



# **How To Get Extraordinary Things Done**

## **Challenge the Process**

Search for Opportunities

Experiment and Take Risks

## **Inspire a Shared Vision**

Envision the Future

Enlist Others

## **Enable Others to Act**

Foster Collaboration

Strengthen Others

## **Model the Way**

Set the Example

Plan Small Wins

## **Encourage the Heart**

Recognize Individual Contribution

Celebrate Accomplishments

## WHAT ADVOCACY IS

Helping clients help themselves.

Building confidence so clients are able to help themselves.

Supporting efforts toward independence.

Providing necessary tools for appropriate decisions and appropriate action.

Informing clients of their rights.

Analyzing a problem and pinpointing areas of responsibility.

Stating options available to resolve a problem.

Providing technical assistance and training.

Providing assistance in locating appropriate services.

Referring to appropriate agencies.

Organizing for change.

Initiating new services.

Investigating grievances.

Following up on complaints.

Going to court when other avenues have failed to get results.

Bringing clients and groups together for mutual support and action.

Advocating and/or interceding on behalf of clients ONLY when they are unable to help themselves.

A partnership with clients, with mutual sharing of information, tasks and action.

Lobbying for necessary legislation.

Agitating to get legislation implemented

# WHAT ADVOCACY IS NOT

- Taking over a client's life (or problem) and making all decisions for him or her.

Squelching efforts of self help.

Reinforcing feelings of helplessness and dependence.

Keeping clients in the dark, while doing everything for them.

Keeping clients uninformed about their rights, so they will have to rely on the advocate for everything.

Discouraging clients from becoming activists.

Making decisions for clients.

Controlling clients.

Persuading clients to accept "Make Do" Services.

Accepting the status quo when legislation is not implemented.

Seeking individual solutions to group problems.

Accepting unavailability or inadequacy of services.

Denying the existence of problems reported.

Dropping a complaint after initial contact.

Filing a lawsuit as the first approach to a problem.

Working ONLY with individuals when others share a mutual problem.

Interceding on behalf of clients who can help themselves.

A "parent/child" relationship.

Keeping "hands off" to politics.

Closing the door to clients because "there's nothing I can do to help."

ADVOCACY

I. DESCRIBE YOUR PROBLEM AND IDENTIFY THE POSSIBLE SOLUTIONS.

1. What exactly is the problem? \_\_\_\_\_  
\_\_\_\_\_

2. How often has the problem occurred? \_\_\_\_\_  
\_\_\_\_\_

3. Have I tried to resolve this problem before, and, if so, what was the result? \_\_\_\_\_  
\_\_\_\_\_

4. Do others share this problem? \_\_\_\_\_

5. Has anybody else tried to solve a similar problem? \_\_\_\_\_  
\_\_\_\_\_

6. What has worked in the past? \_\_\_\_\_  
\_\_\_\_\_

7. What hasn't worked in the past? \_\_\_\_\_  
\_\_\_\_\_

8. Does the law address my problem? \_\_\_\_\_

If so, which laws? \_\_\_\_\_

9. Do I know Who, What, Where, When, Why—in attempting to resolve my problem?

WHO to contact? \_\_\_\_\_

WHAT information to give this contact? \_\_\_\_\_

WHERE to contact this individual? \_\_\_\_\_

WHEN to contact this individual? \_\_\_\_\_

WHY this individual is being contacted? \_\_\_\_\_

10. Share contacts and resources.

Find out how the system works: \_\_\_\_\_

\_\_\_\_\_

## II. DEVELOP AN ACTION PLAN

A. Identify possible solutions.

*Examples:*

1. File formal complaint. Follow Grievance Procedure, if established
2. Hold informal meeting to negotiate solution
3. Write a letter of complaint
4. Other

Select the solution you feel most comfortable with and break it down into "do-able" steps with target dates by which each step is to be completed; e.g., informal meeting to negotiate solution.

1. Who will you approach? \_\_\_\_\_ Target Date \_\_\_\_\_

2. How will you approach that person? (e.g., telephone, in person meeting, letter) \_\_\_\_\_

3. Who is supportive of your efforts? \_\_\_\_\_

# EXERCISE

The following questions may be used as guidelines for group discussion or individual questioning:

1- What beliefs do you have concerning "mental illness"? What do you believe are some possible causes? What are some possible treatments? Discuss.

2- Do you believe your attitudes concerning "mental illnesses" differs from those held by the rest of society? If so, in what ways? Discuss.

3- Where did you get your beliefs? That is, how did you form your beliefs?

4- Have your beliefs about "mental illness" changed over time? Discuss.

5- How may have your beliefs about "mental illness" affected your:

Self esteem,  
Independence,  
Ability to question,  
Personal choices,  
Treatment,

BEHAVIOR?  
RECOVERY?

6- Have you ever behaved "like a mental patient" because you believed it was expected of you? If so, why did you think you did so? Discuss.

## SYSTEMS ADVOCACY

Systems Advocacy is what we do when we attempt to improve services, policies or laws, to develop needed services not available or to do away with programs or services not relevant to the needs of service recipients.

The "tools" used to advocate for change and improvements are basically the same for mental health services and agencies as they would be for changing a law. Some of the methods used to make systems change can include (but are not limited to) the following:

- 1- Making formal and informal contacts by telephone, letter or in person with lawmakers, agency decision makers, or community leaders.
- 2- Holding forums to educate people, be they professionals, administrators, direct service staff, the general public or consumers of services.
- 3- Giving testimony at public hearings or before fact finding commissions.
- 4- Lobbying state and federal legislators.
- 5- Getting the media interested in your perspectives and to help arouse public concern in your cause.
- 6- Becoming an effective voice on various advisory boards, task forces, councils or fact finding commissions.

To be an effective advocate requires you know and understand how the system you are working to improve operates. Knowledge of the policies and laws affecting the Mental Health System, for example, is necessary. You need to know who makes critical decisions and how they are developed as well as knowing where consumer representation is required by law. Examples of letters and documents that can help to be more effective in Systems Advocacy will be found in this section.

In Connecticut, Regional Mental Health Boards were established by the General Assembly to review and evaluate the quality of community based mental health services. Any citizen may attend meetings of Regional Boards and each municipality is required to appoint a "Consumer" to serve as a representative to each of these Boards. Phone numbers for each Regional Board Office can be found in another section of this manual.

## GUIDELINES FOR TESTIFYING BEFORE THE LEGISLATURE

Keep your testimony short - no longer than 3 to 5 minutes. SPEAK FROM YOUR OWN PERSONAL EXPERIENCE.

Guidelines for your statement:

- a. Identify yourself and the organization you represent.
- b. State your position as for or against the proposed bill; identify the bill by name and number.
- c. Summarize your recommendations first and then add explanation.
- d. Restate your position at the end of your testimony.
- e. Thank the committee for the opportunity to speak.

Type on only one side of the paper and double-space all your testimony for easy reading.

1. Rehearse your testimony. Anticipate questions you might be asked and practice answering them.
2. Arrive early and sign up indicating that you wish to testify. Speakers will testify in the same order as their names appear on the sign-up sheet.
3. Bring enough copies of your prepared statement for the entire committee. Be sure the clerk has a copy for the record.
4. If your testimony is very technical, ask the committee clerk to hand out copies of the testimony to the committee before you testify.
5. If there is a microphone, speak directly into it (about 6 inches from the mike) and, if necessary, move the microphone. If you cannot be heard, your testimony will not be effective, regardless of how carefully your statement was prepared.
6. Do not repeat points made by speakers ahead of you. If all of the points you wanted to make have been made, tell the committee you agree with the testimony given by the preceding speakers and urge them to take the appropriate action.
7. Answer only those questions that you can answer correctly. Offer to find the answers to other questions and promptly get back to committee members with the information.
8. If several people are speaking from the same organization, divide up the points to be made with each speaker addressing different areas.
9. Do not argue with members of the committee or with people giving opposing testimony.
10. Put copies of your testimony in the mail boxes at the Capitol of committee members who were not at the hearing.
11. Keep a copy of your statement in your files.
12. If you have a valid, interesting testimony, but have not prepared a statement, or if you discover after listening to others, that there is something you urgently wish to contribute, at the end of the hearing, ask to speak.



# Informed Consent to Medications and Treatment For Persons With Mental Illnesses

IOWA PROTECTION & ADVOCACY SERVICES, INC.

IP&A

Fact Sheet

## What is Informed Consent?

Informed consent means an agreement by a person or her/his legal representative\* to participate in an activity based on an understanding of:

- 1) a full explanation of the procedures to be followed, including an identification of those that are experimental;
- 2) a description of the attendant discomforts and risks;
- 3) a description of benefits to be expected; and
- 4) a disclosure of appropriate alternative procedures.

*References: Iowa Administrative Code (IAC) 441-22.1, 24.1, 33.1, 35.1; IAC 481-62.1.*

## What are Other Aspects of Informed Consent?

- 1) Informed consent recognizes the importance of the individual's input into the treatment process.
- 2) The treatment professional has the responsibility to provide the information in language the person or her/his legal representative\* can understand.
- 3) For informed decision-making, the person or her/his legal representative\* needs to be told of the risks and benefits of no treatment.
- 4) The person or her/his legal representative\* has the right to accept or refuse treatment unless it has been ordered by the court, or under certain circumstances during the commitment process. Informed consent must be voluntary, not coerced.
- 5) The treatment professional ordinarily must disclose to the person or her/his legal representative\* all material risks involved in a procedure.
- 6) If a person gives consent when she/he is not capable of making an informed decision, that consent may not be legally binding.

## When Must the Person or Her/His Legal Representative\* Give Informed Consent in Writing?

Although informed consent is expected for all activities and procedures to treat individuals with mental illnesses, the Code of Iowa and the Iowa Administrative Code list specific circumstances in which informed consent must be documented in writing, including medical and surgical procedures (such as electro-convulsive therapy) that entail certain risks, participation in experimental research, unusual treatment procedures with intrinsic risks, aversive conditioning, and release of mental health records.

*References: Code of Iowa 147.137, 228; IAC 441-28.4(5), 33.4(1); IAC 481-57.35(8), 53.39(9), 59.44(9), 62.23(5).*

## What are Some Examples of Exceptions to Informed Consent?

- 1) **Emergency:** In certain life-threatening situations, treatment may be provided without prior consent.
- 2) **Court Order:** The person does not have to give consent to court-ordered treatment, but is still entitled to information about the treatment, its risks and benefits.
- 3) **Waiver:** The person may waive the right to refuse treatment by failing to object, but only when it is clear that she/he knew of the potential dangers of the treatment and of the right to refuse treatment.
- 4) **Therapeutic Privilege:** In some cases, the treatment professional need not provide complete information to the individual if so doing might harm his/her physical or psychological well-being. However, that decision must be documented.

\*Legal representative is defined, for these purposes, as a legal guardian appointed by the court.

## Questions for Informed Consent

You have the right to ask about medication or treatment being suggested for you: what it is, its expected benefits, possible risks and alternatives. You have the right to accept or refuse treatment, except where that right is specifically taken away by law. These questions may assist you in making decisions about your treatment.

### General:

1. What is my diagnosis? What does this mean?
2. What is my prognosis (course of my illness) with and without treatment?

### Treatment:

1. What treatment are you suggesting?
2. Who will provide it? Where?
3. How often will it be needed?
4. What are the chances it will help me? How painful is it?
5. How long do you expect it to last? Will I be laid up or limited in any way afterwards?  
What do you expect from me? What is my part in this treatment?
7. What are the possible side effects, complications and risks of this treatment, and how often do these occur?
8. What are the alternatives? Why is this one better?
9. What is the cost? Do you accept my medical coverage (insurance, Medicaid, Medicare)? Do you have a sliding fee scale based on income?
10. Is this a generally accepted treatment or procedure, or a controversial or experimental one?
11. Will I need to be hospitalized? If so, why?
12. Does this treatment require the use of anesthesia? If so, what will be used and why? What are the risks and side effects? How will I feel when I wake up?

### Medications:

1. What is the name of this medication? What is its generic name?
2. Why are you prescribing it?
3. How is it given? In what dosage? How often?
4. What does it do? How do you expect it to help me?
5. How long does it take to start working?
6. What are the side effects? (If I'm pregnant, how might it affect my baby?)
7. Are there any restrictions or limitations in areas such as diet, alcohol, activity or other medications?
8. What are the risks involved with taking this medication, and how likely are they to occur?
9. How will adjustments be made in the dosage? May I make some adjustments on my own?
10. Are there alternative medications or other treatments? Why is this one better?
11. Is this a generally accepted medication, or a controversial or experimental one?
12. What may happen if I stop taking the medication without medical supervision?
13. How expensive is this medication?
14. How long will I probably need to take it?

This fact sheet is not intended to be a substitute for legal advice. For additional information, consult an attorney or call Protection & Advocacy Services, Inc., 3015 Merle Hay Road, Suite 6, Des Moines, Iowa 50310.

515-278-2502.

# Identity: Oppressor

by Six-Pack Rat \*

**MOUTH**

61 Brighton Street  
Rochester, NY 14607



I used to make a living throwing people in the mental hospital.

It's not something I'm proud of, and if I had it to do over again, I wouldn't. Still, I learned a hell of a lot during my brief tenure as one of the oppressors.

Florida law (the Baker Act) says that a person may be put in the mental hospital against their will if they are "dangerous to themselves or others." This determination is made by a psychiatrist, judge, cop or "licensed mental health professional."

The signature of a judge and psychiatrist are required to keep you there longer than ten days, but it only takes one of the four professionals listed above to stick you there in the first place.

Unfortunately, the Baker Act doesn't mention that the person who does

most of the actual work of putting people away is the student intern at a local mental health service's emergency services department.

That was me.

My first semester of graduate school, when I had a grand total of 20 weeks' experience working at a mediocre telephone hotline, I was designated to decide the fate of the psychotic and suicidal. I was only very loosely supervised.

After the first month or so, no one from the actual staff sat in on my Mental Status Examinations. I quickly learned that when I reported to the psychiatrist I had only to throw in a buzzword or two, and I automatically got the outcome I wanted.

The psychiatrist was from India. He spoke very little English, and could not do the MSE's himself. He was useful to the agency only because he could legally sign commitment orders and prescriptions. It was my job to decide who was hospitalized, and his job to sign off on it.

He is not a bad man, but is the tool of a bad system.

As gatekeeper of the mental ward, I covered up the failure of one of our treatment units by hospitalizing a boy for a "psychotic episode" instead of the suicide attempt he was able to make because staff were not alert.

I threw a girl inside because the governor's wife didn't want the girl in her daughter's class, causing trouble.

I helped declare a woman incompetent so that her husband could marry another woman and screw the first wife out of her alimony.

I put people inside because the cops told me to, and kept people out when they needed help because the cops wanted them in jail.

I put homeless people inside to keep them away from our town's Spring Festival.

I helped put people in the mental hospital because their counselors wanted to "teach them a lesson."

Worst of all, when the psychiatrist asked me what medications I thought a client needed, I helped him prescribe.

What's the point of the confession? Well, I feel better having said it all. And taxpayers who support the mental health system should know how it is run.

When I worked there, I believed. The system may screw up, I thought, but we deserved a free hand to try to help people.

It was a long time after I became disillusioned that I realized that only oppressive systems try to "help" people by taking away their human dignity.

I'm much better now. ♦

George Ebert  
The Alliance  
826 Euclid Avenue  
Syracuse, New York 13210  
(315) 475-4120



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"self-help, mutual support and advocacy"

December 3 1993

Beth Goldberg  
Director of Public Information  
Hutchings Psychiatric Center  
620 Madison St.  
Syracuse, NY 13210

Dear Ms. ~~Goldberg~~<sup>Beth</sup>:

I am writing representing The Alliance (Mental Patients Liberation Alliance, Inc.) to request copies of any and all directives, memoranda, letters, or other records which relate to the Office of Consumer Affairs project by your agency. Information to include proposals submitted for consideration, memoranda about the decision process, and all information and proposals pertaining to that project to this date.

In the unlikely event that access is denied to any part of the requested records, please describe the deleted material in detail and specify the statutory bases for the denial, as well as your reasons for believing that the alleged statutory justification applies in this instance. As we expect to appeal any denial of information, please specify the office and address to which an appeal should be directed.

We anticipate that you will make the requested material available to us within the statutory prescribed period of ten (10) working days.

We also request that you waive any fees since disclosure meets the statutory standard for waiver of fees in that it would clearly be "in the public interest because furnishing the information can be considered as primarily benefiting the general public." In this regard, we point out that The Alliance is a nonprofit organization which intends to give the requested information wide public circulation.

With sincerity,

George Ebert

# ORGANIZING YOUR MARKETING EFFORTS

## VOLUNTEER APPLICATION AND AGREEMENT

Please print clearly

Name \_\_\_\_\_ Telephone: Home \_\_\_\_\_ Date \_\_\_\_\_  
 Residence address \_\_\_\_\_ Work \_\_\_\_\_ Position \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Co \_\_\_\_\_ D O B \_\_\_\_\_ Location \_\_\_\_\_  
 How long at the above address? \_\_\_\_\_ Social Sec # \_\_\_\_\_  
 Driver's Lic # \_\_\_\_\_ Driver's License Class \_\_\_\_\_

List two previous residential addresses

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Co \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Co \_\_\_\_\_

1. What is your occupation? \_\_\_\_\_  
 Place of employment \_\_\_\_\_  
 Address \_\_\_\_\_ How long? \_\_\_\_\_  
 Previous employer \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ How long? \_\_\_\_\_  
 Previous employer \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ How long? \_\_\_\_\_

2. Marital status? \_\_\_\_\_  
 3. How many children do you have? Sons \_\_\_\_\_ Daughters \_\_\_\_\_  
 4. High school attended \_\_\_\_\_ State \_\_\_\_\_  
 College/Technical school attended \_\_\_\_\_ State \_\_\_\_\_  
 5. Describe any formal/informal training you may have had as a coach or volunteer. \_\_\_\_\_

6. Have you ever been arrested or convicted of any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Exclude: Minor traffic violations; Offenses which were settled in a juvenile court or under a welfare youth offender law.  
 If yes, please explain: \_\_\_\_\_

7. What do you hope to gain from volunteering? \_\_\_\_\_  
 \_\_\_\_\_

8. What other organizations have you volunteered with? \_\_\_\_\_  
 \_\_\_\_\_

9. References: Please list the names, occupation and telephone numbers of three people (other than relatives) who know you sufficiently well enough to provide us a reference. References will be contacted.

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_

10. What areas are you interested in volunteering for? \_\_\_\_\_  
 \_\_\_\_\_

11. What areas do you feel you would need training in? \_\_\_\_\_  
 \_\_\_\_\_

I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge and that my service may be subject to fingerprinting, proof of minimum age and other background checks.











Signature \_\_\_\_\_ Date \_\_\_\_\_

## DETAILED BUDGET/LINE ITEMS

Intern Salaries - Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_  
Soc. Sec. taxes -  
Office Supplies - Labels, files, pens, paper, etc.  
Program Supplies - Certificates, plaques, other supplies  
Printing - newsletters, brochures, annual reports  
Office Stationery -  
Media Advertising - print, broadcast, etc.  
Promotional Materials - booth, booth supplies, annual meetings decorations, other supplies  
Photographic Materials - audio-visual equipment, film, processing  
Miscellaneous -  
Registration Fees - conferences, associations  
Local Meetings - any chapters or organizations  
Employee Expense - Employee of-the-year award, plaques, certificates, employee parties  
Travel, Lodging, Meals - airfare and other conference costs  
Subscriptions - media guides, industry related pubs.  
Organization Dues - any organization or association annual dues

**TOTALS**

## 10 POINTERS FOR SUCCESS

-  Know what you are talking about
-  Know who you are talking to
-  Don't bluff
-  Keep it simple
-  Lobby the right people
-  Lobbying isn't only done in Albany
-  Know the budget cycle
-  Leave something behind (not your gloves)
-  Follow up with a letter
-  Don't forget staff