



Words of Wellness



The newsletter of the Collaborative Support Programs of New Jersey Institute for Wellness and Recovery Initiatives • www.cspnj.org • Volume 3, Number 3 • September 14, 2009

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CDC¹ SAYS "TAKE 3" STEPS TO FIGHT THE FLU²

These actions will protect against the new H1N1 too!

Influenza (the flu) is a serious contagious disease. Each year in the United States, on average, more than 200,000 people are hospitalized and 36,000 people die from seasonal flu complications. This year the flu season could be worse. There is a new and very different flu virus spreading worldwide among people called H1N1 or "swine flu³." This virus may cause more illness or more severe illness than usual. CDC urges you to take the following actions to protect yourself and others from influenza (the flu):

¹ The US Centers for Disease Control and Prevention

² This article is adapted from one at www.cdc.gov/flu/protect/preventing.htm

³ Yes, this strain is spread by pigs, and people who work with pigs are at some increased risk. Pork/any pig products should be cooked to at least 160°F to eliminate any risk of food-borne H1N1.

1. *Take time to get vaccinated.*

- CDC recommends a yearly seasonal flu vaccine as the first and most important step in protecting against seasonal influenza.
- Vaccination is especially important for people at high risk of serious flu complications, including young children, pregnant women, people with chronic health conditions like asthma, diabetes or heart and lung disease, and people 65 years and older.
- Seasonal flu vaccine is also important for health care workers, and other people who live with or care for high risk people to prevent giving the flu to those at high risk. ***If you live in a group or boarding home, you probably fall in this category, even if you are healthy!***
- A seasonal vaccine will not protect you against H1N1.
- A new vaccine against H1N1 is being produced, and will be available in the coming months as an option for prevention of novel H1N1 infection.
- People at greatest risk for H1N1 infection include children, pregnant women, and people with chronic health conditions like asthma, diabetes, or heart and lung disease.

2. *Take everyday preventive actions.*

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, stay home for at least 24 hours after your fever is

gone⁴ except to get medical care or for other necessities.

- While sick, limit contact with others to keep from infecting them.
- Visit the CDC website (www.cdc.gov/h1n1flu/) to find out what to do if you get sick with the flu and how to care for someone at home who is sick with the flu.

3. *Take flu antiviral drugs if your doctor recommends them.*

- If you get seasonal or H1N1 flu, antiviral drugs can treat the flu.
- Antiviral drugs are prescription medicines that fight against the flu by keeping flu viruses from reproducing in your body.
- Antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications.
- Antiviral drugs are not sold over-the-counter, and are different from antibiotics.
- Antiviral drugs may be especially important for people who are very sick (hospitalized) or people who are sick with the flu and who are at increased risk of serious flu complications, such as pregnant women, young children, and those with chronic health conditions.
- For treatment, antiviral drugs work best if started within the first 2 days of symptoms.

Flu-like symptoms include fever (usually high), headache, extreme tiredness, dry cough, sore throat, and/or runny or stuffy nose.

At this time when we are aware of the high potential for illness it is best to set a daily wellness plan (regular sleep/wake cycle, moderate level of activity, eat wholesome meals, monitor our stress levels) in order to strengthen our immune system.

⁴ without the use of a fever-reducing medicine

FIBROMYALGIA by *Maureen Falkowitz*

This article presents a discussion of fibromyalgia, including what it is, symptoms, and possible causes.

Many adults live with symptoms of fibromyalgia. The American College of Rheumatology says that between 3 and 6 million Americans have fibromyalgia. The NIH (National Institutes of Health, USA) reports that 90% of people living with fibromyalgia symptoms are women, though men and children may also be affected⁵.

Physical Signs and Symptoms

Fibromyalgia is a chronic systemic disorder (syndrome⁶) characterized by widespread musculoskeletal pain, fatigue, and multiple tender points that occurs in precise, localized areas, particularly in the neck, spine, shoulders, and hips. It may result in severe sleep disturbances, morning stiffness, irritable bowel syndrome (IBS), anxiety, and other symptoms⁷.

Common signs and symptoms⁸:

- Morning stiffness
- Headaches
- Irregular sleep patterns
- Irritable Bowel Syndrome (IBS)⁹
- Painful menstrual periods (Dysmenorrhea)
- Hands and feet tingle and can feel numb
- Restless leg syndrome (RLS)
- Sensitivity to cold or heat
- Fibro fog (short- or long-term memory and cognitive problems)

⁵ *What is Fibromyalgia? What causes Fibromyalgia?* (2009). Retrieved August 17, 2009, from Medical News TODAY: www.medicalnewstoday.com/articles/147083.php

⁶ The term syndrome is used rather than disease because disease implies that all people with a given disorder have essentially the same or similar symptoms that result from a common biological source. In Fibromyalgia Syndrome, the symptoms can vary from person to person.

⁷ *Glossary*, University of Kentucky Health Care. (updated 2009). Retrieved August 17, 2009, <http://ukhealthcare.uky.edu/patient/glossary/glossary-f.htm>

⁸ *What is Fibromyalgia? What causes Fibromyalgia?* (2009). Retrieved August 17, 2009, from Medical News TODAY www.medicalnewstoday.com/articles/147083.php

⁹ www.medicalnewstoday.com/articles/37063.php

Less common signs and symptoms:

- Widespread pain
- Problems with vision
- Nausea
- Pelvic and urinary problems
- Weight gain
- Dizziness
- Cold/flu like symptoms
- Jaw pain and stiffness (in the TMJ, or temporomandibular joint))
- Skin problems
- Chest symptoms
- Depression
- Anxiety
- Myofascial pain syndrome (pain/tiredness in muscles and adjacent fibrous tissues)
- Breathing problems

Some people report the presence of extreme sensitivity to the slightest touch against any fleshy areas of the extremities. Others report frequent overuse injuries to tendons and ligaments. Yet others report the symptoms of Raynaud's disease, a disorder of the blood vessels that causes numbness and tingling of the hands and feet, along with the discoloration of the fingers and toes¹⁰.

Although the condition of fibromyalgia is serious from time to time, may interfere with normal day-to-day functioning, and may cause disability due to pain and fatigue, it is not progressive nor is it physically crippling. It does not cause progressive damage to the joints, muscles, or other tissues¹¹.

Possible Causes

Many experts believe the condition is brought on by complex, abnormal responses to stress¹² and could be linked to a genetic predisposition¹³. Studies show that with Fibromyalgia Syndrome (FMS), the parts of the brain and central nervous system that deal with pain signals work differently from those who do not have FMS. This is called central sensitization¹⁴.

The causes of FMS have been categorized into two types: primary and secondary.

Primary (idiopathic) Fibromyalgia

The majority of the cases of fibromyalgia reported by doctors, are without a known cause, or idiopathic. Many people report one or more of these pre-existing conditions:

- *Chronic sleep disturbance* and fibromyalgia go hand and hand, and some experts believe sleep disturbances come first. People with FMS have higher than average rates of restless leg syndrome¹⁵, periodic limb movement disorder¹⁶ (PLMD) and sleep-related breathing disorders¹⁷. In one study, people with FMS had faster rates of cyclic alternating sleep pattern (CAP)¹⁸, which leads to a non-refreshing sleep. Researchers concluded the increased rate leads to serious sleep problems that made FMS symptoms worse.
- *Abnormalities in brain chemicals* have been discovered by researchers who know that people with fibromyalgia can have numerous

¹⁰ Raynard's Phenomenon and Fibromyalgia. (2008). Retrieved August 21, 2009, from Fibromyalgia-symptoms.com: www.fibromyalgia-symptoms.org/fibromyalgia_raynauds.html

¹¹ Eustice, Carol and Richard. (2009). *Factors for Treating Fibromyalgia and Rheumatoid Arthritis*. Retrieved on August 17, 2009, from About.com: Arthritis web site: Web site: <http://arthritis.about.com/b/2007/06/02/factors-for-treating-fibromyalgia-and-rheumatoid-arthritis.htm>

¹² <http://adam.about.com/encyclopedia/Stress-management.htm?once=true&>

¹³ http://chronicfatigue.about.com/od/whatcausesfmscfs/a/genetic_predis.htm

¹⁴ Dellwo, Adrienne. (2008), *What Causes Fibromyalgia? Piecing It Together*, Retrieved August 24, 2009, from About.com: Fibromyalgia and Chronic Fatigue Web site: http://chronicfatigue.about.com/od/whatcausesfmscfs/a/fms_causes.htm

¹⁵ <http://adam.about.com/encyclopedia/infectiousdiseases/Restless-leg-syndrome.htm?once=true&>

¹⁶ http://arthritis.about.com/od/rls/ss/rls_2.htm

¹⁷ <http://adam.about.com/encyclopedia/infectiousdiseases/Sleep-apnea.htm?once=true&>

¹⁸ <http://www.docguide.com/news/content.nsf/news/8525697700573E1885256EA70035FCC5>

abnormalities in their hormonal, metabolic, and brain-chemical activity.

- *Muscle abnormalities* in FMS patients cause low-levels of calcium that, in turn, may cause sustained contraction not allowing muscles to relax normally.

Each of these, or a combination, may be suspected causes. This is what makes FMS so much of a mystery.

Secondary Fibromyalgia

The label of secondary fibromyalgia is assigned to a patient after another medical condition is determined to be a precursor¹⁹ of the development of the FMS. Usually these preliminary medical conditions include: an injury to the neck, surgery, arthritis in the spine, Lyme disease²⁰, Hepatitis C²¹, and/or Endometriosis²².

Whenever this writer has encountered individuals who self-identify as having fibromyalgia, most report that they have a history of severe neck or back injury. In addition, they report current or past chronic stress, as well as irritable bowel syndrome (IBS) and some current or past depression and/or anxiety.

What Comes Next?

This overview has been Part I of a 4 part series. Upcoming sections will include:

- Part II, will present some common conventional and alternative treatments to help manage fibromyalgia.
- Part III, in which we will explore the use of diet and lifestyle as effective methods of managing fibromyalgia, along with a personal story.
- Part IV, where we will discuss the connection between fibromyalgia and psychiatric illness.

Maureen Falkowitz has a B A and an M S. in Education. She was an elementary school teacher in the New York City school system for three years, and a technical writer in the telecommunications field for over twenty-

¹⁹ [http://en.wikipedia.org/wiki/Precursor_\(chemistry\)](http://en.wikipedia.org/wiki/Precursor_(chemistry))

²⁰ <http://wordnetweb.princeton.edu/perl/webwn?s=lyme%20disease>

²¹ http://en.wikipedia.org/wiki/Hepatitis_C

²² http://www.womenshealthmatters.ca/Centres/pelvic_health/endometriosis/description/index.html

two years. Most recently, Maureen has been a Facilitator at the Colts Neck branch of the Depression and Bipolar Support Alliance (DBSA).

DEALING WITH TYPE II DIABETES

Why is controlling diabetes important?

Diabetes harms many parts of the body, and sometimes does it without symptoms you can see or feel until the damage has been done. The kinds of harm diabetes can cause can lead to:

1. Losing your eyesight – through conditions which involve excess pressure on the optic nerve²³ and/or damage to the retina and surrounding structures²⁴.
2. Reducing or losing the function of your kidneys²⁵ – if that happens, you will need to have dialysis several times a week in order to stay alive.
3. Losing circulation in your feet and legs. When that happens, some people need to have toes or even whole feet cut off in order to stay alive.
4. Losing feeling in your skin. When that happens, you can be cut or burned and not even notice it.
5. Having pain in various parts of your body, including your skin/nerves²⁶ and muscles²⁷. The muscle pain can sometimes turn into reduced ability to move those muscles, and block you from doing certain things.
6. Complications of pregnancy and risks to the fetus
7. Dying, through the damage that diabetes causes to your heart, blood vessels, and other major organs.

What you can do?

People who do well getting their diabetes under control generally do a whole bunch of things, including most or all of the following:

1. *Find a primary doctor*²⁸ In order to help control your diabetes, your doctor may make recommendations in the areas of medication, diet, exercise, education. Your doctor will also make recommendations (typically involving medication, seeing other doctors²⁹, and having various kinds of medical tests done) to help figure

²³ glaucoma

²⁴ retinopathy

²⁵ nephropathy

²⁶ neuropathy

²⁷ myopathy

²⁸ or nurse practitioner

²⁹ often including an eye doctor (ophthalmologist or optometrist) and a foot doctor (podiatrist)

out what damage the diabetes may have done to your body, to treat that damage, and to prevent further damage. Some people do get referred to a medical specialist in diabetes and other people

stick with a family practitioner or internist.

2. *Monitor your blood sugar levels* as often as prescribed, and do this

more often on days when you are not able to eat right due to illness or other issues. Use the information you learn by measuring your blood sugar to help adjust your diet and other activities, and also to share with your doctor as appropriate. It is also helpful to know that having trouble using a blood sugar meter, or breaking or losing your meter, are not unusual, and you can expect help from the treatment system dealing with lost skills or a lost or broken meter.

3. *Get education about your diabetes.* This not only includes reading books, attending lectures, etc., but formal education offered by the treatment system. Many hospitals have a diabetes education center, where you may be able to get both personal education sessions (such as lessons on how to use a blood glucose meter or inject insulin), and a group education course on managing your diabetes.
4. *Lose weight.* Weight loss provides significant benefits for a person living with diabetes. For many people, this represents their only chance of getting their blood sugars down to a level where they may not need diabetes medicines.
5. *Develop and follow a healthy diet.* In addition to the importance of controlling and losing weight, a lot of the major activity of controlling diabetes is about planning, controlling, and tracking your food intake. People with diabetes need to:
 - minimize their intake of simple sugars (found in sweetened beverages, fruits, milk, and other foods). *Eliminating sugared beverages (soda and drinks) may be the most important thing a person can do.*

The International Network toward Alternatives and Recovery (INTAR) Presents Rethinking Psychiatric Crisis: Alternative Responses to "First Breaks" on Monday, November 23 at New York University. This conference will look at the negative effects which traditional hospitalization has on people who experience their first major episode of psychiatric symptoms, as well as alternative approaches for serving such individuals in settings which are more comfortable **and** effective, leading to better outcomes. www.intar.org.

- limit their total intake of carbohydrates (simple sugars +starches such as bread, rice, pasta, cereal, and other grain products)
- keep the glycemic index of their diets low. This is

accomplished by limiting total carbohydrates, by using more brown carbohydrates (i.e., whole wheat

bread, brown rice) and less white carbohydrates, and by building meals around proteins and vegetables, rather than carbohydrates

- be aware of the timing of their meals, especially as that timing relates to sleep, energy levels, exercise, and other life activities. Eating meals with the right timing is often a key to reducing snacking, which is frequently a source of empty calories and carbohydrates.
- assert their dietary needs, whether with families, a group living setting, or a restaurant. This may include making sure you can eat what you need, you have meaningful alternatives to a carbohydrate-rich meal, or a place to keep your lunch at work.

Many people with diabetes get education from a dietitian or nutritionist. Dietitians and nutritionists can be found in private practice, as well as at hospitals, and should be covered by health plans and Medicaid. Many dietitians and nutritionists will advise a person to use both food plans (what you will eat) and food logs (what you ate, and how it was reflected in your blood glucose levels and in how you felt). We also note that many people with diabetes need to become more "careful eaters," working through supermarkets and restaurant menus with a lot more care and time than they may be used to.

6. *Get exercise.* Besides helping with weight loss, exercise helps control both the effects of diabetes and the effects of some of the health conditions which often come with diabetes.

7. *Cut out or cut down smoking.* Smoking not only increases the chance of getting diabetes³⁰, but makes it more likely that a person with diabetes will experience bad after-effects, like strokes, mouth diseases, and loss of toes and feet.
8. *Get all of the appropriate medical care* which you and your doctor decide on. Many people with diabetes see a podiatrist (foot doctor) regularly, not only to get care for the nails and skin of their feet but to get help finding shoes that will work with their diabetes, and for planning their own at-home foot care and foot examination activities.
9. *Engage the family and supporters in your diabetes care* to the extent you choose. Obviously, family will be very affected by diet changes you need to make. Many people with diabetes arrange to have their families participate in the individual and/or group education which they get.
10. *Prepare for emergencies.* Many people with diabetes who use any medicine which can lower their blood sugar below normal level³¹ carry emergency supplies of a sugary food or specific medication. Like anybody with a major health condition, you will want to:
- develop a medication list, which you can carry around, and can share with every doctor or other medical/dental provider who works with you.

PEER WELLNESS COACH - A NEW ROLE FOR PEERS

There is significant concern that people living with mental illness die too young and/or live a poorer quality of life due to significant medical conditions. The Center for Mental Health Services (CMHS) has issued the "10 in 10 Campaign" seeking to lengthen life expectancy by 10 years in a decade. In response, the University of

ASK THE RESEARCHER

NAMI conducts **FREE** monthly "ask the doctor" conference calls with its medical director, psychiatrist Ken Duckworth. For the September 25 call, Dr. Duckworth is hosting research psychologist Eric Elbogen of the University of North Carolina. Dr. Elbogen researches and publishes frequently on a number of topics of interest to people in the mental health peer advocacy movement, such as

- the relationship between mental illnesses, substance abuse, and violence
- provider support of and compliance with psychiatric advance directives
- use of payeeships and other forms of financial coercion
- outpatient commitment
- physical health of homeless individuals with mental illness
- therapeutic jurisprudence

The call is toll free and scheduled from 11-12:30 Eastern Time. To join in, dial 1-888-858-6021; access code 309918.

Medicine and Dentistry of NJ-School of Health Related Professions (UMDNJ-SHRP) *Department of Psychiatric Rehabilitation and Counseling Professions* and the Collaborative Support Programs of New Jersey (CSP-NJ) *Institute for Wellness and Recovery Initiatives* have partnered to design a peer wellness coach certificate to address health and wellness needs from a self-management perspective. This training curriculum educates peer wellness coaches who become competent to proactively support peers. The coaches promote wellness by supportively addressing high risk behaviors and health risk factors such as smoking, poor illness self-management, inadequate diet, and infrequent exercise.

This summer, 18 peers in the New Jersey mental health workforce completed the coursework at UMDNJ-SHRP. This collaborative academic experience included instruction from faculty in the Departments of Psychiatric Rehabilitation, Nutritional Sciences, Allied Dental Education, and Rehabilitation and Movement Sciences and staff from CSP-NJ. The coursework was intense but the students bonded through the shared experience of learning many new skills that could empower them

³⁰ By decreasing the action and effectiveness of the hormone insulin which your body creates

³¹ A condition known as hypoglycemia

YOU CAN HELP RESEARCHERS IMPROVE MENTAL HEALTH SERVICES

Students with psychiatric disabilities often struggle with staying in college. Because of this, the UMDNJ Department of Psychiatric Rehabilitation and the University of Pennsylvania are looking for college students between 18 -64 to participate in a research project exploring the effects of additional supports on college retention. The project seeks to identify the critical supports students with psychiatric disabilities need to be successful in college. Participants must

- (1) have a diagnosis of major depression, bipolar, schizophrenia, or schizoaffective disorder,
- (2) reside in New Jersey, and not in Cape May, Cumberland, Hunterdon, Passaic, Salem, Somerset, Sussex, or Warren County, and
- (3) be a current college student.

Participation is confidential and compensated.

For more information please contact 866-788-1947 or email psych_research@umdnj.edu.

Smoking plays a major role in shortening the lives of people living with mental illness. Because of this, the UMDNJ Robert Wood Johnson Medical School's Division of Addiction Psychiatry is conducting several brief studies in New Brunswick as part of their efforts to improve people's success at reducing or quitting smoking. **NOT ALL OF THESE STUDIES REQUIRE SUBJECTS TO STOP SMOKING.**

For individuals that DO NOT WANT to quit smoking:

- Opportunities for smokers with mental illness (SCHIZOPHRENIA or BIPOLAR DISORDER)
- Opportunities for smokers without mental illness (FOR FAMILIES, STAFF, ETC.)

For individuals that DO WANT to quit smoking:

- Opportunities for smokers with SCHIZOPHRENIA or SCHIZOAFFECTIVE DISORDER

Participation is confidential and compensated.

For more information please contact 732-235-4341 or email williajm@umdnj.edu.

to empower others in pursuit of wellness. The following are some student responses:

- Louis Blicharz, CPRP, CSP-NJ
"I am proud to have taken the Peer Wellness Certification Course with so many dedicated people. It was an intense 8 weeks but everyone really bonded and supported each other. I believe that this is an indication of the caliber of Wellness Coaches who will be going forth to serve the people in the community. I personally have battled with mental illness for most of my life. I hope to use my personal experience, combined with the knowledge I have gained from this training, to help promote better health combined with increased longevity and a better quality of life for my peers".

Robin Weiss, CPRP

"I think that for the consumers/clients who take advantage of this new service, they will find coaching to be a fun and effective way to accomplish Wellness goals that they couldn't previously achieve on their own. The excitement and enthusiasm we have about the coaching method/technique is sure to communicate hope and enthusiasm".

- Lori J. Bell, Certified WRAP Facilitator and Trainer
" I feel this training directed me to go from a peer 'counselor' approach which is a more medical model to a 'coaching' approach leaving the accountable up to the individual themselves".

What is a Peer Wellness Coach?

A peer wellness **coach** is someone who can help a *peer* to set and achieve a wellness or health goal *by offering support, encouragement and asking questions to see what would be most helpful.* A

coach does not provide a prescription, wisdom, or advice, but rather helps a person seeking coaching to define what is important and set a plan to accomplish a personally valued goal.

What is coaching?

Coaching is not counseling or therapy; therefore a coach is not a therapist, counselor, or mentor. Coaching does not require that you explore your past experiences or gain insight into the problem or challenge you encounter.

Coaching is a positive supportive relationship between the coach and the person who wants to make the change. This positive supportive connection empowers the person seeking change to draw upon their own abilities and potentials so they can achieve lasting lifestyle changes. A critical aspect of coaching is self-responsibility. A person seeking coaching should accept responsibility for where they are in their own life including their health. Through coaching a person can determine what they are responsible for and become

empowered to take the action to improve their wellness status, in terms of the many dimensions of wellness: *spiritual, emotional, physical, occupational, financial, environmental, intellectual, and social.*

NEW JERSEY MEDICAID COVERS SMOKING CESSATION PRODUCTS

People on NJ Medicaid can get coverage for medications that can help them stop smoking. This coverage will apply whether for community prescriptions or for medication orders in hospitals, nursing facilities, or other medical care settings. All medications, even if over-the-counter (OTC), must be on a prescription. Nicotine replacement patches are approved for beneficiaries age 13 or older. All other medications are for beneficiaries age 18 or older. All medications require prior authorization after the first 24 weeks. Combination treatment (i.e., 2 or more medications for this purpose at once) will be approved as per evidence-based US Public Health Services Treatment Guidelines.

COVERED OTC PRODUCTS:

- Nicotine replacement patch (7mg, 14mg, and 21mg)
- Nicotine replacement lozenge (2mg and 4 mg)
- Nicotine replacement gum (2mg and 4mg)

COVERED PRESCRIPTION PRODUCTS:

- Zyban/Bupropion SR/Bupropion XL (150mg and 300mg)
- Nicotine Inhaler
- Nicotine Nasal Spray
- Chantix (Varenicline Tartrate)

Source/Reference: New Jersey Drug Utilization Review Board Bulletin Volume 1, Number 6.

Why Peers?

We believe that there are many possibilities for peers to contribute to the health and well being of people living with mental illness seeking support in pursuit of recovery. Wellness Coaching is a new opportunity for people in recovery seeking a career in the helping professions to explore.

Do you want to become a**Peer Wellness Coach?**

A new semester of Peer Wellness Coaching classes will begin October 24, 2009 and run through February 24, 2010. If you are a currently working as a peer provider³² and would like to learn more about becoming the Wellness Coaching training please contact Ann Murphy for more information (murphyaa@umdnj.edu or 908-889-2734).

³² a peer provider is defined here as a persons who is a past or current recipient of mental health services who assumes a direct service role in the mental health service delivery system.

In the next few editions of this newsletter, we will feature more information on wellness coaching.

FEDERAL PROGRAM OFFERS FREE CELLPHONES

SafeLink Wireless is a government-supported program that provides a free cell phone and airtime each month for income eligible customers. New Jersey residents who are receiving any State or Federal assistance program such as Federal Public Housing Assistance, Food Stamps or Medicaid, or who earn less than 135% of the Federal Poverty Level, are eligible, as long as they do not receive lifeline subsidy for other telephone service. Apply at www.safelinkwireless.com.

Success Stories
Presented below are the stories of three people who participated in our financial services.

Pedro has been in credit card debt since the

FINANCIAL FITNESS SUCCESS STORIES

Overview

As part of the array of services providing support for people living in New Jersey with mental health disabilities and special needs, Collaborative Support Programs of New Jersey, Inc. (CSP-NJ) and its subsidiary Community Enterprises Corporation³³ offer a number of financial products and services to people affiliated with these organizations. These products and services are designed to promote increased financial literacy through education and training, improved wellness and recovery through increased financial well-being and an improved standard of living. This is accomplished through better budgeting and money management, elimination of debt, increased savings, and investments in productive assets such as a home, a business and further education.

Our Financial Management Bill Pay program, aimed at giving people a hand managing their money while they learn more about finance, is offered to people who receive housing/support services from the agency. Other programs, such as our Savings Incentive Initiatives matched savings program and Individual Development Accounts, are targeted toward and offered to people involved in the CSP-NJ sponsored Self-Help Centers around the state who qualify. When fully organized, a Credit Union will open up a broader array of financial services to people in the New Jersey mental health community.

age of 18. In 2005, he reached an all time high of \$ 57,000 which resulted in him declaring bankruptcy. After several years, Pedro began using credit cards again to cover his regular expenses. This resulted in Pedro getting behind in his rent, utilities, and credit card payments as he had more and more of his disposable income going to minimum payments on his debt and the interest on his debt. Eventually, this resulted in Pedro's credit cards being over the limit and his personal bank account being overdrawn. His creditors were constantly calling and the utility companies would no longer accept payment by check. In August 2007, he was referred by his support worker and joined the Financial Management Bill Pay program at CSP-NJ. In February 2009, with the help of his financial counselor, Pedro was completely debt free and current with all of his expenses. He is happy to be able to answer his telephone without worry of it being a creditor. This time, with the assistance of credit counseling, he is now more informed on financial management and is able to live well within his means. He'd like to thank CSP-NJ for the support and for now being able to concentrate on his goal of improving his reading and comprehensive skills.

Michael was trying unsuccessfully for some time to pay down the balances on his credit cards that were over the limit. He also had an outstanding mechanic bill balance that was going down slowly. Michael decided to enroll in The Financial Management Program at CSP-NJ to get assistance with getting his finances under control. After some credit counseling and coaching from his financial counselor, he contacted the credit card companies and negotiated to have his rates and payments reduced which resulted in him being able to lower

³³ Community Enterprises Corporation was created in 1990 as a property management and economic development subsidiary of CSP-NJ.

his credit card debt and pay off his mechanic bill. Michael has successfully paid off his debt and is now maintaining his expenses. He is confident with making calls to creditors and has a better understanding of his rights as a disabled individual. He is also working part-time to add to his income and his budget now includes a savings component. Michael has enrolled in our agency's matched savings program and is saving for the future. He is very thankful to CSP-NJ for all of their support and feels that this has been a huge accomplishment for him.

Neville, with assistance from the Community Enterprises Corporation Individual Development Account Program, graduated as a Computer Electronic Technician. He participated in this longer term matched savings program for over 5 years and accumulated the money he needed to go back to school and graduate with the credentials he needed. Neville expressed that the program and staff support made it possible for him to reach his educational goal. Neville also highlighted that being part of the CSP-NJ Financial Management Bill Pay program made it easier to accomplish his savings and reach his dream. Neville is now being assisted by the school placement department in

NARSAD ARTWORKS OPEN FOR BUSINESS

“The NARSAD Artworks products showcase museum-quality art by talented artists whose lives share or have shared the common bond of mental illness. NARSAD Artworks is a volunteer 501 (c) 3 nonprofit corporation. All proceeds flow to causes supporting people with mental illness, especially scientific research.” This 19-year old art and sales program offers products such as

- Holiday cards
- Notecards
- Prints
- Bookmarks
- “Sunshine from Darkness” Posters
- A wide variety of items, including caps, car magnets, and lapel pins, featuring the silver ribbon for brain disorder research.

Also available on the website are articles about the program, and information about opportunities to submit artwork. NARSAD Artworks has indicated that low sales and contributions place the program at risk of shutting down, and they encourage people to shop and/or donate. www.narsadartworks.org.



finding a job in his field. Congratulations, Neville!

For information on any of these services, including our proposed Credit Union, or to schedule a presentation on financial fitness or financial services, contact Peter Stahl (pstahl@cspnj.org) or Zoraida Reyes (zreyes@cspnj.org).

WORDS OF WELLNESS

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

Collaborative Support Programs of New Jersey (CSPNJ) 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. We welcome submissions and feedback.