News, Commentary and Arts by Psychiatric Survivors, Mental Health Consumers and Their Families

Counterpoint

Vol. XX No. 4 | From the Hills of Vermont | Free! | Since 1985 | Winter, 2005

Out of the Darkness

More than 60 walkers braved a soggy fall day in Burlington to challenge the stigma of suicide and to raise funds for suicide prevention. The walk, titled "Walk Out of the Darkness," is an annual event sponsored nationally by the American Foundation for Suicide Prevention. This was the second year the Vermont chapter held a walk, and more than $16,000 was raised. During the opening ceremonies (photo above), family members came to the front to receive a rose and share the name of the person they lost to mental illness. More coverage on page 9.

Fletcher Allen First Choice In Criteria For a New VSH

WATERBURY — The preferred site for a replacement inpatient psychiatric unit for the Vermont State Hospital (VSH) would be adjacent to Fletcher Allen Health Care in Burlington.

That was the unanimous vote of the VSH Futures Advisory Committee, and was followed the same day by a press release from Agency of Human Services Secretary Mike Smith accepting the recommendation and its additional related criteria.

The decision is likely to lead to a rapid move to negotiations regarding what a partnership with the state would look like, since Commissioner Paul Jarris has told a legislative oversight committee that the goal remains to open a new facility by June of 2008.

It thus also establishes a priority location for the exploratory architectural work planned to begin in early January. That work will begin with a "programming" process with stakeholders to determine what the facility needs to include, so that its rough size is known in looking at sites. An architect is expected to be selected in early December.

The technical vote of the advisory committee was on accepting criteria for both the primary new inpatient unit, and the one or two smaller satellites that are intended to create capacity at existing psychiatric units for patients with the same higher acuity as those served at VSH.

However the criteria for the primary site only matched Fletcher Allen. Other locations could be considered if a Fletcher Allen option is not feasible. The criteria require that the location be adjacent to the medical center (within sight, at a minimum), and adds 13 other requirements, including a commitment to state policy on working towards a system without coercion. See full list, page 4.

Satellite facilities to expand geographic access for the VSH level of care (four to eight beds) have slightly different criteria,

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Police Training Initiative Moves Slowly, Surely

By ELDON CARVEY
Counterpoint

MONTPELIER — Vermont's law enforcement community should have access to a course teaching them the basics about mental illnesses and how to best communicate with Vermont consumers in the course of their duties by early 2006.

Feedback from both police officers and consumers have identified widely varying needs they perceive as important. However Cindy Taylor-Patch, coordinator of the task force that is working on the project, reports that course materials are now "fairly set," and only awaiting the final review and approval of the curriculum subcommittee.

Once the course contents are approved, Taylor-Patch said she will be making arrangements for scheduling at least five sites for the course to be offered during the coming year. Presently, plans are to offer the course in two northern locations, two in southern Vermont, and one in the central part of the state.

At a November 10 meeting of the steering committee of the task force, leading themes were identified from the surveys of police and of consumers. Some members shared concerns about some of the limitations of the planned course.

Among police respondents, the survey tallies indicated that 79% requested more information on involuntary admissions; 70% on dealing more effectively with suicide and self-harming behaviors; 66% wanted to learn more about de-escalation techniques; and 62% specified the need to learn more about psychiatric disorders generally.

Consumer survey responses are now being processed, and there have been several efforts to solicit guidance from mentally ill persons who are presently incarcerated, it was reported at the meeting. Focus groups have been conducted at the Dale Women's Unit in Waterbury, Springfield, and St. Albans.

Major themes emerging from these groups were noted. Predominate ones were: police need training in identifying mental illness and how to recognize behaviors, as not all people will self-identify; police need to be trained on de-escalation and how to question folks with mental issues; police in their training should meet people with mental health issues so they can hear their voices and become familiar with them; police should access emergency mental health workers to help them with these situations; and, police who know a defendant and his or her history respond more positively to the situation and de-escalate the scene.

In discussing the variance between the feedback received from consumers and law enforcement personnel in an interview with Taylor-Patch, she acknowledged that there were real differences. With respect to the emphasis

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Contents

The Medicare Drug Plan Is Here

Watch Your Mail and Follow Directions !

On Medicare, but receive your prescriptions through help from Medicaid? On

Your other health care will stay with Medicaid, but your prescriptions will be paid by a new federal Medicare plan. Vermont will be helping so that you do not have extra costs.

There is an important difference. Under Medicare, there will be a choice of benefit plans to sign. Some of the plans may do a better job of covering what you need. You will be "auto-enrolled" into a plan, but the plan selected for you might not best meet your needs. Most people will need some help in choosing a plan. Your community mental health center is the best place to get help. (See listings on page 20.)You can also call for information at 1-800-633-4227 or look on the web at www.medicare.gov.

Locations on the Web:

***ADAPT**: www.adapt.org
***MindFreedom** (Support Coalition Intern'l) www.mindfreedom.org
***Electric Edge** (Ragged Edge): www.ragged-edge-mag.com
***Bazelon Center**/ Mental Health Law: www.bazelon.org
***Vermont Legislature**:www.leg.state.vt.us
***Vermont Dept. of Developmental and Mental Health Services:** www.state.vt.us/dmh/mhpage.htm
***National Mental Health Services** Knowledge Exchange Network (KEN): www.mentalhealth.org
***American Psychiatric Association**: www.psych.org/public_info/
***American Psychological Association:** www.apa.org
***National Association of Rights, Protection and Advocacy** (NARPA):www.connix.com/~narpa
***National Empowerment Center:** www.power2u.org
***National Institute of Mental Health:** www.nimh.nih.gov
***Nation'l Mental Health Association:** www.nmha.org
***National Mental Health Consumer Self Help Clearinghouse:** www.mhselfhelp.org/
***NAMI-VT**www.namivt.org
***NAMI:**www.nami.org

Med Info, Book & Social Sites:

www.healthyplace.com/index.asp
www.dr-bob.org/books/schizophrenia.html
www.dr-bob.org/books/manic.html
www.dr-bob.org/babble/
www.healthsquare.com/drugmain.htm

Counterpoint

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Fletcher Allen

Continued from page one)

and eligible locations would include Rutland and the Brattleboro Retreat.

The Futures Committee also voted to send a strong message to the administration that it considered the inpatient parts of the plan as conditioned on the community resource supports. The motion described them as essential to the VSH replacement plan, including adequate support for those services currently existing.

The specific capacity need of the new primary inpatient unit has been estimated at 28, subject to more detailed work that will include a review of future need. That review is scheduled to be done by a consulting firm this winter.

However, Futures Committee members said it was critical to understand that those numbers were dependent upon a strong community base of support programs and hospital alternatives.

The motion stated that, "The VSH Futures Advisory Committee notes that its 'support in concept' for the overall Futures plan, and its formal votes regarding specific components, all remain contingent upon the scope of the plan as presented to the legislature last February.

"We do not believe, in part based upon past experience, that a replacement inpatient unit alone, with or without the addition of subacute beds, can succeed in meeting the needs of the population that VSH serves.

"These components include the addition of emergency observation, diversion and stepdown beds, additional housing, additional community services, additional peer support services, and non-traditional alternatives. It also assumes continuation of adequate resources to sustain all existing community services and caseload growth, as well as existing inpatient care.

"The committee notes that the expectation is that it will see appropriate activities and funding for these components in the FY '07 budget in accordance, at a minimum, with the programs identified as and budgeted for coming on line in FY '07 in the time line that targets a new inpatient facility for opening in June, 2010; and that any expedited time line would also expedite the associated program components and budget."

The press release from Secretary Smith opened with the statement that "The effort to build a new psychiatric hospital to serve Vermonters now cared for at Vermont State Hospital took a step forward on Wednesday with Human Services Secretary Michael Smith's acceptance of an advisory group recommendation that Fletcher Allen Health Care be the first choice for hosting such a facility."

It stated that Smith saw it as a very positive development, and that the state "will now move forward immediately with Fletcher Allen to develop details of what this project might look like."

"The Futures Group also unanimously approved a statement that all of its recommendations, including its formal vote regarding the inpatient facility, are contingent on Vermont's going ahead with the entire Futures Plan as presented to the Legislature by then-Human Services Secretary Charlie Smith last February.

"The scope of this plan includes the creation or strengthening of many other services and supports that can assist persons with mental illnesses to avoid hospitalization.

"These services include such things as the additional non-hospital facilities, additional housing for mental health patients, and additional community services and peer supports." AD

APPRECIATION — The Vermont Housing and Conservation Board was recognized for its initial funding and ongoing staff support for Safe Haven at the program's annual picnic in Randolph this fall. Safe Haven is a peer-run transitional residence founded in collaboration with Vermont Psychiatric Survivors, the Clara Martin Center, and NAMI-VT. Pictured above are (back, from left) Paul Blake, Deputy Commissioner, Division of Mental Health and Brian Smith, DMH Housing Coordinator, and (front, from left) June Phillips of the Safe Haven operating team, Linda Corey, Executive Director of Vermont Psychiatric Survivors, Nita Hanson of the Housing Board and Linda Chambers, Executive Director of the Clara Martin Center. Missing from the photo was Linda Anderson representing NAMI-VT.

Police Training Initiative Moves Slowly, Surely

(Continued from page one)

police responders have placed on learning more regarding voluntary commitment, she suggested a positive light, stating that most officers receive very little information about this procedure. In talking with many policemen about this subject, Taylor-Patch said she felt most were concerned that, when it is initiated, it be carried out in a way consistent with the rights and civil liberties of consumers.

Taylor-Patch reported that she is still in the process of reviewing the survey results from both groups. She stated that both consumers and police responded in large numbers to requests for suggestions on the content of this training.

She said that 579 officers submitted responses. She is unsure of the exact number of consumer respondents, as she "is still picking up some (consumer surveys) from VPS (Vermont Psychiatric Survivors)."

In preparation for the training, Taylor-Patch said she recently attended a CIT (Crisis Intervention Training) course given in Androscoggin County, Maine. She said she "thought it was wonderful," and reported being especially impressed by the fact that major portions of the course were taught by both consumers and family members. She was also particularly impressed, she said, by its emphasis on role-playing in helping participants develop their communications and de-escalation skills.

She plans to include consumer and family member instructors in the Vermont trainings, as she said she feels their perspectives provide a powerful technique for officers to gain a clearer understanding of both the nature and impacts of mental illnesses on the lives of individuals and those they are close to.

While feeling the need to incorporate additional consumer feedback, and to tailor the training to Vermont's rural environment, she plans to use a variation on the CIT model as the basis of at least the first round of trainings here in Vermont. In this training, a small group of officers from each participating department become their department's "resident experts" in crisis interventions with mentally ill persons.

The steering committee, which has an open membership, shared some concerns about the plans thus far at its recent meeting.

Attorney A.J. Ruben of Vermont Protection and Advocacy expressed some skepticism as to whether this model will serve rural areas as well as more intensive training coverage.

Taylor-Patch later acknowledged this limitation, stating that Vermont will "never have a situation in which there is always a CIT person available."

She went on to state that her plan is to follow up the CIT training with one-day mental illness awareness trainings that will be more broadly available. She said that mental illness training will become "part of the standard in-service" available to all Vermont police officers.

Further feedback on the process included a an observation from Laura Ziegler that "positive things are happening at an excrutiatingly slow rate," noting that the committee's first meeting took place in January of 2004.

Jack McCullough of the Mental Health Law Project commented that "the issue goes beyond training to the need for substantive standards of practice" for police in their interactions with mentally ill Vermonters.

ACLU Executive Director Allen Gilbert called for the development of outcome measures to assess the impacts of these trainings. This suggestion received widespread support among committee members.

Among the next steps which will take place in the development of these trainings are the incorporation of consumer feedback into the training's content and design, final approval of the curriculum, recruitment of instructors including consumers and family members in various parts of the state, and the drafting of a report to the legislature on the status of the process.

To date, the development of this training has been funded by money drawn from the Fletcher Allen settlement with the state on its misreporting of funding for the Renaissance project. Committee members discussed the need to identify sources of future funding to ensure the ongoing ability of this training to reach a maximum number of both current officers and new recruits in future years.

A representative of the Department of Corrections was also present, and expressed a strong desire that correctional personnel have access to this training as well. Taylor-Patch later stated that she was planning for this to occur.

Agency of Human Services
Recommendations for the Future of Services Provided at the Vermont State Hospital

Direct Replacement Services

- **32 Acute Inpatient Beds**
  - determine location(s)
  - identify clinical affiliation
  - refine capacity
- **16 Subacute Rehabilitation Beds**
  - 3 to 4 locations under review
  - therapeutic setting up to 12 month stay
- **6 Long-term Secure Residential Beds**
- **Care Management Coordination**

Augmented Community Services

- **10 new Diversion Beds**
- **Expanded Peer Services**
- **Recovery Housing**

Futures Plan: Six Month Progress Check

An inpatient work group recommendation was accepted for one primary site and 1 to 2 extra bed locations for geographic access; that the primary site of choice be at an academic medical center; and that all sites be at existing designated hospitals if possible. Contracts are under negotiation for architects to assist in reviews for best locations, and for an actuary to assist with decision on total beds needed.

A site in Vergennes has program planning and preliminary hiring underway for 10 beds in a joint initiative between the Howard Center (Burlington) and Counseling Services of Addison County (CSAC). Concord facility has sales offer from Northeast Kingdom Mental Health, but a delay in response has led to a search, and a location, of a second potential site. The Windham Center/Bellows Falls site has been withdrawn.

NE Kingdom continues to look for a 2-bed facility. Number of beds needed for original, long-term care plan is now less clear.

"Care Management" work group has established draft of principles for coordination in moving persons through the system. Expectations for different levels of care are being developed.

A mapping of all existing acute services has been completed in order to identify gaps in levels of care available geographically.

No active planning is currently underway; listed on time line for next year.

VSH Replacement Takes Shape

The VSH Futures Advisory Committee has voted to adopt 15 criteria to guide the selection of the best location for the primary and satellite inpatient programs designed to serve the highest level of need for patients currently served at VSH in Waterbury. The primary site criteria only matches Fletcher Allen Health Care. It is currently projected to require 28 beds.

The one or two satellites are all subject to the same criteria, except for the replacement of numbers 1-3 with criteria specific to the smaller (capacity of 4 to 8) satellite programs. The criteria fits both Rutland Regional Medical Center and the Brattleboro Retreat.

The criteria for the primary (Fletcher Allen) site are:

1. The primary VSH replacement service should not be an IMD. (An IMD is the federal term for a state psychiatric unit that is separate from a medical hospital, or "free standing;"the initials stand for "Institute for Mental Disease.")
2. It should be attached to or near (in sight of) a tertiary/ teaching hospital.
3. Only designated hospital inpatient providers shall be considered for the primary VSH replacement program until such time as it is demonstrated that an agreement cannot be negotiated with one of these partners.
4. There must be adequate space to develop or renovate a facility that will accommodate census needs.
5. The partner must agree to participate in the care management system. This ensures a single standard of care, common clinical protocols, zero reject of eligible admissions, etc.
6. Costs — both ongoing operations and capital construction — should be considered.
7. Outdoor activity space should be readily accessible to the units.
8. The ability to attract and retain sufficient specialty staff experienced in psychiatric care should be demonstrated.
9. The proposed partner's motivation, track record and experience in partnering with the state and system of care should be considered.
10. Openess and past experience in including consumers/ stakeholders in program design and quality monitoring should be demonstrated.
11. Willingness to participate in a public reporting of common quality standards is required.
12. Ability to deal with expedited planning time frame for full implementation to out-pace five year time line.
13. Ability to collaborate with neighbors.
14. Ability to work closely with state and designated agency partners.
15. The partner must be prepared to support the state public policy goal to work towards a system of that does not require coercion or the use of involuntary medication.

Criteria that replaces 1 through 3 for 4-8 bed satellites at Rutland Regional Medical Center and/or the Brattleboro Retreat:

1. Preference should be given to designated hospital inpatient providers until such time as an agreement cannot be negotiated with one of these partners.
2. A location consideration is to adequate distribution of services throughout the state.
3. Ability to provide adequate on-site medical care and demonstrated access to hospital medical services.

Draft Agenda for January VSH Futures Advisory Committee,
January 23, 2-4:30 p.m., Stanley Hall, Waterbury Office Complex

Provide feedback/ recommendations on care management system program design (due from current work group); Provide feedback/ recommendations on peer services program approach; Provide feedback/ recommendations on supported housing program approach.

For other work group and committee meeting schedules, call toll-free 888-212-4677 or check web site at www.healthyvermonters.info. Work groups on programming and new hospital design will begin in early 2006.

SIZING IT UP — Local program standing committee members from both the Howard Center for Community Services in Burlington and the Counseling Services of Addison County in Middlebury were among those who toured a former residential care facility in Vergennes this past fall as a potential site for a rehabilitation program that would be a new service replacing 8 to 10 Vermont State Hospital beds in the Futures plan. The program is currently before zoning officials in Vergennes. A second, similar program is under review by Northeast Kingdom Human Services. (Left photo) The expansive front porch is admired. (Right photo) A large hearth and cathedral ceiling distinguish the living room.

Panel, Public, Share Views on Plans

by ELDON CARVEY
Counterpoint

MONTPELIER — Plans in progress for replacement of the Vermont State Hospital (VSH) in Waterbury had an opportunity for public airing at a workshop at the annual meeting of the Vermont Association for Mental Health this fall.

Panel members explained that the working groups formed around many issues involved have already made a number of decisions that will shape the future of crisis-oriented hospitalization options in the state. An overview was presented, including the status of these items:

First, the core replacement for VSH will be a new, most probably smaller state facility to be built on an as-yet unidentified site. While its size is subject to further discussion and, quite possibly modification, current tentative projections put overall need at 32 hospital beds.

In addition, at least two "sub-acute facilities" will be developed. One is being planned as a cooperative effort of Counseling Services of Addison County and the Howard Center in Burlington, and is tentatively planned for the Vergennes area.

Another is being sponsored by Northeast Kingdom Health and Human Services, with several potential sites in the greater St. Johnsbury area.

It was noted by panel members at the VAMH presentation that one area of disappointment thus far has been the failure to generate parallel energy toward the development of at least one such program anywhere downstate. There is also concern over the logistical, especially transportation difficulties in operating the re-engineered system without at least one such site in the four-counties in the south.

According to the presentation, another new component of projected future system of hospitalization is anticipated in a program for patients who are in long term, secure hospitalization as a result of a criminal court finding of mental illness in cases of serious violent crimes.

A patient with this status, but psychiatrically stable, would fit the criteria for a "secure residential facility." The exact nature of these programs have not yet been worked through in detail. At the most, this would eventually have a capacity of six, in two or three locations.

A large portion of this workshop was devoted to obtaining feedback from its audience on the process of transition.

Bill Newhall of Another Way in Montpelier, strongly criticized the lack of consumer input. Newhall said that "a number of consumers who had participated in this process have dropped out in frustration," feeling that their concerns were not being adequately represented in the decisions of the work groups and the main VSH Advisory Committee.

He specifically criticized much of the discussion as being overly dominated by a "medical model," in contrast to a "recovery model," and urged more open dialogue aimed at airing the differences between these two approaches.

Newhall also said that much of the energies of the present VSH staff seemed to be consumed by security concerns, an emphasis he criticized as misguided.

"Sometimes people just need to be talked to," he told the panelists.

Mike Fisher (D-Lincoln), a panel member, said he felt that the advisory committee's efforts have been greatly enhanced by the input offered by consumers and family members.

He also assured the audience that "the system of civil protections we have at the State Hospital will flow to the new system."

Panelist Michael Hartman, CRT Director at Washington County Mental Health, urged consumers to participate in the larger advisory committee and/or one of its several work groups, in order that their views be made a full part of the group's decisions.

Hartman has been leading a work group developing the sub-acute rehabilitation programs.

In response to an inquiry from the audience, Hartman said that it was likely that community mental health center staff and those from the several inpatient facilities would require a degree of cross-training in order to make the new system as effective and seamless as possible.

Another audience member asked about the future of present VSH staff under the new system.

Panelist Robert Pierattini, M.D., Chair of Fletcher Allen's Department of Psychiatry, expressed his view that all present staff who wished to remain under the new system would doubtless have the opportunity to do so.

He said that experienced psychiatric nurses have virtually unrivaled job security, considering the severe worker shortages existing in this highly specialized and very stressful field.

Earlier in the panel's presentation, Pierattini made a point echoed by several panelists that their work together had exposed an enormous gap in the working knowledge inpatient and community mental health staff have regarding the way each system respectively operates.

Hartman's later remarks about the need for cross-training was focused on closing this critical gap. In the early planning work, community staff are already meeting directly with VSH staff and with patients to discuss potential transitions. Given the greater emphasis the new system appears to place on community-based "subacute" facilities, the panelists communicated that this will be a critical need in implementing the changes that the panel outlined.

Several members of the audience also stressed the need for the Advisory Committee to use its influence to pressure for more available housing for those recently and soon-to-be released from a hospital setting. They cited the lack of available housing as a known and common impediment to discharge for those treated at VSH and other current inpatient facilities

Finally, in response to questions as to how the number and types of recommended beds have been arrived at in this stage of the Advisory Committee's discussion, panel members reported that BISCHA, Vermont's health regulatory administration, requires an independent review of population needs before a decision to approve new construction.

The state is currently soliciting bids for an outside expert to conduct this evaluation for inpatient psychiatric bed need, prior to any final decision being made on capacity of the new hospital.

Beth Tanzman of the Mental Health Division of Vermont's Health Department is director for the project. A schedule of upcoming meetings of the Advisory Committee or any of its work groups can be obtained either by calling her offices toll free at 888-212-4677 or checking on line — where weekly updates are also posted — at www.healthyvermonters.info.

All-Voluntary Goal: A Progress Report

BURLINGTON — Statistics gathered during the past five years show an increase in involuntary psychiatric hospital care that exceeds both the rate of growth in population and the fairly minimal increase in inpatient psychiatric care overall in Vermont.

The number of days of involuntary hospitalization increased by 13 percent between 1999 and 2004, while all inpatient psychiatric care increased by less than two percent. The rate of the increase in all psychiatric hospitalization grew seven percent faster than the population of Vermont grew during a similar time span.

In 1998, the Vermont legislature passed a bill (Act 114) that reshaped how non-emergency medication could be used to involuntarily treat individuals who were, or had been, patients committed to the state hospital.

State officials testified that the forced medication bill, which allows for individuals living in the community to be the subject of court ordered medication was a tool that would help move towards a system without coercion, by enabling more individuals to live in the community. (That part of the statute not not yet been applied.)

The legislature included this clause to the language of the bill to clearly establish it's intent: *"It is the policy of the general assembly to work towards a mental health system that does not require coercion or the use of involuntary medication."*

Historically, the goal of reducing coercion has been defined differently by the Division of Mental Health. More recently, criteria for programs focus on the language of a Supreme Court decision (the *Olmstead* ruling) that requires care to be in the setting that is "least restrictive" in its level of voluntarinous and "most integrated" with the community.

A move to less restrictive care, to care closer to home, and to reduce the census at VSH drove the effort in the past decade to divert VSH intakes by having general hospitals that provide psychiatric care accept involuntary patients. However, the episodes of hospitalization have maintained the same average at VSH, while the episodes of involuntary care increased by almost a third at general hospitals. In 2004, the regional hospitals had 83% of all involuntary admissions, compared to 56% in 1999.

As a whole, that meant that while the intakes at VSH remained fairly stable, the number of involuntary intakes on a statewide basis increased by 13%, (the same increase as for days of involuntary care as a whole.)

The involvement of individual regional hospitals has varied both between hospitals and between different years. Involuntary care diversion to the regional hospitals does allow for the ability of patients to shift to a voluntary status; the percentage who do so also vary by hospital. (See individual hospital chart.)

The Brattleboro Retreat — a private psychiatric hospital — became a "designated" hospital for accepting involuntary patients in 2005, but has admitted involuntary patients since 2001. It had the highest percentage of patients who converted to voluntary status through 2003; record reviews for the Retreat are not complete for 2004. The Windham Center in Bellows Falls led the state in VSH diversions at the end of the 1990's, but then dropped to nearly none since mid-2000. This past fall, the Windham Center cut its bed capacity from 19 to 10. AD

Involuntary Care Statewide

Rate of Increase: *Involuntary Inpatient Psychiatric Care Days Compared to All Inpatient Psychiatric Days of Care*

1999 to 2003: **increase in all days** of care: 1.6 %

1999 to 2003: **increase in involuntary days** of care: 8.5%

1999 to 2004: **increase in involunary days** of care: 13%

(2004 not available for all inpatient care)

Increase in Intakes for Psychiatric Hospitalization Compared to Increase in Population of Vermont:
1999: 738 per 100,000 adults
2003: 790 per 100,000 adults

Psychiatric intakes rose 7% faster than the population growth between 1999 and 2003.

Change in Percentage of Average Intakes Per Quarter for Involuntary Care in General Hospital Units
1999: 57
2004: 83
General Hospital Psychiatric Units Increased Average Episodes of Involuntary Care Per Quarter by 30%

Involuntary Care by Hospitals

Numbers and Percentage of Patients Who Change to Voluntary Status after Emergency Involuntary Admission, 3 Leading Designated Hospitals

Fletcher Allen Health Care
99: **31** became voluntary of **42** involuntary admissions = 74%
00: **33** voluntary of **74** involuntary = 45%
01: **32** voluntary of **78** involuntary = 43%
02: **20** voluntary of **75** involuntary = 26%
03: **16** voluntary of **64** involuntary = 25%
04: **34** voluntary of **115** involuntary = 29%
05 (1/2 yr): **13** of **61** involuntary = 21%

Central Vermont Medical Center
1999: **36** became voluntary of **57** involuntary admissions = 63%
2000: **16** voluntary of **35** involuntary = 46%
2001: **14** voluntary of **33** involuntary = 42%
2002: **19** voluntary of **62** involuntary = 32%
2003: **19** voluntary of **78** involuntary = 24%
2004: **13** voluntary of **55** involuntary = 23%
2005 (1/2 yr): **4** of **23** involuntary = 17%

Rutland Regional Medical Center:
1999: **21** became voluntary of **37** involuntary admissions = 57%
2000: **16** voluntary of **29** involuntary = 55%
2001: **16** voluntary of **48** involuntary = 33%
2002: **24** voluntary of **62** involuntary = 39%
2003: **22** voluntary of **70** involuntary = 31%
2004: **28** voluntary of **78** involuntary = 36%
2005 (1/2 yr): **22** of **42** involuntary = 52%

Involuntary Medication: Were You Subject To It In 2005?

Act 114 is the Vermont Involuntary Medication law. The Vermont State Legislature requires an annual evaluation of how Act 114 is being carried out at the Vermont State Hospital. An important part of the evaluation comes from voluntary interviews with persons who have received involuntary medication. These interviews help the legislature understand the experiences of persons who have been subjected to involuntary medication during 2005. The evaluation is conducted by an independent consulting team, Donna Reback and Joy Livingston.

If you've received involuntary medication during 2005, or know someone who has, you can contact Marty Roberts, who is a an advocate and Vermont Psychiatric Survivors, Inc representative, to ask questions about the interviews and to help you — or someone you know — decide whether to be interviewed.

Confidentiality is guaranteed.

People who have received involuntary medication in 2005 who agree to be interviewed for this evaluation will be paid $50 for their time.

Marty can be reached at the following toll-free number: 1-866-220-7538; pin # 2008

Interested persons should contact Marty no later than December 31, 2005.

HOW MANY DIGNITARIES DOES IT TAKE TO CUT A RIBBON? — Strips of ribbon float to the floor at the moment that eight sets of scissors do the snipping for the opening ceremony of the new inpatient psychiatric units at Fletcher Allen Health Care. The pleased participants include (from left) Dean of the College of Medicine, John Evans, Inpatient Nurse Manager David Mitchell, Chief Executive Officer Mindy Estes, M.D., Psychiatry Department Chair Bob Pierattini, M.D., Mental Health Task Force representative Judy Rosenstreich, Fletcher Allen Board President Bob Schubart, Burlington Mayor Peter Clavelle, and Governor Jim Douglas. In the photo at right, a guest at the reception faces the glass wall of the secure unit's lounge, which opens onto a balcony, a feature proposed by Vermont Psychiatric Survivors. Through the balcony's security screening, Mount Mansfield is visible. The long-awaited new facilities are located on the third and sixth floors of the Shepardson building on the medical center campus in Burlington. The opening celebration focused on the community collaboration that emerged from the bitter public debate over the hospital's original plan to move the service to its Colchester campus in order to make space for its new ambulatory care center and related "Renaissance Project" construction. The Mental Health Task Force, which included representatives of the hospital, the psychiatric faculty, consumers, advocates, family members, community neighbors and physicians worked together to develop the new units, which combine renovation and new construction as well as a ground level garden for outdoor activities.

(Counterpoint Photos: Anne Donahue)

NEWS BRIEFS

VA Is Recognized For Integrated Care

WHITE RIVER JUNCTION — A "Gold Achievement Award" for innovation in mental health services delivery was presented to the Veteran's Affairs Medical Center this fall by the American Psychiatric Association.

The award recognized the medical center's primary mental health clinic, implemented in July, 2004, that provides fully integrated mental health treatment to patients at its walk-in primary care clinic, according to a press release from the Department of Veteran's Affairs.

In its first year of operation, the clinic reduced the waiting time for mental health evaluations from 43 days to just minutes and more than doubled the number of identified patients who engaged in treatment, the VA report said. The clinic provided ongoing care to 76 percent of the patients referred.

The medical center's Mental Health and Behavioral Science Service received the award at the annual meeting of the Institute for Psychiatric Services in San Diego.

According to Andrew Pomerantz, MD, Chief of the Service, "this collaborative effort of the entire staff is a testimony to the professionalism of our staff and our commitment to serving our nation's deserving veterans."

The award also includes $10,000, which he said would be used to enhance the Service's staff education program.

Study: No Difference In Anti-Depressants

When they are effective — something dependant upon individual responsivity — second-generation antidepressants are all about the same in the treatment of major depressive disorder, according to a systematic review published in the September issue of the Annals of Internal Medicine. Past reviews had compared new anti-depressants against older ones, or against placebos, but not against one another, according to a report from the University of North Carolina.

Based on what was termed "fair-to-good evidence," newer anti-depressants had only minimal differences in effectiveness. Of the comparative effectiveness studies, 88 percent reported no statistically significant difference in any outcome measure. The review found what it termed a "small, but statistically significant, additional treatment effect for sertraline and venlafaxine compared with fluoxetine."

Although negative side effect profiles differed among drugs, the degree and quality of adverse event assessment varied between trials, the report said; only 13 percent of trials used a standardized scale to assess side effects. The reviewers said they were limited by inadequate quantity and quality of the evidence.

"Overall, second-generation antidepressants probably do not differ substantially for treatment of major depressive disorder," the authors write. "As the American Psychiatric Association suggests, when therapy with antidepressants is indicated, clinicians should make their initial selection largely on the basis of the individual patient, expected side effects, patient preference, and cost."

Patients Priorities Are Different from Doctors

NASHVILLE — A detailed study in Europe of attitudes among thousands of patients, family members and doctors has defied conventional wisdom about why individuals discontinue use of prescribed medications, according to a study presented at the American Psychiatric Nurses Association.

It identified that patients being treated for mental illness focus primarily on perceived effectiveness, while physicians believe that undesirable side effects are the reasons patients stop using a prescribed medication. AD

Pending Bill Focuses On Parity Obstacles

MONTPELIER — A bill to require greater equality in insurance coverage for mental illness and the rest of medical care is pending in the House Human Resources Committee for the spring session. Committee Chair and bill sponsor Rep. Ann Pugh (D-Burlington) asked for feedback on the bill from interested parties, and it was discussed this fall by a committee created by the legislature (the "Act 129 Committee") to supervise the quality of care under Vermont's parity law.

The bill would require that equality of access go beyond eliminating financial obstacles that are greater for mental health, and also address other obstacles to "seamless delivery of health care." As drafted, it would no longer permit insurance companies to subcontract, or "carve out," the management of mental health coverage.

The Act 129 Committee, made up of insurance company representatives, providers, advocates and consumers, did not reach a consensus on whether the issues listed in Pugh's letter were obstacles to quality care or to parity. Specific problems that Pugh said would be discussed in the coming session included:

- the use of caps for the amount a subcontractor will receive for managing care for subscribers;
- added administrative hurdles through the use of "carve outs";
- excluding language from plans to cover care of chronic illnesses; and
- charging higher co-payments for mental health and substance abuse services that are comparable to primary care physician visits.

The Fletcher Allen Health Care's Program Quality Committee and leading insurers are testing alternative systems to eliminate "preauthorization" requirement for admissions, which are not required for other health conditions. AD

CONFERENCE REVIEW

Advocacy Groups Hear Challenges

by ELDON CARVEY
Counterpoint

MONTPELIER — In an event known over the years for its demonstrations of good humor, a number of sobering themes predominated at the 67th annual Vermont Mental Health Association annual meeting this fall.

Senator Jim Leddy (D-Chittenden) set the tone early in his remarks to the more than 300 assembled guests.

"You have lost your voice," warned the Senator, who cautioned the members of the state's mental health community to reassert its unity, and to present a united front in the face of continuing stigma and policy challenges.

"Your success is going to depend on you."

At past meetings, Leddy has often hurled brickbats at the administration and others in authority, but his remarks this year challenged Vermont's mental health stakeholders to work together on pending issues such as the "Global Commitment" and its impacts on the Medicaid system, and the relocation and re-definition of the replacement facility(ies) to the Vermont State Hospital.

Kathryn Power, the Director of the Center for Mental Health Services, gave a sweeping summary of federal mental health initiatives. Citing the need for a "fundamental transformation of the Mental Health Care delivery system in the United States," she called for a system which would be recovery-oriented, driven by consumer and family needs and feedback, informed by thelatest research, and integrated fully with all other health care and social service delivery systems.

She urged Vermont's mental health stakeholders to partner actively with federal and other policymakers to make the vision of a truly transformed system a reality over time.

The workshop schedule featured a broad variety of topics. At one of the morning sessions, Susan Besio, Director of Planning at the Agency of Human Services, offered an overview of the Global Commitment initiative, the new relationship with the federal government, which will change the way Medicaid is funded. Besio was clear about the fact that, over its five year contract, the Global Commitment will only reduce and not remove the funding deficit for the program, which will remain at up to $200 million.

Against this, she stressed the fiscal flexibility which would allow for potential savings from other parts of the state's general fund budget, resulting from the ability to use Medicaid funds for purposes that were not previously permitted. An unpredictable element is the fact that, with each fiscal year, the federal government will have the full authority to reset the federal-state match of Medicaid-to-State dollars which fund the program.

Given the State's lack of negotiating authority in this area, it may remain vulnerable to future revisions which might increase the state's obligations, thus putting further pressure on what it provides under the program. This concern is further underscored by recent Congressional actions that may limit both access and eligibility to Medicaid benefits even more in the future.

However the context in which this contract was negotiated presented an even more dire fiscal outlook for Vermont. Without the Global Commitment initiative, agency planners projected a cumulative Medicaid deficit of $370 million during the same time frame. Besio also noted the fact that fairly generous contingencies of 9% are built into each year's projected spending under the plan, and that administrative costs are to be fully covered, perhaps with some surpluses resulting.

She explained that the Global Committment, in overall terms, is a managed care agreement, with the Office of Vermont Health Access (OVHA) as the managed care officer. OVHA's responsibilities have always been the administration of Vermont's Medicaid program, so it already has experience with the relevant regulations and the regional and national players. The existing features OVHA oversees, such as its appeals process, quality assurance program and stated practice guidelines will remain.

Despite the projected and ongoing deficit in Medicaid, Besio said that no changes in either eligibility or benefits are presently being considered. Some of the concerns over the program — the fact that it still leaves Medicaid outspending its resources, and thus the troubling, continuing threat to Medicaid recipients — were raised by Rep. Ann Pugh (D-South Burlington), the Chair of the House Human Services Committee.

Pugh is also a member of the legislative Health Access Oversight Committee that participated in a vote approving the plan. In her opening comments at the conference, she stated that she had opposed the Global Committment initiative because she saw it as "a Trojan horse" — an apparent gift that might have unpleasant surprises hidden inside.

The meeting's luncheon session saw the procession of state officials that has traditionally been a trademark of these gatherings. Governor Jim Douglas briefly addressed the crowd, as did Mike Smith, the Agency of Human Services Secretary.

Charlie Smith, formerly in that role and now Administration Secretary, received a recognition as the initiator of a three-year, 7.5% annual community mental health center budget increase, seen by many as a way to stabilize both funding and fiscal planning in the ten agencies making up the system. The award came in the midst of press coverage that there was a dispute with the agencies regarding whether the administration's commitment should include helping the agencies cover for lost federal money projected next year.

The basic message of each of these officials seemed to be one of guarded reassurance: "We know the service delivery system is under stress; we are doing what we can, with limited resources, to buttress it."

Again following a longstanding tradition of this event, three Vermonters were recognized by the Executive Director of the Vermont Association for Mental Health, Ken Libertoff, for their work in "Improving the Mental Health of Vermonters."

Linda Corey of Vermont Psychiatric Survivors, and John Pierce, recently retired from the Division of Mental Health, are familiar figures to most Vermonters who are involved in the state's mental health community. Corey was recognized for her twelve years at the helm of VPS, and John Pierce for his distinguished career.

During his time in state government, Libertoff said that Pierce has "generated, conservatively, $48 million dollars in federal grant money for Vermont mental health programs." Piece did grant writing work as one of his many roles in the division.

Pierce, whose reputation for a sense of humor is as formidable as his work reputation, said that he had "put off my retirement for several years" in hopes of avoiding the very kind of needling Libertoff gave him in his introduction, but that "he (Libertoff) just outlasted me."

The third honoree was Tom Brennan, recently retired as head coach of UVM's men's basketball team. Recognized for their accomplishments in "Advocacy in Cyberspace" were Rep. Anne Donahue (R-Northfield) and David Fassler, M.D., of Otter Creek Associates.

New Peer-Operated Initiatives Awarded Federal Grant Funds

BURLINGTON — Three new peer-operated initiatives were awarded grants this fall, and three existing projects had grants renewed. The grants are awarded annually by the Division of Mental Health through a federal block grant. Selections are made by a joint committee of consumers and division staff.

The new initiatives funded this year include $1,500 for "Camp Initiative at Elfin Lake," a statewide multi-day retreat at Elfin Lake focusing on networking, sharing recovery stories and education, and developing connections between consumers around the state, the division reported.

Both a peer recovery art program, featuring art classes and activities, and a peer support consumer volunteer program received awards for consumer initiatives based at the Springfield Black River Peer Recovery Center.

The division announcement said that the peer volunteer project is to provide training and supervision to consumers at the Recovery Center on how to provide peer support and supportive counseling, and will pay trained peers to act as Peer Support Specialists there. It was awarded $10,870, and the arts project was awarded $1,407.

The three existing initiatives receiving continued funding include the Recovery Center computer program, providing peer-run computer classes also for members of the Black River Center; the Washington County Peer Educational Program for consumers to provide public education on mental illness and stigma to area high school students; and the Mental Health Education Initiative in Burlington, training consumers to provide public education on mental illness and their own recovery stories, and sponsoring public education events using trained consumer speakers. AD

WALKING OUT OF THE DARKNESS — An estimated 60 individuals walked on a chilly and rain-soaked day to raise both money and awareness for suicide prevention in Burlington this fall. Pledges totalled more that $16,000. The money will go to continue the efforts of the Vermont chapter of the American Foundation for Suicide Prevention. The goals of the foundation are to advance knowledge of suicide and the ability to prevent it, and to provide comfort to those who have lost a loved one to suicide through monthly support group meetings. Many of the walkers, like those above, carried signs in memory of a family member or friend lost to suicide. The Vermont chapter president is Cory Gould, and vice-president is John Halligan. Contact information is available on the web at www.afspvt.org.

(Counterpoint Photo: Anne Donahue)

Proposed Bill, New State Plan Aimed at Suicide Prevention

MONTPELIER — An ad hoc coalition of concerned groups and citizens is leading an effort to increase suicide prevention initiatives in Vermont, including with a proposal for new legislation.

They met with representatives from the state Department of Health this fall to review the new state "platform" that sets overall goals, and also identified suicide prevention education in schools as a top priority.

Members of the coalition hope to convince legislators this spring to pass a law that will help to provide funding and direction to schools throughout the state. Programs could include education for both students and teachers on recognizing warning signs for suicide in others, and in how to respond.

Although suicide is the ninth cause of death among Vermonters as a whole, the rates are much higher for young people, according to John Halligan, vice president of the Vermont Chapter of the American Foundation for Suicide Prevention.

"In Vermont, it's the second leading cause of death for our young people," Halligan reports, and he feels prevention is possible with "more public education, awareness and treatment."

Halligan, who successfully lobbied the legislature last year for a new law that requires schools to have anti-bullying policies, has said he wants to see a similar mandate that would require student education to help prevent suicide. Halligan lost his eighth-grade son, Ryan, to suicide two years ago.

He has noted that although the state's youth risk behavior survey shows some improvement between 2003 and 2005, "the bottom line is nearly a quarter of our Vermont students are indicating they are suffering from some level of depression and still too many young people are making a plan for suicide and even attempting. We would help countless students by simply helping them identify what is afflicting them and teaching them that it is indeed treatable."

"I believe so many would also be saved from harmful self medication through dangerous use of drugs and alcohol in trying to numb their pain," he said.

The Vermont chapter of the American Foundation for Suicide Prevention and Outright Vermont are among the organizations involved.

Charlie Biss, Director of Children's Services in the Division of Mental Health collaborated with others in the Department of Health in the draft of the comprehensive state platform.

It takes a lifelong perspective on suicide prevention, including screening and treatment of depression, continued strategies to reduce stigma for those who seek services and to make services accessible, and development of suicide prevention programs that include training to recognize at-risk behavior. AD

CONFERENCE REVIEW

Alternatives On Display

by WILMA BLANCHARD
Vermont Psychiatric Survivors Report

PHOENIX, Az. — "Leading the Transformation to Recover" was the theme for this year's annual Alternatives Conference.

The first plenary panel was on "Peer Support in Disaster Relief Situations."

As the nation watched the events of hurricane Katrina and Rita unfold, those who have used peer support in other disasters bring sharing resources to one another. Disaster situations create an opportunity for peer support and highlight the need for such support networks to become part of a community.

The keynote addresses were by Sally Zinman and David Hosseini. Zinman is a long time advocate in the consumer community. Her support organization has helped California clients for 21 years to envision and create empowering client services that are based on choice, and drive the mental health system towards that vision.

Hosseimi, Public Policy Advocate for the California Association of Social Rehabilitation Agencies, has worked at many levels for system changes. He said he firmly believes that working together for justice is in itself a powerful healing force.

I also went to the workshop on "Native American Healing Spirituality through Cultural Traditions and Boogie" (Apache Songs and Stories.) Boni Delmar monitors and evaluates 43 tribal programs, providing training for counselor certifications, and travels on site interventions into homelands of various tribes of Arizona, Nevada and Utah by car, plane and horseback. I liked her very much.

Another session I went to was "Community Building Solutions for Community Living."

Community Building is a peer operated program that combines peer support housing to help people recover and succeed in obtaining and keeping a home of their choice in the community. Seventy percent of the people enrolled in the program are able to achieve the goal of housing self-sufficiency by taking over and paying for their own lease.

I also went to the open mike night. There were a lot of people performing different acts. I sang a song. Finally, I went and looked in the Cowboy Artist Room. In this room there were a lot of displays and also different booths.

I thank Linda Corey and the other Vermont Psychiatric Survivors staff for letting me go to the Alternatives Conference.

NAMI-VT Announces New Executive Director, Former Head of Barrier-Free Justice Project

WATERBURY — The NAMI-VT Board of Directors has announced its selection of Larry Lewack as its new Executive Director.

Lewack has been an advocate for persons with disability and has 14 years of non-profit management experience, NAMI reports.

Prior to his new position, Lewack has been Executive Director of the local chapter of the ALS Association (Amyotrophic Lateral Sclerosis), and the Director of the Barrier-Free Justice project at Vermont Protection and Advocacy.

In other news, the national NAMI organization has announced that it has reestablished its initials to stand for "National Alliance for Mental Illness," replacing the outdated use of the negative connotation in "National Alliance for the Mentally Ill."

VERMONT PROTECTION & ADVOCACY ANNOUNCES FY 2006 PRIORITIES

Vermont Protection & Advocacy, Inc. (VP&A) is a private non-profit agency dedicated to defending and advancing the rights of people with mental health and disability issues. We are empowered (and funded!) by the federal government to investigate abuse, neglect and serious rights violations. Our thirteen member staff teams with the eleven member Disability Law Project of Vermont Legal Aid (DLP) to create the cross-disability legal protection and advocacy system for Vermont.

VP&A is once again publishing the priorities adopted by our board for the current fiscal year (October 1, 2005 - September 30, 2006.) **We would welcome your thoughts about how our unique system can best serve people with disabilities.** VP&A adopts formal priorities for the Protection & Advocacy for Individuals with Mental Illness (PAIMI) program, the Protection & Advocacy for Developmental Disabilities (PADD) program and the Protection & Advocacy for Individual Rights (PAIR) program. Together these federally supported programs allow us to advocate for individuals whose significant disabilities basically fit the definitions in the Americans with Disabilities Act (ADA). **On the facing page of this issue of *Counterpoint* you will find our PAIMI priorities!**

That is not the whole story, however. Our system also has a project that helps people with their Assistive Technology needs, the Protection & Advocacy for Assistive Technology (PAAT) program executed by the DLP. The needs of individuals with Traumatic Brain Injury are addressed through educational activities and casework in the Protection & Advocacy for Traumatic Brain Injury (PATBI) project, a collaboration between the DLP, VP&A and the Brain Injury Association of Vermont (BIA-Vt). We also work to advance civic participation by people with disabilities through the Protection & Advocacy for Voting Access (PAVA) program authorized in the Help Americans to Vote Act (HAVA).

The priorities are the basic guidelines that are formed with input from our advisory councils, our staff (VP&A and DLP), our board of directors and most importantly, the community at large. Each year our PAIMI Advisory Council and our PADD Advisory Council conduct pubic forums and other activities to elicit opinions of the advocacy needs of people with disabilities. By sending us comments on the following you can help us stay connected to the community we serve! We also welcome your thoughts on how we can best reach the community we serve.

VP&A and its partners do work with limitations! Please understand that the priorities below define the overall scope and areas of emphasis for our work. We do not have the money or the personnel to serve everyone who might have an issue that fits these priorities. We select cases that present an issue which can be completely and satisfactorily handled by current staff, that present a meritorious claim which has a reasonable possibility of satisfactory resolution, and that can be concluded with beneficial results not only for the client but also for the relevant system and other persons with disabilities. We do not charge for our services and thus don't take cases when an individual has other access to representation.

How can you make your voice heard?
Contact VP&A:

Call toll free at: 1-800-834-7890
or at: (802) 229-1355
By US Mail at: 141 Main Street, Suite 7
Montpelier, VT 05602
By email at: info@vtpa.org

Please see our website at: www.vtpa.org

2006 PAIMI PRIORITIES

Priority 1: Investigate individual cases of abuse, neglect, and serious rights violations in inpatient facilities (VSH, designated hospitals, designated agencies, emergency rooms, facilities for minors), prisons/jails, and community settings.
Measure of Success:

A. Open a minimum of 150 cases of abuse, neglect, or serious rights violations of people with mental health issues with a strong majority favorably resolved.

Priority 2: Reduce the use of seclusion, restraint, coercion and involuntary procedures through individual casework and systemic efforts. Continue systemic work to create trauma-informed, violence free and coercion free mental health treatment environments.
Measures of Success:

A. Continue work with VSH *Emergency Involuntary Procedures Reduction Program.*
B. Continue work with FAHC *Program Quality Committee* to implement a trauma-informed system of care in the emergency department.
C. Continue to provide technical assistance to the Retreat Healthcare as they implement their hospital-wide *'Trauma Informed Recovery Model' restraint free initiative.*
D. Monitor legislation and support initiatives that develop transportation of individuals by sheriffs without the use of mechanical restraints.
E. Monitor the legislature and administration to insure that due process rights vis-à-vis involuntary medication are not reduced as alternatives to VSH are developed.
F. Provide one intensive training for VP&A staff on violence free and coercion free mental health environments.

Priority 3: Reach out to community settings, designated facilities, emergency rooms, prisons/jails, residential and therapeutic care homes. Monitor conditions and educate residents about rights and self-advocacy. Engage in systems work to improve conditions.
Measure of Success:

A. Outreach is conducted at a minimum of 25 residential care homes, therapeutic community residences or licensed residential childcare facilities.
B. Outreach is conducted at all the prisons and jails.
C. Outreach is conducted at all the designated facilities.
D. VP&A literature is distributed to all of the community mental health agencies and group homes.
E. Outreach to individuals with disabilities who are victims of crime.
F. Monitor all treatment environments (e.g. designated hospitals, residential care homes, correctional facilities) to assure that unnecessary or inappropriate use of seclusion, restraint, coercion or involuntary procedures are not used.

Priority 4: Advocate for self-determination and access to alternative treatment options and community integration. Use legal advocacy to enforce and expand rights across the State of Vermont with a focus on underserved regions.
Measure of Success:

A. Four self-advocacy and/or advance directive trainings, focusing on underserved regions, are conducted.
B. Continue to work with other advocacy groups and individuals on the replacement of the VSH with a wide array of treatment options in the least restrictive and most community based settings possible.
C. Provide individuals with information, support and assistance in their efforts at self-advocacy. Assist at least 10 individuals across the State of Vermont with their preparation of Advanced Directives.
D. Continue participation on the Olmstead Commission to create a state plan for its implementation.

Defending and advancing the rights of people with mental health and disability issues.

For more information visit us on the web at www.vtpa.org
or call 800-834-7890

Vermont Protection & Advocacy

Editorial Page Opinions

"Power concedes nothing without a demand. It never has and it never will." Frederick Douglass

Editorial

The 'Duh' Award

Research has its place. A lot of money is spent on it. Sometimes, the biggest value is that it gives a stamp of approval to something everyone knows.

So perhaps we should applaud the new research project that has established that allowing patients to select their preferred treatment might enhance outcomes.

It seems a little bit obvious to us — one of those "discoveries" that leads you to say, "Duh!" — but now it gets to be official.

The study found that "allowing depressed patients to select their own treatment, either drug therapy, psychotherapy, or a combination of both, may improve outcomes."

In a statement reported from one of the researchers, there was even a theory about why outcomes were better:

"Although we can't say for certain, it might be that the preference-matched patients were better able to stick with the treatment plan in the early stages."

Not to be sarcastic, but...wow! What a revelation!

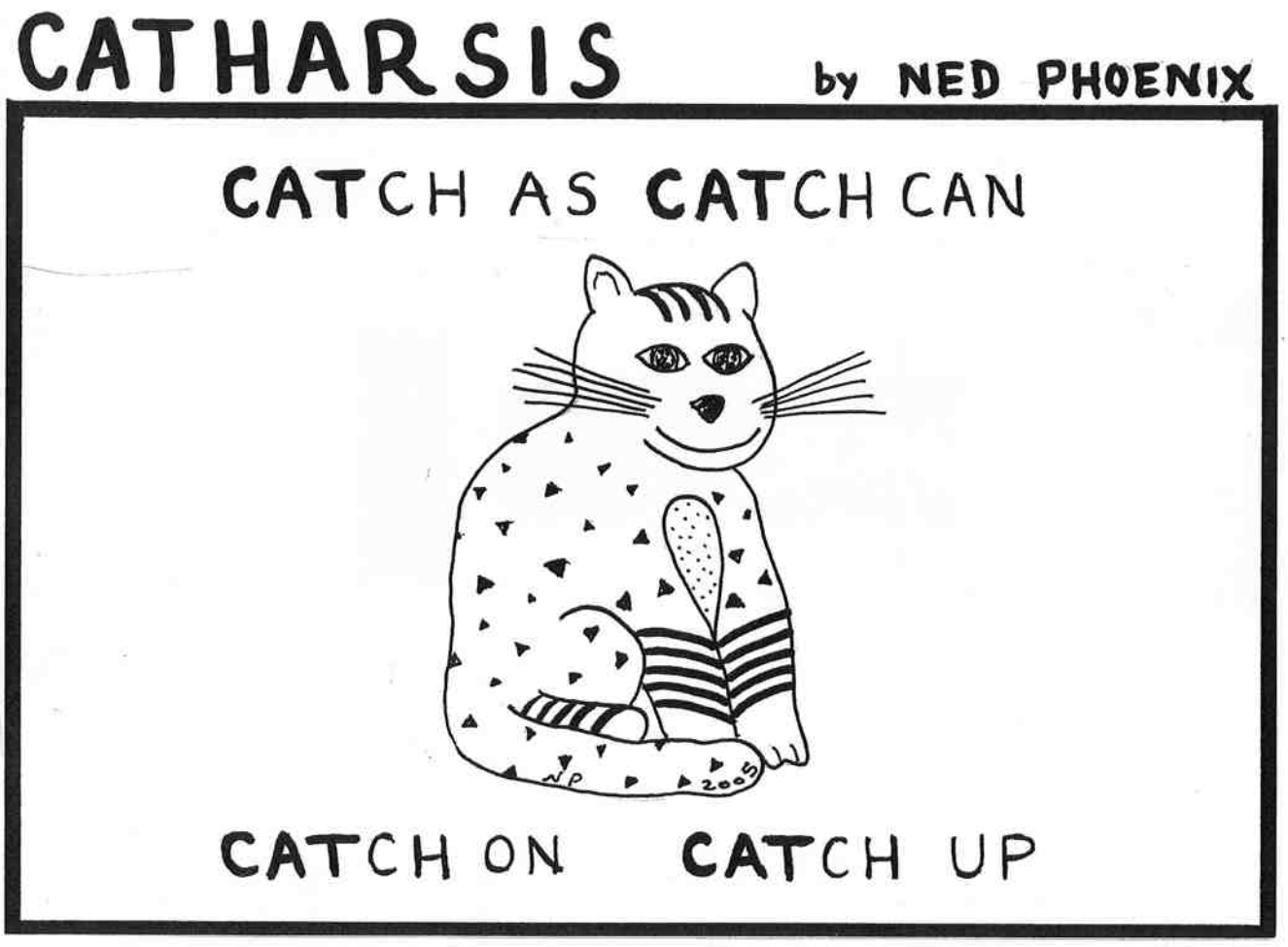
Do you think maybe it works for other kinds of mental illness as well?

Interestingly, the more successful "preference-matched" patients included those who had preferred psychotherapy alone (24%), as well as those who had chosen medication alone (15%), or both (60%). All showed more rapid improvement than the study patients who had not received the treatment they would have preferred.

I think there have been some people who have been saying this for a long, long time. It raises the question: why is there such low access to the therapy that patients ask for at the Vermont State Hospital?

Why is there always such a rush to push for medication, and medication alone? Insurance companies and managed care have been blamed for forcing a greater reliance on medication management instead of therapy. But if patients get better faster, it saves money as well as people.

It's a little pathetic to think that it needed research to discover that meeting patient treatment choices improves outcomes. But the good news is that now, it's official.



Choose To Be Involved!

The Vermont system of care is shaped by the people doing the planning. Consumer involvement is critical if *"Nothing About Us, Without Us"* is to be a reality.

These are key opportunities to participate:

- **The 'Futures' Project for the Vermont State Hospital** is developing the programs that will lead to closing VSH within 5 years. Work groups are involved in developing community rehabilitation programs, a new inpatient hospital, more crisis stabilization beds, housing, peer projects and overall coordination. ***They all need consumers to participate and ensure that public comment includes our perspective.*** Planning groups are also underway for new programs at sites in Vergennes and Concord. For meeting times and schedules contact Vermont Psychiatric Survivors : 1-800-564-2106, or Futures Project Director Beth Tanzman at the Division of Mental Health: 1-802-652-2010.
- **Governing Board: the Vermont State Hospital** has a vacant seat for a consumer member — without it, no direct consumer representative is there to help decide on major VSH policies. (Contact the State Standing Committee, listed below.)
- **The Statewide Standing Committee for Adult Mental Health** advises on all the existing programs of the community mental health centers, the designated hospitals, and VSH. It helps to develop policy for the state's adult mental health programs. The committee is made up of consumers, family members and providers, and meets on the second Monday of every month from 1 to 4:30 p.m. in Waterbury. It often has vacancies. If you would like to find out more, please call consumer member and Co-Chair Marty Roberts at (802) 223-5506 or write to her at P.O. Box 1165, Montpelier, VT 05601 or at robertsm@sover.net.
- **Local Community Mental Health Standing Committees** exist at each of the community mental health centers. Most are actively looking for additional membership, and now, more than ever, ***need to be partners in the local programs developing from the Futures project.*** The **governing boards** for each agency also includes consumer members. For more information, contact your local center (see listings on page 20.)
- **Peer Support and Advocacy Agencies** are often looking for new governing or advisory board members. These include Vermont Psychiatric Survivors (1-800-564-2106) and Vermont Protection and Advocacy (contact Ed Paquin at 1-802-229-1359)
- **Enforcing Parity in Managed Care Insurance** is the work of the Act 129 Committee; it is short one consumer member. Call Pat Jones at 802-828-2900 for more information.
- **Like writing?** ***Counterpoint*** is always interested in freelance writers and in members for its editorial advisory board. Contact us at counterp@tds.net or 802-485-6431.

Op-Ed

Letters

Risk of Experimentation More Than Theoretical

To The Editor:

On August 5, 2005 a (Division of) Mental Health update advised that Fletcher Allen Health Care and the Vermont State Hospital decided to make the language in their contractual agreement regarding the use of VSH patients in medical experiments a little easier for the public to tolerate.

The words "experimental" and "investigational" have been removed. The update goes on to describe the various methods of oversight and procedures in place to monitor this research.

There is no such thing as informed consent in a state mental institution. Altering the wording doesn't change the intent — experimental is experimental.

There is a very detailed and documented history of the Vermont State Hospital and the University of Vermont College of Medicine (see United States Public Health Service grant No. MY-1752 RISI, Sept. 1957) use of unwitting human subjects in medical experiments. Hundreds of unwitting human subjects were used in this manner while they were patients in the VSH during the 50's, 60's and 70's.

Here is a sampling of the criteria used to select subjects for the research in USPHS grant No. MY-1752-RISI:

"Nearly all of them had been declared financially incapable of paying anything for their own care and were committed to the hospital at state expense...they were middle-aged, poorly educated, lower class individuals...

"They were seldom visited by friends or relatives. They received very few packages or letters.

"We feel that nearly all of these patients could reasonably be considered hopeless cases as far as any social recovery and establishment in homes or jobs outside the hospital are concerned."

Human guinea pigs — without anyone outside to ask questions. One wonders what today's criteria might look like.

These patients were regarded as hopeless and expendable. To read the grant is to very clearly understand that despite the spin that we have all become used to hearing, for decades the Vermont State Hospital used and abused patients as unwitting human subjects in medical research — and managed to keep it covered up...and it's still being covered up...and now they want to conduct research again.

What went on behind the locked doors of the Vermont State Hospital during the 50's, 60's and 70's is disgraceful.

The state does not want you to know about this history but in order for all of us to insure that such egregious civil rights violations never occur again, the truth must come out. History is poised to repeat itself. Beware — there is danger here.

No Vermont State Hospital patient should ever be involved in medical research, not only because there is no ability to provide informed consent, but because of the sordid, detailed and documented history of decades of previous medical experiments.

Counterpoint has previously published two letters of mine which described some of the experimentation conducted at the VSH, as well as the identities of some of those who conducted the experiments.

We all might want to ask ourselves why the state and Fletcher Allen insist on conducting experiments on patients in VSH? Why now? Who will fund the research? Will it be conducted for drug companies or the military or government agencies?

It matters who funds the research because the rules by which they conduct the research differ depending on who is paying for it. An example is that classified military research does not have to use informed consent.

We must ask these questions and hold state officials to the standards of decency that the rest of the nation abides by.

KAREN WETMORE
Rutland

Got Something To Say?

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Now is the time —
Tell it like it is —

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Your Voice!

Your name and phone number must be enclosed to verify authorship, but may be withheld from publication if requested. The editor reserves the right to edit submissions that are overly long, profane, or libelous. Letters should not identify third parties. Opinions expressed by contributors reflect the opinions of the authors, and should not be taken as a position of Counterpoint. Address to: 1 Scale Ave, Suite 52, Rutland, VT 05701 or email at counterp@tds.net

Error Gives Chance To Add to Loomis Legacy

To the Editor:

I would like to correct an apparent misprint in my letter about *Counterpoint's* early days and my recollections of Bob Loomis. The error is huge, but I am delighted to have this opportunity to correct it and to defend Bob's memory. Under Bob, *Counterpoint* reached out across the entire country for creative writing and other input from patients and expatients.

Two notable contributors from California were a nun for whom the mental hospital resembled Dante' s Hell and might well have borne the legend, 'Abandon hope all ye who enter here!' and an ultra-liberal who inveighed against Christians, especially the Pope, and primarily focused on birth control policy. Many subscriptions were sent to people in other states, not just Vermont.

You just can't write religion out of politics, history, or mental health issues, including prevention, recovery, and treatment of mental illness; human rights; public safety; diagnosis; "stigma," and more!

If a person's religious beliefs and practices make him/her a better and stronger person, he/she should not be automatically labeled "mentally ill," as happened with some pro-life protesters whose evening bedside prayers were used as a pretext for locking them up and drugging them.

Political bias has been, and still is, used as an excuse for labeling and disabling certain people, as acknowledged by someone who pointedly, but misguidedly, informed me that, "It isn't the sixties anymore!" Hey, I didn't even know who Bob Dylan was!

However, I was writing letters about the deadly air pollution in New York City and was reprimanded by then-N.Y. Sen. Jacob Javitts, a Republican, and was told by my "shrink" that no one would take my letters seriously...

My views at the time included a fear of the nuclear industry, especially weapons testing, and, yes, I was against the Vietnam War (but not 'Nam vets), and in fact all wars. Still am.

War should already be obsolete as a means of conducting international relations. There is an alternative. It is called diplomacy... But you need a different kind of leadership to bring this about than we now have.

No, it isn't the sixties anymore, and who is Bob Dylan? And I may believe that "free love" is as deadly, and as wrong, as the sins of violence. I do believe in moral and ethical absolutes, even when reasonable people cannot agree on exactly where the lines should be drawn.

But we do get in trouble whenever we cross that invisible line. This should serve to at least warn, or remind, us that we need to be careful in how we judge others...It still comes down to rights and respect...

And you may disagree with me if you wish (please do!), but I can't forbear to "preach."

ELEANOR NEWTON
Barre

The misprint referred to was contained in the statement, "We were appreciated everywhere, or at least Bob was, and he received contributions from afar, not just in-state." The word received *was inadvertently replaced with the word* "refused." *— Editor*

Recovery Tools Address 'Epidemic' of Anxiety

By BREAN MEAD
Counterpoint Reporter

WINOOSKI — The Mental Health Education Initiative's annual fall "Recovery Day Celebration" featured a keynote speaker on the growing problem of anxiety in society.

Paul Foxman, Ph.D., engaged the audience in helping to identify recovery qualities to address what he termed an "anxiety epidemic."

He also discussed the causes of anxiety, and later presented a workshop addressing the problem in children. It was one of nine workshops available during two sessions.

A number of different agencies were set up in the lobby to offer information on different programs and services available to mental health consumers. This year's celebration event was held on the campus of St. Michael's College.

Although the overall turnout was described as less than expected, approximately 40 people were present at the opening greeting and the keynote address, which was titled, "The Anxiety Epidemic: Why Anxiety Is Common and What We Can Do About It."

Foxman told the audience that according to the National Institute for Mental Health, anxiety is the most common disorder facing people today.

He spoke about some of the things that can cause a person to be anxious such as divorce, any type of abuse, and hospitalization as a child, among others.

Foxman said that there are three ingredients to anxiety: the first is genetic, the second is a personality trait, and the third is stress overload.

He explained that the genetic ingredient is when a person is more physically sensitive to outside stimuli. Personality traits included examples such as perfectionism, difficulty relaxing, excessive worry and a person who is easily affected by rejection and criticism.

Stress overload, Foxman said, can include stressors such as starting school, divorce, graduating from high school or college and marriage.

Foxman spoke about the key to recovery being learning how to relax. According to him, stress is not the problem; the problem is not having the skills to help you relax.

"The key to recovery is to find ways to relax," he said.

He called it "the 'ahh...' experience," when a person learns to relax and let go of his or her stress.

Foxman said that the rise in anxiety in this society is attributed to the fact that stressors are rising for people. Families are having more troubles such as divorce, domestic violence and child abuse, and financial troubles.

School has become harder for children, he said, because of the fact that safety has become a concern in many schools with the rise in bullying and violence. He said that competition in schools has risen as children are being pushed to get into better colleges.

Foxman said that the media also causes anxiety to rise as people are being subjected to violence: graphic video games and movies; images on the news that have become more violent; lyrics of music are often violent in content.

All of these things can cause high levels of anxiety in many people, he explained.

Foxman had the audience join as a group to identify the qualities of recovery. Qualities raised included peace of mind, lower stress, deeper breathing and having higher self esteem and self worth.

After the keynote speaker there were workshops to choose from led by different professionals. Morning worshops included "The Worried Child: Recognizing Anxiety in Children and Helping Them Heal;" "Reducing the Effect of a Parent's Depression on Your Family;" "Discovery and Recovery in Downtown Burlington: A Community Effort;" "Section 8 Housing;" and "Vermont Psychiatric Survivors."

During the workshop on "The Worried Child," Foxman spoke more about anxiety specific to children.

He discussed the different anxiety disorders such as social phobia, and obsessive compulsive disorder and the symptoms parents can look for when trying to discern if a child may have an anxiety disorder. These include avoidance of school, problems with concentration and attention, trouble sleeping and indecisiveness.

Foxman went into more detail about the personality traits in an anxious child. Some of these are perfectionism, difficulty relaxing, worry, and children who are "pleasers" and who avoid conflict.

Treatments for anxiety disorders in children can include teaching them to accept that the anxiety is there instead of avoiding it, he said.

Sometimes people treating these disorders use exposure therapy, Foxman said. In this therapy, he explained, children are slowly and carefully reintroduced to the things that cause them anxiety and that they have been avoiding. Sometimes medication is used and standard therapy is also effective, he said.

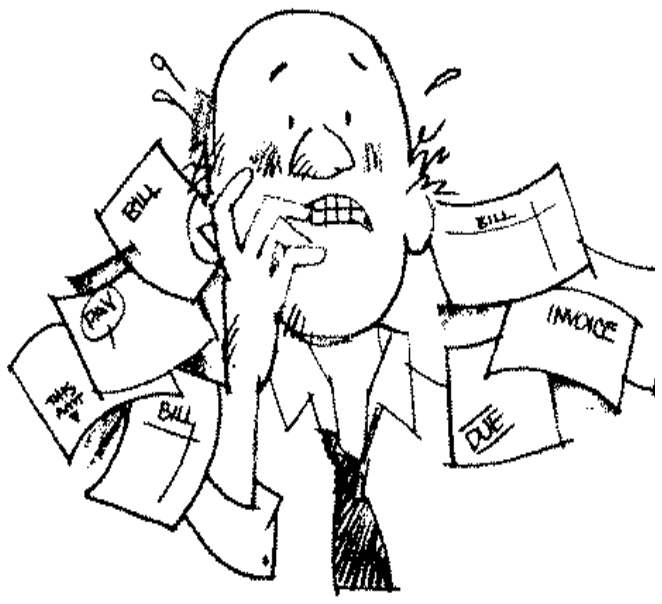
The good news about anxiety disorders, according to Foxman, is that there is an 80 percent success rate in treating anxiety. This means that people don't have to have anxiety as a life-long disease, he said.

Lunch was provided as part of the event. Afternoon workshop choices included "Medication Resistance;" "Defining Roles of Clinicians, Law Enforcement, and Families;" "Sex and Medications;" and "Advance Directives."

Advance Directive Speaker Offers Drafting Guidance

Linda Cramer from Vermont Protection and Advocacy led the workshop on advance directives. Vermont Protection and Advocacy (VP&A) is a federally funded, non-profit organization that is responsible for protecting the rights of people suffering from mental illness, Cramer said. She said that staff advocates are assigned throughout the state to try to ensure that rights are not being violated.

Cramer explained that an advance directive is a legal document in which the person makes known their wishes for care if they should ever



become unable to make decisions for themselves. She said the document covers all aspects of mental health, such as medication preferences, consent for electroconvulsive therapy (ECT), and the choice of the people one wants involved in their care. It also covers some aspects of physical health such as life sustaining treatment options.

Cramer told the workshop audience that a person who wants to have an advance directive can call VP&A and speak to an advocate who will lead them through the process from beginning to end. Once finished this document is a legal document and VP&A will even go to court if necessary make sure that the wishes are carried out, she said. A copy is available on the web at www.vtpa.org.

The document is sent to people chosen by the writer, which can include doctors, psychiatrists, and hospitals, so that the information goes into an individual's permanent file where medical professionals will be able to see it, Cramer explained.

The advance directive form that VP&A uses is modified from a model produced by the Vermont Ethics Network in order to allow for details specific to mental health, Cramer said. She said that beginning in 2006, advance directives will be available through the internet so that people involved in the writer's care will be able to view it more easily.

After the day was over there was a "recovery rally, and event wrap-up" where people who attended had a chance to speak about the day and offer suggestions to the Mental Health Education Initiative on how things could be improved for next year. The MHEI is a peer-run organization that identifies its goal as attacking stigma through educational events and public speaking.

Among the ideas shared were how to help more individuals to attend the annual Recovery Celebration. Lack of transportation was one thing that some thought needed more attention, since many people who may have come otherwise might not have had transportation. The possibility of coordinating rides between different agencies was explored.

Some people also thought that more people might come if the conference had more fun activities planned instead of solely educational workshops.

Another subject that came up at the wrap up was having more time for the event. There were many workshops to choose from during the morning and afternoon sessions. People said they had a hard time choosing between them and wanted to be able to attend more of the workshops.

Arts Reflections and Prose

A Toast To Frances Farmer

Obsessed by Frances Farmer? Not really. I no longer remember how I found out about her, it just seems she was always there.

I do know when I found the first photos of Frances that I had ever seen, I was living in Great Barrington Massachusetts. I spent a few hours in an old bookstore; there I found a copy of Hollywood Babylon and a chapter dedicated to Frances. I had seen Frances with Jessica Lange years earlier, but wondered why I could find nothing on the real Frances Farmer.

It was as if she had been deliberately erased from any Hollywood history books, an odd fact.

My first reactions to the photos, however disturbing some of them were, was that she really did look similar to Jessica Lange, and sadness.

I bought the book with the measly tips in my pocket from working at Helsinki Cafe, now a popular nightclub and cafe for blues. It was run and owned by Debra McDowell, a former journalist, who quit the business when it started to get too vicious for her and her compassionate reporting was no longer desired. Now her dream thrives in the mountains, ten years later. I loved working for her.

I wanted to know how and why Frances Farmer could have a movie made about her life and be so absent from the mainstream. This puzzled me. Was there a reason that outweighed the cost?

Maybe, the point all along was that a thoughtful young man would find her again, in a dusty bookstore, paint her portrait, read her poems, the books, and feel connected in subtle but real ways, send her nephew an email and get a kind response back.

The more I discovered about her made me miss her more for some reason. For a while I wished I could have saved her, I was always struck how she looked more like a modern actress, never frozen in period pieces. Never dated, never herself.

These days years later, I'm happy with the respect I have for her and portraits I painted of her. They hang in sunny areas of a light and airy home.

Sometimes I have felt her around, a quiet, kind reminder. Those times I have said out loud "Hello, getting along? How's the vision over there, better than here? Miss you, pretty lady."

Call me crazy, but I am a stranger in good company.

by Jason Bowen

FALL HAIKU

SUNSHINE FALLS ON FACE
FACELESS PUMPKINS WAIT
FALLS CARVE CHARACTER

GENEVIEVE EASTMAN

Moving Forward in Life

It has been two years since I last wrote an article for Counterpoint. A lot has transpired.

In 2003, things were going quite well for me, until my hospitalization. I had a beautiful apartment, a car to get around in, and a beautiful cat that I got at the Humane Society.

During that summer, things happened quickly. I ended up in the emergency room after a suicide attempt. After a stay in the hospital, I ended up in a residential home. I was in respite for a while and eventually went back to my apartment.

I ended up in another group home, and ended up losing my apartment, my car, my furniture and my beautiful cat. I ended up back in the first group home, and I have been here almost two years. The staff here is so caring, loving and compassionate. Even if they are really busy, they stop everything and attend to your needs.

I have been so fortunate to have the care that I have received since I have been here. It is difficult at times to live with seven other residents, but you soon become good friends. Each of us cooks one meal a week, and we have assigned chores to do daily.

I also am very blessed to have a wonderful psychiatrist, primary care physician, and a great young therapist.

I am dealing with some physical issues now along with severe paranoia and anxiety. I am on the least amount of medication that I have been on for a long time. I feel better physically and emotionally and hope it continues. My goal is to go back to work for a few hours a week.

I guess my reason for improvement is perseverance and hard work on the part of my primary counselor here at the house, and also myself. Believe me, it has all been worth it.

by Marilyn Ragsdale, Burlington

Consumer's Hopes for More Positive Outcomes Shared

In my experience, the Vermont mental health system, including the groups and meetings, at times did not work things out or lead me in the right direction. When I was physically sick my input was often blocked or prevented by the group. I also felt my contributions were twisted and inaccurately perceived, which resulted in side division. Ultimately, I felt ganged up on.

Other people were not willing to learn how to communicate in a more pleasant way when there were disagreements. As a result of this, I got burned out and felt that it was not good for me to participate. I felt not taken seriously and taken for granted in a lot of situations. It was impersonal most of the time, but there were times that were helpful.

I had hoped for a more positive environment. I was hoping to feel more enthusiastic, appreciated and recognized. Had specific limits and needs been respected, I would not have felt like I was being treated like some old number in a lot of situations.

by Marj Berthold, Burlington

A CAUTIONARY TALE

A Small Story About Road Kill

IT WAS RAINING OUT ON INTERSTATE 89, and it was getting worse; the rain was coming down faster and faster. That meant maybe the cars would slow down a little.

But that was not the case, although there were all sorts of animals crossing the busy road. All it would take was one driver not paying attention.

It happened without warning.

A small deer was crossing the road, when a pickup truck hit the deer at 50 miles-per-hour. The deer went down. The truck went off the road and into a big field.

The driver had been drinking heavily. The poor little deer was not moving at all. He lay there in pain and bleeding to death, gasping for air. He was struggling to breathe, and then his heart stopped beating.

The driver got out of his truck and fell to the ground. He was bleeding from the forehead. His truck was totaled and all the tires were flat. That is when he blacked out.

He woke up in the hospital two days later. He had a pounding headache and did not know where he was. He wanted to say something but no words came to him, only sharp pains.

"What the hell happened to me?" Why was he in the hospital? He looked down at his arms and could not believe what he saw. He had about four tubes in his arms. He put his head back on the pillow and tried to rest, but he kept on seeing himself hitting the deer, over and over again.

He opened his eyes and looked up at the ceiling. All he was seeing was the bright lights that made his headache come back even worse.

Why was he in such pain? It felt like his head was going to come off. Without warning he passed out.

While he was sleeping the doctors came into his room to see how well he was doing. The doctor took off his bandage around his head. The cut went the whole length of his skull. He had over 80 stitches. The doctor put a new bandage on and left the room.

Back at the scene of the crime the police had looked at his truck. They found beer bottles all over the place. The plates were stolen and there was a fake sticker on the windshield.

The police would have a lot of questions for the man in the hospital once he came out of intensive care.

Only time would tell how long he would be in the hospital. He would have to learn how to walk again and how to deal with the pain.

Shaking his head in disbelief, he told himself, "I guess drinking doesn't pay."

by Dennis Riley
Montpelier

Arts

Poetry

THE VERMONT ELOGY

This poem was written in French, in honor, its author says, of our friends to the North, in Canada. This English translation was also penned by the author.

The tinkling of the harp
produces in my mind
The sweet chirping of a brook
Flowing down a cliff;
One would say those little sounds laugh
As they gurgle from very high mountains,
Like clowning elves from nature's circus,
Who, by means of the harp, sing laughingly
In a way as beautiful as that of heaven's angels.
The elms, the oaks, the maples
Clap their leaves to show they are capable
Of admiring the harp in my mind
Like that of the brook's sonorous image
As I look outside
And gaze on the panorama of my Vermont,
And the enormous, stunning green beauty of its hills,
The purple pastel of its mountains;
A shining beauty sharp
To the eye is nature's painting
Hung upon a so purely azure sky;
The cliffs, the valleys, the blue lakes
Create a kind of optical game
In a professional and practical manner
Which embellishes the view and thus, the mind
To make so valuable this angelic music
For the heart; This so happy hour chases away all fears
And heals the soul and body better than any doctor;
Dawn and twilight have their beautiful glows
Of majestic fires, the sacred lights of God
Waking up or going to bed in the mountainous skies
Of my beautiful Vermont; their glowings
Resound with the harp in my heart
And throw their beautiful colors on little covered bridges,
Morgans running in the pasture,
Oxen at work,
Cows near barns,
Those buildings shooting
vertically enormous silos to help
The daily task of feeding hundreds of bovines;
There is nothing more striking
For eye, soul, or mind than when
Theae images astonish me by the harp in my mind;
Oh, beautiful Vermont, blessed be your children
And the just rule of your common people
Which created the most beautiful of simple democracies
That are mature and devoted to nature;
No state has honored the biosphere more
Than you and your noble citizens, parents
Who want to save the Earth
For their youngsters;
Listen! Listen! I hear
The harp play praises
From the archangels in a manner so beautiful
That the notes flash in the sky!
To honor this little state,
The first to outlaw slavery,
That horrible rnadness of the most savage of sins
Of past centuries;
Blessed, blessed be you,
state so tiny in territory,
So great in soul and spirit
As a role model for all our tomorrows!

Patrick William Bradley Jr., February 23, 2005

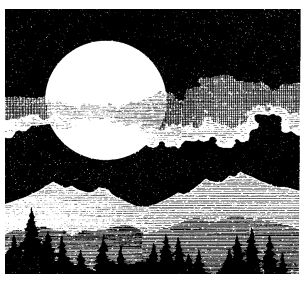
Art by Lisa Cararra

What Lies Within

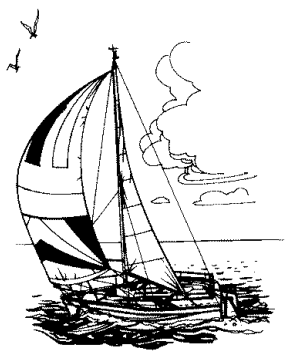
The wind is blowing, I can't feel my heart.
Is it because, I feel so cold and alone?
The trees are dying. Is it because they can hear my cry?
The leaves are falling as all my blood drips from the sky, onto the deadly ground
As I look up at the sky asking, "God, why do
people love to put me through all this pain?"
But as my soul starts to fade away, my body is still standing still.
I feel ashamed as pain lies within me.
So, I close my eyes to make a wish by sound,
I hear birds flying by and a voice in my head telling me to end it all while I still can.
But as, I opened my eyes.
I see and angel with heavenly wings telling me to, "Hang in there — everything's
gonna be alright."
Just lay down and you will be healed from all your pain.
But as, I did that.
I felt a big relief all over my body and all the trees, leaves and the wind came back to life,
and pieces of my body started flying away like butterflies and that's **when**
I knew that everything was alright.

by Kaela

Remember to send your



Photos,
Paintings,
Sketches or Cartoons;
Poetry,
Stories, Reflections
or any other
expressions of art to
Counterpoint



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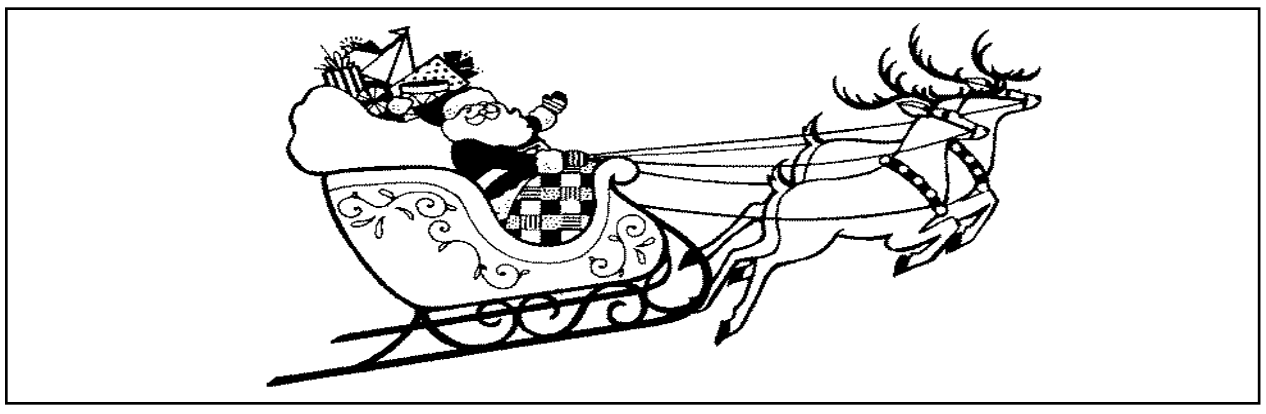
Arts Poetry and Creative Writing



Santa Visits Vermont

You may not believe in Santa Claus, but if you do, this story's for you.

Santa's first visit to Vermont goes way back to the 1700's. After a discussion and talk and finally a small debate with all his elves he finally decided to come to Vermont. Now, not necessarily in this order but considering times, seasons, weather, the moon and other things, here is where I will start:

His name was Chester Alan Arthur, born October 5, 1829, in Fairfield, Vermont. His father, a Baptist minister, was a very good man and wanted the best for his family, and little Chester in particular. He had a very strange dream about Santa's visit that year.

He had been very tired after writing his sermon for Christmas and dozed off, and there he was, flying along in the air with Santa and an elf in his sleigh and all the reindeer. He asked Santa what the future would bring for his son Chester – and the prediction was just as it happenned. His little boy would become President of the United States. Then he woke up.

You see, Santa usually visits us in our dreams. Anyway, Chester's gift that year was a baby rattle, a special good luck rattle...

***

Now in the year 1872, July 4 to be exact, another President from Vermont was born, our own Calvin Coolidge, in Plymouth Notch. His special gift from Santa was wooden alphabet building blocks. Santa knew that someday Calvin would become our 30th President. The blocks had a secret meaning that only Santa and Calvin knew.

***

Santa's next stop was Montpelier, the state capital of Vermont. He delivered quite a few gifts here to many people in the 1940's – known to Santa as the frosty 40's, to remember Frosty the Snowman. But this time he delivered a gift to Admiral George Dewey, born in 1837 and graduated from the U.S. Naval Academy in 1854. It's quite coincidental that at age 4 or 5 Santa gave him a little wooden boat for his Christmas gift that year. He used to sail it quite a bit in his bathtub.

***

Another well noted and special place to Santa is Holland, Vermont. Everywhere in the world where a place is called Holland, that's where Santa makes his first deliveries. Holland, Vermont was chartered October 26, 1779 and was settled in 1880.

Coming back to another town, called Orleans, which was first called Barton Landing, we find one of the first settlers named Nicholas Austin, who came by ox sled around the year 1794. Can you guess what he received from Santa as a young child? It was a small toy wooden ox cart.

As I end my little story, I want to wish you all a very merry Christmas and a very happy New Year. 'Til the next time, your amigo, friend, ami,

Santa's Helper

To Betina

The Path Finder

There are many people who have come into my life and gone back out with
unexpectedly low impact.
But there are others, though years past and miles awander, whoes faces I can still see
and whose voices still touch my heart
You fit in the later category.

God sent you to help me expand the girth ot my life
and step out in courage and hope.
In the darkness of illness I had wrestled so hard, I had forgotten to live
I have grown akin to the Fireweed which can rise in the wake of a forest fire
and grow tall and elegant in the midst of destruction

I realize now there is more than one path to choose
and destinations of joyful wonder
You have been a rare part of my healing joumey —
and I pray that your joumey takes you where you want to be

Kathy Farwell, Benson

The Man at the Door

I know you're not with Daddy now,
I've heard it all before.
But a terrible fear comes over me,
When that man comes to the door.

The terrible fear of being left behind,
That I don't mean much anymore,
That I am just a reminder
Of a life you had before.

I feel like I have lost you.
Will you be home to tuck me in?
I pray sometimes he leaves you,
For how else can I win?

I just want your attention
I don't want to live in fear.
I've already lost my Daddy.
How can I keep you here?

Should I get myself in trouble?
You'd pay attention then.
Should I abandon you,
And take up with my friends?

But I guess it doesn't matter.
You probably wouldn't care.
You're too busy getting pretty,
And fixing up your hair.

You give a good impression,
As you slowly reel him in.
If he knew you were so cunning,
His heart, you'd never win.

If you show them who you really are,
When coming through the door,
The relationship would be stronger,
'Cause there was no lies before.

I might still have my Daddy,
Or maybe I'd never been born,
But at least I wouldn't have the pain
Of feeling alone, or torn.

It's feelings that matter most, Mom.
Don't you have a heart any more?
Yes, you can trust me with it,
I'm not the man at the door.

Kathleen Johnson
Middletown Springs

Out of Egypt

by Laurie Kay Capen

"Hey! Where are you going in such a hurry, you little Jew?"

The Israelites wandered around in the wilderness when it wasn't necessary. Did you know that? Well, now let me say I'm very thick-headed and stubborn, almost bull-headed. I found myself wandering for 40 years, but now, thank the Lord, I finally got smart. I stopped the wilderness wandering.

If you stay with me and continue reading my story I will tell you how a Polish Jewish girl like me got out of the desert. Are you curious enough to continue? Read on!

I was only 18 months old when my Momma and Poppa decided I needed to go into foster care. Now mind you, I'm the third oldest child out of seven kids.

My journey began with my first foster home. I took up painting one day, I wanted a challenge. I found a red can of paint just lying there waiting for me to use my talent. As I proceeded to paint I smeared it everywhere, every nook and cranny I could find in this nice foster home.

It was fireworks! Can you imagine? It wasn't even Fourth of July! Like a cannonball came the words, "I don't want you!" The case worker came and my dolly and I hit the road like bums. No one loves me and no one wants me. This becomes much of my life's wandering journey. No one wants a little Polish Jew around.

"I can't be bothered."

"I have my own family."

"Too many mouths to feed."

"I sure don't need another one to take on," and "Oh, she's odd-acting, too."

The only oddity in my little life was lack of love. I would cry myself to sleep hugging my Raggedy Ann doll and kissing her numerous times.

But yet, there seemed to be a fight — no, I mean a battle going on inside of me. No one cares, no one loves me. No one in this wide awesome world we live in. As the years flew by I could remember only sad memories — I mean that were buried and burned in my mind, never to be erased. I could keep remembering them over and over again. I would realize, relive each sad experience. I would never forget this awful pain. It was a part of my life now.

I loved pain, I hated everyone and yes, I even loved that so-called Gentile God out there.

Guess what? At age three another foster home took me in. This couple, now get this, I am Jewish and they are a Wesleyan pastor and his wife who have kids of their own and they wanted to take me in. Why? This was the first time I really felt like someone cared about me — might even love me despite my dark hair. Maybe, just maybe, I won't have to move again.

It was not to be. In time, that big old black car came to take me away. My dolly and I would hit the road again. I would hear those awful words again.

No one wanted me and no one really does care about me either. When I went to church at age three and heard that God loved the world, I said, "Not me 'cause I don't have a Mommy or Daddy that will let me live with them." I have to keep moving around. All I am to everyone is a sack of potatoes that they need for a little while and when they're done with me they discard the bag. Nope, no one loves me and don't tell me the so-called God loves me 'cause I don't believe any of this garbage!

I felt so alone. I had no one in my life. My real family was all gone and now I had no one. Where do I go from here? Only God knew. But not me. My heartache became worse and worse and I became a rebel without a cause. I was born a Jew. I'll die a Jew, I thought...

Let's go back in time. At the age of five I got adopted by the Wesleyan pastor and his wife, Lorraine. Wow! I thought life could not get better than this. But, then again, sorrow seeped into my life again. My adoptive mother said she was a Christian but she acted like the devil himself.

My adopted mother could dish out the punishment and pour it on. By this I mean when we had a Christmas program or played for the church, you can guess who had the longest and hardest part. Oh yes, it was me. Page after page I had to memorize. I couldn't just read it. I was not permitted even one mistake. She was a perfectionist and I hated it. I didn't like to read the Bible. I had no interest in reading the Bible. Why should I?

Mom was the biggest phony I ever met. She may have been a preacher's wife and a school teacher but she was a phony. She would constantly fight with Dad yet Dad was the peacemaker in the family. He wouldn't fight with her and that amazed me. Instead he would just leave the house early to get away from her nagging. I'd be so angry at her I'd tell her off. But not Dad. My Dad wouldn't fight with my mother. Yeah, she was a preacher's wife yet, she was far from Christ-like in my little wide eyes. A small child can tell whether a person loves them or not.

I loved death. I was so happy to attend a funeral at age five. I hated weddings. I didn't attend them even when I grew older.

Living in Vermont was an exciting experience for me because the church was right next to a one-room schoolhouse. I would come in and hang up my coat on the wooden peg and there was a pot-belly stove to keep me warm. I've never been to a one-room schoolhouse like that since. But how could I learn how to read when I started taking classes in first grade with all the grades together in the same room? I could never concentrate. Later, in high school, I had trouble reading. I would flunk English every other year in high school and math was too hard. I was just about ready to give up. What's the use?

Living with my adopted mother was a battle of wills. She though she should break my will but instead she broke my spirit. Her endless words were — over and over — "You aren't special — you'll never be anything great for God!" These words started to burn in my mind for many years and for many years I believed them. Yet I believed that God sees what we can become, not what we are. My favorite saying was, "Be patient with me, God isn't finished with me yet."

I wanted to run away from home but where would you go when you were born in the 50's? You couldn't tell anybody in school how mean your mother was to you! You just didn't do those things. Wow, growing up as a preacher's kid, or PK, has its major pitfalls. Kids in school are so cruel. They used to taunt me. "Oh, you're just a goody- goody; goody two-shoes. Your mommy and daddy won't let you go to dances, can't go to movies, can't smoke, can't drink, can't swear." And "you are so weird. You're one of those Jesus Freaks aren't you?"

I started chasing boys at a young age but I always hurt my feet and turned my ankles. Mom had to keep wrapping my ankles with the long, ugly Ace bandages. I hated them. All of my life I was chasing after men, but I never caught any.

My endless search for love was my only priority at age 16. I thought stripping for a guy that I had just met would be love. I wanted to be loved so badly. One boyfriend led to another yet nothing would fill that empty void in my hurt soul. From child abuse to lack of love I was an emotional wreck. I ended up hating all men. So again I had another problem to contend with.

At 16, I had nothing to live for. I wanted to commit suicide. Why? I was so hurting inside. The pain stored up in my little mind was about to explode.

That year I met a lady named Pauline who was in charge of the chapel. Pauline said words I'll never forget for the rest of my life. "If you think for one minute you kids are going to get to Heaven hanging on your parents' coattails you're sadly mistaken. You have to have a personal relationship with God Almighty to get to Heaven. Each person must decide for themselves 'yes or no, do I want God or not?'"

My heart was being filled with three things — hate, bitterness and anger, which turns into hate if you don't do something about it. Oh yes, don't forget that awful word resentfulness. I blamed God for everything in my life. Still I kept crying out "Doesn't anyone care?" Why I bothered to pray that prayer I will never know.

I also met a lady named Esther the year I was 16. She was named for Queen Esther in the Bible. I thought that was strange that she, a Gentile, was named for a Jewish Queen.

She didn't have to come to God's rescue but she did. She said, "Now Laurie Kay, God isn't to blame for everything in your life so stop blaming God. It isn't God's fault that your Jewish parents didn't do the things you thought they should do by giving you up. God can't force people to live for him or serve him. So you can't blame God for the way your adopted mother treated you, either."

I slowly trusted women more and more. I depended on them for love, friendship and most of all security. Making out with the boys I would only feel dirty and cheap inside. What is love? "God, where are you?"

Through the years the emotional scars kept forming and forming and forming. These scars are harder to heal than the physical scars we receive. But I have great news: Emotional scars as well as physical scars can be healed. I know from experience.

If we continue to put negative thoughts in our mind and dwell on these things we will begin to believe them. Garbage in, garbage out. It's true in the computer world and it's true in the whole world.

I have finally gotten out of Egypt. I have learned by trial and much error. I have learned to forgive myself and this might sound a little strange, but I have learned to love myself. No, I am not conceited, yet we must learn to love ourselves, before we can love others.

Getting out of Egypt has been a long upward struggle, yes, a climb through depression and deep despair. I have good news, I am winning this great battle in my life — my motto is, don't give up! You can become a healthy person, in body, mind, and spirit.

I know! I am now a cancer survivor. Yes, I have fallen in love and have a husband — and I don't hate my mother any more.

Louise Kay Capon lives in Brandon.

Louise Wahl Creative Writing Contest Runners-Up

Winter's Lust

The night skies are the
blackest that I have ever seen.
A deep blue circle surrounds
the moon and blue-grey
clouds roll by as if to ask ~
will this cabin in the valley
once again be claimed by green.

The snow is falling softly,
gently whispering to all
creatures of the night.
Rocky mountain sides reach
upward and tall pines
wear their coats of white.

The roadway can no longer
be seen as it lies beneath
a white powdery dust.
My eyes are taken by the
beauty and my ears hear
the tale of a winter's
cold crisp lust.

The valley between the
mountains resembles
virgin ground ~
for not a print of man
nor beast in this winter
land can be found.

Sitting here in seclusion ~
with serenity all around,
my heart and soul are
thankful for this beauty
my eyes have found.

Sharon Young, Manchester Center

The Aviatrix

Courage is the price that life
exacts for granting peace.
— Amelia Earhart

I.
Amelia was our name,
her fixed Electra our plane.

She lumbered off Papua
New Guinea for Howland Island,

with more than enough fuel,
except for twice the forecast

headwinds, towers in her path
she had to wear ice over, and fame.

Overcast skies denied a star
fix on where they were. So

they guessed into yesterday,
with one short peek at the sun.

A small compass error, that's
all her navigator had let

in on their map – too much,
though, to beg back by radio.

II.
She plied the radioman
on the U.S. Coast Guard

cutter nearby, the Itasca,
for a bearing, but her set

was deaf to his replies,
the directional finder

useless, oh, how like prayer
flung out, no answer the static!
He'd logged one signal as strong –
she must have been very close

that mourning on the sun line
run for his post, ours, halfway

across the South Pacific to
Hawaii – but no haven below.

III.
Oh, why did she try to ring
the world so, so tomcat then,

to prey on fame from a cockpit,
try for this isle again, but
now into the rising sun,
not wear ice in the parlor?
Ah, in those days to fly!

to be free – we could only dream
of it, perch like Lindbergh high

up on the front page, fêted
so for giving us Paris.

When this Regal touched down last,
wracked with cancer, love buried him,

on Maui. She almost made it
home, too, yes, just one more stop.

IV.
Alcoholism, divorce, a firing,
these did not slay her father.

V.
Ophelia is our name,
illness, feigned, real are to blame.

Hal Frost, Shefield

A Saddened Family Optimizes

Saddened by the loss of a family friend,
Dad or Mom or other?
Yours or old disturbed people?
Later on we wonder, and wonder,
and understand a little more of life's problems
and the heredity and environmental ones...
On and on, older and older,
Somehow more or less caring and finding
ways to forget the pains...
Music and friends seem to help at times
Wondering why there are old illnesses
Much mystery, why again and again,
Let's not let the many years go to waste
We try to get some advantage from all this!
Speed read the records?
Naturally and particularly, keeping it together,
Siblings trying and having help on therapy...
Learning from books and T.V.
Radio and songs along the way,
hope and pray...

The poet writes under the pen name of SHDFH

The new year is upon us...time for

The 2006 Louise Wahl Memorial Creative Writing Contest

Awards up to $200 ~ Stories and poetry ~
Deadline March 30, 2006

The annual Louise Wahl Creative Writing Contest was created in honor of Vermont psychiatric survivor activist Louise Wahl to encourage original and creative writing work in the consumer community. Winners are selected by an independant panel of reviewers.

Submissions must be original writing or poetry, not previously published. One entry per category (poetry or creative writing) only; 2,000 words maximum, fiction or nonfiction. Send entries to: Counterpoint, 1 Scale Avenue, Suite 52, Rutland, VT 05701, or email to: counterp@tds.net.

Vermont Psychiatric Survivors Support Groups

Rutland:
New Life
Call Richard or Lucy,
775-4946
Rutland Regional
Medical Center
Allen St, Conference Room
December 12
January 9
7-9 p.m.

Manchester:
Northshire Bridges to Recovery
Call Bruce Frauman
824-4675
First Congregational Church
Rt 7A, Manchester
1rst and 3rd Tuesday,
7-9 p.m.

Bennington:
Double Trouble
Call Dave at 447-7301
or Peter at 442-5080
Turning Point Club,
465 Main Street
Tuesdays, 6-7p.m.

Middlebury Support Group
Call 345-2466;
Memorial Baptist Church,
17 South Pleasant St.,
Middlebury
every Thursday, 4-6 p.m.

Bennington Support Group
316 Dewey Street, Monday,
Wednesday, Thursday 1-2 p.m.
Call: 447-4986 or 447-2105

Montpelier:
Central Vermont Support Group
Call 223-7563
Vermont Center for Independent Living,
enter through side door
11 East State St.,Montpelier
Mondays, 6-7:30 p.m.

Newport:
Friends in Recovery
Call 334-7866;
St. Mark's, Church St, Newport
Every Friday, 6-7:30 p.m.

St. Albans Support Group
Call Jim at 524-1189 or
Ronnie at 758-3037
St. Paul's United Methodist Church
11 Church Street
1rst and 3rd Tuesday, 4:30-6 p.m.

Burlington:
The Mental Health Education Initiative Speaker's Bureau
The Mental Health Education Initiative (MHEI) mission is to increase understanding of the experiences called mental illness and to decrease the harmful isolation and stigma. Speakers tell their own stories about successes in the recovery journey. Audiences include professional providers, family members and friends, and their own peers. There is a planning group called the Advisory Council that is made up of at least 90 percent survivors. Stipends are paid to anyone who does any task that helps the group achieve its mission. Training and practice sessions are available. Would you like to know more? Call 863-8755 or send an email to MHEI@sover.net.

Critter Meeting
Call Xenia at 476-4067; last Tuesday of month, Kellogg-Hubbard Library Board Room, 6-7 p.m.

Burlington:
Bipolar Peer Support Group
Mondays, 6 p.m. Call John for location at 655-5908

Brain Injury Association Support Group
Brain Injury Association of Vermont Support Group; 2nd Thursday of month at the Middlebury Commons (across from the skating rink) at 249 Bettolph Drive, 6 to 8 p.m. Call Trish Johnson at 802-877-1355, or the Brain Injury Association at 802-453-6456; biavtinfo@aol.com; web site biavt.org
Toll Free Help Line: 877-856-1772

Counseling and Helping Programs

Referrals for Private Counseling
Vermont Psychological Association
229-5447
Check Yellow Pages in County Nearest You Under Headings for:
Psychotherapists,Psychologists
Counselors: Marriage, Family, Child, Individual

Veteran's Assistance
Veteran's Administrtion Mental Health Services
(White River Junction, Rutland, Bennington, St. Johnsbury, Newport)
(866) 687-8387, ext. 5680

Drop-In Centers
Another Way Drop In Center
125 Barre St, Montpelier, 05602;
229-0920

Brattleboro Area Drop-in Center
57 S. Main, Brattleboro, 05301

Our Place Drop-In Center
6 Island Street, Bellows Falls, 05101

COTS Daystation
179 S. Winooski Ave.,
Burlington, 05401

Community Mental Health Centers

Northeast Kingdom Human Services
60 Broadway Ave.
Newport, 05855
334-6744

Orange County, Clara Martin Center
11 Main St., P.O. Box G
Randolph, 05060-0167
728-4466

Rutland County Rutland Mental Health Services
78 So. Main St., P.O. Box 222
Rutland, 05702-0222
775-8224

Washington County Mental Health Services
P.O. Box 647 Montpelier, 05601
229-0591

Windham and Windsor Counties Health Care and Rehabilitation Services of Southeastern Vermont
1 Hospital Court, Suite 410
Bellows Falls, 05101
463-3947

Counseling Services of Addison County
89 Main St.
Middlebury, 95753
388-6751

United Counseling Service of Bennington County
P0 Box 588, Ledge Hill Dr.
Bennington, 05201
442-5491

Chittenden County The Howard Center for Human Services
300 Flynn Ave.
Burlington, 05401
658-0400

Franklin & Grand Isle Northwestern Counseling and Support Services
107 Fisher Pond Road
St. Albans, 05478
524-6554

Lamoille County Mental Health Services, Inc.
520 Washington Highway
Morrisville, 05661
888-4914 or 888-4635
20/20: 888-5026

Rights & Access Programs

Vermont Legal Aid
264 No. Winooski Ave, PO Box 1367
Burlington 05402; (800) 889-2047
Special programs include:

Mental Health Law Project
Representation for rights when facing commitment to Vermont State Hospital, or, if committed, for unwanted treatment.
121 South Main Street, PO Box 540,
Waterbury VT; 05676-0540;
(802) 241-3222.

Vermont Client Assistance Program (Disability Law Project)
Rights when dealing with service organizations, such as Vocational Rehabilitation.
PO Box 1367, Burlington VT 05402;
(800) 747-5022.

Vermont Protection and Advocacy
Advocacy when dealing with abuse, neglect or other rights violations by a hospital, care home, or community mental health agency.
141 Main St, Suite 7, Montpelier VT 05602;
(800) 834-7890.

Vermont Psychiatric Survivors
Contact for nearest support group in Vermont, recovery programs, and Safe Haven in Randolph, advocacy work, publishes *Counterpoint*.
1 Scale Ave., Suite 52, Rutland, VT 05701.
(802) 775-6834 or (800) 564-2106.

National Empowerment Center
Information and referrals. Lawrence MA 01843. (800) POWER 2 U (769-3728)

National Association for Rights Protection and Advocacy (NARPA)
P.O. Box 16311, Rumford, RI 02916
(401) 434-2120 fax: (401) 431-0043
e-mail: jblaaa@aol.com-

National Alliance for the Mentally Ill - VT (NAMI-VT)
Support for Parents, Siblings, Adult Children and Consumers; 132 S. Main St, Waterbury VT 05676; (800) 639-6480; 244-1396

Vermont Division of Health Care Administration
Banking, Insurance, Securities & Health Care Administration/BISHCA;
Consumer Hotline: (800) 631-7788
Appeal of Utilization Denials: 828-3301

Health Care Ombudsman's Office
(problems with any health insurance or Medicaid/Medicare issues in Vermont)
(800) 917-7787 or 241-1102

Medicaid and Vermont Health Access Plan (VHAP) (800) 250-8427
[TTY (888) 834-7898]

Support Coalition International
toll free (877) MAD-PRIDE; (541) 345-9106
Email to: office@mindfreedom.org