

Reaching Out to You

NBHCC Community Newsletter



In My Own Voice By: Audrey Gozdiskowski, Certified Peer Specialist

Sharing my story with others through NAMI's *In Our Own Voice* program has been very healing and an important part of my unique and lifelong recovery journey. *In Our Own Voice* is a program focused on spreading the message of recovery by living examples.

My first dark days that I can recall was around the age of 12, one of many days sitting in the darkness of my bedroom closet crying and grieving for my Dad. Mom had taken me to the doctor and the doctor said I was "fine". Dad tried taking his life when I was three, was taken to a state hospital where he was diagnosed with Schizophrenia and later died there when I was eighteen. I grew up not knowing my Dad's diagnosis because it was never talked about; it was the family secret. Yet I recall visiting Dad in the locked ward as a little girl, sitting on his lap and remembering he appeared well each time. As the years went on we visited less and less, then not at all. Mom later explained that the doctors said there was no hope and advised that she leave him for he would never get better.

Depression visited again during my last semester of college. I sat sobbing in my college advisor's office, not able to explain what I was feeling, only that I wanted to drop out. I had over a 3.90 average. He never suggested depression and did try to talk me out of leaving. Although the dark hole that I was in felt too deep to climb out, self-denial and fear prevented me from seeking help – after all, my experience growing up was that there was no hope for psychological disorders – you die in an institution. I left college. Years later, after giving birth to twins I developed Post Partum Depression but my doctor said that I was just going through "an adjustment" period of being a mother of newborn twins and a two year old. Two months later my husband developed cancer, it returned again two years later but the cancer lost!

Not until I developed fibromyalgia at the age of 40 after a car accident and the accompanying chronic pain and depression along with several life stressors did I seek treatment by a psychiatrist and begin to receive proper treatment and began to hear the recovery stories of others. Recovery was a foreign concept to me and hope didn't exist. Attending NAMI support group meetings and the Family to Family program helped me to gain knowledge and support in dealing with my son's mental illness ultimately helped me to accept my own. I learned that recovery IS possible with proper treatment and support and that hope DOES exist!

My treatment included years of talk therapy for depression, anxiety and inner child issues along with taking my medication daily. Medication has been only one of the tools in my wellness toolbox. Exercises, walking, positive affirmations, positive people, meditation, guided breathing, spirituality, prayer, and giving and receiving peer support have been some of my coping strategies.

My successes include returning to college as an adult student and completing my degree in Early Childhood Education. I later owned and operated a Family Daycare for five years. I am honored to have been president of the NAMI PA Wilkes-Barre Chapter and am currently the editor of our newsletter. I hope to pay it forward by supporting and empowering my peers in my small, rural county as I have been supported and empowered. I started a NAMI support group in Tunkhannock and the Wyoming County Community Support Program (CSP). Our CSP works on projects to support those with serious mental illness to live successfully in our community. We work on advocacy issues, plan recreational activities. Recent projects were the development of a monopoly type game based on Tunkhannock as a fundraiser, welcome baskets for individuals coming out of area hospitals into the community and an anti-stigma campaign. Lack of public transportation hasn't hindered us. I and another member make several trips to transport members that wish to attend meetings and events.

My dream is to have a consumer run tea café and a green eco-friendly gift shop, to create jobs and community integration opportunities for my peers along with a consumer run drop-in center. A group I created called Hands on Recovery is creating jewelry, gifts and paper from recycled materials as a fundraiser to help support the startup of a part time drop-in center. Now that we have a fiduciary and can write grants my dream just might become a reality thanks to the exceptional trainers at a recent Certified Peer Specialist training who believed in me and inspired me to find my voice and take action. My hope now is to hold the hope for those who at the moment can't and inspire others to find their voice.

We Would Appreciate Your Feedback

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**Call NBHCC if you need
a member handbook.
1-800-719-5985**



Helping Teens Draw A Digital and Dating Violence Line

Digital communication is a central part of teens’ lives. A new campaign has been launched to help them recognize digital dating abuse and take steps to prevent it. ThatsNotCool.com is designed to help teens understand that their cell phones, instant messaging and online accounts are a part of them. If someone they are dating is controlling, being disrespectful or pressuring them in those spaces, that’s not cool. The website provides online forums for teens to talk about being harassed by text, constant instant messaging, and spreading rumors on the web. The forums also address sharing pictures that should be private. They also tackle someone looking at cell phone or online information without the teens OK.

The campaign helps teens to identify when they need help. When does caring become controlling? When does affection becomes obsession? When does talking become stalking? The site hosts guest videos from YouTube. It also provides info on how to get help for themselves and friends.

A second campaign offers information on knowing the warning signs of dating violence. Designed by teens, SeeItandStopIt.org gives them tools for how to stop it. It also has ideas about making a difference in their schools and where they live. Research show most teens are clear about dating abuse but many are less clear about the gray areas of actions that indicate warning signs, such as harassment or emotional abuse. Most teens say they would get involved if they saw physical abuse.

But, they are less comfortable about intervening when the abuse is less clear. Their instincts tell them it is wrong but they need tools and resources to intervene.

If you or someone you know needs help, call:

National Domestic Violence Hotline

1-800-799-7233 (SAFE)
1-800-787-3224 (TTY for the Deaf)
Or visit: www.ndvh.org

Teens can also call the National Teen Dating Abuse Helpline

1-866-331-9474
1-866-331-8453 (TTY for the Deaf)

Teens can also join online chats at www.loveisrespect.org

Help is available 24 hours a day in English and Spanish and many other languages.

All contact with the hotlines is free and confidential. - From the PA Department of Public Welfare



**Community
Care is a
managed
care
organization
that takes
care of your
behavioral
health
services.**

Is It Quitting Time?

Are you a smoker? Breaking the habit is hard to do but the good news is that there is help available. Smoking has a negative impact on our health in many ways. Smoking is the leading cause of cancer and death from cancer. Smoking also causes heart and lung disease and those who smoke are at higher risk for developing pneumonia. A pregnant woman is also more likely to have her baby early and for the baby to have a low birth weight.

Regardless of their age smokers can significantly reduce their risk for disease and cancer by quitting. Although quitting the habit is very difficult there are a number of organizations out there to help you quit. For help call the National Quit Free Hotline at 1-800-784-8669 or the Great Start Pregnant Smokers Quit Line at 1-866-667-8278.

You can also ask your doctor for help and support or you can call Community Care for information about programs in your area. Or go to www.ccbh.com and click on Local Programs link under Smoking Cessation.



Depression in Older Adults

MYTHS:

- Depression is a normal part of aging.
- People who talk about suicide won't really do it.
- Everybody gets depressed, don't worry about it, you'll get over it.

This checklist is provided as a tool to help you talk with the doctor about your concerns.

- Unusual complaints of aches and pains (back, stomach, arms, legs, head, chest).
- Change in appetite, weight increase or decrease.
- Blurred vision.
- Inability to concentrate.
- Easily irritated
- Feeling that you are a burden to others.
- Occasionally, heart pounds, can't catch your breath, and feeling tingly. Feeling like you might pass out. The feeling passes in seconds but afraid it will happen again.
- Feeling little joy or pleasure after visiting with friends or not wanting to go out with friends anymore.
- Not taking care of appearance.
- Inability to sleep, or waking between 1:00-5:00AM and not being able to go back to sleep. An overall sadness, apathy or withdrawal.
- Irritability, mood swings or constant complaining; nothing seems to make the person happy.
- Talk of worthlessness, not being needed anymore, excessive and unwarranted guilt.
- Frequent doctor visits without relief in symptoms; all tests come out negative.
- Alcoholism, which can mask an underlying depression.

People with serious illnesses such as stroke, cancer, diabetes or heart disease are at greater risk of getting depressed.

Treatment for depression will help them improve their overall health.

IF LEFT UNTREATED SERIOUS DEPRESSION CAN LEAD TO SUICIDE.

Adults over 65 have twice the rate of suicide of other populations.

In addition to the previously outlined warning signs of depression, watch for the following signs of suicide:

- Statements of hopelessness- "It's not going to get better, and I just feel like giving up." or "I just want to go to sleep and not wake up."
- Giving things away.
- If the older adult says things like, "I feel like a burden, useless."
- Loss of interest in things they once cared about.
- Stockpiling pills.
- Unusual visiting or calling people they care about saying goodbye.

Take it seriously and don't believe that a person can just "snap out of it" or that a person is too old to be helped.

Remember depression is a treatable illness and treatment can be more successful if family members participate in the older adult's care.

Complaints and Grievance Process

A **grievance** is what you file when you do not agree with Community Care's decision that a service you or your provider asked for is not medically necessary.

A **complaint** is when you are unhappy with Community Care or your provider, or you do not agree with a decision made by Community Care

To file a complaint or grievance you can call Community Care and tell them about your complaint or grievance or you can write your complaint or grievance and mail it to Community Care.

For More Information Please Refer to Your Member Handbook. If you do not have a Member Handbook please contact NBHCC.

If you are not happy with the services you are receiving in the HealthChoices program, you or a family member can file a complaint. For more information refer to your member handbook or contact Community Care at 1-866-668-4696.

NBHCC Updates

NBHCC continues to reach out to consumers, family members and the local behavioral health system to solicit input and feedback in order to improve the system. Based on this feedback, NBHCC and Community Care have implemented two new programs in 2009. Psychiatric Rehabilitation for adults is a new recovery focused program offered by four providers which teaches members very important skills necessary to live a successful life with mental illness. Another program implemented is a School Based Behavioral Health Program for children. This program is operating in 3 schools in Luzerne County with the hope for expansion to Lackawanna County in the fall. This program provides a team of mental health professionals to a child in their school and community settings. This program also allows children the opportunity to be more involved in their natural environment. These are both very exciting programs which have a great deal of potential to improve the lives of both child and adult members while focusing on recovery and resiliency.

**Remember
the new
Family and
Consumer
Forums
Developing.
See our
Website for
Upcoming
Information.**

Family and Consumer Forums

NBHCC will be holding forums with Families and Consumers in Luzerne and Lackawanna Counties.

The purpose of the forums is to have a more community-based interactive experience regarding needs of the community, positive practices, goals for improvements, and an overall discussion around mental health and substance abuse services in the northeast.

The forums will be comprised of individuals receiving services (children/youth and adult), their families/others, and representatives from Community Care and NBHCC.

Information regarding the dates and locations of the forums will be forthcoming as they are confirmed.

C/FST

The C/FST along with the Advocacy Alliance continue to survey members and families about the services they are receiving.

This year the C/FST will be speaking to members and their parent's/guardian's about their experiences in Residential Treatment Facilities (RTF), Outpatient Mental Health, Outpatient Drug and Alcohol, Case Management, Crisis, Adult Non-hospital Residential Rehabilitation and Family Home Based.

If you receive any of these services and would like to complete a survey please call the C/FST and they would be happy to assist you. The C/FST can be reached at the Advocacy Alliance by calling 1-877-315-6855.

What is Resiliency?

NBHCC and Community Care believe that children, youth, and their families are all capable of being Resilient in the face of very challenging and stressful events in their lives.

Characteristics of Resilient people include: an ability to “bounce back” and “recover from almost anything”; have a “where there’s a will, there’s a way” attitude; a tendency to see problems as opportunities; ability to “hang tough” when things are difficult; have a healthy social support network; has a wide comfort zone; and are able to recover from experiences in the panic zone or of a traumatic nature (Niel, J., 2006).

It is important to note that, adverse events in childhood do not inevitably lead to serious issues in adulthood. Between one-half and two-thirds of children growing up in in adverse situations “do overcome the odds and turn a life trajectory of risk into one that manifests resilience” (Benard, 1993, p.1)

This is why NBHCC and Community Care are working together with community stakeholders to ensure that services build upon individual and family strengths, natural supports, and protective factors that are all key components in the holistic treatment approach towards resiliency.

ECONOMIC RECOVERY PAYMENTS COMING FOR PEOPLE WHO RECEIVE SOCIAL SECURITY AND SSI BENEFITS

By Michelle Wren

Social Security District Manager in Scranton, PA

The *American Recovery and Reinvestment Act of 2009*, which the President signed into law in February, provides for a one-time payment of \$250 to people receiving Social Security and Supplemental Security Income (SSI) benefits.

The one-time recovery payments will go out in May 2009 and all payments should be received by the end of May. In April, Social Security will send a letter with additional information to each person who is eligible for the one-time payment. The payments will be sent automatically, meaning no action is required on the part of the person receiving benefits. The economic recovery payments will be made separately from a person's regular monthly payments.

All adults who receive Social Security benefits, including disabled adult children (but not minor children) are eligible for \$250 payment. In addition, all persons who receive SSI payments, including minor children, are eligible for the payment. Anyone who receives benefits or who was eligible to receive benefits during any of the three months prior to enactment (November and December of 2008 and January 2009) will receive the one-time payment as long as the address of record is in one of the 50 states, the District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands.

The payments will be made in the same way that regular monthly payments are made. People with direct deposit will receive their payments electronically. Those who receive paper checks will receive their payments in the mail. People who receive regular payments through the *Direct Express* debit card will receive their one-time payments through the card.

If someone receives both Social Security and SSI, only one payment of \$250 will be made. The economic recovery legislation also provides for a one-time payment to recipients of Department of Veterans Affairs (VA) and Railroad Retirement Board (RRB) benefits. However, if you receive Social Security or SSI benefits and you also receive VA and/or RRB benefits, you will only receive one \$250 payment. The Social Security Administration will send you this payment.

To assist in processing the payments as efficiently as possible, please do not contact Social Security unless you do not receive a payment by June 4, 2009. Information is available at www.socialsecurity.gov and will be updated regularly.

**One time
payment of
\$250 to
people
receiving
Social
Security and
Supplemental
Security
Income (SSI)
Benefits.**