

Empowering Consumers in Residential Programs

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Empowerment works:

If ,we know what we want and what we have (There is also a difference in what we want, what we have and what we need)

For those of us with a psychiatric condition:

We do have a legitimate condition which needs appropriate care. There are now programs which can help stabilize the psychiatric condition Social and Educational programs are also important for other people in our society.

Let's talk first talk about social investment. These will be my views. You don't have agree.

1.Social and Educational Programs are necessary to invigorate society. Money spent on Social and Educational Programs is money that is also spent in the United States. Social and Educational Programs directly employ people in the United States. Therefore, Social and Educational programs not only invigorates society, these programs can also reduce the United States international balance of payments.

The United States government policy makers and citizens need to start thinking how to strategically spend more money on Social and Educational Programs. If we don't make this social investment, what will be the cost to society? (We can read Charles Dickens to be reminded what life was like before our social programs)

Next:

Also, Empowerment Can Be?

2. Empowerment is not only telling people what we need. What we want. Empowerment can also show people that our Social programs work. However, we don't need a single voice. We need an advocacy chorus. Many people telling personal stories. People who have participated in our programs. Also, Families who are familiar with our programs need to be heard.

I am a product of the mental health system programs. Some parts of the mental health system worked well for me and some parts didn't work at all. We can learn how to have balanced public presentation between what works and what doesn't work.

The active participation (empowerment) between people who receive mental health services and professionals might be also used in other agencies. For instance, "welfare reform" might be better implemented from people who have been on public assistance being the next generation vocational counselors and job developers.

Many time those who received the services never became the professionals who later delivered the services. We didn't take the successful people of social programs and hire them. Then, with the new staff recruited from our programs, continue to try reaching those who are not doing well in their social programs.

We know that almost everybody, sometime in their lives, will some kind of assistance or guidance. Their will be an ongoing need for social programs. We can have both people who share educational, class and experiential background.

We can also have a staff who have nothing but the education and a career experience in human services. We need both view points.

Ask a lot of questions. Get a lot of opinions.

What "works" in mental health might work for other agencies who job is social renewal.

If the first phase of empowerment is:

Before we ask or tell, know what we want and have

And keeping in mind,

There is also a difference between what we want, what we have and what we need
Being a participant in recovery based mental health system has Trade Offs between
Want, Need and Have

Then:

3. What are some Residential Programs that might work?

Using the empowerment model (Empowerment is a step in recovery?)

First, have we mistaken "community integration" for another mental health cure?

Psychiatric care might be low cost maintenance and long term care. The concept of empowerment means that we can share ideas.

First, can we guarantee each person has their own room?

The key to stabilizing with a psychiatric condition seems to be a lot of time alone and intense periods of personal rest. Each person having their own room can create a space of quiet reflection and rest. Being rested leaves a person speaking with clarity.

Second, should we also think about clusters of residences with shared staffing patterns in a neighborhood. Clusters could open the door for more consumer staff opportunities. More mental health consumers as residential buddies.

Third, Consumers as staff. Maybe, up to 50 % consumer employees in the future. A lot of job sharing and part time employment for consumer employees.

For instance, Consumers living in one residential cluster and working in another.

Mutual Interdependence might become an operative concept.

Fourth, lots of peer counseling training. The Recovery Workbook. Peer Counseling is a job. People should be trained and paid.

Who ever is doing well at living with their psychiatric condition can then return and work with other mental health consumers (who aren't as far along in their recovery or disability awareness).

Also, staff , who have no known conditions, can bring a perspective a life without disability. People with a psychiatric condition (disability) can learn both from both each other and people who have not had an interrupted life through a disability.

The residences can be closer to programs? Crisis residential units close to residences? Less continued life interruption then the better.

Professional house calls? Nurses, social workers and psychiatrists seeing what programs and medication people need for their personal recovery.

Bring the community to see our programs and residences. Open houses and community pride in our programs. Integration is a two way street. I want to integrate into some parts of the community.

I would also like to see the community take an interest in mental health. They can visit our residences and programs.

And Last, Create a Systemic Opportunity for Empowerment-Psychiatric Social Programs Based on the Psychiatric Condition

The psychiatric condition for me is:

Easy to get hurt Easy to get confused Easy to get tired

The more we set up programs and residences which don't aggravate psychiatric condition then the more likely we mental health consumers are going to participate.

Empowerment can be a natural process of participation.

In the past:

Mental health programs and/or residences (the system) didn't nurture as many people with a psychiatric condition toward recovery, rehabilitation and empowerment.

Also, I'm not sure that we mental health consumers had a disability awareness to help construct a system of recovery and rehabilitation based on our condition.

Also, because of misguided public perception of the psychiatric condition as a behavioral problem, nobody, consumers, family members, professionals or policy makers ever felt like full partners or participants. I would encourage a new discussion about the psychiatric condition.

We can start now.

Who are people with a psychiatric condition?

What is our condition really like?

What should we have for programs?

What is Empowerment? What will Empowerment look like in the future?