

POVERTY

Breaking the Trend, Living the Dream

A Guide to *Overcoming* Mental Illness and Poverty



The Main Place

Promoting Hope · Providing Tools
Removing Barriers

Your Place to Recover

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Dedication:

*In Loving Memory of
Donald Warth
6/27/69~10/28/09*



*"Better to die standing than
to live on your knees."*

Che Guevara

This toolkit is dedicated to Don Warth. Don died unexpectedly at the age of forty while we were working on this toolkit. He was a friend, teacher and mentor to everyone he had contact with, but most of all he was a fearless advocate for adults experiencing serious mental illness.

As an advocate he championed the consumer's right to live independently in the community by challenging evictions decisions and policies that were barriers to doing so. As TMP pioneered consumer-operated housing in Ohio, he played an important role in acquiring and managing housing and housing support grants. He was successful due to his attitude that was always positive, his manner reassuring, calm and amiable, his quiet competence and ability to get along with everyone.

Don implemented a Wellness Management and Recovery program in Licking and Knox Counties. Don was a consumer himself and was a great role model for all that knew him. His dedication and commitment to helping others was an inspiration. Anytime someone asked him how he was doing his reply was always "**Livin' the Dream,**" and he truly meant it.

He is greatly missed!



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Introduction: September 2009

Since 1993 consumers in Ohio have been exploring the 'mental health recovery philosophy', in work with the Ohio Department of Mental Health, family members, and providers throughout the State of Ohio. This work resulted in the development of a recovery process model known as Emerging Best Practices in Mental Health Recovery. Principle II from the guiding principles that formed the basis for the development of The Recovery Process Model and Emerging Best Practices is that "The Mental Health System must be aware of its tendency to enable and encourage consumer dependency.

Members of The Main Place and Phoenix Place, two consumer operated services in Ohio, have continued to collectively work on their recovery and learn from their work. One consistent finding from this work is that a person experiencing serious and persistent mental illness needs more than symptom relief. Recovering from the consequences of the illness is sometimes harder than from the illness itself.

During the summer of 2009, consumers from The Phoenix Place and The Main Place came together to talk about the impact that **poverty** has on their recovery. A review of literature revealed, "Serious mental illness occurs up to nine times more frequently in low income communities."¹ "Most people with serious mental disorders have low socio-economic status and often share the consequences of the environment of poverty; homelessness, high levels of mortality and substance abuse."² Whether the cause of poverty is mental illness, or whether mental illness results in poverty, poverty makes recovery from serious mental illness much more difficult.

Demographic data from The Main Place showed that the average gross household

income of a person receiving services for the first time was less than \$200.00 per month. While consumers were able to get linked to resources and access benefits, their income has remained well below federal poverty guidelines.

Consumers continued their thinking around the issue of poverty by participating in a weekend long orientation to Bridges Out of Poverty and Getting Ahead in a Just Getting By World. We gained an understanding of how poverty influences one values; our view of the world, how we think and respond to the world around us, and the degree and scope of the choices we believe we have.

After considering all the information we came back to the question what has been the collective experience of the group in seeking to recover, what components of recovery they needed to address in overcoming the impact that poverty had on their recovery. The answer to these questions became the basis for each chapter and the framework for our toolkit. We hope that you will use this toolkit as a starting point and reference for thinking about the impact of poverty on your life, a learning tool, a teaching tool, and as a stepping-stone to enhance your recovery.

Glenn Hopkins
Executive Director
The Main Place

¹Saraceno, Benedetto, Barbui, Corrado. 1997. "Poverty and Mental Illness". CJP 42 (3); 1-8.

²Albernaz, Amy. 2005. "Study Examines Link Between Poverty, Mental Illness." New England Psychologist. 17(9).



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Preface

This book is intended to be a guide in recovery from poverty and mental illness. Each chapter includes:

- A narrative related to the topic, written by a person surviving serious mental illness
- References to the principles of recovery
- Reflection questions
- Suggestions for future action, and
- Offers resources to pursue your action steps.

As individuals recovering from the effects of a mental illness or poverty, or as a relative or care provider, it is our hope that this toolkit will help you on your journey to gain and maintain independence. Use the resources available to you in this toolkit, find and share new resources and ultimately, live a more happy and successful life.

How to Use This Toolkit

This toolkit can be used in many different ways. You may use it on your own, find someone to help you use it, or join a group to help guide you through each chapter. This toolkit offers ideas and resources designed to meet the needs of a wide variety of people. **You** have the responsibility to **choose** what **action** and which resources are best for **you**.

Whatever your choices, it is important to remember that your journey through recovery is a *process* that will not occur overnight. Congratulations on taking the next step toward a new today that hopefully will be filled with a sense of resiliency and hope! **Keep Livin' the Dream!**



Pre-Assessment Reflection

Please answer the following questions. They are intended to help you become more aware of how your life is now and inform the goals you choose in your recovery. Answer the questions that apply to you in the spaces provided. At the end of this toolkit you will be asked to answer these questions again and compare your answers.

What are your goals for your recovery? _____

Where do you see yourself in five years? _____

How do you feel about your current situation? Financially? Emotionally? Socially? Physically? _____

Are you experiencing any crisis now? _____

To what degree do you feel you can take actions to improve your life? _____

What do you think the community's responsibility should be to people in poverty? _____



What are some key ways in which you would like your community to assist you in overcoming poverty? _____

In what ways does your mental illness put you at risk financially? _____

What are some ways that you would like to see your life change? _____

What are some ways in which you have tried to overcome poverty? _____

Are you happy with yourself? _____

Do you have positive people in your life? _____

Do you feel safe? _____



Are you happy with what you have instead of what you want? _____

On a scale from one to ten (with one meaning strongly disagree, and ten meaning strongly agree), rate the following statements:

I feel in control of my future: 1 2 3 4 5 6 7 8 9 10

I have the support I need to overcome poverty: 1 2 3 4 5 6 7 8 9 10

I have a sense of hope and *resiliency*: 1 2 3 4 5 6 7 8 9 10

I have the tools readily available to go back to school, get a job, get a mentor, etc. 1 2 3 4 5 6 7 8 9 10

Continue to think about these questions. Ask yourself these questions again after you have worked through this book. Compare your answers and use the answers to work on your recovery.



Chapter One – Recovery

Recovery is a process, an outlook, a vision, and a guiding principle. There is neither a single agreed-upon definition of recovery nor a single way to measure it. The over-reaching message is that hope and the restoration of a meaningful life are possible, despite serious mental illness (Deegan 1988, Anthony and Stocks 1995, Spaniol et al. 1997.)

Since 1993, the Ohio Department of Mental Health has conducted a series of dialogues throughout Ohio and nationally with consumers, family members, providers, and clinicians to explore the concept of mental health recovery. From these dialogues emerged a new way of thinking that emphasizes ‘recovery’ for persons with serious mental illness. Consumers continue to discuss and promote the recovery concept.

Key principles of recovery have emerged from these conversations. Read and talk about these principles with your peers or someone you trust.

Principles of Recovery

1. The consumer must direct their recovery process as much as possible. From time to time it may be helpful or necessary to have someone help direct this process.
2. Recovery is not a linear process. Recovery includes periods of growth and setbacks, periods of rapid progress, and times with little change.
3. Believing you have choices is critical to recovery. Enrichment (going to new places, talking to people, obtaining education, attending groups, and activities) will increase the options from which to choose and bring new insight to your recovery.
4. People who are recovering from mental illness are sources of knowledge about the recovery process.
5. Consumers are able to recover more quickly when:
 - Hope is encouraged and enhanced
 - Life roles with respect to work and meaningful activities are defined
 - Spirituality is considered and respected
 - Culture is understood



- Individual differences are considered and valued across a lifespan
 - Educational needs of the consumers, family, and significant others are addressed
 - Socialization needs are identified
6. A person with severe mental illness wants and needs more than symptom relief. Recovering from the *consequences of the illness* is sometimes harder than from the illness itself. Recovery is about moving beyond the impact of the illness, about growth that leads to new meaning, and purpose in one's life.
 7. A person can recover even though the illness is not cured. Recovery can occur even though symptoms continue. Recovery reduces the intensity and duration of symptoms.
 8. Treatment works. It increases the likelihood of recovery. Most of the people in our group chose treatment as part of their recovery. People can, however, recover without professional intervention.
 9. Most people in recovery have someone they can point to who believed in and stood by them in recovery, someone they could trust.
 10. Participating in a *consumer-operated* service will enhance your recovery process. Peer support can reduce symptoms, enlarge social networks, and enhance quality of life, especially when offered along with traditional mental health services. People who are offered consumer-operated, peer-support services show greater improvement in well being over time than those offered only traditional mental health services (Jean Campbell, et al 2004.)
 11. Recovery is most effective when the approach to recovery is *holistic*.
 12. People in recovery experience a range of emotions. Sometimes they are a normal part of the recovery process.
 13. The abuse of prescription drugs, and/or the use of illegal drugs and alcohol will make it impossible to recover.



Many of the contributors to this toolkit have learned recovery principles from their peers in recovery from drugs and alcohol. These include:

- Conscious awareness of the self
- Personal responsibility
- Rigorous honesty
- The plan works if you work the plan (recovery works if you have a plan and work on it)
- Sponsorship (someone to believe in you and mentor you; someone you trust)
- The only one you have control over is you!

ACTIVITY

If you are using this toolkit with someone else (a peer, case manager, etc.) or in a group, discuss these principles of recovery.



A story of Recovery as told by Patricia Deegan, 2009

At a recent conference that brought together persons with diverse disabilities, I had the pleasure of talking with a man who was paraplegic. We shared our stories of recovery.

At a young age we had both experienced a catastrophic shattering of our world, hopes, and dreams. He had broken his neck and was paralyzed, and I was diagnosed as being schizophrenic. We recalled the impact of those first days following the onset of our disabilities. He was an athlete and dreamed of becoming a professional in the sports world. I was a high school athlete and had applied to college to become a gym teacher. Just days earlier we knew ourselves as young people with exciting futures, and then everything collapsed around us. As a teenager, we were told that we had an incurable malady and that we would be “sick” or “disabled” for the rest of our lives. We were told if we continued with recommended treatments and therapies, we could learn to “adjust” and “cope” from day to day.

Needless to say, we didn’t believe our doctors and social workers. In fact, we adamantly denied and raged against these bleak prophesies for our lives. We felt it was all just a mistake, a bad dream, and a temporary setback in our lives. We just knew that in a week or two, things would get back to normal again. We felt our teenage world was still there, just waiting for us to return to it. Our denial was an important stage in our recovery. It was a normal reaction to an overwhelming situation. It was our way of surviving those first awful months. The weeks passed us by, but we did not get better. It became harder and harder to believe we would ever be the same again. What initially had seemed like a fleeting bad

dream transformed into a deepening nightmare from which we could not awake.

We felt like ships floating on a black sea with no course or bearings. We found ourselves drifting farther and farther away from the young, carefree people we had been. He lay horizontal and in traction while his friends selected to play ball at very prestigious colleges. I stood drugged and still in the hallways of a mental hospital while my classmates went off to their first year of college.

We experienced time as a betrayer. Time did not heal us. Our past deserted us, and we could not return to who we had been. Our futures appeared to be barren, lifeless places in which no dream could be planted and grow into a reality. As for the present, it was a numbing succession of meaningless days and nights in a world in which we had no place, no use, and no reason to be. Boredom and wishfulness became our only refuge.

Our denial gave way to despair and anguish. We both gave up. Giving up was a solution for us. It numbed the pain of our despair because we stopped asking, “Why and how will I go on?” Giving up meant that for 14 years he sat in rooms of institutions gazing at soap operas, watching others live their lives. For months I sat in a chair in my family’s living room, smoking cigarettes and waiting until it was 8:00 PM so I could go back to bed.

At this time even the simplest tasks were overwhelming. I remember being asked to come into the kitchen to help knead some bread dough. I got up, went into the kitchen, and looked at the dough for what seemed overwhelming to me. Later I learned the reason for this: when



one lives without hope (when one has given up) the willingness to “do” is paralyzed as well.

All of us who have experienced catastrophic illness and disability know

It is rage turned inward. It is a wound with no mouth, a wound that is so deep that no cry can emanate from it. Anguish is a death from which there appears to be no resurrection. It is inertia, which paralyzes the will to do and to accomplish because there is no hope. This part of recovery process is a dark night in which even God was felt to have abandoned us. For some of us these dark nights last moments, days, or months. For others of us it lasts for years. For others, the despair and anguish may never go away.

Neither the paralyzed man nor I could remember a specific moment when the small and fragile flame of hope and courage illuminated the darkness of despair. We do remember that even when we had given up, there were those who loved us and did not give up. They did not abandon us. They were powerless to change us, and they could not make us better. They could not climb this mountain for us, but they were willing to suffer with us. They did not overwhelm us with optimistic plans for our futures, but they remained hopeful despite the odds. Their love for us was like a constant invitation, calling us forth to be something more than all of this self-pity and despair. The miracle was that gradually the paralyzed man and I began to hear and respond to this loving invitation.

For 14 years the paralyzed man slouched in front of the television in the hell of his own despair and anguish. For months I sat and smoked cigarettes until it was time to collapse back into a drugged and dreamless sleep.

But one day something changed for us. A tiny, fragile spark of hope appeared

this experience of anguish and despair. It is living in darkness without hope, without a past or a future. It is self-pity. It is hatred of everything that is good and life giving.

and promised that there could be something more that all of this darkness. This is the third phase of recovery. This is the mystery. This is the grace. This is the birth of hope called forth by the possibility of being loved. All of the polemic (attack on a belief) and technology of psychiatry, psychology, social work, and science cannot account for this phenomenon of hope. But those of us who have recovered know that this grace is real. We lived it. It is our shared secret.

It is important to understand that for most of us recovery is not a sudden conversion experience. Hope does not come to us as a sudden bolt of lightning that jolts us into a whole new way of being. Hope is the turning point that must quickly be followed by the willingness to act.

The paralyzed man and I began in little ways with small triumphs and simple acts of courage: he shaved, he attempted to read a book, and he talked to a counselor; I rode in the car, I shopped on Wednesdays, and I talked to a friend a few minutes. He applied for benefits, he got a van and learned to drive; I took responsibility for my medications, took a part-time job, and had my own money. He went to college so he could work professionally with other disabled people; I went to school to become a psychologist so I could work with disabled people. One day at a time, with multiple setbacks, we rebuilt our lives. We rebuilt our lives on three corner stones of recovery – hope, willingness and responsible action.



Chapter Two – Telling Your Story

At the beginning of this chapter there was a story of recovery. Telling your story can have a powerful impact on your recovery and on the lives of others. Your story shows recovery is possible; people with mental illnesses can recover. Your stories show that people recovering from mental illness:

- Can be strong and confident
- Take charge of their lives and do for themselves
- Make their own choices
- Work
- Contribute to the world
- Have better experiences with their lives as they become less about their illness and more about living.

Considerations for telling your story:

- Recognize the appropriate times and places for telling your story.
- Parts of your story may be more relevant to a situation than telling your whole story.
- Your story should be descriptive and concise.



The following set of questions are designed to help you think about how far you have come, how much you have overcome, and the role that you and others have played in that journey:

What were some of the early signs of your illness? _____

Describe yourself when you were at your worst? _____

What helped in your move from where you were to where you are now? _____

What have you overcome to get to where you are today? _____

What are some of the strengths you have developed? _____

What are some of the things you do to stay well? _____



Now try to write or tell your story. Keep in mind that your story is unique and special. Be proud of sharing it with others! Use the outline below as a guide for telling your story:

- Onset of the Illness – “shock and denial”
- Life is limited – “despair” (describe yourself when you were at your worst)
- Change is possible – “hope and courage”
- Commitment to change – “the will to do it”
- Action for change – “responsible action”
- Future goals

If you are going through this tool kit in a group, share your story with the others. Telling your story can be beneficial to them. Look for other places to tell your story. Telling your story can educate and reduce stigma. Telling your story can help you think about your own recovery; what’s worked, what hasn’t, and what your goals are.

Practical Applications for Telling Your Story

The Role of Services in the Recovery Process

Effective behavioral health services will focus on connecting consumers with others who have shared similar circumstances. This gives consumers support and hope for a successful outcome. This session on recovery stories is intended to:

- Help you think through how far you have come, how much you have overcome, and the role you and others have played in your journey to recovery
 - Help you discern whether they are ready to tell their own story
- Help you understand the role that sharing stories plays in the recovery process.

ACTIVITY

Write or share your story with others in your group



The Role of Peer Support in the Recovery Process

The power of experience will allow peers to influence consumers in a way that they might not otherwise had they not gone through the recovery process themselves. A huge part of peer support is being able to identify with individuals by sharing your experiences.

Telling your story can be beneficial, but self-disclosure must be

used with caution. You should ask yourself four major questions when telling your story:

- Am I ready to tell my story?
- Is it time to and appropriate to share my story?
- How will telling my recovery story help other consumers?
- Does my sharing focus too much on myself?

The Role of Documentation in the Recovery Process

In this toolkit, you will read the stories of others in recovery. You will learn that the power of experience and telling your story can have a profound effect on helping others throughout their journey of recovery. As you evaluate your own readiness to tell your recovery story, it is imperative that you understand that sharing is solely for the benefit of others. It may be useful for you to do a more in-depth recovery story to evaluate the power of the recovery process in your life.

Cultural Competence Considerations:

An individual's culture can have a huge effect on their willingness and ability to relate to the peer's story and experiences. Be knowledgeable enough about an individual's culture so that the experience that you share is relevant and appropriate.

****Each of the contributors to this tool kit have written narratives about their recovery. All share parts of their lives. Some of these stories at the beginning of each chapter in this toolkit.**



A story of Recovery as told by M. Vanessa Eubanks, 2009

Not Poverty, *Just Broke!*

I was 44 years old. I had just come through a “crash and burn” (bi-polar.) I was just starting my recovery from substance abuse and my car had just been totaled. Due to mental health issues, I had just lost my job, so I had to move in with my mother. The glass was definitely half empty!

I heard about a course entitled, “Bridges Out of Poverty.” I was lower than I had ever been and figured I was impoverished, so I signed up for the course. I sat through the first session of the course and waited for something that applied specifically to my situation. All of the problems that stemmed from a lack of money, I could relate to. The rest of the training did not apply.

When the break came, I went to the instructor and briefly told him my story. He paused, looked me in the eyes and said, “**You are not in poverty, you are just broke!**”

Poverty is a mindset, a way of seeing the world and where you fit in it. Even though I was down, I regarded the situation as temporary. I had been employed before and I expected to be employed again. My parents had always been employed and my father ALWAYS worked two jobs. All of my friends had jobs – working for a living was all I knew. I was raised to be a contributing member of society, not merely a consumer.



Chapter Three – Understanding Poverty

*Empty pockets never held anyone back.
Only empty heads and empty hearts can do that.
~Norman Vincent Peale~*

Poverty is the extent to which an individual does without resources. Resources come in many varying forms, such as social, financial, emotional, and relational resources. It is one thing to be broke; it is another to be poor, as is illustrated in the story at the beginning of this chapter. The focus of this chapter will be on understanding and taking steps to recover from the impact of mental illness and poverty.

Many people who experience the consequences of serious mental illness become and remain poor for long periods of time. The incidence of serious mental illness is seven to ten times greater amongst the lower class. Most of the contributors to this toolkit live at or below the federal poverty standard.

It can be nearly impossible to recover from the impact of long-term or generational poverty. Poverty makes recovery from serious mental illness much more difficult. The struggle to survive puts great stress on

our physical and mental health. The struggle to survive may control our thinking and behavior.

Poverty can in some instances be ‘generational,’ meaning that it is learned, exists from one generation to the next, and influences peoples’ values; our view of the world, how we think and respond to the world around us, and the degree to which we believe we have choices.

Issues of social justice perpetuate poverty. In economics, the cycle of poverty is a set of factors or events by which poverty, once started is likely to continue, unless there is outside intervention.

In this toolkit we will explore factors that lead to poverty, and use what we have learned to begin breaking the cycle of poverty in our own lives.



“LIVING LIKE THE WHITE MAN!”

M. Vanessa Eubanks, 2009

My father came out of a family with 21 children. Several of my relatives lived in Chicago. I would visit them in the summer. It was like going to another country. I was often introduced as “the cousin that had learned to deal with the white man.” I found that extremely distasteful. In addition, when they spoke of the future, they often used the term, “living like the white man.” Utterly

frustrated, I asked them, “which white man?” I explained that I live better than some of the white people I know and worse than some of the white people I know. What I finally realized was that my cousins grouped all white people together and used them to represent success. Success, in their minds, was “only for the white man.”

Many times, people who are in poverty focus on the present and are constantly in crisis mode. This phenomena has been described as “Living in the Tyranny of the Moment” (Phillip DeVol, 1999). There is little room in our day-to-day experience to focus on planning ahead for the future. Money is spent as soon as it is earned, decisions are based in the moment, immediate gratification is sought, and education seems like an abstract idea. Seeing beyond the present moment is necessary to help you plan your future.



The story “Living Like the White Man!” is an excellent example of how culture impacts poverty. Ms. Eubank’s cousins were enculturated to believe that “success was only for the white man.” Now let’s explore what affects poverty has on your life. Answer and discuss the following questions:

What are the **driving forces** in your life? _____

What **possessions** are important to you? _____

How do you feel about **money**? _____

How do your responses to these questions differ from someone from the middle or upper class? _____

Are they familiar in our own lives? _____

What are generally accepted roles that men and women play in your life? _____



Here are other resources to improve your understanding of poverty:

Payne, Ruby K. (1999). *Bridges Out of Poverty: Strategies for Professionals and Communities*. Highlands, TX: RFT Publishing Company.

Phillip DeVol 2004. *Getting' Ahead in a Just Getting' By World*, aha! Process Publications.

- Contact your caseworker, counselor, or local Department of Job and Family Services to find out where classes are offered on the cycle out of poverty, like a 'Bridges out of Poverty,' or 'Getting Ahead In a Just Getting By World.'
- Contact your local 211 center for information and referral. Call 2-1-1 or search on-line @ www.211.org
- The more you understand how poverty affects the way you think and behave, and the more you increase your awareness about how you think and behave, the more likely it is that your thinking and behavior will begin to change.

Don't stop seeking the help you need until your needs have been met!



A story of Recovery as told by Pat Partlow, 2009

Poverty is as much a state of mind as it is being financially challenged. It left me feeling hopeless and helpless. I felt like I was running around begging just to keep a roof over my head or food in my tummy. Fortunately my daughter was out on her own then.

When I was awarded disability I thanked God I'd be able to pay the rent, utilities, etc, and keep food on the table. My depression was still a major force on my self-esteem. I still had a lot of work to do with my depression issues. Had to continue working on these issues of social supports, relational supports, and stronger family support. I still felt in poverty in these areas.

Over the years working on these issues wasn't always easy or pleasant, but it improved over time. I had an encounter with the court system in my past and this issue came up several times over threatened to break me down, but I got up and continued on.

The Main Place has been a help to me in many ways. Staff and other consumers' support has mostly been a positive experience. But even the bad times have taught me some valuable lessons.

Today I feel like I'm not in poverty. Maybe my income is limited but by using my head and being careful I have enough to live. Acceptance of my situation helps me. I feel rich in family relationships, and have great support system of friends. I am blessed with reasonably decent health and have a decent place to live and not a lot of bills. Over the years simplifying my life has helped tremendously. Keeping up with the '*Joneses*' can be a real downer. Tomorrow may never come so enjoy the good things you have today, but don't forget to have some realistic goals and git-r-done.



Chapter 4 - Planfulness

*“Planning is bringing the future into the present
so that you can do something about it now”
~Alan Lakein~*

Planfulness is a learned skill and takes practice. It is the ability to see past the present and plan for the future.

Reflection Questions

What makes it hard for you to make changes in your life? _____

What planning strategies have been most effective for you? How can you build on these strategies in other areas of your life? _____

What strategies do you rely on to get and stay motivated? _____



Just because you're poor doesn't mean that you are stupid. In order to overcome poverty, you are going to need to develop the ability to plan: to make plans, to carry out plans, and to evaluate your progress. As mentioned before, individuals in poverty often consider time to only be in the present, not in the past or future. This affects one's ability to plan because many times the person is caught up in the 'tyranny of the moment' (Phillip De Vol, 1999). It does not mean that individuals in poverty can't learn how to plan or set goals. It does mean that a person has to develop *conscious*

awareness of the self. Conscious awareness of the self is the ability to observe your thoughts, emotions, and behavior as they are happening. Once a person develops conscious awareness of the self, they can control the way in which they respond to the world around them. Changing those responses requires planfulness.

A familiar example of planfulness is an advanced directive. An advanced directive is a plan for how you will respond to the early signs of having set-backs in your recovery and how you wish to be treated when and if you *decompensate*.

Strategies for Planning

- Plan backwards. Start with a grid with the days of the week and space below (as shown in the table below.) If a task is due on Friday, label that the due date. Then break down different parts of the project to be completed on each day before

Friday. Start with projects that can be completed in a few days. This approach can be used with such things as employment applications, daily medications, and other scheduled events.

Monday	Tuesday	Wednesday	Thursday	Friday
Begin task	Part 2	Part 3	Part 4	Task to be completed



- Numbering or color-coding different events in the week may also be helpful to see the tasks ahead. For instance, if you are taking a class on Mondays, Wednesdays, and Fridays, label that with a green marker (you can go even further by having a green folder for your classes for an easy way to remember.)
- Make lists to stay organized and keep on track (when going to the grocery store, steps to getting a job, chores around the house, etc.)
- Have or learn to use a day planner or calendar (available at many stores.) It will help you to keep track of important events and help to structure your day (see resources section at the end of this chapter for an example of a day planner.)
- Sometimes there are so many things to do; it seems impossible to remember all of them! Write your goals down and post them somewhere where you will see them and be reminded of the tasks or events you have on your schedule.

It is also important to consider that part of being planful is goal setting. With a goal in mind, it may be easier

to see the end result and therefore, to complete the steps necessary to accomplish your goal. Whatever plans you make, however, should be yours and not someone else's plans.

Another part of goal setting is emotional attachment or association. Research has shown that the more emphasis or necessity you place on a goal, the more likely it is to get completed. For instance, if your car breaks down and you have to get to work the next day or risk being fired, it is more likely that you will work on getting your car fixed or finding another ride than thinking about what you are going to do after work the next day.

As with any skill, learning to plan takes practice! Like recovery, successfully carrying out of your plans will not be a linear process. There will be periods of growth and setbacks, periods of rapid progress, and times with little change.

There are many different strategies and methods a person can use to plan. It may take some time to figure out what the best method for you is. As with learning styles, not all people are going to use the same strategy as you because it simply doesn't help them.

Other elements of successful planning are personal responsibility



and sponsorship. Personal responsibility is a commitment to working your plan. 'The plan works if you work the plan.' For example, the twelve-step model of recovery is a plan for staying sober. The keys to success in the twelve-step model are working the steps and having a sponsor. A sponsor is a person who has achieved the goal that you are seeking to achieve and can advise and support you in the process of achieving that goal. We will talk more about sponsorship/mentorship in the chapter on peer and family support.

Another good example of planfulness is the recovery process model developed as a part of Emerging Best Practices in Mental Health Recovery. Key steps in the model include:

- **Enrichment:** gaining awareness of the choices you have
- **Choosing:** the goal you want to work on is your recovery process.
- **Clarifying:** Developing action steps for achieving those goals that include time frames and how you will know when the goal is achieved.
- **Connecting:** Who do you want to help you achieve the goal? What will be expected of them and you?³
- **Coordinating:** Write a written plan.
- **Evaluate** your progress toward achieving the goals of your plan.

³ The Emerging Best Practices for Mental Health Recovery. 1999. Ohio Department of Mental Health.



You or a member of your group may want to develop a tool for planning or use the tool provided below:

Goal Planner

Goal:		
Action Steps	Start Date	Completion Date

What evidence will there be that change has occurred?



**An Example of action steps:
(Getting a Job/Employment)**

Here are some ways you might approach planning to join the workforce:

1. Make a list of skills and personality traits you have.
2. Brainstorm what interests you and try to identify how you would like to fit these interests and skills into the workplace.
3. Seek out the help of an employment center.
4. Update your resume (make it job specific to help sell your skill set).
5. Build your interviewing skills
6. Post your resume and look for jobs on websites like monster.com.
7. Go to interviews with a positive attitude and a sense of confidence!
8. Keep at it until you find a job!

***Shoot for the moon. Even if you miss,
you'll land among the stars.
~Les Brown~***



A story of Recovery as told by Reverend Nat Dotson, 2009

Duke Ellington and Matt Dillon

In just a few short weeks of my participation in this project life has changed drastically for the better. One of the first things I did was add up the amount of stipends I would receive and consider how to use it as an investment in my long-term future. I have used this money to secure an apartment that is secure and conveniently located.

I made a bunch of new friends at the retreat and got to know some of the people better. My full year of work with my case manager Matt has yielded some great changes in him and me personally, though the changes to my case are slow due to circumstances beyond our control. Our center is also changing and growing.

I am hoping to return to school this fall to help in my self-empowerment

goals. I have worked since 1992, my junior year in high school, on a ministry program for the local homeless. I just celebrated the second birthday and anniversary with my faithful companion and service animal, Duke Ellington...

Our support networks are most important to keep everyone focused on the goal and to advocate for our ability to access resources and have our efforts respected, to help us move from crisis mode into a routine for better living.



Chapter 5 – Peer and Family Support

*“You cannot build character and courage by taking away a man’s initiative and independence. You cannot help man permanently by doing for them what they could and should be doing for themselves”
~Abraham Lincoln~*

Support systems are very important to any individual who is recovering from anything. Consumers who have recovered often point to a person or persons in their life who was a key to their recovery. Many studies show that having a source of support to share emotional needs, as well as accountability and responsibility, can greatly help in managing mental illness and overcoming poverty.

A positive support system can help you to develop coping strategies that are keys to overcoming disappointment. They can bring you options for problem solving and suggest positive ways to address conflict. They provide information and know-how, along with wisdom from similar lived experiences. They can supply temporary relief from stressors

like too many things to do and too little time, stressful financial situations, etc. They can connect you to other people and resources as well as give you positive encouragement. Most importantly, a positive support system can provide the opportunity to share stories of hope and resiliency. They can provide a unique level of care not available from professionals. Being part of a support network also gives you the chance to give back and help others who may be in a similar situation. Consumer-operated services are a good resource for building relationships and getting support. To learn about where to get help in Ohio or about COSs in your area, you can contact the Toll Free Bridge at 1-877-275-3634 or The Ohio Empowerment Coalition at 614-310-8054.



Reflection Assessment

Here are some questions that may be helpful in evaluating your current social support network. Reflect on these and perhaps share and discuss your answers with someone you trust:

Do you have a circle of friends and family who support you and make you feel safe?

Yes No Who are they or how can you get a circle of friends? _____

Do your friends and family support you in making positive changes in your life?

Yes No What are you going to do about making changes? _____

Do you always "Need Something" from friends and family? Yes No

Do your friends and Family always want something from you? Yes No

Do you feel safe in your neighborhood? Yes No

If not, what can you do to feel safe? _____

Do you feel that you have a voice or influence on important community issues?

Yes No Why or why not? _____



Do you have positive contact with people in your community (social services, police, healthcare, etc.)? Yes No Why or why not? _____

Are your children engaged in positive social activities with peers and adults? Do you encourage your children to actively participate in something (i.e. school, sports)

Yes No Why not? _____

Does anyone realize who you are, or what you have accomplished?

Yes No Why or why not? _____

Were most of your answers to these questions “no?” If so, perhaps re-evaluating your relationships may be a key to unlocking new opportunities and open new doors to overcoming poverty. If you have been poor for a long time, creating new support systems may not only be helpful, but necessary.



Mentors and Role Models

One useful resource for change would be to find a mentor or role model who is willing to act as a coach, someone to hold you accountable for achieving your goals. They will be a person who is able to help redirect you to your goals if you happen to lose sight of them. A mentor or role model may be able to help with tasks such as finding employment, giving up an addiction, taking steps toward getting a higher level of education, etc.

Find someone you trust, who believes in you, believes in recovery, and will be there throughout your journey. Find a person that has positive values that can help you be successful at becoming independent. Find someone who may have had similar lived experiences who will be able to relate to you, will listen to you, who understands that recovery is often times filled with emotions and that working through your emotions is an important part of your recovery process. If you can't find a person that fits this description, try using the resources found at the end of this chapter. A church or community

center could also serve as a great source for a mentor or role model and could be a great jumping-off point for support.

As important as a mentor or role model can be to your recovery process, it is also important to build a network of individuals that can help you. It is important not to overwhelm any one person with your needs. Below is a list of resources that can help you take the first steps in building such a network.

Many of these contacts have websites and 1-800 numbers. When searching their websites, look for links that lead to further resources. Using a search engine such as Google may also be helpful in finding or even starting a support group in your own local community.

ACTIVITY

If you are using this toolkit in a group, brainstorm amongst yourselves and put together a list of resources in your community that have been useful in the past for support.



The group of consumers that helped to develop this toolkit came up with these resources that have been helpful to them in the past:

**The Main Place
(Licking and Knox Counties)**
<http://www.themainplace.org/>

**The Phoenix Place
(Clermont County)**
<http://www.thephoenixplace.org/>

Mental Health America: How do I find a local support group?
http://www.nmha.org/go/find_support_group

NAMI Ohio
<http://www.namiohio.org/index.html>

**The Toll Free Bridge
(The Ohio Department of Mental Health)**
1-877-275-6364

The Ohio Empowerment Coalition
1-614-310-8054

National Mental Health Consumers' Self Help Clearinghouse
<http://www.mhselfhelp.org/>

**Network of Care: Ohio
(listed by County)**
<http://networkofcare.org/index2.cfm?productid=2&stateid=41>

National Empowerment Center
<http://www.power2u.org/>

Ohio State Resource Guide:
<http://download.ncadi.samhsa.gov/ken/pdf/stateresourceguides/Ohio07.pdf>

Ohio Department of Mental Health - Where to Get Help:
<http://mentalhealth.ohio.gov/getting-treatment/where-to-get-help.shtml>

Ohio Association of County Behavioral Health Authorities
<http://www.oacbha.org/includes/downloads/issue13.pdf>

Big Brothers Big Sisters of America
These individuals bring positive role models into your children's lives and can enrich them with a sense of hope.
<http://www.bbbs.org/site/c.djJKKYPLJvH/b.1539751/k.BDB6/Home.htm>

211 Call Center Search
Call 2-1-1 or 211.org



A story of Recovery as told by Larry Racette, 2009

Vomit stuck to my mustache. My mouth had a sour taste. My head hurt with a throbbing headache. The back of my throat was sore from smoking crack. Looking in my wallet, the sad truth was revealed. Once again, I had spent my entire SSI check on alcohol and drugs. Two dollars was all I had left to last the rest of the month. So naturally I spent it on a 40 oz. beer!

This is one of the countless episodes of misery that plagued me off and on my whole life. In my youth fits of depression alternated with periods of boundless joy. Now that I am able to look back on my life with a relatively sane and sober mind, I can write this narrative only covering the past three years. All together my mental health issues include: schizoid personality disorder, dissociative reaction with fuge syndrome, depression, and obsessive-compulsive disorder, to round things up. First hand knowledge of poverty occurred during my three years of homelessness in Richmond, Virginia. A series of personal misfortunes aided by alcohol on top of my mental health issues found me jobless, homeless, and penniless all in one time.

In Richmond the homeless would locate themselves around the Daily Planet, which is a social service center. A block away was a soup kitchen, which served breakfast and dinner five days a week. These places were

next to a public park called Monroe Park. So all the homeless would loiter there during the day, and it was closed at night. This bordered on the campus of Virginia Commonwealth UV.

I learned to survive on the street from the others who shared my fate. During this time my mentor was a girl named Jenie. She was bi-polar and schizophrenic, even on her meds, and she was violent and very paranoid. I quickly learned that she had to be that way to survive. She taught me how to panhandle, and the art of dumpster diving what food was safe to eat when found.

The homeless camps all over the area close to the service centers were under the Lee Bridge and along the banks of the James River. Of course, the police were always trying to run the homeless away from the camps but people would move away and then come back a few days later. During winter there, some shelters were available for people to sleep in, but you had to leave by six a.m.

During the fall of 2005, I contracted a viral infection that attacked my kidneys. This virus resulted in a 105-day stay in Chipinham Hospital. Three hours of dialysis every other day was a painful and miserable experience. The entire hospital stay I had a catheter consisting of two 18" tubes inserted in the side of my neck. When I was released my sisters arranged for



me to move to Ohio. Six months after my arrival my SSI benefits were approved. With the money I moved into an efficiency on Hudson Avenue in Newark. Little did I know, next door was a notorious crack house.

Old habits were renewed. My life became one self-reproach and drunken excess. Violence goes hand in hand with depression, drugs, and alcohol. In one year of living there I was involved in four fights, was robbed twice, then because I had a phone, the police noticed all the foot traffic between the two places. As a result, when they raided next door they decided to raid my apartment as well. I moved after the water pipe in the upstairs broke. The plaster ceiling fell on me and the same time, the kitchen stove. So after that disaster, I moved to a rooming house. Unfortunately, it was only a block away from Hudson Avenue. So trouble still followed me, but not as often. I heard about The Main Place from one of the residents.

My first few trips there were uneventful. Primarily, I went for the free lunch. Half the time I went there drunk. In my diseased mind I didn't think anyone would notice! As time went by, I became involved in the programs at the center. Even though I was still drinking and occasionally smoked, I slowed down quite a bit.

Another thing that brought a change in my mental health recovery was the introduction of Elavil to my list of medications. My general

practitioner prescribed it as a sleep aid. She increased the dose after six months and sure enough, my depression lifted. Then gradually I got to the point where I was able to look back objectively on my past behavior. Throughout my life the constant changes in both my emotional and mental state caused both addictive as well as anti-social behavior. My problem was both socio-economic and biochemical. To my surprise my craving for street drugs faded away and so did the people I used to get high with (good riddance.)

So with a new clarity of thought, I took stock of my finances. As a result I'm able to make my check last almost the entire month. Learning to live within my means was not so easy. To make ends meet I go to local food pantries, in addition to eating at The Main Place and the Salvation Army.

Thanks to the variety of classes offered at The Main Place, such as Wellness, Management and Recovery (W.M.R.,) BRIDGES, Positive Thinking, as well as W.R.A.P. (Wellness Recovery Action Plan.) Learning about my mental illness has dramatically changed my life and given me a much more positive outlook.

I consider myself to be high functioning. Emotionally stable in the majority of circumstances, I've learned new skills to help me with resisting and removing the negative behaviors I've struggled with my entire life.



Chapter 6 - Education

*“An investment in knowledge always pays the best interest.”
~Ben Franklin~*

Life is a learning process. In the recover story on the previous page, Larry Racette, shares how he learned to survive the streets from another mentally ill homeless person. He also tells us how classes at The Main Place helped him recover.

Getting an education will increase your chances not only of gaining employment, but to earn higher wages as well. This chapter will explore the various ways in which you might approach returning to school, whether it is to learn how to read, to get a GED or high school diploma, to gain skills and training for a specific job, or even take the steps toward higher education in a college, university, or technical school.

Obtaining more education may be difficult. You may face challenges such as language barriers, lack of funds, lack of time, lack of support from family, friends, or even teachers. As seen in the narrative from the recovery

chapter, education and learning may be informal. You can learn from your peers. No matter the source of education, the payoffs are endless in terms of the opportunities and the benefits you can receive.

The reality of today’s job market is that most employers require their employees to have skills to even be employed. One study found that of the jobs that were offered between 1999 and 2006, nearly 70% required high skills, 10% hired with minimal skills, while 20% hired individuals with low skills*. This shows that knowledge really can be power, and that perhaps knowledge can be the key to bringing new opportunities into your life that will help with overcoming poverty.



Reflection Assessment

Here are some questions that may be helpful in evaluating your current education level. Reflect on these issues and perhaps share and discuss your answers with someone you trust.

What is your current education level?

What skills can you bring to the job market?

When looking for jobs, do you find that many employers are looking for a specific skill set or educational background?

What could be some of the benefits to gaining more education?



What skills or education would you like to pursue further?

What difficulties do you foresee in obtaining more education? What steps can you take to help overcome these barriers?



Next Steps

To begin accessing education, it may be helpful to find someone in your social network who has had success in education and that may be able to help you find educational resources. This person could be a mentor or role model.

Literacy Skills

If you struggle with basic reading and writing skills, begin by finding a local adult literacy program. Many of these programs offer nighttime classes and free community-based services to help build your reading and writing skills. See the resource list at the end of this chapter to help get you started. If you do not feel comfortable in taking the first step, find someone you know and trust, to support you.

GED

If you are looking to get your GED, there are many services that can help. Taking practice tests or getting self-study books from the local library or bookstore are great resources. Many institutions offer adult education classes that can and are flexible to your schedule. Some even take place at night. Most are free or for a low fee. Contact your local county Department of Education to find more information about these classes.

Higher Education

If you are looking to continue your education by attending a university, college, or technical school there are, many resources that can help you. To begin, look into what requirements are necessary for admission into schools you are interested in. Many schools require a high school transcript, recommendations, standardized test scores, and a personal statement. Taking online SAT or ACT prep classes can be free, easy to access and can help prepare you to be successful with a standardized test. Once you have obtained the requirements for the school(s) of your choice, submit the application. The Common Application (commonapp.org) is a free application service that serves many schools across the country, many which are in the state of Ohio. Some things to consider when looking into a school would be the size, location, what programs they offer, cost, and the availability of financial aid and scholarships. Contact the admission and financial aid offices of the schools you are interested in to find an individual who may help you in the application and



admission process. You may also consider volunteering at a local college or university for the chance to familiarize yourself with a college campus and get to know some professors. These people are more than happy to help answer your questions about the college. Also note that many schools offer nighttime, weekend, and even online classes to make gaining higher education more accessible.

It is important to know that there are many different types of degrees that are available:

Certificate of Completion: A COC is an accomplishment that may take several weeks to a year to complete. Employers looking for a special skill set may require this. You can get this from a technical school, by taking night classes in a particular field, or by doing job-training classes.

Associate's Degree: This degree typically takes about two years (60 credit hours) to complete and usually focuses in advancing a specific skill. Many programs require general education classes, elective classes, and classes intended for your major. This degree is best for someone looking to get a certification in a shorter timeframe than a four-year degree would require.

Bachelor's Degree: This is the most popular degree program, and usually takes about four years (120-128 credit hours) to complete. They require general education classes, electives, and classes toward a major. The two most popular degrees are a Bachelor in the Arts (BA) and a Bachelor in the Sciences (BS).

Master's Degree: In order to receive a Master's Degree, one needs a Bachelor's Degree. It typically requires a student to write a thesis paper or use work experience in order to get a degree.

Doctoral Degree: This degree is the highest form of higher education possible. It takes about five years to complete and requires research, a thesis, and a completion of study in a particular topic.



Resources:

GED website:

Contains forms and applications for registering for getting a GED as well as introductory information and further resources

<http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEPrimary.aspx?page=2&TopicRelationID=684>

Adult Education in Ohio

<http://education.ohio.gov/GD/Templates/Pages/ODE/ODEPrimary.aspx?page=2&TopicID=2&TopicRelationID=152>

Ohio Office of Literacy

<http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1452&ContentID=7667&Content=60945>

Ohio Labor Market Information Website

<http://lmi.state.oh.us/jobs/education.htm>

Central Ohio Technical College website

<http://www.cotc.edu/cotc/index.asp>

One Stop (Employment and Training Centers of East Central Ohio)

<http://www.theonestop.org/opplinks.php>

Ohio Department of Jobs and Family Services: Education and Training Opportunities

http://jfs.ohio.gov/jobs/job_seekers/education_and_training/programs.stm

Ohio Office of Workforce Development

(614) 752-3901

Ohio College Access Hotline

1-877-I-ATTAIN
(1-877-428-8246)

Adult Basic and Literacy Education (ABLE)

<http://www.uso.edu/network/workforce/able/>

Ohio Adult Workforce Education (AWE)

<http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=152&ContentID=69459&Content=69467>

The HEATH Resource Center's Financial Aid for Students with Disabilities

www.heath.gwu.edu

Vision and Vocational Centers of Columbus

<http://www.visionandvocationalservices.org/>

FASFA- Free Application for Federal Student Aid

<http://www.fafsa.ed.gov/>

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*Carnevale, Anthony P. and Donna M. Desrochers. 1999. *Getting Down to Business: Matching Welfare Recipients' Skills to Jobs that Train*. Princeton, NJ. Educational Testing Services.



A story of Recovery – Unknown Author, 2009

Everyone has dealt with some sort of unfortunate events in their life. Everyone deals with it differently. The bad things that have happened in my life caused me to have Post Traumatic Stress Disorder or PTSD. I have also dealt with major depression.

Dealing with my mental illness has been hard. I have felt suicidal and even attempted it a few times, but for some reason I survived.

I was married for 4 ½ years, unfortunately I had to leave my husband for my own well being.

I had no money, no job, and no home. I felt I had no where to turn. I was reluctant when a friend let me stay with her for a while.

I felt worthless, because I had no money, or job, and I didn't know when I would have one. I didn't know how I would survive, but I did.

I put several applications for employment at different places. I kept calling the places where I put them in, and was about to give up hope, until finally I got a phone call to come in for an interview and now I have a job. I have a home. Sometimes it is still hard, but definitely not impossible to survive. I know I would have never made it if it weren't for friends who really cared about me.



Chapter 7 - Employment

*People might not get all they work for in this world,
but they must certainly work for all they get.*

~Frederick Douglass~

Our experiences, along with recent research regarding the benefits of recovery, have demonstrated that work and other meaningful activities promote recovery. It increases individuals' sense of worth, pride, and ability to cope with their illness as they use skills to minimize the effects of the illness on their daily lives.

What does employment have to do with recovery or overcoming poverty?

- Work has personal meaning
- Work promotes recovery
- Work fosters pride, confidence, value, and self-esteem
- Work promotes improved financial stability
- Work promotes increased stabilization and socialization
- Work increases symptom management knowledge and skills
- Work facilitates individuals "giving back"
- Work promotes a sense of "being needed"

Work includes activities such as working as volunteers, helpers, and service providers in the mental health

system. Consumer-providers often noted that the shift from *helpee* to helper forced self-examination that promoted recovery.

Consumer Operated Service programs have become a major source of employment through the mental health service system. They also serve as the foundation for the belief and understanding of individual recovery. In some instances, they are the training ground for consumer self-advocacy and the "consumer movement." As systems began to fund and support the different models of consumer run services, (such as drop-in centers, peer run self-help support groups, outreach programs, crisis service, advocacy, and skills development), consumer leaders have begun to emerge as the "voices of change" and proof of 'recovery' in increasing numbers.



Where to Start

Take a personality assessment! www.41q.com provides a free, easy personality test that will indicate your strengths and guide you in your search for work. Take the results from your personality test and use them to your advantage when seeking your next career. If you don't have a specific field or job in mind, find out what kinds of jobs are available in the area you live in. There are several places you can start to look, including the local newspaper, at temporary job agencies, and online at websites like www.monster.com for listings in your area. Your case manager (if you have one) or even the U.S. Department of Labor may also have some leads on where to look for work. Network within your community – if you don't get one job, ask around to friends, family members, or others in the community that may know of jobs being offered. Other programs, such as Opportunity KNOX, Opportunity Links, and First Steps are good websites to look at online as well.

Assess your mental and physical condition. Are there certain types of jobs that you physically cannot do? Are there limitations as to how many hours you can work per day? While these are just some points to consider, you should identify how much your mental illness will affect your ability to

start and complete tasks while at work. For example, you may have a regular medication schedule that you must take breaks for or there may be a possibility that you must leave your job for an extended period of time. Knowing this information will help you to answer questions in an interview and may also help to inform your employer and others around you about living with a mental illness.

Create a resume. This is a way to tell your employer your contact information, what jobs you have had in the past, and your strengths all in one page. It doesn't have to be fancy and it shouldn't be your life story. While some jobs don't require you submit a resume, it is a supplement to your application and allows you to supply more information or explain aspects of your application to any potential employer. You might consider making your resume "job specific" by putting particular traits and strengths you might have that can help improve your chances of being employed. Three of the most important things that you can provide in a resume are contact information, educational background, and experience (this is generally considered to be work experience, but can also mean internships or volunteering.) You might also include



military experience, athletic participation, awards, and/or community activities. Do not worry if you do not have all of these! Resumes are typically one-page summaries of your activities, so it is important to remember to keep it as clear and concise as possible. You can give this resume to hiring personnel, managers, or owners. As you turn in applications and resumes, remember to record the date you turned in an application with the phone number and name and title of the person you handed your resume. Be sure to follow up.

Going to an Interview.

Congratulations! You have an interview for a job – now what? Here are some tips to help you get the job:

- Dress appropriately – it is your first impression! While this may mean different things for different jobs, general guidelines for men and women state that you should wear clothing that fits, shirts that have sleeves, nice shoes, and little or no jewelry.
- If you have difficulty understanding the interviewer's question, restate it in your answer to make sure it is correct.
- Keep your answers short and simple.
- Use examples (from previous jobs you've had or other stories that you can tell to the

interviewer to illustrate what you are talking about.)

- If you are nervous about the interview, come up with some sample answers to questions you might think to ask in an interview, such as why you should be hired, what you did at your last job, and where you see yourself in five years.
- Practice in the mirror or with a friend.

Another consideration is that it is up to you to tell, or not to tell, your employer about your mental illness. As we mentioned before, there may be certain types of jobs that you might not be able to complete or for which you might need accommodations. If you don't feel your illness will affect your ability to work, there is no need to tell your employer. It is, in fact, illegal for employers to ask, "Do you have a disability?" If accommodations are necessary, however, let your employer know so that they can have them in place when you start your job so that you can focus on your job.

Be sure to follow up with your interviews after a couple of days. You may be required to do another follow up interview or orientation, so be prepared to continue to show your potential employer your full abilities as a potential employee.



Once you have a job...

The book *Bridges out of Poverty* states that individuals in poverty often only have a concrete sense of time. This usually means that time is only considered to be in the present, not in the past or future (in other words, the focus is on survival, not planning.) There may be things that come up during the workday that you have to

deal with, but remember, your time at work is valuable. You will have the opportunity to establish a routine, provide for others, and achieve a sense of self-accomplishment. Gaining employment may help you in the your recovery process and with overcoming poverty. You will also contribute to the well being of your community and of the country.

Reflection Questions

What are your strengths? _____

How would you describe yourself? _____

In what ways might your background or mental health affect your ability to work?
How can you overcome these barriers? _____



Job Development and Coaching Resources

U.S. Department of Labor
<http://www.dol.gov/>

Opportunity Knox
<http://www.employmentknox.com/>

Opportunity Links
<http://www.theonestop.org>

First Steps
<http://www.firststephome.org>



Chapter 8 – Violence & Criminal Behavior

*“There are only two forces in the world, the sword and the spirit.
In the long run, the sword will always be conquered by the spirit.”
~Napoleon Bonaparte~*

It may be difficult to always know how to respond to conflict in your life. You may feel like the only way to respond to your surroundings is violence. Perhaps you have even used violence as a form of survival in poverty or as a way to get what you want. Blaming oneself, feeling sorry, useless, or ashamed, however, can also trigger self-destructive behaviors. Knowledge of the symptoms and feelings of violence is critical in developing effective ways for dealing with violent behavior. There **are** non-violent ways to resolve issues with others. Some outlets for violent urges include talking with someone you trust, getting a hobby, (such as playing an instrument or running), or taking time out of your day to relax. Pursuing spiritual activities, going to the gym,

being creative (drawing or painting, for example,) walking away and counting to ten and talking to a third party or mediator may help you resolve the conflict. You can also seek counseling or therapy for any emotional problems or difficulties associated with anger or violent behavior from a qualified mental health professional. There are many services within Ohio that offer free and confidential counseling. Public mental health services are available, regardless of your capacity to pay. The important thing to remember is that being able to choose and control your emotional responses may be one of the steps on your road to recovery from mental illness and overcoming poverty.



Reflection Assessment

Have you been a victim of violence or crime? Yes No If yes, what was it?

Have you been someone who committed the crime or act of violence?

Yes No If yes, what was it? _____

What are some other ways to resolve a conflict without using some form of violence?

What can you do to help prevent violence from occurring in your community?



Victims of Crime

If you are the victim of a crime, immediately inform the police. They cannot only help to catch the perpetrator, but can also provide resources and support to aid in the recovery process. Remember, the police are there to protect and serve you, and to keep others from being hurt by the same perpetrator.

It may also not be a bad thing if the police know your name and address. Building relationships and trust with the police may benefit you if you are ever in a dangerous situation. However, if you do not feel that you can comfortably go to them and report your crime, find someone else who you can talk to about the incident. Tell someone! It may be difficult in these situations to stand up for yourself, but if you feel you have been wronged, it is important for other people to know.

You may suffer isolation, the inability to work or participate in regular activities, loss of wages and/or limited ability to care for yourself or and your children. You must first take care of yourself and remove yourself from the violent environment. Getting away might seem like a hard step, but removing yourself from the situation

will give you a chance to get a new perspective which can help you remove violence from your life forever.

You may also feel that there is a stigma (shame) associated with being a victim of crime. Others may not believe your story or try to talk you out of talking to the police. What has been found, however, is that for many victims, violence is often a cycle in which first there is tension which builds, then violence occurs. After that, there is a “honeymoon” period, where the relationship seems back to normal and the perpetrator promises violence won’t happen again. Yet, tension builds and the cycle is repeated. While for some victims, this is not the case, it is important to remember that violence is not the victim’s fault.

Domestic Violence

One specific type of violence is called domestic violence and is also known as intimate partner violence. Domestic violence is considered to be any physically, sexually or emotionally abusive behavior of one household or family member by another. The majority of the victims of



intimate partner violence are female, it is estimated that 35%-50% of victims are male. Some indicators of violence from the perpetrator include pushing or punching (physical), unwanted sexual acts or incest (sexual,) threats or humiliating acts (emotional,) extreme jealousy and destroying things or pets.

If you need a restraining order and don't know how to get one, follow the steps taken from the Legal Assistance website:

http://www.larcc.org/pamphlets/children_family/get_restraining_order.htm.

In addition, First Step is an intervention center located in Fostoria, Ohio that strives to provide resources for victims of abuse and empower them to make healthy choices (<http://firststepweb.org/>).

There are other things that may inhibit your recovery from mental illness and/or poverty. Reoccurring violence may also be associated with severe injuries, sexually transmitted infections (in the case of sexual violence), increased risk of depression and other mental illnesses, physical health problems and death.

What you can do if you or someone you know is a victim of violence:

- Create or find a safe space where you can go to heal and receive help from others
- Educate yourself and others about domestic violence, stalking and other types of violent crime
- Prepare to be a resource for information and aid; become educated on local resources for victims of abuse or violence.
- Join a community watch group

Prison Release and Reentry

There are resources available to individuals who have completed their sentence. The Ohio Department of Corrections has a helpful website that includes a map of services by county (see Resources section for link.) A variety of programs are used to assist offenders in the reentry process, including prerelease programs, drug rehabilitation and vocational training, and work programs.

Ex-offenders are particularly vulnerable 6 to 12 months after their release from prison. This pressure can come from society as former inmates may be trying to reconnect with family



members and friends, find a place to live or work and to take responsibility for themselves.

It is especially important to consider how a prison sentence may affect the chances of finding employment. While the time spent in prison may be required to be disclosed to the companies with jobs that you apply for, a recent study conducted found that time out of the workforce and diminished skills are not significant factors for women returning to the workforce. The same cannot be said for men, but more research must be done in this area to conclude that those do not apply to men as well.

In Ohio, there are some laws that exist to protect an applicant from discrimination by an employer or potential employer. For instance, employers cannot ask about juvenile arrest records that have been cleared; in addition, employees cannot be subject to any consequences because of crimes committed while a juvenile (generally under the age of 18.) Another law states that employers may only ask about convictions that have not been sealed, unless this conviction has a direct connection with the job that you are applying for.

For more information on criminal records, how to obtain yours and what employers can and cannot see in your record, follow this link to the website of the Legal Aid Society: Employment Law Center in California:

[http://www.hire-safe.com/
Criminal Records and Employment.
pdf](http://www.hire-safe.com/Criminal_Records_and_Employment.pdf)

Currently, the state of Ohio allows private employers to not hire someone with a criminal record regardless of the crime or job being applied for; there are also no laws in Ohio that regulate public employers' use of criminal records.

Two other important things to consider when looking for a job are networking and volunteering. Networking is a practice in which you can make connections with potential employers through people you already know, such as family members or friends. This may be especially beneficial for those who have been out of the workforce while in prison. You may also look to ask former employers if they know of any openings in the same field you want to work in. Volunteering, as previously mentioned, is also another starting point if there aren't jobs available in a



particular place. Not only will the employer be impressed that you are willing to give your time, it will also indicate that you are responsible and give you a chance to get into a routine once released.

In reality, the policies and practices named above may affect your chances of employment positively or negatively, but be honest and open about your past behavior. It is important that you know your rights and that you are patient and persistent. You may not find the right job right away, but it is possible!

Resources

The National Domestic Violence
Hotline

1-(800)-799-7233

<http://www.ndvh.org/>

Office for Victims of Crime – Directory
of Services

<http://ovc.ncjrs.org/findvictimservices/>

Ohio Department of Corrections –
Offender Reentry Resources

<http://www.drc.ohio.gov/web/offenderreentry.htm>

U.S. Department of Justice – Office of
Justice Programs, State Activities &
Resources (Ohio)

<http://www.reentry.gov/sar/oh.html>



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http://harrisschool.uchicago.edu/About/publications/working-papers/pdf/wp_05_10.pdf

United Nations Office on Drugs and Crime. "Custodial and Non-custodial Measures: Social Re-Integration."

http://www.unodc.org/pdf/criminal_justice/SOCIAL_REINTEGRATION.pdf

"State Laws and Their Impact on Use of Criminal Records for Employment Purposes." http://www.selection.com/pdfs/statelaw_criminalchecks.pdf

Legal Action Center. "Enforce Anti-Discrimination Laws."

http://www.lac.org/toolkits/titlevii/title_vii.htm

Michael Conner. 2009. "Dealing with the Risk of Violence."

<http://www.crisiscounseling.com/AbuseViolence/ViolenceRisk.htm>

http://www.actionohio.org/What_is_DV.htm#DEFINITION



Post-Assessment Reflection

Please answer the following questions. They are intended to help you become more aware of how your life is now and inform the goals you choose for your recovery. Answer the questions that apply to you and the spaces provided. Compare these answers to those you wrote at the beginning of this toolkit.

What are your goals for your recovery? _____

Where do you see yourself in five years? _____

How do you feel about your current situation? Financially? Emotionally? Socially?
Physically? _____

Are you experiencing any crisis now? _____

To what degree do you feel you can take actions to improve your life? _____



What do you think the community's responsibility should be to people in poverty? _

What are some key ways in which you would like your community to assist you in overcoming poverty? _____

In what ways does your mental illness put you at risk financially? _____

What are some ways that you would like to see your life change? _____

What are some ways in which you have tried to overcome poverty? _____

Are you happy with yourself? _____

Do you have positive people in your life? _____



Do you feel safe? _____

Are you happy with what you have instead of what you want? _____

On a scale from one to ten rate the following statements:

Please note that one means strongly disagree, and ten means strongly agree

You feel in control of my future: 1 2 3 4 5 6 7 8 9 10

I have the support I need to overcome poverty: 1 2 3 4 5 6 7 8 9 10

I have a sense of hope and **resiliency**: 1 2 3 4 5 6 7 8 9 10

I have the tools readily available to go back to school, get a job, get a mentor, etc. 1 2 3 4 5 6 7 8 9 10



The process of writing this toolkit has been a journey. For most of us who participated in the development of this toolkit our experience in recovery has involved accepting the label of being ‘disabled’ and being linked to resources for the purpose of surviving.

As our recovery moved beyond symptom reduction we started to envision a new identity for ourselves. The overarching vision was that hope and the restoration of a meaningful life were possible. The restoration of a meaningful life meant something different to each of us but there were recurring themes. Most involved friends and family, a home, transportation, relationships, vacations, education and employment. Just as our self identity is unique to each of us, we agreed that there was no single way to pursue the restoration of self esteem or self identity. And, just as recovery is not a linear process, overcoming poverty will not be either. Our combined experience has led us to make these recommendations:

1. In order to overcome the impact of poverty it is useful to consider its impact on our lives.
2. We need to envision where we want our lives to go.
3. The goals we set and actions we take should include steps to move beyond dependence.
4. As we move take these steps we need to evaluate and celebrate our progress.

Now that you have worked through the tool kit and completed the Pre and Post Assessment Reflections, think about your answers and compare how they have changed. Whether you have read and thought about the contents of this toolkit on your own or in a group, set a date for yourself to get started. Work with friends, family and providers to develop a plan, and use the ideas and resources in this toolkit to start and support your journey.



About the Authors

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Glenn Hopkins is Executive Director of The Main Place, a consumer-operated service in Licking and Knox Counties in Ohio. As Director of the Main Place he has overseen efforts by consumers in both communities to insure that the services they receive increase the likelihood that they can and will recover. This toolkit, **Poverty: Breaking the Trend, Livin' the Dream - A Guide to Overcoming Mental Illness and Poverty**, continues TMP's long history of developing tools to help overcome the impact of experiencing serious mental illness. In his free time Mr. Hopkins enjoys equine interests and the opera.