



Words of Wellness



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SLEEP

There is little doubt that sleep is important to everyone in order to maintain health and wellness. Any person deprived of sleep for more than one or two days is likely to not only function less effectively, but also develop a variety of neurological symptoms, ranging from stumbling and slurring speech to hearing or seeing things that are not real.

Quality and quantity of sleep are both important. Sleep that is not sufficiently restful to allow a person to reach the deep REM¹ stage of sleep, or that is interrupted for various reasons, is likely to leave the person feeling insufficiently rested. Some researchers suggest that a large proportion of our population lacks sufficient sleep quality and/or quantity, and that insufficient sleep is the cause of a large number of accidents (vehicular and other).

Not being able to fall asleep is known as insomnia. Poor or insufficient sleep is known as dyssomnia. It seems apparent that people living with psychiatric disorders can have added complexity dealing with insomnia and dyssomnia. Sometimes the psychiatric condition results in the sleep disturbance. Sometimes the side effects of a psychiatric medication can cause the sleep disturbance. For some people, the sleep disturbance, whatever its cause, further fuels the psychiatric symptoms. There are relationships between insomnia and dyssomnia and various psychiatric conditions, such as:

- depression, some forms of which lead to increased sleep, other forms of which interfere with sleep;
- mania, the elevated mood in bipolar disorder and related conditions, which may result in reduced ability to sleep;
- nyctophobia (the irrational fear of darkness);
- other anxiety disorders; and
- seasonal mood disorders.

Health professionals use a variety of approaches to treat insomnia and dyssomnia, including:

- Treating an underlying condition. When and issue such as an anxiety condition or a tooth-

ache is causing the insomnia/dyssomnia, it makes sense to seek professional medical care.

- Providing the person with sleep-inducing medications. This is sometimes the most effective solution for short-term insomnia, thus helping a person resume a normal sleep cycle. Many people also use over-the-counter medications or diet supplements² to achieve the same result.
- Diagnosing and treating a primary sleep disorder. By undergoing a polysomnogram, otherwise known as a sleep study, various sleep disorders can be diagnosed and sometimes treatment interventions can be tested.

Information about sleep disorders, including access to a list of sleep physicians, can be found on the website of the American Academy of Sleep Medicine (www.aasmnet.org/PatientsPublic.aspx).

Almost invariably, a sleep study or a consultation with a sleep physician will be preceded by the patient being asked to keep a “sleep log.” An example of such a log is online.³ Trying to keep a detailed log of a perceived sleep problem, focusing on many of the factors described under “sleep hygiene” below, can also be an effective component of a self-help approach to identifying and resolving a sleep issue.

Another way of dealing with insomnia and dyssomnia is through the domain of “sleep hygiene.” Sleep hygiene can be broadly defined as “all of the things a person can do, short of professional medical intervention or the use of sleep-inducing substances, to get sufficient quality and quantity of sleep.” Two good introductory videos on sleep hygiene can be found at:

- www.youtube.com/watch?v=qaLP5Lml2H0

² Long-term self-medicating with OTC sleep meds can cause dependency or other sleep issues. Typically, the guideline is that for every night you take an OTC sleeping pill, you lose one night of being able to fall asleep naturally. Caution should be encouraged regarding self-medicating with OTC sleep aids (and even improper use of dietary and/or “natural” herbal supplements), especially for people who take numerous prescribed medications (as contra-indication or undesirably drug-to-drug interactions can result).

³ At

www.healthatoz.com/ppdocs/us/cns/content/atoz/tl/misc/sleeplog.pdf

¹ Rapid Eye Movement

- www.evtv1.com/player.aspx?itemnum=9830&aid.

A discussion of sleep hygiene, which may be of interest to our readers with psychiatric disorders, presented by famed mental health recovery advocate Moe Armstrong, is located at www.swvacfip.org/MoesCorner.htm.

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Much of sleep hygiene comes from developing a sense of self-awareness. People differ in the extent to which they are sensitive to a wide number of factors that affect success at getting to sleep, staying asleep, and getting good sleep. If you have challenges regarding getting the restful sleep you need, then you may want to think about each of the factors in the box on the next page, considering:

1. *What you know from experience about your sensitivity to your personal challenges and how they affect your ability to sleep.*
2. *How you can modify your sleep situation in order to improve your ability to fall asleep and stay asleep.*
3. *How you can experiment with some of these ways to improve your sleep and gain more information about good sleep habits.*
4. *How your personal life challenges, or changes to them, affect your other life and wellness aspects.*

Two common hints that sleep physicians provide are about reducing light stimulation and segregating the function of their beds. Looking at television or computer screens is stimulating, and people who are having trouble falling asleep may wish to consider not doing so at (or shortly before) bedtime. This is also potential good advice to people who wake throughout the night and go to their computer to check e-mails or for recreation (playing computer games). People often use their beds for a wide variety of activities, from studying to bill-paying. Some people may begin to associate the anxiety they may get from such activities with being in their beds, thus making their beds a place of anxiety, which can negatively impact their ability to fall asleep. Such individuals are advised to restrict the bed as a place for the sole purposes of sleep and sex, and to move the other activities like bill-paying to different venues (such as the kitchen table or a desk).

Along with resolving the negative sleep factors listed above, there are other things people can do to improve their ability to fall asleep. Some people rely on meditation, or use forms of guided imagery⁴. Many pay close attention to the things that help them relax before they go to sleep, whether inspirational reading or a restful hobby. Many people find that anxiety keeps them

awake, so their pre-sleep routines need to be restful antidotes to the day's stressors. Creating mental fatigue is a way that many people fall asleep, whether through the time-honored "counting sheep" or a low-stress word game played with a roommate or bedmate.

We encourage our readers to make every effort possible to get the restful sleep they need. We are always interested in individual ideas or stories. Contact: Nleditor@cspnj.org.

SWIMMING: A TOOL FOR PERSONAL WELLNESS *by Peggy Swarbrick*

Wellness is a conscious, deliberate process that requires a person to become aware of and make choices that help promote a more satisfying lifestyle.⁵ A wellness lifestyle includes a balance of health habits such as adequate rest and sleep, good nutrition, exercise, productivity, participation in meaningful activity, and seeking social contact and supportive relationships.⁶

We all have specific activities and routines that promote our own personal wellness. Swimming is one of my most valued wellness activities.⁷ It has been said that swimming is one of the best forms of exercise and stress reduction for people of all ages, sizes, and life challenges.⁸

⁴ <http://www.webmd.com/balance/stress-management/tc/guided-imagery-topic-overview>

⁵ Johnson, J. (1986). Wellness: A Context for Living. Thorofare, NJ: Slack; Swarbrick, M. (1997). A wellness model for clients. *Mental Health Special Interest Section Quarterly*, 20, 1-4.

⁶ Swarbrick, M. (1997). A wellness model for clients. *Mental Health Special Interest Section Quarterly*, 20, 1-4.

⁷ Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29, (4) 311- 314.

⁸ Katz, J. (1993). *Swimming for Total Fitness*. Broadway Books, NY

SLEEP FACTORS

- People vary widely in the amount of sleep they need every day. Many people who seem to be perennially tired may actually be sleep-deprived. However, there is some evidence that people need less total sleep as they get older.
- People are affected differently by napping, and have differing abilities to respond to frequent changes in times of going to sleep every day. Sleep physicians often encourage people to plan and obtain a full night's sleep, avoid naps, and wake up at the same time every day of the week, if possible.
- Caffeine is a powerful drug. People vary in the amount of caffeine that affects their sleep, and the amount of time that may need to pass between caffeine ingestion and trying to enjoy a restful sleep. Some people are conscious of obvious sources of caffeine such as coffee, tea, and cola, but less aware of the caffeine in hot cocoa, chocolate candy, and medications such as Anacin®.
- Other psychostimulants can cause sleep dysregulation. These can include prescription medications, Over-the-Counter (OTC) medications, and "food ingredients or herbal supplements (such as ginseng or ephedra)."
- Simple carbohydrates (sugars) will increase some people's alertness and can make it impossible for them to sleep. An example of this effect is that warm milk serves as an effective sleep aid for many people (due to a variety of factors), but other people find that the lactose (milk sugar) keeps them awake.
- Sometimes sleep-inducing medications themselves can have the paradoxical effect of waking someone up. This is sometimes seen with diphenhydramine, an antihistamine that is the active ingredient in many OTC sleep aids.
- A person who takes medications that have the side effect of making them sleepy needs to consider carefully the timing of their medications in order to achieve the sleep they need and be alert when they need to be. Discuss this with your physician(s) and work out a different daily timetable for taking your regular medications to the extent possible, so that you avoid taking drugs that can make you drowsy during the day.
- Alcohol is a Central Nervous System (CNS) depressant, and therefore makes most people tired. However, its use can interrupt many people's sleep cycles, resulting in overall loss of sleep.
- Some people sleep well with silence; others need some amount of sound, or a specific kind of sound. Some people use relaxing music (of their choice) or "sleep sound generators" (that produce calming sounds such as wind, rain, or ocean) to help them fall asleep.
- Similarly, people vary in the extent to which they are sensitive to the temperature of the room in which they sleep, the bedclothes they are wearing, their position in bed, characteristics of their bedding and pillows, the extent of light or darkness, room aroma, and the other person/people who sleep in the room with them (including pets).
- Because of these and other factors, some people can sleep in well in unfamiliar places and beds (e.g., hotel rooms), while others do not. People who do not sleep well while traveling or visiting may need to make extraordinary efforts (such as taking a favorite pillow or a white noise machine) in order to sleep normally when not able to sleep in their own bed.
- Some people are able to obtain restful sleep while flying in an airplane or riding in a vehicle, while others find such sleep virtually impossible or inadequate. People need to be aware of this when they make travel arrangements that may include the need to sleep someplace other than in a bed.
- People vary in the extent to which the timing of specific life activities, such as bathing and exercise, affect their sleep.
- Every person has Circadian Rhythms—the natural sleep-wake cycle, which is generally synchronized to daytime wakefulness and overnight sleep. Some people adapt well to employment or other duties that put them into an abnormal sleep-wake cycle; others are not able to do so, and might be very negatively impacted by working at night. Even people who can adapt to overnight employment are often unable to adapt to frequent changes from daytime to night-time sleep.
- One specific impact of Circadian Rhythms is that changes in time zones have an impact on most people, to varying degrees. Some people traveling across time zones choose to keep their bodies on their "home zone" time schedule, but this is not always possible - Imagine visiting with family on the west coast, wanting to eat breakfast before 4am Pacific Time, and wanting to go to bed before 7pm Pacific Time. Some sources recommend that a person adjust themselves for one day per time zone crossed before engaging in safety-critical activities or major decisions. This is also not always possible.

Swimming is beneficial for the BODY, MIND, AND SOUL. The following outlines some of the benefits of swimming:⁹

- Increased oxygen in the blood is delivered to the brain
- Release of endorphins into the blood
- Meditative rhythm of swimming
- Aerobic-heart pumping exercise, helps the heart, blood vessels, and lungs
- Relatively inexpensive
- Social and/or solitary activity
- Swimming is a form of play, free from restraints
- Weight loss (or maintenance) through increasing the metabolism rate at which your body burns calories
- Limited stress on weight-bearing joints, making it helpful for people with arthritis and chronic back pain
- Decreases stress and promotes creative thinking

I personally find that swimming helps me to deal with stress through physical activity. The rhythmic movements of swimming foster creative thinking, and I find it to be a form of meditation that helps me restore balance for both stressful and not-so-stressful days.

I learned to swim at a YMCA camp at about age 7. During my childhood/early adolescence, on many weekends during the fall, spring, and winter my father treated us to an adventure at an indoor pool. When I first was impacted by my illness, I stopped swimming. However, at about age 18, I started to include swimming as part of my wellness plan. Early in my struggles to manage my illness, I found swimming to be an activity that helped me to gain natural balance and control. At times, I do become obsessive in terms of my swimming routines, but over the years I have developed patterns so that swimming complements my other priorities and demands. For some people, finding a time and place can be a challenge and may require re-examination of priorities. Swimming is on my priority list (a main tool in my wellness toolbox).¹⁰

⁹ Katz, J. (1993). *Swimming for Total Fitness*. Broadway Books, NY

¹⁰ Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29, (4) 311- 314.

Swimming for me provides emotional and physical benefits. At times it has become social and an opportunity to connect again with family as well, because I now entertain my sister and nieces at “my pool” a few times a year during the winter months. During one pool day and while we were in the pool, my niece said, “I like Aunt Peggy’s house” (she thought my house was the pool, as she had never actually been to my condo).

I am fortunate that I am able to work and can afford a membership at a facility where I can access to pool. I swim 4-5 days a week and sometimes even 6 days. For people who are on limited incomes, lack of funds does not have to be a barrier. Some local townships may offer swimming resources, and a local YM/WCA may offer scholarships for people who are disabled.

As an ongoing part of *Words of Wellness*, we ask that you share what activities, hobbies, and routines promote your own personal wellness so we can all learn about the vast array of opportunities to promote our own wellness and the wellness of others.

In January we learned WHY I BIKE¹¹ and in February we learned about THE BLUES.¹² Contact nleditor@cspnj.org and we would be happy to work with you to feature an article describing your wellness activities.

SELF-HELP CENTERS IN NJ: THE GENESIS

by Judy Banes

Editor’s Note: The following article was written by Judy Banes in 2005. We are running it to serve as a starting point for a series discussing type of self-help center activities in New Jersey, and similar models around the world.

As some of us can remember, the 1960’s and 1970’s were years of social upheaval and struggles for minority empowerment. Women, African-Americans, welfare recipients and gay people were rising up and demanding equality, opportunity and respect. Those of us involved — willingly or unwillingly — with mental illness and its treatment figured it made sense to wait a little while to see how those other groups managed. By the late 1970s and early 1980s, our time had come. Under the leadership and inspiration of a young New Yorker named Judi Chamberlin, some of us began to think of

¹¹ www.cspnj.org/services/wrinstitute/newsletter_archive/Newsletter_1-13-2009.pdf

¹² www.cspnj.org/services/wrinstitute/newsletter_archive/Newsletter_2-16-2009.pdf

helping ourselves. Chamberlin's book, *On Our Own*, verified our anger and frustration, stimulated our hopes by giving examples of what had been accomplished in Boston and Canada, and encouraged us to take action, take charge and take responsibility for at least part of our lives.

In New Jersey, a small self-help group began in 1982 in Bergen County. By 1985, self-help centers began in Passaic County (Social Connections), Monmouth County, (the CARE Center in Asbury Park) and Cumberland County (New Horizons Center). In 1987, the Spirit of Dawn Center opened in Elizabeth. Finally, in 1988, the On Our Own self-help group became the On Our Own (OOO) Drop-In Center in Hackensack. The proposal that the OOO group had presented to the Mental Health Board had been awarded start-up money if that new organization, Collaborative Support Programs of New Jersey, would help with the money and offer any necessary technical support.

On Oct. 5, 1988, we opened our doors and the fun began! Our budget was so small that all the furniture we had for the first eight or nine years was donated. A year later, we had to relocate after one of our homeless members kept taking baths in the women's room and flushing the paper towels down the toilet. The Blimpie sandwich shop underneath us did not appreciate this woman's problems (which were considerable); they only wanted the water to stop dripping down their walls...something about customer complaints. We were frantic to find a new place when our Fairy Godfather, Mark Duffy (now CSPNJ operations director), helped nail down a lease across the street. Mark has stepped in a number of times when we've had difficulties: all of us at OOO thank him.

Other centers opened their doors over the next nine years, and in 1997, a large amount of money was awarded to CSPNJ to establish centers. There would be at least one in each county.

There are now over 30 self-help centers run for and by mental health consumers in New Jersey. Please be clear about the fact that most consumers involved with a self-help center, especially the leaders, were, in the beginning, a bit skeptical and uncertain since this hadn't been done before, and since most never suspected that anything we worked on would ever be successful.

I think we proved to others, and more importantly, ourselves, that we were able as a group to operate a functioning center for people who formerly struggled with mental illness or were presently struggling. As this happened, our confidence grew and our feelings about ourselves improved. For the first time in a long time, many mental health consumers experienced a wonderful, downright exhilarating new feeling: pride.

The centers are about socialization, advocacy, peer counseling, education and recreation. The facilitator positions also offer an opportunity for consumers to take the first steps toward work and responsibility. These folks do everything from cleaning up the bathroom, making coffee, answering the phone, settling disputes and, in some cases, asking people to leave the center. They are cheerful and friendly to all who come into the center...or else. During their work hours, they must try to put their own problems aside — not easy for anyone.

These facilitators are the people who make the centers work, and the fact that New Jersey still has all of the self-help centers it started with says something about the capabilities and potential of our facilitators. This is because, I believe, that at the centers we try and focus upon what people can do, not what they can't do. We believe that having a mental illness doesn't necessarily preclude a productive, caring and meaningful life. The centers also expect that most everybody will contribute whatever they can of their skills and talents (recognized or not) to make the center a better place.

We try to run the centers as democratically as possible, since we believe that being a capable adult means making decisions — something most long-term consumers have been denied or fearfully lost. I have always told the facilitators and members that some of the decisions are difficult to make, but after one is made, if everyone is still alive, I would consider it a pretty good decision. When errors are made by the group or an individual, an apology is made and hopefully accepted. These self-help centers appeal to different people for different reasons. For some, the centers offer acceptance and understanding, two things missing in the lives of many consumers. For others, it's a chance to "work" and earn a stipend in a setting that is encouraging. We have shown what we can do when given some money, support, hope and opportunity. We have given mental health consumers a place where they'll be welcomed, a place where they can laugh or cry and won't be considered crazy for doing either. They can find a place where they can help others and, in doing so, help themselves. When I walk up the 23 stairs (more slowly every year) and I hear people's voices, laughter, or even

arguments, my heart sings. When we have a wedding reception or a beautiful and touching memorial service, or when we all celebrate the success of a member who has returned to school, gotten a job or been released from the hospital or jail, I am heartened and hopeful. Judi Chamberlin's belief in what people could accomplish and should be encouraged to accomplish is, in a small way, being realized. Our movement has grown and become stronger thanks to these self-help centers.

Please check out the self-help center nearest to you: a visit might enhance your feelings about what people with mental illness can do.

Judy Banes is the northern Region Self-Help Center Coordinator for CSPNJ)

CONSUMER REPORTS FOR WELLNESS

For as long as I can remember, the magazine *Consumer Reports*[®] came into our home every month. My early impression was that it focused on consumer goods, giving ratings of cars, TVs, vacuum cleaners, strollers, breakfast cereals, and the like. That certainly has proven to be a mainstay of the publication, providing both reviews without apparent commercial bias,¹³ and extended discussions on how to choose and maintain various kinds of consumer goods. Ratings come from product and laboratory testing conducted by *Consumer Reports*[®] /Consumer's Union, as well as from survey responses submitted by members/readers. Much of the attention is on safety, and regular reports of product recalls reflect that safety focus. Over the years, there has been a broadening of the scope of "things" reviewed, reflecting the ways in which we spend our money. This has led to reviews of insurance (including life, car, health, long-term care, and veterinary), banks, cellphone services, generic vs. prescription medications, alarm services, hospitals, and many other mainstays of American life.

As I looked through two of the most recent issues,¹⁴ I realized how far *Consumer Reports*[®] has moved past consumer "goods," as well as how much its focus relates to multiple dimensions of wellness. An upfront article on "Risky Behaviors" addressed the

¹³ The magazine is operated by a non-profit foundation, Consumer's Union. It accepts no advertising, and does not authorize its reviews or ratings to be used for commercial purposes.

¹⁴ Table of contents always available on consumerreports.org.

prevalence of such unsafe behaviors as failing to use sunscreen, not reading prescription warnings, and leaving items on home staircases. Several articles focused on credit rates and credit scams. One timely article looked at the variety of resources for paid tax preparation, as well as the disadvantages of "refund anticipation loans." Health-related content included "communication is good medicine," a discussion on the various sources (and risks) of abdominal pain, and "drug coupons don't always save money." Closely related is the area of pet health, with an article "Vets weigh in on Fido's food." Other service-related content included "Ten ways to save on travel" and an article discussing various choices for video rentals and viewing non-broadcast TV channels. Even an article on interior paints, while containing a good deal of product review, gave a decent proportion of its space to the health risks of Volatile Organic Compounds (VOCs), coupled with a discussion of the issues around VOC levels and selection of paints with low VOC levels.

A visit to their website, www.consumerreports.org, reinforced my perception that this publication is involved in many dimensions of wellness (some website information is restricted to magazine or online subscribers; other content is open for public viewing). A central article on "New Year's fitness" contained topics such as reviews of exercise equipment, dieting on a budget, "test your sodium smarts," and "how to rearrange the food in your kitchen if you're trying to eat healthier." Another article linked to on the home page was "Give your medicine cabinet an annual checkup."

Consumer Reports[®] is widely available at libraries. It might be a good addition to waiting rooms and other places where people interested in health and safety could have a chance to read it.

WORDS of WELLNESS

As part of its broad array of services to foster wellness, recovery and economic self-sufficiency for individuals with disabilities, the Institute for Wellness and Recovery Initiatives at Collaborative Support Programs of New Jersey (CSP-NJ) offers this monthly newsletter, *Words of Wellness*. This publication features important information and resources, including details about educational events, to help people to achieve and maintain wellness. The purpose of this newsletter is to bring useful information to all of our readers, whether pursuing recovery themselves, supporting recovery in clients or family members, helping to administer and change our mental health and related services system, or researching the field and educating future practitioners. *Words of Wellness* co-editors are Jay Yudof and Peggy Swarbrick.