the assumption of downward course of mental illness consistently found that half to two thirds of patients significantly improved or recovered. In a study averaging approximately 32 years of de-institutionalized patients from the backwards of Vermont State Hospital who had been given a model rehabilitation program, 62-68 % achieved significant improvement or recovery across multiple domains of function including loss of schizophrenic symptomology, work, social relationships and self care. The idea that people diagnosed with mental illness can fully recover and lead full productive lives is being adopted by mental health administrators, policy makers and providers throughout the country. Newsman Mike Wallace, President Abraham Lincoln, former First Lady Barbara Bush, musician Gordon Sumner (Sting), and British statesman Winston Churchill are all examples of people, who were or would be if alive today, diagnosed with mental illness and contributed significantly to society.

**THE "LAST MINORITY"**

Stigmatizing mental health clients is the same as discriminating against any other group of people: African-Americans or other cultural and ethnic minorities; people who are gay or lesbian; physically disabled people. In the same way that referring to any of the above groups as lazy, unintelligent, irresponsible, worthless, dangerous to children if unsupervised, untrustworthy, frightening would be considered bigotry, so it is bigotry when using these stereotypes about mental health clients. Yet these are common stereotypes, commonly used, about mental health clients. People diagnosed with mental illness have been called, "the last minority."

**"If there is any principle of the Constitution that more imperatively calls for attachment than any other, it is the principle of free thought — not free thought only for those who agree with us, but freedom for the thought we hate." — Oliver Wendell Holmes, Supreme Court Justice**

## Status of CNMHC Programs

| FY99/00 Project | Status of Project at end of FY | Planned 2000/2001 |
|---|---|---|
| **Cal Net Gazette**<br>Develop 4 issues of the CNMHC Newsletter contracted with MHCAN. | Two Newsletters completed. Over budget due to increasing mail list. Two late issues in July; one in September due to eye surgery of editor. | Contract with MHCAN for 3 Newsletters. |
| **Public Education & Policy Project**<br>Produce 5 CNMHC News Alerts. Research and then inform and educate client community and public about pressing mental health related issues. Continue development of Client Bank of Experts. | 10 News Alerts have been produced distributed to 180 + individuals and self-help groups, as well as through e-mail; Many public policy Position Papers, including at information tables at Conferences; Innumerable public presentations and media coverage of CNMHC positions; Collaboration with major work groups on public policy issues; active involvement with fact finding/policy bodies, additional monies raised for specific public policy work, including educating the legislature. Revised Client Bank of Experts mailed to membership, tabulated, and distributed to DMH and counties. Requests for client representation being matched from clients trained at Liaison/ Representative Training, as well. | Produce 6 CNMHC News Alerts about pressing and current issues that will be distributed to CNMHC membership and others who indicate interest. Research and then inform and educate the client community and public about pressing mental health related issues. Continue the Client Bank of Experts to act as a resource pool for potential client representatives; advertise this list to mental health related organizations; match requests for representation from these groups with client representatives. |
| **Cultural Competency Project**<br>Be available for client culture dialogues as requested, including at the Cultural Competency & Mental Health Summit V11. Develop a client culture curriculum. Add a full CC training to each of the two planned PTP trainings (PTP) trainings. | 3 Client Culture Trainings have occurred supported by requesters. 2 full Cultural Competency trainings held as part of the PTP trainings have occurred. Client culture video continues to be sold. Client culture curriculum needs to be developed. | Add a full Cultural Competency training to each of the two planned PTP trainings. Assist the DMH in developing the client culture component of the revised Plan for Culturally Competent Specialty Mental Health Services. Expand the core of Client Culture trainers through various training opportunities. |
| **Far South Project**<br>Community Education & Outreach. Will do public presentations to community groups to educate the public at large about mental health issues. The goal will be to assist the community in unlearning stigmatizing attitudes about people with mental disabilities. A team of clients will outreach to 2 different community groups in each of the 5 counties of the Region. | 2 Project Coordinators hired; one withdrew. Co-coordinators were hired from different counties of the Region. Material developed, including a "Dispelling Myth" fact sheet. 9 presentations confronting stigma were completed, with varying success, in all 5 Far South counties. | Community Education and Outreach. The Region will continue to do public presentations to assist the community in unlearning stigmatizing attitudes. The project will target law enforcement and medical emergency facility personnel for the educational presentations. A team of clients will outreach to 2 different community groups in each of the 5 counties. |

| FY99/00 Project | Status of Project at end of FY | Planned 2000/2001 |
|---|---|---|
| **South Region**<br><br>Evaluations of Board & Care Facilities. Will facilitate client conducted face to face interviews/surveys of board and care residents in each of South region's counties, rate the board and care homes, and prepare a report. | Project Coordinator hired. Survey tool developed from model used in Kern County. Interviewer teams trained. Board & Cares visited in Kern (approx. 200 surveys), LA (approx. 300 surveys) Ventura (9 surveys). Outreach done in Santa Barbara and San Luis Obispo to facilitate future surveying. Many Board & Cares denied access. Report of survey findings will be completed and will serve as base for 2nd phase of Project. | Evaluation of Board and Care Homes Phase 2. The Project will do the following: develop a Client Rating Scale of Board and Care Homes; expand outreach to Board and Care Homes conducting 10 outreach efforts in collaboration with county advocates; and continue to conduct client surveys of board and care homes not yet surveyed. |
| **Bay Area Region**<br><br>Advocacy for Affordable Housing. Will conduct fair housing and tenants' rights trainings. The trainings will be done in collaboration with housing advocacy organizations. 3 trainings will be conducted, one each in the north, east and south Bay areas. | Project Coordinator hired. Regional meeting held to organize the trainings. 3 regional trainings, called Housing Institute 2000, completed. Project collaborated with SF/MHA and Homeless Task Force. Approximately 90 people attended the series of trainings. | Phase 2 will include: developing a Housing Advance Directive form to address the loss of housing due to hospitalization or incarceration; conducting a regional training of 4 teams of trainers on Housing Advance Directives; and conducting one Housing AD training in each of 4 different areas of the Bay region. |
| **Central Valley, Community Education & Outreach**<br><br>Will do presentations to community groups to unlearn stigmatizing attitudes about people with mental disabilities. A team of clients will outreach to community groups & station themselves at malls/fairs at 10 different meetings or locations. Outreach will target urban and rural areas. | Project Coordinator selected. Hired a co-Coordinator to assist. 2 teams of presenters formed in Sacramento; on in Visalia. Project held 14 Speakers' Forums and/or art and poetry presentations including twice at a fair. These presentations were held in Mariposa, Visalia and Sacramento. | Client Empowerment Trainings. The Central Valley will promote the concepts of recovery and Advance Directives throughout the region. It will conduct a series of two trainings in two different parts of the region. This series will consist of a day training on the recovery Model and the Wellness Recovery Action Plan (WRAP) and a day training on advance directives. The audience will be clients and staff. |
| **Far North**<br><br>Social Security Trainings to Enhance Self-Advocacy Skills. Will conduct 8 social security trainings throughout the Region by a client team and representatives of professional benefit agencies. Will have a train the trainers training. Will also produce 4 Newsletters. | 2 Project Coordinators were hired and withdrew. New Project Coordinator hired in May. Train the Trainers held in March conducted by social security professional. Training held in conjunction with annual Regional Meeting. Training held in Lake/Mendocino counties and in Shasta County. | Social Security Trainings to Enhance Self-Advocacy Skills. The Far North will continue to conduct social security trainings in the region. The Region will conduct 4 trainings in different parts of the region. The trainings will concentrate on the new federal legislation on back to work incentives and the PASS Plan. |

| FY99/00 Project | Status of Project at end of FY | Planned 2000/2001 |
|---|---|---|
| **Far North** continued. | Newsletter not produced. Difficulty in retaining a project Coordinator affected Region performance. Also Region had intended objective to be 4 trainings with each training covering at least 2 counties. | |
| **Hold a statewide Client Forum** | Completed. 312 people attended from 39 different counties. 15 workshops, caucuses and/or plenaries were held. Assemblyperson Darrel Steinberg and from Support Coalition International David Oakes were keynote speakers. There was a general membership meeting and each region held meetings. | Hold Client Forum '2000 at the San Diego Marriot Mission Valley on December 2-3 to do the following:<br>One day of training,<br>Statewide and regional Networking of clients;<br>Membership/organization issues. |
| **Trainee Program**<br>Provide work and work training opportunities within the Network office. | 10 different people were hired for membership Board and project assignments. | Continue to hire local clients for office work. |
| **Hire a Web Site Consultant**<br>Develop a CNMHC Website;<br>Train staff on its maintenance and update. | Consultant hired in competitive bidding. Web Site will be operational in early fall. | |
| **Peer Training Project (PTP)**<br>Hold a training for client liaisons/ representatives; Assign liaisons/ representatives to constituency groups; Conduct 8 "What Do You Want" workshops for local client communities throughout state.<br>Hold a training for clients to learn to provide technical assistance; | Liaison/representative training held attended by 18 trainees. 11 newly trained liaisons/ representatives placed with constituency groups. On going support provided for liaisons. 8 "What Do You Want" workshops held for local client communities. Technical assistance training held, attended by 20 trainees. Technical assistance provided to the local client communities who held "What Do You Want" workshops. | Repeat the cycle of liaison/ representative training client assignments to constituency groups<br>"What Do You Want" workshops<br>training of technical assistants<br>provision of technical assistance to local client communities.<br>Develop a Peer Training Center. |

## Client Membership

NAME:_____
_____
MAILING ADDRESS:
_____

CITY_____
Zip_____
Phone _____
❒ Check here if the office can give your phone number out to those who want to network in your area on client affairs.
**E-mail Address:**
_____
FAX where you can get me:
_____
❒ Yes, I am currently or have in the past been a mental health client and want to belong to the California Network of Mental Health Clients.

**I am choosing this option:**
❒ Here is $5 for 1 year membership starting _____, 2000.
❒ Renew my membership.
❒ Here is $5 for my membership and an additional donation of $_____ for someone else.
❒ Right now I cannot afford $5, but I would like to be a member and want to receive the *Cal Net Gazette*. I am willing to donate time and skills as I am able.
❒ Make me a Friend of the Network. Here's $10-$100. Send me the *Cal Net Gazette*.

Make checks or money orders out to CNMHC: mail to 1722 "J" Street, #324 Sacramento, CA 94814

# Let Us Hope

By Sally Zinman, Executive Director

In the wake of the defeat of AB 1800, **let us hope:**

- **That —** California will continue its direction toward voluntary services that are respectful of human rights and individual autonomy. Almost 150 million dollars in new mental health funding has begun the journey toward a client friendly support system in the community;
- **That** — ideas symbolized by AB 1800, which expand force and coercion instead of choice and freedom, will become suspect in the mental health community and dinosaurs of past thinking;
- **That** — the California mental health community will turn its back on divisiveness and focus its sizable energy on the consensus issues that we all share;
- **That** — the client community nurtures the unity and focus that it has demonstrated in this battle for our core values;
- **That** — the client community recognizes that we are powerful. We rose above the overwhelming fear and helplessness we first felt when faced with this attack on our rights to fight back, and empower ourselves.

## On the Governor's Desk

SB 1770 (Chesbro), the Client and Family Empowerment Programs bill, passed the legislation. This bill supports efforts such as training, information and referral services for clients and family members, roles for clients and family members in local policy development, the use of clients and family members in staff positions in local departments, and self-help and client-run programs and family peer support services.

The bill has not been allocated money. However, it is important to have it in statute, as it will make it easier to allocate money for these purposes next year.

It is on the Governor's desk.

Write the Governor and encourage him to sign this bill.
Governor Gray Davis
State Capitol
Sacramento, CA 95814

# Client Forum '2000

The California Network of Mental Health Clients (CNMHC) will host the Client Forum 2000 Conference. The Forum will be held on December 2-3, at the San Diego Marriot Mission Valley.

**Forum Theme:**

The theme of Client Forum 2000 is ***Reaching Across*.** Last year's Conference theme, ***Unified for Choice and Freedom,*** has become part of the logo for the California Network of Mental Health Clients. This year, we will ***Reach Across*** for choice and freedom. It is our intent to ***Reach Across*** to the mental health community to find agreement on controversial issues, if possible, and to work to realize a broad agenda for change shared by all parties to promote recovery. As a last minority that is rising to a leadership role, we wish to lead with love.

***Reaching Across*** is also a symbol for mutual and peer support, and client-run programs. The symbol describes the horizontal relationship between helper and helped in self-help groups, the empowering movement of two people reaching across, instead of up and down.

**Forum Tracks:**
Self-Help
Spirituality/Personal Beliefs
Cultural Competency
Public Policy
Wellness and Recovery Choices

**Keynote Speakers :**
Senator Wesley Chesbro, author of SB 1770, which establishes mental health client and family member empowerment programs.

Joe Rogers, Executive Director of the National Mental Health Consumers Self Help Clearinghouse and national consumer/survivor leader.

**Rates:**
Registration is $125. for the two-day Conference. Lodging is $100.61 (including tax) for single and double. Must make reservation with hotel directly. (Average cost for Conference including registration and shared room is $175.30 ) Hotel cost is slightly higher due to energy shortage in San Diego.

Make your hotel reservation as soon as possible by calling the San Diego Marriot Mission Valley at 1-800-228-9290 and indicate that you are with the California Network of Mental Health Clients Conference, Client Forum '2000.

Look for Registration information in the mail soon.

# REAL SHAME (Edited for length)

by Sylvia Caras, Ph D

The stolid Old Executive Office Building squats at the corner of Pennsylvania Ave next to the White House in Washington, DC. I stopped across the street to absorb the sense of fortress. I was here to meet Jonathan Young (1) to thank him for his leadership, to ask that the January report of the National Council on Disabilities (2) be more widely referenced, and to ask that the White House disability policy more fully embrace people who directly experience mood swing, fear, voices and visions.

Security officers at the entrance desk handed me a visitors badge on a chain to wear around my neck. The badge showed only a large A, for Appointment, red on a white background. Though it was not splendid, and was a bit too blue for the color to be called scarlet, I thought of Hawthorne and Hester Prynne as I raised my arms to put on my letter. It seemed apt to be wearing my mark of stigma, my scarlet letter, for my meeting with a White House disabilities policy person. I associate stigma with the exposure of sin. The result of sin is one of the ways some understand disability - other models are medical and social. I came to encourage use of the universally understood language of prejudice and discrimination instead of creating a new and isolating stigma language and stigma concept. (3)

….

I reread Hawthorne: "The scarlet letter ceased to be a stigma which attracted the world's scorn and bitterness, and became a type of something to be sorrowed over, and looked upon with awe, yet with reverence too." (8) Boyles explained some of my puzzlement about why consumer supporters would want to revere the negative and consumers would not object. "Members of the oppressed group are caught between the need to define the group in order to trigger the protection of civil rights and to deconstruct the group in order to deny that it completely defines them." (9) One can surround stigma with awe and reverence then as a reframing of self-definition.

Goffman says more, in his beginning: "The Greeks, who were apparently strong on visual aids, originated the term stigma to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier. The signs were cut or burnt into the body and advertised that the bearer was a slave, a criminal, or a traitor - a blemished person, ritually polluted, to be avoided, especially in public places. Later, in Christian times, two layers of metaphor were added to the term: the first referred to bodily signs of holy grace that took the form of eruptive blossoms on the skin; the second, a medical allusion to this religious allusion, referred to bodily signs of physical disorder. ...The term stigma ... will be used to refer to an attribute that is deeply discrediting." (10)

Mental health professionals have shared in this discrediting and positioning -- concealed treatment (separate entrance and exit doors), unique hospital confidentiality laws (no admissions records disclosed) and unique hospital units (psychiatric wards with minimal real medical staffing), parity financing (which does not question insurance reimbursement for compelled interventions). Specifically, as an example, in the government blue pages of the Santa Cruz County Pacific Bell telephone book, there is no mental health listing under health, not even a cross reference. Mental health has a separate major heading. Separatist health care, separatist laws, and separatist language isolate people with psychiatric disabilities.

By setting separate standards, the implementation of these real professional practices contradict the regularly repeated claim that psychiatric illnesses are real and medical and are thus to be treated like other real medical conditions. Yet at the same time, by definition, hospitalization characterizes the problem as medical illness and leads to medication treatment compliance and denies the social context so an illness metaphor is reinforced and becomes accepted. Admission turns one from person to patient. Believing that "stigma" is a primary barrier to care allows us to not evaluate the care itself and the reasons people might have for choosing to avoid it, choosing the streets over the meds, choosing jails over the wards. It is time to recharacterize differences in information processing and understand that not every mind is alike. "Prejudice ... in any society hinges on the

*(Continued on page 10)*

# Elections, Elections and Elections!

From late spring through summer is election time for the CNMHC.

**New Regional Directors were elected at their respective Annual Regional Membership Meetings in June:**

Far South : Willy Collins, San Diego
South: Bill Compton for second term, Los Angeles
Central Valley: Donna Nunes for second term, Fresno
Bay Area: Mickey Shipley for second term, San Francisco
Far North: Madeline Bacon, Shasta County

Willy

Bill

**In July, the elected Board of Directors met and appointed 4 Directors.**
The role of these appointed Board of Directors is to represent statewide interests and the demographic and ethnic composition of the state.
Appointed Directors are:

Ricardo Jamarillo, Far South (Imperial County)
Erma Kendrick for second term, South (Kern County)
Ben Jones, Central Valley, Sacramento
Glade Marshall, Far North, Lake County

Ricardo

Ben

Glade

**In its August 3-4 Board Meeting, the Board elected its officers.**
It is a tribute to the vibrancy of the organization that so many Board Members wanted to participate at the Executive Committee level. Although all but one of the officer positions were contested, the spirit was respectful and familial. The respect of each of the Directors by all of the Directors was evidenced by the closeness of the votes.

**The Executive Committee for 2000-2001 is:**
President: Bill Compton
First Vice President: Erma Kendrick
Second Vice president: Roy Crew
Treasurer: Chandra Ogden
Secretary: Gail Green
At Large: Tina Wooton, Carole Ford

Erma

Chandra

Gail

Tina

Carole

## Register to Vote On Line

With just over 50 days left to register to vote the National Organization on Disability VOTE! 2000 Campaign has made registering a bit easier. Visit our web site at **http://www.nod.org** and click on the Be A Voter icon. It will bring you to the Be A Voter website. There you can fill out the form online and in about 3 weeks you will receive a completed voter registration form. Then, all you do is sign it and drop it in the mail. In about 10 days you will receive your voter registration card in the mail. You can even sign up for an absentee ballot on this site.

Take advantage of this great opportunity! Register to vote and make sure all of your friends, family members, clients, and supporters do the same!

**California Network**

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Kathy Trevino
Administrative Assistant

Alice Washington
Training Coordinator

Sally Zinman
Executive Director

*(Continued from page 8)*
refusal to recognize members of a group ... as being fully human." (11) People with psychiatric disabilities have been shunned, ensconced in a separate array of interventions and isolating, insulating, discrediting linguistic descriptors.

An AltaVista Internet search (12) reported 98,000 hits for "stigma of mental illness" and 160,000 hits for "mental illness" - for every eight times the phrase "mental illness" is written, five times the word "stigma" is also included. I can't be at all definitive about the origins; yet the phrase is pervasive, pervasive enough to convince the reader that there is stigma. I am confused at the investment. Perhaps it is a screen to avoid feeling real shame. ...We keep explaining that mental illness is deeply discrediting. We keep re-stereotyping.

Inclusion is a necessary step towards reevaluating preconceptions and dispelling myths. The current supporter campaigns are reinforcing more stereotypes about us, without us. Mental health consumer supporters keep emphasizing separation and exclusion and sending this wrong message. If we change our own actions, we can expect attitude changes to follow. Work towards Inclusion can start by using the language of other marginalized groups, the language of the cross-disability movement, of civil and human rights, and advocate against discrimination and prejudice. Steps towards inclusion are "equal status, cooperative interaction, and institutional support." (13)

I'd like my psychiatric health needs to be part of all my health needs, my psychiatric services to be delivered in natural health settings, and the language about psychiatric disability to be the language of all health and disability. When I am isolated and ignored because of my psychiatry disability, when I am distinguished unjustly and my rights disregarded, that is prejudice; that is discrimination. Calling it by a word only used for mental illness allows people to separate the wrong from other social injustices. Calling it by a word only used for mental illness disallows us the political and social change leverage of language everyone understands.

Miller has described relational psychology, (15) Gergen writes about relational politics, (16) I suggest relational advocacy, advocacy that does not disparage people who experience mood swings, fear, voices and visions. In relational advocacy there is no place for special, reserved, language that perpetuates the very discrimination it attempts to describe. Relational advocacy and responsibility would have a straightforward goal: to have "cooperative and open attitudes ... become the moral standards" (17) and, using Gergen's phrase, that we would live and work together.

© Sylvia Caras, July, 2000

1. Appointed by President Clinton as Associate Director of Public Liaison to do Disabilities Outreach.
2. From Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves http://www.ncd.gov/newsroom/publications/privileges.html
3. I first heard this discussed in the early 90's by Darby Penney, New York State Director of Recipient Affairs.
8. Nathaniel Hawthorne, *The Scarlet Letter: A Romance*, New York: Knopf, 1992, p 272. (Originally published in 1850).
9. James Boyles, Universalism, Justice and Identity Politics: From Political Correctness to Constitutional Law, 2000.
http://www.wcl.american.edu/pub/faculty/boyle/identity.htm
10. Erving Goffman, *Stigma: Notes on the management of spoiled identity*, Prentice-Hall: Englewood Cliffs, NJ, 1963, p 1; 3.
11. T M Luhrmann, *Of two minds: the growing disorder in American psychiatry*, 2000. New York: Knopf, p 281.
12. www.altavista.com, June 29, 2000.
13. Corringan, P W and Penn D L, "Lessons from social psychology on discredting psychiatric stigma," American Psychologist, 54(9):765-76, 1999 September.
15. Jean Baker Miller, *Toward a new psychology of women*, 1977. Boston : Beacon Press.
16. Kenneth Gergen, Social Construction and the Transformation of Identity Politics, 1995. http://www.swarthmore.edu/SocSci/kgergen1/text8.html
17. Pierre Lévy, "Meta Evolution," 2000. http://otal.umd.edu/~rccs/books/levy/metaevolve.html

California Network of Mental Health Clients
Statement of Revenues & Expenses
12 Months ended June 30, 2000

| | |
|---|---|
| **Revenues:** | |
| Donations & Interest | 6,508.31 |
| Ca. Dept. of M. H | 198,483.00 |
| SAMHSA (Peer Training Project) | 59,056.40 |
| Disability Rights Advocacy Fund of the San Francisco Foundation | 17,150.93 |
| Protection & Advocacy (conference) | 2,500.00 |
| Dues and Fees | 22,334.56 |
| Sales of books & T shirts | 3,822.77 |
| Reimbursements | 4,098.77 |
| **Total revenue** | **313,964.74** |
| **Expenses:** | |
| Personnel | |
| Salaries & Wages (8 people) | 100,084.00 |
| Services & Stipends | 13,360.75 |
| Cost of Payroll | 20,390.52 |
| **Total Personnel** | **133,835.37** |
| **Operations:** | |
| Cost of Sales | 416.88 |
| Accounting | 5,535.00 |
| Equipment Lease & Maint.. | 293.80 |
| Misc. Region Donation | 4,471.80 |
| Miscellaneous | 540.75 |
| Office Supplies | 40,676.39 |
| Outside photocopying & printing | 0.00 |
| Rent | 35,489.62 |
| Telephone | 19,740.21 |
| Training Conferences | 15,467.33 |
| Travel & Per Diem incl. Client Forum | 50,803.94 |
| **Total Operations** | **173,435.72** |
| **Total Expenses** | **307,270.99** |
| **Net Surplus** | **6,693.75** |

Balance Sheet
As of June 30, 2000

ASSETS

| | |
|---|---|
| **Assets:** | |
| Cash in Bank—Wells Fargo | (11,679.91) |
| Grants Receivable | 78,960.55 |
| Inventory for Sale | 412.50 |
| Office Furniture & Equipment | 19,426.00 |
| Less Accumulated Depreciation | (15,030.00) |
| Deposits—Workers Comp Ins. | 470.00 |
| **Total Assets** | **72,579.14** |

LIABILITIES AND FUND BALANCE

| | |
|---|---|
| **Liabilities:** | |
| Accounts Payable | 13,928.22 |
| Workers Comp Ins. Payable | 266.51 |
| Payroll Taxes Payable | 3,810.56 |
| Deferred Income—SF Found | 6,974.07 |
| **Total Liabilities** | **24,959.36** |
| **Fund Balance:** | |
| Fund Balance | 12,419.87 |
| Fund Balance—Far South | 71.62 |
| Fund Balance—South | 1,492.00 |
| Fund Balance—Central Valley | 661.08 |
| Fund Balance—Bay Area | 3,009.63 |
| Fund Balance—Far North | 896.83 |
| Property Fund Balance | 4,396.00 |
| Restricted Fund (Reaching Across) | 17,979.00 |
| Year to Date Surplus/(Deficit) | 6,693.75 |
| **Ending Fund Balance** | **47,619.78** |
| **Total Liabilities and Fund Balance** | **72,579.14** |

*Unaudited Report*

Creative Arts Is One of the Projects in Central Valley — from Barbara Templin

Central Valley speakers made 14 presentations, plan to mentor youth and to expand their Creative Arts Project. The collaborative work of artist Lori Cuker-Adamek and poet Barbara Templin entitled Bouquets of Imperfection depicts the personal experiences relating to the issues of mental health, the associated social stigmas, and the perceptions of the human condition. We found that personal journal writing can be instrumental in goal planning, decision making, and to bring us to a greater sense of awareness about ourselves, our beliefs, and our relationship with the world. This coming year we will offer a workshop on Personal Journal Writing to include the how to's of journal writing. This would offer concrete solutions and tools that can be utilized in the course of recovery.

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The internet address of the open client line is:
http://mhocca@egoups.com

The CNMHC will have a Website up and running soon. The address will be **http://www.cnmhc.org**. Links will include Structure, Current News, Programs, Resources & Communication, a Calendar of Events.


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