



Words of Wellness



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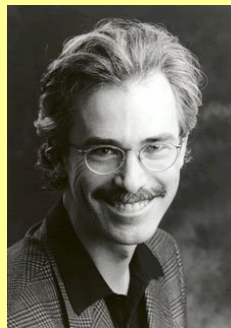
WHAT'S INSIDE

- Finding Wellness in Wisconsin - 2
- IS SSI or SSDI Holding You Back from Work, Wellness, and Recovery? - 3
- Working Together for Mental Health - 4
- Conventional and Alternative Treatments for Managing Fibromyalgia - 6
- 2010 Wellness Conference Will Highlight Social Inclusion - 9
- About *Words of Wellness* - 10

POSITIVE MENTAL HEALTH

by David Webster

As readers of this newsletter, you likely know that a quality life embraces more than NOT being sick. Satisfaction can come from many places, including connection with others and purpose in life. Emory University sociologist Corey Keyes agrees. His research¹ found a “two continua model;” mental **illness** as diagnosed in the Diagnostic and Statistical Manual (DSM), and positive mental **health**—from



Sociologist Corey Keyes, Ph.D. notes that “our national healthcare system operates ‘as if’ health were the absence of illness, an assumption not supported by science,” and asks “which do you seek to be: “cheerful and... full of life, or without a diagnosed mental disorder?”

flourishing to languishing. People who flourish are “cheerful, interested in life, in good spirits, happy, calm and peaceful, full of life” (Keyes, 2007).

Are we just playing games with the words “illness” and “health?” No. Medical providers use the hammers they know—drugs, therapy, and surgery—to hit the nail they know, DSM mental illness. Keyes joins CSP-NJ and many others in saying that we’ve been nailed a bit too much; and more attention needs to be paid to positive mental health and overall wellness (physical, spiritual, emotional/mental, social, intellectual, environment, occupational and financial).

People can joyfully flourish even with mental illness diagnoses; you probably like or love such people. Others languish without social purpose or personal satisfaction, even without having a DSM mental illness. When I languished, I was able to function, to work, and be with people. I was not depressed according to DSM IV-R criteria. But I

sometimes skipped whole days of work to play solitaire on my computer, showed up late to meetings, and chose not to talk to friends and family because there was nothing much I cared about. I felt I had nothing to offer. Little gave me pleasure, and I had no positive future.

Your mind/body is healthiest when flourishing; and worse when languishing. When you flourish, you are likely to have many good things, such as less chronic illness and suicide risk, and increased work attendance/productivity. Your score on

¹ Dr. Keyes is eager to share his carefully conducted research; Email websterdavid3@gmail.com for free copies of his popular or academic articles. Citations in this article, and much of the article content, are from Keyes CL (2007). Promoting and protecting mental health as flourishing: a complementary strategy for improving national mental health, *American Psychologist*; 62: 95-108. Other content, including an introduction to the concept of the flourishing and languishing continuum, are based on Keyes CL (2002). The mental health continuum, from flourishing to languishing in life. *Journal of Health and Social Research*; 43(June): 207-222. Available online at <http://midus.wisc.edu/findings/pdfs/56.pdf>.

flourishing/languishing predicts your own health better than whether you have mental illness or not.

You may wonder if Dr. Keyes is calling for promoting mental health at the expense of treating mental illness. No, he has seen the pain of mental illness. His sister has constantly faced depression. He nearly died from pneumonia when abandoned in his first week of life; he and his sister survived childhood abuse through connection with their grandparents. Corey Keyes is a researcher on a mission grounded in his own life. He believes we all can learn to be happier and function better in life.

Keyes' message is to pay attention to connection, self-care, and other positive mental health tools. One of his studies found black respondents flourishing more often than white individuals; he wonders whether either more religion/spirituality or stronger ethnic identity benefits the black community. He also found that 50% of teens he studied were flourishing; in adults the number slipped to about 20%. This is alarming.

Dr. Keyes embraces the kind of wellness work that CSP-NJ and other groups focused on social inclusion do—building social and neighborhood connection, empowering people with illnesses, teaching fiscal health, peer support, and more. He has testified before Congress seeking a shift to more effective resources; “salutogenic health care—when we promote and maintain good health—must take priority.”

If Corey Keyes and CSP-NJ's views gain traction, we might have a future in which neighborhood block parties and walking paths are well-funded because they are health creating. You might ask your friends, “Are you flourishing today?” or send **Stop Languishing Soon** cards to your out-of-sorts relatives.

David Webster, OTR/L, Sc.D., works for the VA Boston and is on the Massachusetts Psychiatric Rehabilitation Association [MassPRA] board. He recently languished for 18 months and very much hated it.

FINDING WELLNESS IN WISCONSIN

by Michelle Zechner

It may sound like a strange thing, but I was recently re-connected to my own wellbeing in a small town in central Wisconsin. The slower pace and friendly atmosphere was apparent from the moment I got off of the plane. I met one of the board members of the National Wellness Institute², who gave me a great overview of what to expect in my next five days.

The National Wellness Institute has an annual conference in Stevens Point, Wisconsin, on the campus of the University of Wisconsin. It is a five day conference with many certificate programs, including Wellness Coach and Motivational Interviewing for Health Behavior Change. Most of the people who attend are health coaches, nurses, and health educators. Yet, there is a true spirit of joy and alternative healing that runs throughout the conference. It is one of the nicest groups of people I have ever met at a conference.

I stayed at the dormitory and ate all my meals in the cafeteria. During that time strangers were constantly wishing me well, and inviting me to join them to eat. I met many very interesting people. I attended workshops on hands-on meditation, resiliency, finding goodness, being positive, wellness coaching, and happiness.

Many things were new to me, and I enjoyed the thorough exploration of alternative wellness. What was consistent throughout was the focus on being well, regardless of how a person defines it. After the first day, I realized that I came in search of professional tools to improve my training skills, but what I found instead was a quiet peace and a renewed energy to address my personal wellness. If you have the time and energy to explore your personal wellness, head out to Wisconsin, and be sure to try the cheese!

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² www.nationalwellness.org

IS SSI OR SSDI HOLDING YOU BACK FROM WORK, WELLNESS, AND RECOVERY?

by Bill Burns-Lynch

A common practice in the mental health system has been that of assisting individuals living with mental illnesses to apply for disability benefits (Social Security Disability Insurance, or SSDI, and/or Supplemental Security Income, SSI) through the Social Security Administration. This has often been done at the expense of encouraging and supporting people's goals in the areas of education and employment (as well as other important community integration domains such as housing, recreation, spirituality, self-determination, etc.). This has led to two troubling realities - first, that individuals living with mental illnesses represent the largest number of working-aged individuals receiving disability payments from the Social Security Administration; and second, that individuals living with mental illnesses experience the largest percentage of unemployment out of all disability groups, with estimates ranging from 70% to 85%.

These statistics are troubling because we know that a lifetime on disability benefits leads to a lifetime of unemployment and poverty. We also know that chronic unemployment and poverty can lead to social withdrawal, exacerbated mental health and physical health problems, and diminishing self-esteem, all undermining an individual's efforts at recovery. Employment, however, is a valued social role which many individuals receiving mental health services indicate that they are interested in pursuing. It is an expected adult role in our society and one that provides many benefits. Employment offers access to financial resources, provides meaning and purpose in life, allows one to make a positive contribution to society, and provides opportunities to increase social support systems. Employment also promotes recovery! Work is associated with reduction of symptoms, increased physical health, satisfaction, and quality of life.

There is a common misconception among recipients of mental health services, their families, and human service providers alike that going to work means losing all access to financial and medical insurance benefits. The Work Incentives of the Social Security Act have been developed to help

individuals who receive SSI and/or SSDI return to work while retaining access to full or partial benefits. It is important for individuals to understand that they can still maintain their benefits while they explore their interests, abilities, and options to work.

- **SSI Employment Supports** offer you ways to continue receiving your SSI checks and/or Medicaid coverage while you work. Some of the provisions can increase your net income to help cover special expenses. Once you receive SSI, we will consider that your disability continues until you medically recover, even if you work. If you cannot receive SSI checks because your earnings are too high, eligibility for Medicaid while working may continue. In many cases, if you lose your job or are unable to continue working, you can begin receiving checks without filing a new application.
- **SSDI Employment Supports** provide help over a long time to allow you to test your ability to work, or to continue working, gradually become self-supporting and independent. In general, you have at least 9 years to test your ability to work. This includes full cash payments during the first 12 months of work activity, a 36-month extended eligibility period, and a 5-year period in which we can start your cash benefits again without a new application. You may continue to have Medicare coverage during this time or even longer.

- Social Security 2009 Red Book³

Returning to work does require careful benefits planning, and this service can be accessed for free from The New Jersey Work Incentive Network Support (NJWINS, <http://www.njwins.org>). NJWINS provides FREE information and technical assistance to help individuals receiving SSI and/or SSDI make important employment decisions. New Jersey WINS is available to provide individual and group consultations on work incentives to persons in recovery, family members, and providers of

³ Online at www.socialsecurity.gov/redbook/eng/employment-supports-help.htm

mental health services. Services that are available through NJWINS include:

- Confidential benefits consultations, providing information to assist individuals in making employment decisions;
- Phone or on-site consultations and presentations to community groups.

The bottom line is that you can work, and that working can increase your experience of wellness and recovery. You can work, increasing your income and independence, while also maintaining access to SSI/SSDI supports with the hopeful long-term goal of moving beyond the need for the social security system and its associated benefits.

Employment Support Resources

- Peer Employment Support Groups at various CSP-NJ Self-Help Centers - 609-816-2737
- UMDNJ Integrated Employment Institute (IEI) – Serves the southern half of the state - www.shrp.umdnj.edu/smi
- MHANJ Career Connection Employment Resource Institute - www.cceri.org
- New Jersey Work Incentive Network Support (NJWINS) - www.njwins.org⁴
- New Jersey WorkAbility - www.state.nj.us/humanservices/dds/njworkability.html
- New Jersey One Stop Career Centers – Employment help to any unemployed NJ resident - www.njpin.net
- The 2009 Social Security Red Book: A Summary Guide to Employment Supports for Individuals with Disabilities Under the Social Security Disability Insurance and Supplemental Security Income Programs - <http://www.socialsecurity.gov/redbook/index.html>

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⁴ This website also provides contact information for the Fresh Start WIPA project, which offers similar services to the residents of Bergen, Essex, and Passaic counties

programming to improve the quality of employment services delivered to adults living with mental illness in New Jersey. He has published with such noted recovery experts as Mark Salzer and Joe Rogers. Email Bill at: burnslwf@umdnj.edu.

WORKING TOGETHER FOR MENTAL HEALTH

by George H. Brice Jr.

I had the pleasure to attend my first conference abroad. I went to Athens, Greece to attend the World Congress of the World Federation for Mental Health, “Working Together for Mental Health” (www.wmhc2009.com). I believe that this experience significantly helped me to further develop a worldview perspective about mental health practice. The exposure to world-wide presenters, research, and expertise helped me to better comprehend the complexities of mental health issues. I do feel that developing a worldview about mental health issues can greatly impact my role as an educator, trainer, and researcher. Furthermore, with the broadening of my own expertise I can share with others. Here I will convey some of my Greece conference experiences in four separate articles beginning with my worldview interpretation on employment. The articles in upcoming editions of this newsletter will address the needed grassroots efforts of peer provider collaboration and innovation, terminology, and then spirituality and mental illness.

I was inspired when hearing employment discussed as being therapeutic and promoted for persons living with serious mental illness as the key for social inclusion and community integration. Collectively, presenters conveyed that employment is globally fundamental to our culture, and should be valued as a healthy risk for social inclusion for people living with serious mental illness.

Employment for people living with mental illness is a valued social role that can decrease and eliminate internal (self) and external (public) stigma. Despite a well-intentioned presenter loosely referring to the economy as a “chronic lack of employment,” I was not discouraged. I knew that despite the often referred to current economic collapse, it is important to pursue employment and also to prepare for work opportunities. More often than not, during difficult economic times the vast majority of people continue to

seek and prepare for employment by getting creative through such ways as networking, self-employment, combining resources, shared living and sharing expenses, accepting less fulfilling jobs, and pursuing education. These values should not be any different for people living with mental illness like myself.

There are many benefits to work preparation, including developing a positive daily routine and living a healthy lifestyle of mind, body, and spiritual wellness. It is important to create and maintain consistent positive health habits that contribute to our ability to become employed and keep a job. Work is a catalyst in cementing other roles such as feelings of citizenry (citizenship and neighbor), self-esteem building, developing diverse (integrated) and intimate relationships with non-peers, partaking in athletics and cultural events, and striving to live and work in integrated residential and workplace environments.

During a workshop, a self-identified supported employment provider remarked a familiar statement, “we do support but they won’t work.” A couple of facilitators, including a self-identified mental health peer, responded that service recipients perceive a real threat of taking 3 steps forward and 1 step backward, and suggested that providers try different methods in engaging people such as working with peer transition services (collaboration). They also suggested that providers need to keep working at it.”

I agree that far too often providers as well as peers and family members feel that everything has been done to help an individual in his or her recovery. The engagement process can be enriched with innovation and networking in order to identify new strategies to help people with mental illness reach overall goals. Needless to say, employment goals are worth striving toward by service recipients, and these employment goals should be supported by providers, peers, and family members.

Another presenter stated that “as people, we are driven by reaching goals and we don’t have to accept barriers.” Furthermore, it was stated that we need to reverse how people usually recover by “accident” rather than by “design,” and to teach resiliency, the use of natural supports, prevention

strategies, coping tools, and developing a focus outside of mental illness.” *This is the globally accepted paradigm shift that recovery is possible!*

Recovery is a life-long process that includes relapse. Whether or not we fall to the challenges of addictions, stink-in thinking,⁵ or depressive episodes, we can exercise more control over our life than we usually acknowledge through actively participating in wellness activities. By taking part in wellness activities we can better prepare for work, increase job retention, and become involved in healthy community activities outside the mental health system. I do believe that unsuccessful work attempts are healthy risk taking, and should not be viewed as failures.

My own recovery journey, like the journey of many of our peers, has been filled with doubt, preconceived negative notions about the value of employment, the learned helplessness and hopelessness on social security without an exit plan, and other institutional challenges. However, today there is more education and support, and a developing recovery-oriented service delivery system which should and generally does acknowledge the benefits of striving for work goals.

Despite this paradigm shift, there will always be personal and system challenges and barriers. As we know, recovery is possible. As individuals, we need to have a plan for our own accountability and responsibility for self-help in order to lessen and eliminate system dependency. In my next article I will discuss my findings about the needed grassroots efforts of peer provider collaborations and innovations based on a Consumer Dialogue workshop (Athens, Greece) and its implications through my own unique dual role as a prosumer (professional consumer) here in New Jersey.

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⁵ Focusing on negative thoughts

**CONVENTIONAL AND ALTERNATIVE
TREATMENTS FOR MANAGING
FIBROMYALGIA**
by Maureen Falkowitz

This is Part 2 of a four-part series. In Part 1 (September 2009), we discussed Fibromyalgia/Fibromyalgia Syndrome (FMS), and some of the symptoms and possible causes. In this issue we discuss conventional and alternative ways to deal with the condition.

Conventional Treatments

The three medications that are approved by the FDA⁶ specifically to treat fibromyalgia are *Lyrica*, *Cymbalta*, and *Savella*. There is significant overlap between drug therapy for fibromyalgia and medications which are approved to treat depression or seizures⁷, so a good amount of “off label prescribing” to treat fibromyalgia will be in these two therapeutic classes.

These drugs have only been approved by the FDA in the past few years. *Lyrica* (pregabalin) and *Cymbalta* (duloxetine) were first approved by the FDA for other conditions, and then were found to have a pain-reducing effect on fibromyalgia. *Savella* (milnacipran) was approved by the FDA specifically for the treatment of fibromyalgia.

In 2007, *Lyrica* became the first FDA-approved fibromyalgia drug.⁸ Many fibromyalgia sufferers who have tried *Lyrica* have found that it causes them to gain weight. Some also reported that it gives them more “fibro-fog,” a decreased ability to think clearly. Some report that the drug is useful to them by decreasing their pain with tolerable side effects.

⁶ US Food and Drug Administration.

⁷ *Drug Guide: Fibromyalgia Medications*. (March 2009). Retrieved August 25, 2009, from the Arthritis Foundation’s online magazine *Arthritis Today*. Website: www.arthritistoday.org/DrugGuide/drug-chart.php?drug_type=fibromyalgia.

⁸ Mann, DL (March 2009). *Lyrica as a Fibromyalgia Treatment*. Retrieved August 25, 2009, from the Arthritis Foundation’s online magazine *Arthritis Today*. website: www.arthritistoday.org/conditions/fibromyalgia/treatment/lyrica-for-fibromyalgia.php.

Cymbalta became the second fibromyalgia drug to be approved by the FDA in 2008, based on data from approximately 1,400 patients in five drug studies⁹.

Cymbalta was previously approved for the treatment of diabetic peripheral neuropathic pain. It is also approved for the treatment of major depressive disorder and generalized anxiety disorder. Some fibromyalgia patients have experienced a decrease in symptoms with mild side effects. There are some who do not find the drug useful at all.

Other anti-depressant drugs that have been used to treat fibromyalgia are amitriptyline (*Endep*), fluoxetine (*Prozac*), and paroxetine (*Paxil*).

Savella is the third of the drugs that was approved by the FDA for the treatment of fibromyalgia¹⁰. It was approved in early 2009. It has an advantage over the other drugs because it has been used successfully in 50 countries for the treatment of depression for at least a decade. As with other drugs, there are some patients with fibromyalgia who find *Savella* to be highly successful. *Savella* is considered to be a dual reuptake inhibitor of the neurotransmitters serotonin and norepinephrine.

Alternative and Complementary Treatments¹¹

Many fibromyalgia patients find that drug therapy has little or no role in their treatment plans. These patients will go to any lengths to decrease their pain, increase their energy and restful sleep, and alleviate their other symptoms. Some individuals use various non-medication treatments *instead of*

⁹ *Cymbalta Approved for Fibromyalgia*. (April 2009).

Retrieved August 25, 2009, from the Arthritis Foundation’s online magazine *Arthritis Today* Website: www.arthritistoday.org/conditions/fibromyalgia/treatment/cymbalta-approved-fibromyalgia.php

¹⁰ Dellwo, Adrienne. (2009). *Savella as a Fibromyalgia Drug Treatment*. Retrieved August 25, 2009, from About.com: Fibromyalgia and Chronic Fatigue Web site: http://chronicfatigue.about.com/od/treatingfmscfs/a/milnacipran_fms.htm

¹¹ *Fibromyalgia and Alternative Treatments*. Reviewed by Brunilda Nazario, MD. (2009). Retrieved August 28, 2009, from WebMD: Web site: www.webmd.com/fibromyalgia/guide/natural-therapies-and-alternative-treatments-for-fibromyalgia

medication. We call this *alternative treatment*. Others will use both medication *and* other interventions. We call this *complementary treatment*.

Using Chiropractic¹²

Chiropractic may be effective because it helps reduce pain levels and increase ranges of motion in the cervical and lumbar areas of the spine.

Using Types of Massage¹³

With Swedish massage, the practitioner uses a system of long strokes, kneading, and friction techniques. With these, the practitioner massages the more superficial layers of the muscles. The massage is combined with active and passive movements of the joints.

Deep tissue massage may be helpful for those with fibromyalgia. This is because therapists use greater pressure than is used in Swedish massage. They target the deep layers of muscle. Using a series of slow strokes and direct pressure, the therapist will strive to release chronic patterns of muscular tension. Sometimes, therapists use their elbows or thumbs to push hard into the deepest grain of the muscle to reduce tension.

Neuromuscular massage combines the basic principles of ancient Oriental therapies, such as acupressure and shiatsu, with specific hands-on deep tissue therapy. The goal is to reduce chronic muscle or myofascial (soft-tissue) pain.

Using Homeopathy¹⁴

Homeopathy is based on the principle of "like cures like." This means that remedies that would cause a potential problem in large doses will actually encourage the body to heal more rapidly if given in small doses.

Homeopathy can possibly provide relief from the aches and pains of fibromyalgia¹⁵. Homeopathic drugs, such as Arnica, Bryonia, Calcarea Carbonica, and others are used, depending on each patient's symptoms. Those who describe their muscles as sore and bruised can be treated with Arnica; those whose discomfort increases with movement and warmth and feel irritable and grumpy may be treated with Bryonia, and those who experience muscle soreness and weakness that become worse from exertion, and from getting cold and damp, may be relieved by Calcarea Carbonica.

Homeopathic practitioners are licensed to practice homeopathy; however, the licensing of these health care practitioners varies from state to state. Usually, a homeopathic practitioner is licensed in a medical profession, such as conventional or osteopathic medicine. Homeopathy is also part of the medical education for naturopathy¹⁶.

Using Herbs¹⁷

Herbal remedies have been used for generations. They can be put in tea or soup or taken in other forms. While some herbal therapies have not been shown to have a specific benefit for fibromyalgia

¹² *Fibromyalgia and Alternative Treatments*. Reviewed by Brunilda Nazario, MD. (2009). Retrieved August 28, 2009, from WebMD: Web site:

www.webmd.com/fibromyalgia/guide/natural-therapies-and-alternative-treatments-for-fibromyalgia

¹³ *Fibromyalgia and Alternative Treatments*. Reviewed by Brunilda Nazario, MD. (2009). Retrieved August 28, 2009, from WebMD: Web site:

www.webmd.com/fibromyalgia/guide/natural-therapies-and-alternative-treatments-for-fibromyalgia

¹⁴ *Fibromyalgia and Alternative Treatments*. Reviewed by Brunilda Nazario, MD. (2009). Retrieved August 28, 2009, from WebMD: Web site:

www.webmd.com/fibromyalgia/guide/natural-therapies-and-alternative-treatments-for-fibromyalgia

¹⁵ *Remedies for Fibromyalgia, Fibrositis*. (2009). Truostar Health & Healthnotes, Inc. Retrieved October 12, 2009 from Truostar Health Encyclopedia's web site:

www.truostarhealth.com/Notes/2225004.html

¹⁶ *Homeopathy: An Introduction, Licensing and Certification*. (July 2009). Retrieved October 12, 2009, from the National Institute of Health, National Center for Complementary and Alternative Medicine web site:

<http://nccam.nih.gov/health/homeopathy/#certification>

¹⁷ *Fibromyalgia and Alternative Treatments*. Reviewed by Brunilda Nazario, MD. (2009). Retrieved August 28, 2009, from WebMD: Web site:

www.webmd.com/fibromyalgia/guide/natural-therapies-and-alternative-treatments-for-fibromyalgia

symptoms, some patients have found improved sleep or more energy with herbal supplements.

It is important to realize that, although herbal and homeopathic remedies have a long history, they are not safe merely because they are “natural.” Keep in mind that these substances are sold over-the-counter (OTC), and are basically not regulated by the FDA. When you self-medicate with these products, you are taking a chance that they might do some harm by interacting with your pharmaceutical drugs, or if you are using them in place of your regular protocol, they may have disastrous results¹⁸. As a minimum, many people make sure that they check with their physicians before using herbal remedies, and make sure to include those remedies in their lists of medications which they share whenever getting healthcare.

*Using Meditation*¹⁹

Meditation is a practice that gives balance physically, emotionally and mentally. Today, people are using meditation to treat anxiety, stress, and depression. The “deep rest” meditation dissolves stress and enables a person to make better choices through clear thinking. In one study of high school students, those who were exposed to a relaxation response-based curriculum (i.e., meditation) reported higher levels of self-esteem²⁰. The practice has also been used to help people quit smoking, conquer drug and alcohol addictions, reduce blood pressure, and reduce symptoms of premenstrual syndrome and menopause.

¹⁸ *What's the Harm in Herbal Remedies? Herbal Medicine*. (2004). Retrieved August 29, 2009, from UK Skeptics, Web site:

www.ukskeptics.com/article.php?dir=articles&article=herbal_medicine.php

¹⁹ *Fibromyalgia and Alternative Treatments*. Reviewed by Brunilda Nazario, MD. (2009). Retrieved August 28, 2009, from WebMD: Web site:

www.webmd.com/fibromyalgia/guide/natural-therapies-and-alternative-treatments-for-fibromyalgia

²⁰ *The Journal of Research and Development in Education*, Volume 27, pages 226-231. (1994). Retrieved on October 12, 2009, from a citation in the Meditation Research Findings of the Sedona Meditation & Retreats Web site:

www.sedonameditation.com/meditation-research.html#emotional

Meditation aids in lowering heart rate and blood pressure. Along with the mind, muscles gently relax. “Some experts have compared it to a ‘reset button’ for your body.”²¹”

Generally speaking, meditation is considered to be safe for most people to learn with or without supervision. The exception to this rule is for people with Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), Epilepsy, Seizures, Schizophrenia, or any similar or related disorders of the brain. If you suspect you might fall into one of these groups, you should not practice meditation without the knowledge and approval of a qualified health care provider²².

*Using Acupuncture*²³

The ancient Chinese needle practice, acupuncture, might be one that can help.

A study published in the June, 2006 edition of the *Mayo Clinic Proceedings* shows acupuncture can relieve fatigue and anxiety in fibromyalgia patients for up to seven months after the treatment. This study was also presented in 2005 at the 11th World Congress on Pain²⁴.

David P. Martin, MD, PhD, and Mayo Clinic colleagues tested 50 fibromyalgia patients; half were treated with acupuncture, half got fake treatments. Neither group knew which treatment it was receiving. The patients got six treatments over

²¹ Luft, Glenda. (2005) Retrieved August 29, 2009, from Interactive Media Lab, College of Journalism and Communications, University of Florida Online Student Course on *Meditation*. Web Site:

<http://iml.jou.ufl.edu/projects/Spring05/Luft/index.htm>

²² MacInerney, Charles. *Introduction to Meditation. Online Instruction with Charles MacInerney*. Section on “Cautions and Warning” Retrieved August 29, 2009, from Charles MacInerney’s web site:

<http://yogateacher.com/text/meditation/on-line/general.html>

²³ Habib, Lisa. (2006) Reviewed by Louise Chang, MD. *Acupuncture Good for Fibromyalgia?* Retrieved August 28, 2009, from WebMD Health News. Web site:

www.webmd.com/news/20060616/acupuncture-good-for-fibromyalgia

²⁴ Martin, D. (June 2006). *Mayo Clinic Proceedings*, Volume 81: pp 749-757. Retrieved October 12, 2009, from WebMD Health News. Web site:

www.webmd.com/news/20060616/acupuncture-good-for-fibromyalgia

a two- to three-week period. They were questioned about their symptoms immediately after treatment, one month later, then again seven months later. Based on their answers to the Fibromyalgia Impact Questionnaire, a standard tool in fibromyalgia treatment, the "true" acupuncture patients had less fatigue and fewer anxiety symptoms one month after treatment than the "fake" acupuncture group. Diet therapy is another alternative and complementary treatment for fibromyalgia. We will discuss this in the next article in the series, scheduled for our November issue.

Maureen Falkowitz has a BA and an MS in Education. She was an elementary school teacher in the NYC school system for three years, and a technical writer in the telecommunications industry for twenty-two years. Most recently, Maureen was a Facilitator of the Colts Neck branch of the Depression and Bipolar Support Alliance (DBSA).

2010 WELLNESS CONFERENCE WILL HIGHLIGHT SOCIAL INCLUSION

Throughout Europe as well as Australia and New Zealand, public policy efforts have focused on addressing the **social inclusion** of people with mental health problems. In April 2009, **The Substance Abuse and Mental Health Services Administration (SAMHSA)** joined efforts by convening a summit meeting of mental health leaders to begin examining the application of Social Inclusion in the US. SAMHSA believes that greater access to social opportunities helps people with mental health problems to recover and rebuild their lives. You should be seeing more from SAMHSA soon. We at CSP-NJ are pleased to join efforts by focusing on social inclusion as the title and core theme of our 2010 Wellness Conference, *Ensuring Social Inclusion* by Focusing on Personal and Community Wellness, which will take place on March 18-19, 2010 at the Pines Manor in Edison, NJ.

“Mental health and well-being are fundamental to quality of life, enabling people to experience life as meaningful and to be creative and active citizens.²⁵” When an individual does not have an opportunity or is denied access to the tools needed to be full citizens in society, they are **socially excluded** from the community in which they live. **Social inclusion** is not just about having **access and participation** in the community, as employees, students, volunteers, teachers, carers, parents, advisors, residents; as active citizens.²⁶ For individuals with mental health problems, **exclusion** can be experienced in many factors of one’s life: social, economic, educational, spiritual, recreational/cultural, and health. This impacts people with mental health problems negatively, and is evidenced by extremely high rates of poverty, unemployment, homelessness, early mortality, poor health, inadequate education, and social isolation. These inequities are closely correlated to poor health status in terms of mental and physical health. A social inclusion framework can also be an important community-based prevention approach for reducing the prevalence of mental and physical health problems.

The Social inclusion framework is important, and is very consistent with recovery and wellness. Social inclusion mobilizes community organizations to come together and to erase boundaries to better address the holistic needs of people and communities.

This year, the CSP-NJ wellness conference will highlight how we can personally and professionally focus on a social inclusion framework so we create opportunities where people have equal access to opportunities in the community. The conference will feature sessions that highlight how we can ensure social inclusion by paying attention to wellness in our working, living and learning communities. This conference will be designed to be a learning community where participants can learn about the social inclusion model and develop

²⁵ Mental Health Action Plan for Europe: Facing Challenges, Building Solutions. (January 2005). WHO European Ministerial Conference on Mental Health. Last accessed May 15, 2009, www.euro.who.int/Document/MNH/edoc07.pdf.

²⁶ Vision and Progress: Social Inclusion and Mental Health. (2009) National Social Inclusion Programme. Last accessed May 15, 2009, www.socialinclusion.org.uk/publications/NSIP_Vision_and_Progress.pdf.

strategies for enhancing wellness within the eight dimensions:

*spiritual,
physical,
occupational,
emotional,
social,
intellectual,
environmental,
and financial.*

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

MAKE A “PLEDGE FOR WELLNESS”

In 2007 the Center for Mental Health Services' (CMHS) launched the National Wellness Summit for People with Mental Illness. The heart of this summit is the “10 in 10” campaign, which strives to improve the life expectancy of individuals with serious mental illness (SMI) by 10 years and to achieve this goal within 10 years. Currently, individuals with SMI have a lifespan that averages 25 years less than the general population, due not only to SMI but also various comorbidities, such as diabetes and heart disease. At its summit, CMHS also introduced “The Pledge for Wellness,” which includes the goal of the “10 in 10” campaign. All health and mental health provider organizations, individuals and government entities are strongly encouraged to make the pledge. To do so, visit www.bu.edu/cpr/resources/wellness-summit/pledge.html.

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 also welcome submissions and feedback at that address.