



Words of Wellness



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WHAT'S INSIDE

Saving Your Vision from Eye Disease.....	2
Wellness Conference Creates Buzz.....	3
Peer Providers to Meet.....	3
Assessing Mental Health and Rehabilitation Providers' Perceptions of Consumer-Providers	5
SAMHSA 10x10 Wellness Campaign Launches	
New Website	6
New FREE Seminar to Address Metabolic Risks ...	6
Short Articles and Tidbits.....	7
Some News from the UMDNJ Department of Psychiatric Rehabilitation.....	8

MCLEAN RECEIVES EXTRAORDINARY COMPASSION AWARD

The New Jersey Association of Mental Health Agencies is awarding its Extraordinary Compassion Award to Melissa McLean, the manager of the CSP-NJ Freehold Self-Help Center. McLean will receive the award at the association's awards dinner, a part of its annual conference scheduled on April 21-22, 2010 (www.njamha.org).

Like many of the other Self-Help Center managers, McLean is a peer provider, pursuing her own recovery and modeling recovery to center members and others while keeping the center operating. This is a job where caring and compassion are key and McLean excels at those qualities.

One area where her efforts were considered in making the award is the extent to which she works hard to keep the Freehold Self-Help Center involved in the larger community. Freehold Self-Help Center is possibly the only center in the state to host both a weekly *NAMI Connection* group (www.naminj.org) and a Spanish-speaking support group for families of kids with emotional disorders, operated by Family Based Services Association

(www.fbsanj.org). She is taking steps to help Freehold Self-Help Center become involved in nursing home inreach, as one of the first smile stations of the Turn a Frown Around Foundation (www.turnafrownaround.org).

One of McLean's passions is assisting peers who are struggling. She is a connector of people and refers and advocates for persons in need to appropriate supports on a consistent basis she has found permanent housing for four people who had been residing in rooming houses, and helped another peer to earn a driver's license. Working entirely as a volunteer, McLean has taken a major role in coordinating a respite program CSP-NJ is developing.

We are proud that Melissa McLean is a member of the CSP-NJ workforce and community, and congratulate her on this well-deserved honor!

COUNTY HEALTH RANKINGS PROGRAM HELPS FOCUS ATTENTION ON IMPROVING HEALTH QUALITY

A major initiative of the University of Wisconsin and the Robert Wood Johnson Foundation was a study of health rankings for the large majority of counties in all 50 states of the US.

www.countyhealthrankings.org reports mortality, two morbidity factors, and thirteen health factors for each county. While most people's immediate interest is to go to the site and see how sick or well their county is, the real purpose of the initiative, and the way in which we can use the data to improve the health of ourselves, our families, and our communities is to look carefully at each of the thirteen health factors. These were chosen carefully as issues which can have major influence on mortality and morbidity. The study measure four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors

is based on several measures. A fifth set of factors that influence health (genetics and biology) is not included, presumably because these are factors we have no control over.

Interestingly, only six of the thirteen health factors (tobacco use, diet and exercise, unsafe sex, alcohol use, access to care, and quality of care) could be considered part of the physical dimension of wellness. Of the remaining factors, we would classify education in the intellectual domain, employment in the work/leisure domain, income in the financial domain, family and social support in the social domain, and community safety, environmental quality, and built environment all to be in the environmental domain.

Each one of these could be great topics for group study, or advocacy topics for a faith-based, self-help, or community group. We could, for instance, drill down on the alcohol use factor, see some the instruments used in the study, see some of the submeasures (binge drinking, motor vehicle death rates) and linkages (to unprotected sex and drinking during pregnancy), and see and follow some research citations if we wish. This is bound to get us thinking and talking about what we are (or are not) doing to monitor our own amount of alcohol use, to support community initiatives to curb underage drinking rates, etc.

Having just completed our conference, "Ensuring Social Inclusion by Focusing on Personal and Community Wellness," we found ourselves drawn to the "Family and Social Support factor. That webpage states that "the County Health Rankings measures social isolation because the association between socially isolated individuals and poor health outcomes has been well-established in the literature." It also discussed a meta-analysis which "suggests that individuals without a social network are less likely to participate in healthy lifestyle choices. Finally it discusses the specific health issues and risks associated with single-parent households.

We hope that you will be able to use this information on this website to benefit your health and the health of your family and community. We

are always interested in your stories and feedback. nleditor@cspnj.org.



SAVING YOUR VISION FROM EYE DISEASE

If you can read this article, you can be grateful that you have adequate vision. Blindness can be very disabling. Some people lose all vision; others may experience reduced levels of vision, not correctable by corrective lenses or other medical interventions, so severe they can no longer drive or engage in other tasks requiring distance vision.

Cataracts are clouding of the lenses in your eyes, and are the leading cause of blindness in the world. About 1 in 10 American adults have cataracts. They are generally correctable by surgery (removal of the lens and implantation of a new lens).

Glaucoma is a condition of damage to the optic nerve inside the eye, generally caused by elevated fluid pressure in the eye. This disease affects 2-4 million Americans. African Americans experience glaucoma at a rate three times that of white Americans, and Glaucoma is a leading cause of blindness among African Americans and Hispanics. There are treatments (medications, surgery) that treat the symptoms of glaucoma and slow or reverse damage to the optic nerve.

This is a condition which often goes undetected until damage has been done. A complete eye exam, including measurement of intraocular pressure, is the general way in which glaucoma is detected. While there is some debate on the recommended frequency of glaucoma screening, one useful source is the list of populations for which Medicare considers annual glaucoma screening medically necessary, and therefore reimbursable:

- Individuals with diabetes;
- Individuals with a family history of glaucoma;
- African Americans over the age of 50; and
- Hispanics 65 and older

It probably makes sense for people who may not have diabetes, but have been advised that they are

“pre-diabetic” or “glucose intolerant” to have this examination at least once every two years.

Macular degeneration, or age-related macular degeneration (AMD), is a major cause of vision loss in Americans 60 and older. By destroying the macula, the part of the eye that allows people to see in fine detail, macular degeneration can impact a person’s ability to read, drive, watch television, and do routine daily tasks. Research is ongoing regarding dietary supplementation which can prevent this disease, and treatments, including both medications and surgery are available. The need for early detection of macular degeneration is another reason why people over age 60 should have full eye exams at least once every two years.

In addition to creating elevated risks of glaucoma and macular degeneration, diabetes also places those who live with it at risk of **diabetic retinopathy**. This is a condition where the blood vessels in and around a person’s retina are affected by diabetes and bleed into the eye. Surgery can treat

most cases of diabetic retinopathy, but may not be sufficient to preserve full vision. The best prevention is good control of blood sugar and blood pressure, along with annual eye exams.

PEER PROVIDERS TO MEET

The Consumer Provider Association in New Jersey is a statewide association of mental health service providers who are also pursuing psychiatric recoveries. The association has scheduled its annual conference for Saturday, May, 22, from 10am-3pm, at Rutgers Cook College Center, New Brunswick.

The keynote address will be given by Gladys Christian, President, of the National Association of Peer Specialists. Following lunch, attendees will be able to choose one of 4 workshops:

- Work and Wellness: Obtaining Peer Support and Using a WRAP Approach to Maintain Wellness in Work Settings
- What Is Good Supervision, and How to Manage Relationships with Supervisors
- Motivational Interviewing: What Is It, and How Is It Supposed to Work?
- Educational and Certification Opportunities in New Jersey

The conference is free to all association members, who may renew their \$5 annual dues at the door. ConsumerProviders@yahoo.com.

While not as prevalent as the causes of blindness discussed above, it is worth remarking on **blindness due to high blood pressure or stroke**.

Whether the brain damage which is a function of a stroke or the retinopathy (comparable to diabetic retinopathy) caused by high blood pressure, these can be as debilitating, and less treatable, than the more common causes. Major ways of reducing the risk factors for these conditions include:

- Getting regular medical examinations.
- Getting and following treatment for diabetes, high blood pressure, and other long-term conditions.
- Reducing and quitting smoking.
- Being very cautious of the use of food

supplements, herbal products, or recreational drugs which elevate blood pressure.

- Getting immediate medical attention for a suspected stroke.

Part II of this article, which will run in the May edition, will discuss ways to reduce/prevent vision loss due to injury.

WELLNESS CONFERENCE CREATES BUZZ

Our annual wellness conference took place on March 18-19, 2010. It was well attended (went over sellout crowd on both days), and included attendees from six US states and one Canadian province. We offer this conference to create opportunities for enhanced dialog about the topics featured at the conference. Based on the examples cited below, we think this worked!

Due to the impact of smoking on the health of our community, we have frequently featured workshops by the CHOICES program (Consumers Helping Others Improve their Condition by Ending Smoking, www.njchoices.org). This year the CHOICES educators conducted an interactive workshop to help people explore how quitting smoking enhances a person's journey of wellness and recovery. They discussed smoking as a barrier to social inclusion in the community, how quitting smoking supports social inclusion, and how peer outreach, such as the CHOICES Program, can empower people to break through the barrier to increase access to opportunities in the community. Noting high attendance, audience interaction, and interest, one of the CHOICES educators stated "It was gratifying to see how our field has progressed over the past 4 years in terms of recognizing the critical role peer support plays in recovery and the importance of addressing tobacco."

Our discussion of social inclusion in the general session, and a workshop by Drew Horn and Jay Yudof on ways to reduce loneliness of mental health peers and people living in institutions led one participant to provide us with an interesting link to a Fox News article on how loneliness can lead to elevated blood pressure.

www.foxnews.com/story/0,2933,589646,00.html. While we are familiar with the research in this area, it is always gratifying to see the mainstream media helping to bring this issue to the attention of the general public.

We got some dialog going, and hopefully provided some agencies with directly useful tools, with the Northwest Essex Community Health Network (NECHN)/Essex County Hospital Center (EHC)

poster session. NECHN is an agency providing continuum of care services, including day treatment and clinic-type services (medication management and psychotherapy) to people living with mental illness. Two years ago, after a series of young adult peers served by NECHN suddenly passed away from preventable medical conditions, the agency began an initiative to educate their clients about health-related issues and ways to improve health as well as prevent the kinds of chronic medical conditions found in people living with serious mental illness. This concern is timely. For the last 5 years, there has been a building tide of concern within the mental health community in reducing health disparities between those living with mental illness and the general population. NECHN collaborated with the EHC, Institute for Mental Health Policy, Research and Treatment, and CSP-NJ in this effort. Interventions included a change in day treatment programming and a 2.5 day health screening.

Johnette Hartnett, Director of the National Disability Institute's presented with Richard Keeling from the Internal Revenue Service on the Real Economic Impact Tour (REITour). Johnette shared a financial awareness soccer game." The game can be played at <http://reitour.financialsoccer.com>, and information about it is at www.realeconomicimpact.org/Financial-Education/VISA-Financial-Soccer.asp. The game appears to be able to teach useful facts about financial; wellness and independence to people of varying levels of depth and expertise.

One of the topics brought forward by a workshop (presented by Michelle Zechner and Jay Yudof) was on ways in which both family members of people pursuing psychiatric recoveries and organized family groups can collaborate with peers and peer groups to improve health and wellness. No place is this more evident than in the many walks sponsored by National Alliance on Mental Illness (NAMI) groups around the country. NAMI walks are a good way to

- Get people up and moving
- Raise funds for mental health support and advocacy

- Get people involved in walking who may not have been willing or able to engage in more complex advocacy activities
- Use solicitation of sponsorships to “break the ice” in opening the dialog with friends and extended family about mental health recovery and advocacy.

One interesting way to see how people respond to a NAMI walk is to review a few of the 300+ NAMI Walk videos we found via Google.

NAMI’s national walk information site is www.nami.org/namiwalks. Our new Jersey readers may be interested in the NAMI MERCER NJ walk, which will take place on Saturday, May 22 at Washington’s Crossing State Park, Titusville. Some individuals may want to link up with the walk team coming out of the NAMI NEW JERSEY affiliate in their own county (www.naminj.org/affiliates.html).

In our last edition, we featured the Wellness Resource Manual, developed by Gina Zippo the members of the Freehold Self-Help Center, and the Institute for Wellness and Recovery Initiatives, which was distributed to every conference attendee. We have received positive feedback regarding the manual. One source of positive feedback was from the leadership of the National Empowerment Center, which has put the manual up on their website with our permission. www.power2u.org/downloads/WellnessResourceManual-2010.pdf

You can expect to see more coming out of our conference in future issues! Many of our presenters will be featuring articles in WOW. *Keep reading.*

ASSESSING MENTAL HEALTH AND REHABILITATION PROVIDERS’ PERCEPTIONS OF CONSUMER-PROVIDERS

by William R. Waynor, MS, CRC, CPRP

I would like to thank CSP-NJ for providing me the opportunity to present a workshop on the findings of a project that assessed mental health providers’ perceptions of consumer-providers (CPs). During the workshop, I described: the rationale for the project, the survey methods used, and the results. Workshop participants were then invited to

participate in a group discussion on the findings of the study.

The goal of the project was to collect information on the perceptions of non-consumer mental health providers’ views of CPs. In other words, how did non-consumer mental health staff think and feel about working with individuals who identified as consumers. An agency that was run by consumers, and consisted of primarily consumer staff, agreed to participate in the study, and provided a list of non-consumer mental health staff to contact for the study. We obtained information about staff members’ current position in the mental health field, highest degree completed, and years of experience. Non-consumer providers were asked the following survey questions:

1. Could you share your general perception of the consumer staff with whom you interact in your work?
2. Would you say the quality of their work is similar to non-consumers in analogous roles, i.e. case managers & employment specialists?
3. Do you know what level of training the consumer staff with whom you interact have?
4. Would peer providers obtaining credentials (license/certification) make a difference?
5. Please tell me if you feel having consumer providers working in the mental health field is generally a good idea?

A total of 10 non-consumer mental health providers completed the survey. They were encouraged to share as honestly and openly as possible and were assured that their answers would remain confidential. A variety of programs were represented in the study, including: hospital based day treatment, housing programs, community rehabilitation facilities, a hospital inpatient unit, outpatient treatment, and community advocacy programs.

The results from the survey were coded using qualitative methods. Four themes were identified: (1) service delivery, (2) comparisons between consumer-provided and non-consumer staff provided services, (3) perception and opinion of consumer-providers’ education and training background, and (4) power dynamics.

Findings included some very positive perceptions: CPs were recognized as excelling at: 1) empowering those they served, 2) engaging peers, 3) acting as role models, and 4) having knowledge of entitlement issues. Unfortunately, the study findings identified that there was still an unwillingness to recognize CPs as full colleagues in the mental health field.

After presenting this information, the highlight of the workshop was when the audience members had the opportunity to break up into groups and develop several strategies to overcome this stigma and move towards full recognition of CPs as equal members of a mental health team. Not everyone in the audience was familiar with consumer provided services, and some sensitive issues were raised during the group discussion. I appreciated the lively debate and the willingness of individuals to share their own personal experiences.

The exchange of ideas that occurred during the group discussion was impressive, and there were great ideas developed from the groups. Some of the strategies developed from the group session included: (1) the leadership of agencies must demand inclusion, (2) CPs need to give public presentations to staff, (3) team building activities that address the issue of CP inclusion should be required for program staff, and (4) consider training on integrating CPs as a diversity issue. These are all strategies that can be immediately implemented in mental health agencies, and all of these ideas would be a positive step towards improving the recognition of CPs as mental health providers.

I believe the overall consensus was that there is clearly more work to do for CPs to be fully recognized as providers of mental health services. But the fact that CPs are now an important part of the mental health field is substantial progress, and the overall success of the Wellness conference is evidence that this goal will be met in the near future!

SAMHSA 10x10 WELLNESS CAMPAIGN LAUNCHES NEW WEBSITE

Sign the Pledge!

People with mental health problems deserve to live as long and as healthy as other Americans. The United States Substance Abuse and Mental Health Services Administration (SAMHSA) 10x10 Wellness Campaign, designed to promote health and well-being and prevent early mortality for people with mental health problems, has announced the availability of Campaign-related information online at www.10x10.samhsa.gov. In addition to background, resources, and a roster of the Campaign's steering committee, the site now houses the Pledge for Wellness. The Pledge for Wellness calls for a reduction in early and preventable death by 10 years over the next 10 years. More than 2,000 organizations and individuals have already signed on, expressing their commitment to promoting wellness and reducing the disproportionate impact of preventable morbidity and mortality on people with mental health problems.

NEW FREE SEMINAR TO ADDRESS METABOLIC RISKS

"Personal Wellness through Self-care"

People living with psychiatric disabilities are at greater risk than the general population for developing metabolic syndrome and diabetes. Both conditions have been associated with a significant lifespan reduction, and negatively impact overall quality of life. This session will review what you can do to prevent or manage metabolic syndrome and diabetes yourself and in your peer community.

Learning Objectives: After attending this workshop, participants will be able to:

- Define what metabolic syndrome is and how it can be prevented or managed effectively.
- Know where and when to access screenings for diabetes and metabolic syndrome.
- Practice wellness self-care strategies for managing/preventing diabetes and metabolic syndrome.

Who Will Present:

- Betty Redman, LPN
- John Garafano, BS, CPRP, CFT

Who Should Attend: Anyone interested in learning about diabetes and metabolic syndrome management and prevention to enhance personal wellness.

When and Where:

- April 30 at the CSP-NJ Eatontown office from 10am-2pm Registration is limited to 30 people, so please register by April 23.
- May 21 at the CSP-NJ Absecon office from 10am-2pm Registration is limited to 20 people, so please register by May 14.

Register by contacting wec@cspnj.org.

SHORT ARTICLES AND TIDBITS

Voice Awards Celebrate Those Who Make a Difference for Mental Health

SAMHSA is seeking community input in recognizing entertainment industry professionals and mental health peers who have given a voice to people with mental health problems. The Voice Awards honor film and television writers and producers who incorporate dignified, respectful, and accurate portrayals of people with mental illnesses into their scripts, programs, and productions. The awards also recognize the accomplishments of peer leaders who have been instrumental in both raising awareness and understanding of mental health issues and promoting the social inclusion of people with mental health problems.

www.voiceawards.samhsa.gov.

Organize-more-stress-less.com

or, more simply, OM, is a website and philosophy around organizing both one's inner world (thoughts) and one's outer world (commitments and possessions). OM declared March as Minimalism. They presented the rallying equation, Minimalism = Less Stuff = Less Worries = Freedom. Whether you are a confirmed minimalist looking to network with others (or learn where and how to get rid of stuff), or if minimalism intrigues you, you may want to go to the website and follow up.

This Emotional Life

(www.pbs.org/thisemotionallife) is a three-part PBS series "that explores improving our social relationships, learning to cope with depression and anxiety, and becoming more positive, resilient individuals...Harvard psychologist and best-selling author of **Stumbling on Happiness**, Professor Daniel Gilbert, talks with experts about the latest science on what makes us "tick" and how we can find support for the emotional issues we all face. Each episode weaves together the compelling personal stories of ordinary people and the latest scientific research along with revealing comments from celebrities like Chevy Chase, Larry David, Alanis Morissette, Robert Kennedy, Jr., and Richard Gere."

As a follow-on to the series, the producers are offering a free Webinar by internationally known psychologist Xavier Amador, Ph.D. , ***I'm Right, Your Wrong, Now What? : Break The Impasse And Get What You Need*** is the title of both the Webinar and a 2008 book by Dr. Amador. Other books written or co-written by Amador include:

- I am not sick I don't need help
- Break the Bipolar Cycle: A Day-by-Day Guide to Living with Bipolar Disorder
- Insight and Psychosis: Awareness of Illness in Schizophrenia and Related Disorders
- Being Single in a Couple's World: How to Be Happily Single While Looking for Love
- When Someone You Love is Depressed: How to Help Your Loved One Without Losing Yourself

Legislation to Reform Asset Limits in Supplemental Security Income Program Introduced

Representatives Niki Tsongas (D-MA) and Tom Petri (D-WI) have introduced H.R.4937 - SSI Savers Act of 2010. If passed, this legislation would allow people on SSI to save money in IRAs and college savings accounts, as well as to keep higher amounts in regular savings accounts. This would be a great benefit for people living on SSI, who find themselves blocked from savings, and given a powerful disincentive to earn incomes.

www.opencongress.org/bill/111-h4937/show.

SOME NEWS FROM THE UMDNJ
DEPARTMENT OF PSYCHIATRIC
REHABILITATION

The Integrated Employment Institute of Central and Southern NJ, a program of the department, now has two trainings available on its website: 1) Work and Recovery and 2) Readiness Assessment and Development. These are available to anyone who's interested. To access the trainings just go onto the Department website (www.shrp.umdj.edu/smi) and click on Web Based Training. If you have any problems accessing these please let us know (still working out the bugs). We hope eventually to have many more trainings available on-line.

On Friday, April 23, from 10am-noon, Karin Brockelman, Ph.D. will present a Colloquium ***Qualitative Research and Psychiatric Rehabilitation***. The leadership, voices, perspectives, and experiential knowledge of people living with psychiatric disabilities are integral to the development of research, interventions, professional practices, and education. Qualitative research seeks to make every voice heard. Qualitative methods have deep roots in the field of Anthropology, emphasizing the need to acknowledge the cultural and philosophical perspectives of the researchers as well as the context of the phenomenon being studied. In this session, Dr. Brockelman will discuss



how qualitative research complements the philosophy of Psychiatric Rehabilitation as well as ways we can use qualitative methods in conjunction with quantitative methods in our field.

The session will take place at the Department's main facilities at 1776 Raritan Rd., Rm. 330, Scotch Plains. It will also be simulcast to university facilities in Newark, and may be simulcast to Stratford (Camden County) if there are requests. Please contact professor Melissa Roberts (908-889-2470) by April 16th.

ABOUT WORDS OF WELLNESS

As part of its broad array of services to foster wellness and recovery for individuals with disabilities, the CSP-NJ Institute for Wellness and Recovery Initiatives at

Collaborative Support Programs of New Jersey offers this monthly newsletter, *Words of Wellness*. This publication features valuable 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. Free e-mail subscriptions are available from nleditor@cspnj.org.

ARE YOU A COLLEGE STUDENT WITH A PSYCHIATRIC DISABILITY?

ARE YOU INTERESTED IN ADDITIONAL ACADEMIC SUPPORTS?

UMDNJ'S DEPARTMENT OF PSYCHIATRIC REHABILITATION & UPENN'S COLLABORATIVE ON COMMUNITY INTEGRATION

ARE LOOKING FOR STUDENTS FROM 18-64 TO PARTICIPATE IN A RESEARCH STUDY EVALUATING THE EFFECT OF ADDITIONAL SUPPORTS ON COLLEGE RETENTION

STUDENTS MUST HAVE A DIAGNOSIS OF MAJOR DEPRESSION, BIPOLAR, SCHIZOPHRENIA OR SCHIZOAFFECTIVE DISORDER TO QUALIFY

STUDENTS WILL BE PAID FOR THEIR PARTICIPATION

IF YOU ARE INTERESTED, PLEASE CALL 1-866-788-1947 OR PSYCH_RESEARCH@UMDNJ.EDU

YOUR PARTICIPATION WILL BE CONFIDENTIAL

UMDNJ IRB Protocol: 0120050203 #6-7-2009 v4