



Words of Wellness



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WELLNESS RESOURCE MANUAL

By Gina Zippo and the Freehold Self Help Center

Wellness is an important aspect in recovery that has been embraced by many people and is so important to everyday life. The wellness resource manual was created to share and develop peer perspectives about the dimensions of wellness that have major effects in everyone’s daily lives. Experiences were used to develop unique ideas and opinions about the eight dimensions that include physical, spiritual, social, intellectual, emotional, environmental, occupational/leisure, and financial aspects of wellness. Members of the Freehold Self Help Center shared their thoughts and ideas about how each dimension affects their lives on a daily basis, and listed the important aspects of each dimension that they use every day.

The manual was designed for people to develop insight into the eight dimensions, record thoughts and ideas about their experiences with each dimension in their recovery, and to start thinking critically about how the dimension relates to their own lives. Lists of ideas were included, as well as a crossword puzzle, and questions that are useful to help one think of different things that work for them in their recovery.

The physical wellness dimension in this manual includes information on enhancing one’s life style with fitness and exercise tips, a healthy food and portion control guide, food facts, and a physical wellness checklist. Physical wellness is very important to the quality of life we live. Having physical wellness can not only keep our bodies fit but also our minds.

The spiritual wellness dimension includes information on defining spirituality, inner peace, and relaxation techniques. Spirituality is a very good way to search for meaning and purpose in our world. Spirituality is often mistaken for religion, and can often go unseen as a wellness dimension. We encourage all people to look into spirituality and relate concepts in this manual to themselves.

In describing intellectual wellness, we listed questions to help the reader think critically about learning and mind health in terms of their own wellness. We can build upon our intellectual wellness every day by learning new things, reading, writing, and through trainings and seminars. This section gives great tips on resources and places where people can enhance their intellectual wellness.

The emotional wellness section includes information on bad stress and good stress, and explained the differences between both and how to use coping skills to deal with both types of stresses. Emotions are a part of who we are, and encompass feelings such as joy, fear, excitement, sadness, and happiness. Emotions are a necessary part of self reflection. We also included the use of positive talk in this section to increase our emotional wellness.

The occupational and leisure dimensions included information on why volunteer work is rewarding and useful in recovery and lists of hobbies one can

engage in for leisure time. Working can be a very beneficial in one's recovery and leisure time is very important for relaxation and fun. This section lists hobbies and allows a person to think about trying a new activity in their leisure time. It is noteworthy that the Freehold Self-Help Center is now offering a twice-monthly Peer Employment Support group, so that members and others in the community can consider changes which can impact their occupational wellness.

The environmental wellness section gives suggestions about recycling and how you can make a difference in the environment we live in. The environment we live and work in can be enhanced in many ways, and this allows us to be mindful of the physical aspects in our worlds.

As we worked on the social wellness section, we focused on thoughts and ideas on how social activities help us in recovery. This piece includes information on what social wellness is and how it relates to wellness and also lists social resources such as self help centers and social networking sites such as Myspace and Facebook.

The financial wellness piece includes information on how finances impact our lives. Financial wellness goes beyond how much money you have and looks at what kind of things you do with the money like taking care of bills and being conscious of our spending. This section also includes easy tips on budgeting that anyone can follow to enhance their financial wellness!

The last section of the manual includes resources such as phone numbers and addresses of national help lines including homelessness services, support lines, substance abuse supports, medical care, and social security contact information. This manual is small enough to be transported easily and is recommended for everyone to use. Our hope is for people to see that wellness can be involved in everyday life and we encourage everyone to think about each dimension and how it relates to them.

This manual will be distributed to all attendees at our Wellness Conference. If you are interested in receiving a copy via PDF file contact pswarbrick@cspnj.org.

YOUTH VOICE: BRIDGING SERVICES AND ADVOCACY

By Patrice Swarbrick, LCSW

During the first session of breakouts at the CSPNJ Wellness Conference on March 18, 2010 we will conduct a session on "Youth Voice." We will expose the participants to the concept of youth voice as a positive form of advocacy and social inclusion for youth with mental health challenges by promoting mental health wellness in youth culture. The expression of Youth Voice impacts all of the wellness domains highlighted in this conference. Participants will be able to identify examples of youth voice in their families, communities, and government, as well as barriers to maintaining the force of the youth voice movement. Participants will gain an appreciation of the power of youth and hear directly from peer advocates from the system of care.

Youth Voice is an expression of what the Youth Needs. It encompasses their need to be heard and to rebel. Youth Voice represents all aspects of youth culture. For youth with mental health challenges, through grassroots efforts it gives them the inclusion they may have already lost in childhood by reducing stigma and defining their rights so they can actively participate in their communities and make informed decisions about their treatment. Everyone can relate to what it is like being young and being a teenager. Youth culture is often overlooked and dismissed in society. Injecting the culture with wellness through education and demanding inclusion is fast becoming the heart of the youth voice movement. Young people see the mistakes mankind has made quite clearly. Their voice is a necessary part of our culture as they are truly the hope for our future. And let's not forget, without the buy-in of the young person, adults can spin their wheels but change is not going to occur painlessly! So inclusion of their voice is a win-win for everyone.

We are just seeing the advent of youth voice as a powerful role that youth are starting to take in their lives, with their families, in the communities, and through their interaction with government. Youth with mental health challenges are in the unique

position of being able to effect change in their peers and their own lives in a way that no adult can. It has existed informally in the community.

The Mental and Behavioral Health Youth Voice movement links to the Peer Driven Movement in their goal to increase individual choice by taking ownership of one's own mental health wellness by actively participating with their families treatment providers, schools, legal system and legislators. It links to youth culture by providing support to youth and promoting wellness and social inclusion. Youth Voice helps reduce stigma through pro mental wellness prevention education to youth and the general public. Youth Voice serves as an outlet and a strategy in of itself as it fosters empowerment.

Another aspect of the empowering role of Youth Voice is helping youth move into provider and advocacy roles. Some participants in youth voice move into roles on Boards and Committees of Mental health facilities, or the many committees and teams in our state's Child Behavioral Health System. Others become involved Youth Advocacy Groups (such as those run by local Family Support Organizations). Some choose to become young providers, working in settings like youth warmlines. We look forward to sharing our experiences and passion with you!

LAUGHTER FOR THE SAKE OF...LAUGHTER?

by Grace Karen Sweet

Laughter is something that most of us don't think about much... we just do it when our funny bone gets tickled, so to speak. It's just something we do that is natural to do. Right?

What if there were more to it than meets the eye? What if there were surprising benefits to it... benefits that we would want to go for, had we looked under the surface. While the idea seems unnatural to laugh for no reason, it only begins to make sense when you have done it, and you have experienced the specific experience of it, which can open up possibilities and truths we would not have imagined. It can be a real adventure, in contrast to a mundane existence in the work-a-day world.

So this new idea called Laughter Yoga...is there really something to this? Have you heard of it? Most people I talk to have, these days. Since it became a movement in this country in the early 2000's, it has increased quickly in popularity, gained recognition and is being acknowledged more and more widely as 'life changing' not only in America, but everywhere in the world.

There is something to be said about looking beyond appearances when it comes to Laughter Yoga. Because of looking at it on the surface, people are often 'put off' by it. "Oh, that seems so silly, I would feel uncomfortable laughing when there was nothing funny," I've heard this many times. Some peoples' minds are made up, while others say, "Well, I'll try it and see." Then, after they experience it, I hear, "I thought I would be uncomfortable, but when I saw everybody else letting go...even being silly or childish without judgment or 'attitude', it didn't matter anymore."

Laughter can be like going to the beach for a swim in the ocean. If you can't wait to go in the water you might dive right in, not considering whether the water is warm or cold. But, if you think the water may be cold, you may stick your big toe in, then wade in slowly, taking your time to get used to the temperature.

The wave of the future is... (no pun intended)...that eventually the good energy waves generated by this laughter movement will touch you, and your big toe *will* get wet!! Then you will have a lovely swim.

Join us in the laughter workshop at the New Jersey Wellness Conference!

Grace Karen Sweet is the director of The Average Miracles Foundation (www.averagemiracles.org). She is A Certified Laughter Yoga Teacher and a Trainer/Facilitator in the Laughter Bridges Leader Certification Program.

THE LEARNING ABOUT HEALTHY LIVING **MANUAL**

by Jill M Williams, MD

Individuals with mental illness or addictions are two to three times more likely to be smokers with more heavy smoking and higher levels of nicotine dependence compared to the general population. Smokers with mental illness suffer significant tobacco-caused medical illnesses and 25 years of life lost from primarily cardiovascular disease. Smokers, even in the general population, have poorer health and quality of life than those who have never smoked.

Tobacco use results in other consequences, in addition to health, that can adversely affect quality of life. Smokers with schizophrenia spend almost one third of monthly disability income on cigarettes (Steinberg et al 2004). Smoking influences community integration, as smokers have less to spend on clothing and housing. As smoking decreases in the general population, there is added stigma of being a smoker that can reduce success in obtaining employment, housing or successful relationships (Schroeder & Morris, 2009). Smoking increases the metabolism of several psychiatric medications, resulting in increased dosage requirements. Despite the magnitude of tobacco use, access to treatment for this group is reduced, with few mental health professionals identifying and treating tobacco use or dependence. With support from the New Jersey Division of Mental Health Services (NJ DMHS), researchers at UMDNJ are taking a lead in improving care for people who smoke and live with mental illnesses.

Learning about Healthy Living (LAHL) is a group treatment approach developed at UMDNJ to help smokers with serious mental illness who may not be thinking of stopping smoking. The goals of LAHL are to help clients gain knowledge and motivation to work towards a tobacco-free lifestyle, and to help them to develop the skills that will assist them to quit using tobacco and live a healthier life. The treatment uses a group format that is easily implemented in most mental health settings, and provides additional support to group members. An

instructor's guide accompanies each chapter in the treatment manual that helps to guide the group facilitator through each session. Although the focus of the group sessions is on tobacco, there are also topics on exercise, diet, and stress management.

The manual was tested in 9 partial hospital / day treatment mental health sites in New Jersey as part of a larger collaboration called "Bridging the Gap between Physical and Mental Health." As part of the pilot implementation, the staff working in these mental health treatment sites received training in tobacco dependence assessment and treatment. For many of the mental health staff this was their first experience addressing tobacco. Results of the pilot study were positive, and were published in the December 2009 issue of the *American Journal of Psychiatric Rehabilitation* (Williams et al, 2009).

Weekly feedback was received from more than 92 different LAHL group sessions which occurred at the 9 pilot sites. The average number of peers that attended LAHL groups was 9 (range from 4-18). Most stayed for the duration of each group. Ratings of peer interest and participation in weekly groups were rated as excellent or good most of the time. Similarly, facilitators rated their own ability to lead group as excellent or very good in most instances.

We also held a series of focus groups at the pilot sites to get additional feedback from peers and staff who had participated in LAHL groups. Twenty-six peers participated. Many endorsed hope that the treatment would help them. They found the handouts helpful and easy to read, and described learning important and useful information about health and treatment medications. Four peers reported that they had quit smoking since starting LAHL, and several more had reduced their number of cigarettes smoked per day. Many stated that they wanted to try to quit smoking in the next 6 months, and a few had also tried to improve their eating or exercise habits. All responded affirmatively that other mental health programs should use the LAHL group treatment. Peers questioned why smoking had not been addressed sooner in their mental health program.

LAHL has also been well-received nationally as a model for addressing tobacco in mental health

settings. The National Association of State Mental Health Program Directors, (NASMHPD) have included the manual in its Tobacco-free Living in Psychiatric Settings Best Practices Tool Kit entitled "Tobacco-Free Living in Psychiatric Settings" for distribution to state operated mental health facilities nationwide. In May 2007, the LAHL manual was made publicly available for use. It can be downloaded from the following internet site: www.tobaccoprogram.org/healthyliving.htm.

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by *Salvina Cappello*

Let me share with you what I do as a NAMI NEWJERSEY Hearts and Minds Program Facilitator. I get to travel all over the State, talking to mental health peers about healthy living. Over the past two years I have made presentations at over 70 locations including: self-help centers, NAMI Affiliates, partial care programs, housing programs, support groups and in-patient hospitals. **Hearts and Minds** is a wellness presentation developed by NAMI that educates people living with mental illness about how physical health and mental health are related. The presentation begins a conversation of self-care and encourages motivation in the areas of healthy eating and diet, exercise, diabetes and smoking.

As a result of participating in the program many people are eating healthier now. Several instances of significant weight loss have been reported to me. Many people that have been exposed to **Hearts and Minds** are eating smaller portions since they saw the presentation. The **Hearts and Minds** presentation also inspired many people to start exercising with a buddy. Another benefit of the presentation is that it makes people sensitive to getting checked for diabetes and other metabolic factors. Many people hear about the risks of smoking in the Hearts and Minds presentation and make the decision to quit.

Comments from some of the Hearts and Minds participants about what they have learned. "I learned that I should get checked for diabetes." It is important for my survival. I learned how physical health is just as important as mental health. I need to take steps to stop smoking. I learned about different kinds of foods that are good for the body. I learned that if you are diagnosed with a mental illness, you are at a greater risk for heart disease. I need to exercise more and smoke less. I learned a lot about heart risk factors. I learned to take action, listen to advice and realize there is hope. The presentation explained the four serious risk factors for cardiovascular disease. I learned a lot about nutrition. I learned a lot from the video. This presentation encourages me to get healthy.

On February 17, 2010 NAMI Launched an all new Hearts and Minds There is a new video that is narrated by Dr. Ken Duckworth, the medical advisor to NAMI National. It promotes sound "mind and body" health practices. The video provides helpful suggestions for how to attain wellness. It is suitable to be watched by all people affected by mental illness, including family members and other loved ones. The **Hearts and Minds** initiative takes aim at factors like high blood pressure, high cholesterol, smoking, and obesity which raise people's risk for major illnesses such as heart disease, cancer, and diabetes. The self-help's program's focus on wellness will inspire health and fitness practices, such as diet, exercise and smoking cessation. The program consists of five key components.

- An interactive “Hearts and Minds” website, including various discussion groups;
- A tool kit for local community discussions;
- A new DVD or video that is very motivating for all aspects of wellness;
- Printed fact sheets on a broad range of topics for discussion;
- A booklet on health strategies and risks that is a leave behind and discussion tool for presentations.

There are many types of risk factors that contribute to health challenges for people living with mental illnesses and several are reversible or preventable. They include social isolation, relatively low incomes, sedentary lifestyles, and side effects of some psychotropic medications as well as other factors. *Hearts and Minds* will empower people living with mental illness to manage health risks and to support wellness and recovery.

Hearts and Minds can create strong partnerships to develop new resources to help people living with mental illness live fuller and more productive lives. It bridges mental and physical health to address the needs of the whole person. I love my job because I get to travel all over New Jersey giving hope for a new future, a better future, a longer future to my peers, family members and other loved ones. ***To lean more about Hearts & Minds, see or order the video, or view or order factsheets, go to www.nami.org/template.cfm?section=Hearts_and_Minds. To arrange for a free presentation to a mental health group anywhere in New Jersey by Salvina or one of her colleagues, contact her. 609-812-5219. Sivan710@comcast.net.***

SPREADING THE MESSAGE OF RECOVERY

We are obviously in a time of transition in mental health services in America. On one hand, the national governing body (the Substance Abuse and Mental Health Services Administration, SAMHSA) has developed and endorsed “Ten Recovery Components¹,” by which mental health services need to be designed, implemented, managed, and measured. State mental health systems are also at various points in their own recovery transformations. Peer providers and peer operated services and supports are gaining visibility and viability nationwide, and programs like the Social Security Administration’s Ticket to Work are setting the stage for greater numbers of peers to seek and keep competitive employment.

At the same time, many people are served in settings where recovery and individual empowerment is all but invisible. They are in locked hospital units, or in residential settings where they lack basic protections like a lease and a private room. They use day treatment resources or sheltered workshops where they are surrounded by people whose recoveries are limited. They are served by medicalizing staff members in these settings, who believe that people need to be protected from stress and the results of their own possible bad decisions, and that symptom reduction and medication adherence are prerequisites to independent living, learning, working, driving, financial control, etc.

Words of Wellness reader Joe Steady considers one part of the problem that the message of recovery is not reaching many peers in these settings. He compares the challenge to the one faced by the free democratic world after the erection of the Iron Curtain, i.e., that the promise of democracy and individual liberties was being hidden from people in countries under Communist control. He notes that one of the ways in which the values of democracy were spread to people

¹ See online at <http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/>

otherwise blocked from such messages by their governments was the Voice of America, a multimedia international broadcasting service funded by the U.S. Government, and operated since 1942 (www.voanews.com).

Mr. Steady calls for “a cyclical program of explanation of the messages of recovery, visible to everyone in a mental health facility,” with the objectives of creating awareness of recovery in all parties and a demand for more information. He suggests strategies such as:

- Using messages created by people who are in recovery.
- Experimenting with various media, including leaflets and graphic various arts
- Incorporating participation in such a program as a criterion for accreditation
- Recognizing the business risks to various non-recovery oriented facilities and programs by expansion of the message of recovery, and planning accordingly (e.g., helping them retrain and retool to offer more recovery-oriented services, and/or to serve people with other disabilities)
- Measuring outcomes, rather than just the extent to which messages are delivered².

Six immediate and practical recommendations we would add (with specifics for our New Jersey readers) would be:

- Consider the recovery-oriented educational programs of CSPNJ or other peer-operated service agencies (Contact jgarafano@cspnj.org or pswarbrick@cspnj.org).
- Identify other recovery-oriented supports which can be best offered by peer providers,

and bring them in quickly. Here in NJ, the Mental Health Association of New Jersey trains peer providers to help people complete and implement their Wellness Recovery Action Plans (WRAPs). cwuth@mhanj.org.

- Look for ways to bring in speakers about recovery from existing programs. Here in NJ, NAMI NEW JERSEY offers free peer-provided presentations of In Our Own Voice: Living with Mental Illness (jdz035@aol.com) and Hearts and Minds (sivan710@comcast.net).
- Look for opportunities for peer support programs in the community to bring groups in to programs, or come in and speak about their existing groups in the community. Examples in NJ would include the Depression & Bipolar Support Alliance (dmizenko@gmail.com), GROW (neberhardt4@aol.com), or NAMI Connection (ekbetterfuture@yahoo.com).
- Examine any practices or policies which may be blocking existing staff from disclosing their own successful mental health recoveries, and encourage and celebrate this disclosure. Sometimes an outmoded policy or an incorrect assumption about laws or ethics may be reducing access to this valuable resource. At the same time, workforce members may need some training in disclosing their stories for maximum benefit and personal comfort. One source of that training could be the Consumer Provider Association in NJ (www.cpanj.org).
- Initiate a 360° assessment of policies, practices, undocumented behaviors, and business models which may be blocking a recovery orientation. Include current recipients, former recipients, family members, line and administrative staff inside and outside of direct service, and select suppliers or consultants. Start by looking at every word in brochures, forms websites, etc., and looking beyond each word to see how well practice matches the language. Use the SAMHSA 10 Recovery Components as a basic guide. For a Psychiatric Rehabilitation Practitioner in NJ who offers trainings and consultations to agencies and programs

² Our immediate recommendation for outcome measures would be repeated application and the program and system level of the Recovery Oriented Systems Indicators Measure (ROSI). This is a tool developed by Steve Onken and colleagues to measure the extent to which people served in a mental health system or program perceive that the service are supporting their recovery. It can be viewed online at <https://ssl4.westserver.net/power2u/downloads/ROSI-Recovery%20Oriented%20Systems%20Indicators.pdf>

attempting this kind of transformation, call 866-464-3267/.

As always, we look forward to reader feedback and practical results. nleditor@cspnj.org.

ABOUT WORDS OF WELLNESS

As part of its broad array of services to foster wellness and recovery for individuals with disabilities, the CSP-NJ Institute for Wellness and Recovery Initiatives at Collaborative Support Programs of New Jersey offers this monthly

newsletter, *Words of Wellness*. This publication features valuable information and resources, including details about educational events, to help people to achieve and maintain wellness. The purpose of this newsletter is to bring useful information to all of our readers, whether pursuing recovery themselves, supporting recovery in clients or family members, helping to administer and change our mental health and related services system, or researching the field and educating future practitioners. *Words of Wellness* co-editors are Jay Yudof and Peggy Swarbrick. Free e-mail subscriptions are available from nleditor@cspnj.org.

DIMENSIONS OF WELLNESS

Physical

- Recognizing the need for physical activity, diet, and nutrition while discouraging the use of tobacco, drugs, and excessive alcohol consumption.
- Paying attention to physical health needs (e.g., nutrition, exercise, smoking cessation, symptoms of stress, stress reduction).
- Our physical dimension can be balanced by creating a self-defined daily routine that includes adequate sleep and rest, walking or exercise, moderate levels of activity and productivity, and involvement in creative or structured activity that counteracts negative stress responses.

Spiritual

- A broad concept that represents a person's personal beliefs and values.
- Our spiritual dimension recognizes our search for meaning and purpose within our human existence. It includes the development of a deep appreciation for the depth and expanse of life and natural forces that exist in the universe.
- For many people, healing and health is enhanced by exploring, respecting, and incorporating personal values, beliefs, and the awareness of a being or force that transcends the material life, thereby giving them a sense of connectedness to the universe.

Social

- The social dimension encourages contributing to the environment and community, and it emphasizes the interdependence between others and nature.
- Our ability to communicate our needs and ideas with people who support and care about us.
- Personal relationships, important friendships, and connection with people and pets and the community.
- A well-developed support system can be a tremendous resource for wellness.

Intellectual

- Recognize our creative abilities and find ways to expand our knowledge and skills while discovering the potential for sharing those gifts with others.
- The intellectual dimension can be activated through a wide array of activities. Many people find it useful to regularly set aside time to pursue personal interests (e.g., reading books, magazines, and newspapers; finding other ways of keeping abreast of current issues, events, politics; and using our creativity through hobbies in unique ways.)

Emotional/Mental

- Skills and strategies for being able to cope effectively with stress.
- Tolerance, and the awareness of and acceptance of a wide range of feelings in ourselves and others.

- The ability to live and work independently while realizing the importance of seeking and appreciating the support and assistance of others.
- Learning new ways to handle challenges and conflict can be an important process in maturity and growth. Coping strategies can be developed and practiced to handle life challenges and to re-frame negative experiences as opportunities for growth. Involves self-acceptance and contentment in pursuit of daily activities.

Occupation

- The opportunity to participate in activities that are meaningful and rewarding.
- The opportunity to participate in activities that reflect personal values, interests, and beliefs.
- Personal satisfaction and enrichment in one's life is derived from participation in work and volunteer activity, as well as in other activities and tasks from which we derive pleasure and satisfaction.
- Volunteer, part-time and full-time work, hobbies, and homemaking are all types of occupational activities that can be rewarding.

Environmental

- The environment includes our living, learning, and working spaces and the larger communities where we participate as citizens.
- Good health can be fostered by occupying pleasant, stimulating environments that support our well-being.
- Additionally, good health can be enhanced by places and spaces that promote learning, contemplation and the elicitation of a relaxation response.
- Includes our local communities and larger ecosystem.
- When we are not living in a safe, decent, clean, affordable place, we often feel unwell.

Financial

- Objective indicators of an individual's personal financial status. An objective indicator includes income, debt, savings, and aspects of financial capability such as knowledge of financial products and services, planning ahead, and staying on budget.
- Subjective perceptions of an individual's personal financial status include satisfaction with current and the foreseeable future's financial situation.
- It is quite challenging to feel well when you are living in poverty and not able to afford things that can improve your quality of life. Creating a budget, looking critically at spending, saving money for financial challenges and future life events, and creating assets are part of financial wellness.