



Words of Wellness



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NEW REPORT HELPS HIGHLIGHT POTENTIALS FOR PEER-PROVIDED EMPLOYMENT SERVICES

Jay Yudof and Peggy Swarbrick (WOW co-editors) collaborated with staff from the New York Association of Psychosocial Rehabilitation Services (NYAPRS) to prepare a recently published report. *Building A Cross Disability Peer Employment Support Model - Report to the New York State Medicaid Infrastructure Grant¹* is intended to help increase the extent to which New Yorkers with various disabilities become and remain employed. While the data was gathered in NY, and the context of the report is the NY

disability services system, it contains both research citations and useful recommendations which can be applied anywhere in the US. The report builds on and supports our philosophy that employment is a key component of wellness. It also touches on the relationship of various other domains of wellness on vocational wellness, including the importance of social capital (closely related to social wellness) for job seeking and retention, the impact of low employment on financial wellness, and the resulting impacts of financial challenges on physical health and wellness. It discusses various ways in which people with disabilities can play an important role in helping others become and remain employed, and has an in-depth discussion of the pros and cons of self-help, peer operated services, peer partnership initiatives, and people with disabilities as employees. It draws on some of the knowledge gained by CSPNJ in our collaboration with UMDNJ around developing and operating Peer Employment Support Groups, and on a wealth of inputs provided by people active in New York’s Independent Living Centers.

The organizations involved in providing data for this report representing a broad range of people including the physical, intellectual, psychiatric, and cross-disability communities. Not surprisingly, almost all of that data reflected cross-disability needs. The general challenges of people with disabilities in finding, getting, and keeping jobs cross the boundaries. This supports the value of cross disability services and cross-disability systems advocacy.

1. Available online at www.ilr.cornell.edu/edi/nymakesworkpay/docs/Peer_Employment_Support_Report.pdf



We (and probably the majority of our readers) agree with the sentiment expressed above, but that is not what it is doing there. This is the logo and title of an initiative by the Government of Australia, and its most populous state, New South Wales, to address the physical health and longevity disparities between mental health service recipients and the general population² The Government has articulated six principles for mental health services about their responsibility to ensure that mental health peers receive adequate physical as well as mental health care:

1. “Mental health consumers are entitled to quality, evidence based care and treatment for all aspects of their health, including their physical health.
2. Such care and treatment for mental health consumers:
 - Is delivered in a respectful, non-judgemental and culturally sensitive way, with information about their illness, physical condition and treatment options provided to enable them to make informed choices
 - Recognises consumers as critical partners in the care team
 - Involves their families and carers, with the consent, wherever possible, of consumers.
3. The physical health of mental health consumers is considered by mental health services in the planning and provision of any mental health interventions.
4. Working collaboratively with other health providers, particularly GPs, is key to providing quality physical health care for mental health consumers.

²www.health.nsw.gov.au/resources/mhdao/080130_pmh_mhs_pdf.asp

5. Physical health care includes access to health promotion, screening and preventative activities.
6. The provision of physical health care is responsive to issues such as consumer preferences, gender, ethnicity, English proficiency and age.”

The introductory material to the six principles also states that “Mental health services now have an important responsibility to ensure that the consumers involved with their service have access to such health care by taking a ‘holistic’ or ‘whole of health’ approach.”

This list makes it clear that Australian mental health peers are dealing with similar challenges to those in the US. We are impressed by the Government’s use of the word “responsibility” in describing the duty of provider agencies to attend to the physical/mental health issue. That word can be taken both to create justification for removing contracts from agencies which do not support their peers/clients in the issue. Principle 4 states that “if you’re a mental health worker, you would know that there are a significant number of consumers who don’t have a regular GP.” This is one area we can place a strong focus on and ensure that people have access to quality primary healthcare, in addition to preventive screenings to detect and prevent co morbid medical conditions that shorten lifespan and quality of life.

A recent publication on this topic, with significant detailed instructions, can be found at www.health.nsw.gov.au/policies/gl/2009/pdf/GL2009_007.pdf.

SAVING YOUR VISION FROM EYE INJURY

In the April Issue, we discussed Saving Your Vision from Eye Disease. This topic is of equal importance.

Eye injuries are the leading cause of one-eye (monocular) blindness in the US. Prevent Blindness America (PBA) states that more than 850,000 Americans injure their eyes annually during home and work activities or while playing sports. Yet experts say wearing safety glasses and

taking other common-sense precautions can prevent or reduce the severity of most eye injuries.

PBA says the most common agents of eye injuries at work include:

- Flying objects (bits of metal, glass, plastic)
- Air-blown and wind-blown particles (dust, wood, sand)
- Tools (screwdrivers, wrenches)
- Chemicals (gasoline, oil, solvents, acids)
- Harmful radiation (welding arcs, UV)

At home, household cleaners and chemicals are common causes of eye injuries. Other causes include:

- Eyelash curlers, mascara brushes, and other cosmetic applicators
- Fingernails (such as when applying and removing contact lenses)
- Lawn, garden, and hand tools
- Air-blown and wind-blown particles
- Bungee cords

Besides another player's body, hand or finger, other causes of eye injuries during sports include a ball, puck, stick, bat, or racquet

Many common-sense interventions can reduce the incidence of eye injuries at home or work.

Common ones will include:

- Understanding and preparing for the safety hazards of household and workplace chemicals
- Keeping unsafe products out of the hands of children
- Further childproofing of homes and temporary homes of young children, such as use of stair gates and rubber bumpers on sharp furniture corners
- Using proper eye protection in all kinds of hazardous tasks, including sports activities – ***this can have the added benefit of modeling careful eye protection to children***
- Using sunglasses which are marked in compliance with American National Standards Institute (ANSI) standard Z80.3-2001, or which bear the European **CE** mark.
- Checking tools for safety, and repairing or replacing broken tools promptly – ***this includes appliances and utensils in the kitchen, and any hobby or gardening tools***

- Walking the lawn before mowing, and scanning a floor before vacuuming
- Getting cracked windshields repaired or replaced promptly
- Getting immediate medical treatment for major eye injuries.

VOLUNTEERS HELP THEIR COMMUNITIES AND THEMSELVES

Did you know that through community service and volunteerism you can get a substantial portion of your student debt forgiven? Volunteerism is a very rewarding and noble contribution to one's community and agencies such as the Peace Corps and Volunteers in Service to America (VISTA) offer opportunities where you can volunteer your time in service and in return be forgiven from some of your student debt. Each agency offers different incentives and some provide a stipend for living expenses while volunteering. Student forgiveness programs exist. If you, or someone you know, have ever thought about returning to school for undergraduate or graduate work and might not have the means to do so, volunteerism might be a wonderful option. You can learn more about student loan forgiveness programs at:

- <http://credit.about.com/od/reducingdebt/a/student-loan-forgiveness.htm>
- www.finaid.org/loans/forgiveness.phtml

Volunteer Organizations:

- VISTA - www.americorps.gov/about/programs/vista_benefits.asp
- Peace Corps - <http://www.peacecorps.gov/index.cfm?shell=learn.whyvol.finben>

HOW DO CONVERSATION AND CREATIVITY BUILD COMMUNITY

Jocelyn Hand and Gabrielle Evangelista help run a large greenhouse and garden at the VA, Brockton. Beautiful flowers, lovely tomatoes and carrots grow, as does the creative power of people with a history of mental illness. Many learn how to grow and sell plants.

During CSPNJ's 2010 Wellness Conference, Jocelyn and Gabrielle joined others to talk about how creative efforts and conversations that matter help pull people together. This magic works whatever our personal history. As one participant said, "It's not about illness, it's about the art we do, and our common discussion."

Brenda Watson talked about the inspiration of selling her photographs, and the value of crafts in making friends and in supporting her personal growth. Tom Raposa spoke of the power of telling groups his personal story on behalf of NAMI³ - Massachusetts; "It transformed the room, they saw me as human."

Gabrielle spoke to the creative power of the mind. She teaches meditation to people who may never have done it before. They come to learn new ways of thinking and opening their minds. David Webster spoke of holding a World Café⁴ conversation that excited and energized 60 people who talked in groups of four and learned new art forms. "People hunger for good discussions, and love having them with people who are different from themselves."

About 60 participants at the two CSP-NJ workshops added their own experiences-describing the creative power of cooking, art, journaling, and more. Some had been trained as storytellers by CSP-NJ, others talked about being

³ National Alliance on Mental Illness

⁴ World Café is an international approach to conversation, see www.theworldcafe.com to learn about World Café, and

www.altrntvs.org/c3_project.asp for more information about the World Café conversation

part of community discussions about crime prevention or community building. We all listened and learned about the conversational and creative powers we hold.

For more information on related topics, you may want to pursue:

- "Reaching Across with the Arts: A Self-Help Manual for Mental Health Consumers" and other very useful materials on the arts; all developed by Gayle Bluebird, and available online at www.nasmhpd.org/consumernetworking.cfm.
- Participatory Dialogues: A Guide to Organizing Interactive Discussions on Mental Health Issues among Consumers, Providers, and Family Members⁵ and other material on work by Paolo delVecchio and others at SAMHSA around innovative dialogues between different groups of professionals and people in recovery.
- www.publicconversations.org regarding the Public Conversations dialogue process applied by Nicki Glasser and others in Massachusetts to bring different stakeholders together to talk about reducing seclusion and restraint for people on inpatient units.
- [Http://masspra.org/sub/regionalconversation.htm](http://masspra.org/sub/regionalconversation.htm) regarding a public celebration of creativity
- www.communityarts.net describes international efforts to use arts to build community
- Larry Hayes [2009]. Mental Illness and Your Town: 37 Ways for Communities to Help and Heal, Loving Healing Press: Ann Arbor, MI;

Some of the wealth of academic research on the power of dialogic conversation to change all participants, for example: Bavelas JB, Coates L & Johnson T. (2000). Listeners as co-narrators.

⁵ Online at <http://download.ncadi.samhsa.gov/ken/pdf/SMA00-3472/SMA00-3472.pdf>

Journal of Personality and Social Psychology, 79, 941-952.

PREVENTING HEAT ILLNESSES

This is the time of year when workers and people receiving services in the mental health system may say that they are tired of seeing so many heat risk warnings. We are going to repeat our warning for the simple facts that:

- every year some people get sick, and a few die, due to heat illnesses, and
- these are generally preventable sicknesses and deaths if people are proactive and take precautions.

Lots of people are at risk for heat illnesses. You may be at risk if you do not use sunscreen, or a hat and other protective gear. You could be at risk if you do not listen to your body when it needs to cool off. Additionally elderly people, infants, and individuals with certain health conditions may be at risk. Everyone taking antipsychotic medications is at heat risk, and that risk is elevated for people taking an anticholinergic medication (such as Cogentin or Artane).

The most important *organ* for preventing heat illness is the brain. Be aware when you are getting hot. Get out of a hot car or room (and be conscious of kids and pets – every year some dogs and occasionally some youngsters die in hot parked cars).

Understand the important concepts of sunscreen and sunblock, including the Sun Protection Factor (SPF) and the need to re-apply after swimming or sweating.

- Stay hydrated (drink plenty of water, and again see to the hydration of kids and pets).
- Mow the lawn on cooler days.
- Understand the risks and signs of heat illnesses (heat exhaustion, heat cramps, and heat stroke), and intervene immediately if they happen to you or someone you see.

Descriptions of these three conditions, along with suggestions for prevention and treatment, are on a brochure (versions in English, Spanish, Chinese, and Russian) available for download at www.omh.state.ny.us/omhweb/heat. Have a safe and healthy summer!

JUDY BANES

Judy Banes has been running a Wellness Group at a hospital where she was once a patient. She is living a life that is rewarding and fulfilling — one she herself admits, she considered ending. Judy is the coordinator for the Northern Region Self-Help Centers (SHCs) which are under the umbrella of Collaborative Support Programs of New Jersey.

In addition, Judy is a survivor, and one who contends with her mental illness on an every day basis like many others. And, she's not afraid to admit, she does not let it get in the way of her goals and her work. In turn, she has little patience for those who do. Comments such as "Expect nothing from me. I have a mental illness," do not go over well with Banes, who has pretty much been through the whole nine yards in her own life and has come out of the darkness, despite all the obstacles that threatened her for many years. "I absolutely believe that recovery is possible to some degree for 94 percent of the people living with mental illness," she advises. "That belief has made me very encouraging, even pushy at times. At my age, and as a mental health consumer, I am very aware of the passage of time and how precious every moment can be. There is little time to vegetate as a sick person."

She can say and do the things she does because those she works with know she has "been there and done that." She's an inspiration to all whose desire is to keep rising up the ladder of recovery, not sliding down. "My job is to be a support for the SHC manager, to offer suggestions, encouragement, and constructive criticism and to remind the managers of the wonderful work they are doing, even if the center seems totally chaotic," she said.

Banes tries to make herself available to the managers and all SHC members. "It seems as

though 4,000 people have my cell phone number,” she added with good-natured humor.

Bane said she started the Hackensack SHC named On Our Own, (named with permission from Judi Chamberlin) in 1988, after convening a consumer meeting in a church room in 1982. Her responsibilities were those that managers have now. “In 1988 we were blazing trails that have been altered in many ways since then,” she said. “Every day was a thrill and an exciting endeavor.”

She remembers wondering if it were really possible for those with a mental illness to achieve the expectations she had. Her doubts were quickly taken away by the people who came to the center, which inspired her then and still do today. “They were willing to try something very new, even when most thought it was impossible.”

Banes considers some of her successes, founding On Our Own and the 23 other CSP centers that are still going strong. “Professionals, who were extremely skeptical, are now referring clients to our centers. I have seen the center provide caring and accepting places enabling people with mental illness to hold their place in the community. I have witnessed consumers who couldn’t make coffee become center leaders. I have seen that consequences can change behavior, regardless of the person’s illness,” she said. “People I work with at the center rarely proclaim that I don’t understand how they feel, I usually do. Like the consumers with whom I work, my struggles with my illness continue, and that illness has not prevented me from having a good life. I like to think that this inspires the consumer to reach for a better, richer, fuller life as well,” she revealed. “I understand the frustration of failure and rage associated with having a chronic illness, but that understanding cannot become an excuse for giving up or settling for less.”

Banes is proud of the steps she’s taken and that people she supports have taken despite the lack of confidence coming from family members or mental health treatment providers, and said that managing mental health issues has been a strength

for her. “My belief in the value of work-any-work- is incredibly important if one is to truly go beyond one’s illness,” Banes said. Being a consumer provider has been valuable to those whom she serves.

So what’s in the future for Banes? Not retirement, that’s for sure. “I’d like to continue to be a positive force in the encouragement of consumers to get on with their lives, and to see that even with their mental illness, it is possible.”

WELLNESS COACHING – 5 DAY INTENSIVE AT THE JERSEY SHORE

CSPNJ and the UMDNJ Department of Psychiatric Rehabilitation and Counseling Professions are offering a week-long intensive training in Wildwood, NJ. Two sessions are scheduled, August 23-27, 2010 and September 20-24, 2010.

This training will educate mental health service providers (both peers and non-peers) on wellness coaching principles and practices to help individuals with mental illnesses link to primary health care and health promotion activities. This training creates a new role that addresses health and wellness needs from a self-management perspective. The focus of this work is helping people reduce high risk behaviors and health risk factors by setting and achieving valued wellness goals. Further information, including costs and registration details, is online at <http://shrp.umdj.edu/smi/documents/wellnesscoachbrochurewregform.pdf>.

RECOVERY STORIES DOCUMENT POSITIVE OUTCOMES

The Center for Evidence-Based Practices (CEBP) at Case is the umbrella organization for several technical-assistance initiatives, including the Ohio Supported Employment (SE) Coordinating Center of Excellence. CEBP has launched a “*Recovery Stories*” website at www.centerforebp.case.edu/recoverystories. Twenty one stories are featured, illustrating the positive outcomes experienced by a wide range of people pursuing psychiatric recoveries (including people dealing

with nicotine dependence, co-occurring substance abuse, community re-entry after prison, and homelessness). Stories are shared by the individual, practitioners and family members. Additionally some are in the form of interviews with Gary Bond, PhD a noted Psychiatric Rehabilitation researcher.

While the stories can be helpful to provide inspiration to peers and others, they are all part of a larger program of supporting the teaching of SE and other EBPs to those who will be applying them, or who interact with people receiving or applying them. Some stories have discussion questions or link outs to other PodCasts which are not part of "Recovery Stories." One of the stories, "Family member witnesses his sister with schizophrenia emerge from shyness in job as administrative assistant" is actually a 20-minute introduction to SE narrated by Dr. Bond.

We encourage our readers to review this website. It is clear that employment (the occupational dimension) can have a very important positive impact on mental health recovery.

NEW VIDEO ISSUED DURING NATIONAL PUBLIC HEALTH WEEK

Since 1995, the first full week of April has been observed as National Public Health Week (NPHW, www.nphw.org). The American Public Health Association (APHA) serves as the organizer of NPHW, and develops a national campaign to educate the public, policy-makers and practitioners about issues related to each year's theme. This year's theme was "A Healthier America: One Community at a Time."

Viewable online⁶, this video and associated materials are designed to help people think about ways to increase the health consciousness and specific health efforts at the level of person, community, school, workplace, and nation. It starts out by pointing out the extent to which this country has fallen well behind many others in overall community health, with much of the falloff

⁶ <http://generationpublichealth.org/video.php?version=standard>

in health indicators, including projected longevity, due to rising obesity and a high prevalence (over 15%) of Americans without health insurance. It goes on to ask several "what if" questions, including:

- what if tomorrow you took a family member for a walk
- or met with school leaders about improving school lunches
- or posted an inline message about where to get a health screening or vaccine

and concludes by pointing out that health behavior is contagious.

PEER DELIVERED EDUCATION MAY REDUCE STIGMA

"For mental health consumers, community integration means having a full, independent life within their communities where they make their own decisions about work, housing, relationships, and other life goals." "The Pathways in Living (PIL) Education Program was been developed by NAMI⁷ of Greater Chicago members who are consumers of mental health services to educate their fellow consumers about a deliberate and strengths based approach to plan for and enhance their own recovery. The course emphasizes that recovery is a process and presents methods for inventorying personal strengths, overcoming obstacles to recovery, setting long and short-term goals, and techniques for utilizing, nurturing, and expanding the supportive relationships in the consumers' lives."⁸

PIL is based on predecessor works, including NAMI's Peer-to-Peer education course and the Pathways to Recovery program developed by the University of Kansas School of Social Welfare. PIL is an 8-session (one session per week) course. Susan Pickett, Ph.D., of the University of Illinois at Chicago Department of Psychiatry, received a grant from the National Institute on Disability and Rehabilitation Research (NIDRR) to conduct a randomized clinical trial of PIL, which is yet to be published. On Thursday, June 3, from 10:30-noon,

⁷ National Alliance on Mental Illness

⁸ Quotes from the NAMI of Greater Chicago website, www.namigc.org.

Dr. Pickett will present a talk on PIL entitled “Mental Illness Stigma Outcomes in a Randomized Study of Peer-Led Recovery Education.” This free talk⁹, which will take place at UMDNJ¹⁰ Robert Wood Johnson Medical School in Piscataway, will be delivered as the annual Margaret Van Horn lecture of UMDNJ University Behavioral Healthcare. Registration is online¹¹.

Dr. Pickett¹² has been involved in psychiatric rehabilitation research for over a decade, and has published widely on peer-led and family-led education programs.

“EXPLORING PATHWAYS TO SPIRITUAL WELLNESS” CONFERENCE TO BE OFFERED BY THE NJ SELF-HELP GROUP CLEARINGHOUSE

Description: This Conference will provide mental health peers and other attendees with a variety of learning & experiential workshops that offer participants the opportunity to examine and strengthen their sense of spirituality.

Cost: \$15, which partially covers the cost of AM refreshments and lunch.

Keynote: “From Pain to Hope: The 12 Steps & Spiritual Transformation,” presented by Craig Nakken

Workshops:

- “More Insights into the 12 Steps & Spiritual Transformation” - Craig Nakken
- “Purposeful Peace, Loving Intention, Meaningful Life” - Kathryn Bedard
- “Balancing Mind-Body-Emotion & Spirit through the dedicated practice of Yoga” - Darlene Rich
- Meditation: Path to Well-being and Spiritual Awareness - Michele B. Engoran

⁹ A fee will apply for professional continuing education credits

¹⁰ University of Medicine and Dentistry of New Jersey

¹¹ At https://eir.eventsinteractive.com/ei/cm.esp?id=2710601000014&pageid=_28Z0RXHU9&showpage=WELCOME&src=eiscript&cd=46937011

¹² Also known as Susan Pickett-Schenk

- “To Thine Own Self Be True”: A Soul-Searching Journey of Introspection & Self-Revelation - Janet Pfeiffer.
- “Enhancing Personal Wellness through Mindfulness Meditation” - John Garafano Jr.

When and Where: Saturday, June 12th, 2010 from 9:15am – 4:15pm at the Holiday Inn of East Windsor.

How To Register: Download form at www.medhelp.org/njgroups/Spirituality%20Conf%206-12-10%20flyer.pdf, then call 800-367-6274 with credit card or mail check with registration form. Deadline June 1st

REIKI –A PRACTICE FOR BODY, MIND AND LIVING IN COMMUNITY TO BE OFFERED BY THE CSPNJ WELLNESS EDUCATION CENTER

Description: Reiki is practice that supports the body's innate healing abilities. In this workshop, participants will have an opportunity to learn about Reiki, gain a deepened appreciation of this healing practice and have an opportunity to engage in two activities.

Cost: Free

Who Will Present: Karen P. Burke MS, CPRP, URM

Who Should Attend: Anyone interested in learning how Reiki can be utilized to enhance personal wellness.

When and Where: Friday, June 25th, 2010 from 10am-2pm, at the CSP-NJ Eatontown office.

How To Register: E-mail wec@cspnj.org, or call 732-625-9516 x107. Deadline June 18th.

More About Reiki: “Reiki is a healing practice that originated in Japan. Reiki practitioners place their hands lightly on or just above the person receiving treatment, with the goal of facilitating the person's own healing response. In the United States, Reiki is part of complementary and alternative medicine (CAM). Reiki is based on the idea that there is a universal (or source) energy

that supports the body's innate healing abilities. Practitioners seek to access this energy, allowing it to flow to the body and facilitate healing.”

You can seek more information at

- <http://nccam.nih.gov/health/reiki/>
- www.reiki.org/faq/WhatIsReiki.html
- <http://en.wikipedia.org/wiki/Reiki>
- www.iarp.org