

Consumer Newsletter

Northern Affiliation

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Are Consumers Satisfied with Services?

By: Mary Marlatt-Dumas

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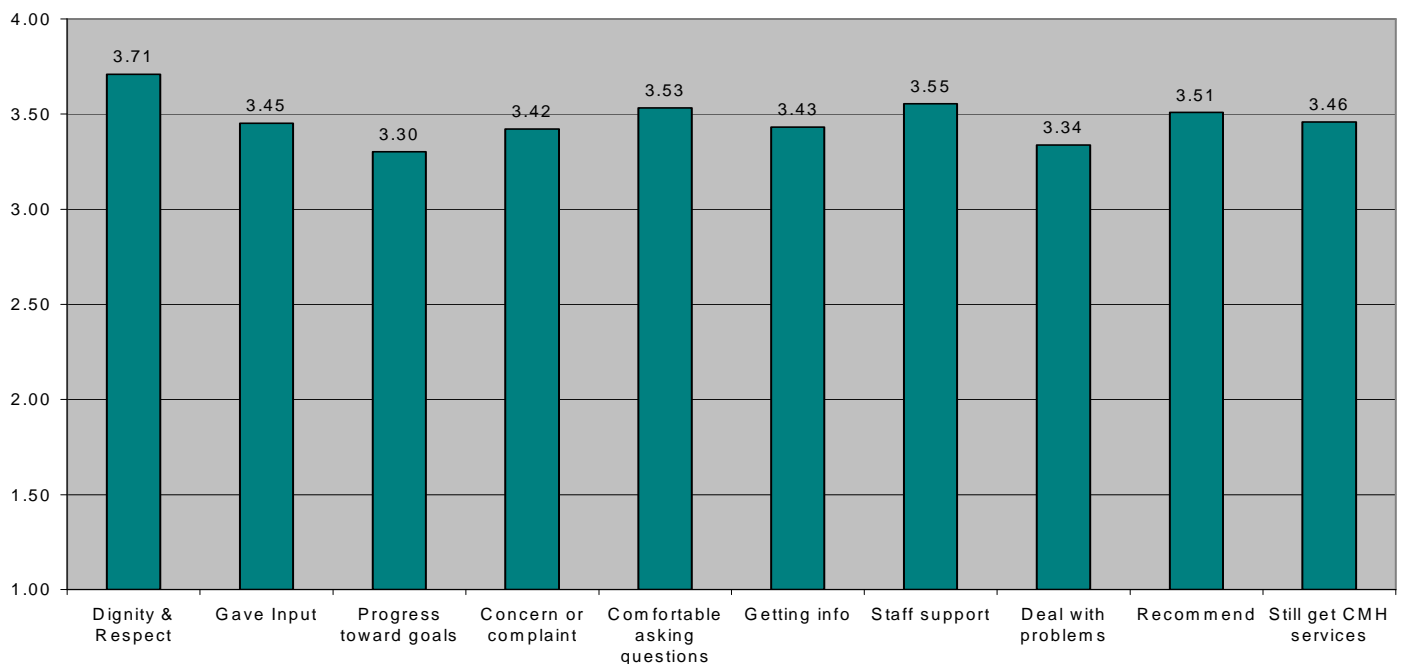
Consumers of the Northern Affiliation were surveyed in October 2008 to measure their satisfaction with the services they were receiving. Overall, consumers are very happy with services. The programs that were surveyed included: outpatient therapy, medical services, case management services, assertive community treatment, and psychosocial rehabilitation services. Each program completed a two-week snapshot survey. All established consumers that were seen during the two-week period were offered the opportunity to complete a survey. If consumers received multiple

services, then they were given the opportunity to provide feedback to each program. The Affiliation-wide item means ranged from 3.30 to 3.71 on a four-point scale. Board-level results were consistent with Affiliation findings.

If you have any further questions about the October 2008 consumers satisfaction results, please contact your local consumer council.



Affiliation Satisfaction Survey Results
October 2008



Goal Accomplished!!!

By:

To most people Prader-Willi month may not seem like that big of a deal, but to Mark it is a VERY BIG DEAL. Mark has Prader-Willi Syndrome and has to live with its unique challenges every day of his life. For those of you who are not familiar with Prader-Willi one of the hardest obstacles of this disability is that you have an insatiable hunger every minute of your life. Which makes his recent accomplishment all the more amazing!

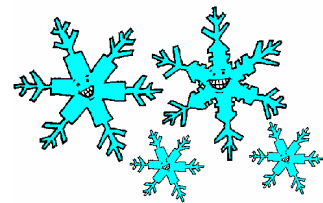
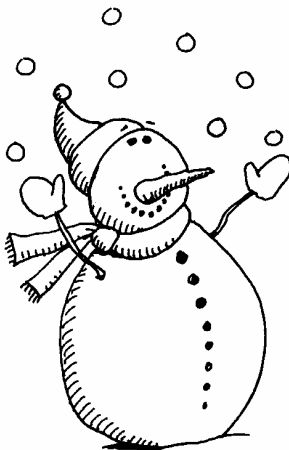
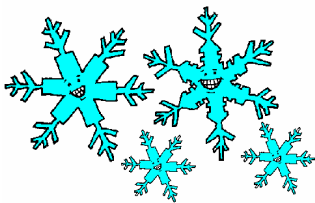
Mark moved into the Pinehaven Green group home. On the day he moved in he weighed 228# which is quite a bit when you know that he is a 5'3" tall man. On that very first day he said he wanted to walk in the annual Prader-Willi Awareness walk that is held every year downstate. This is a 2 mile or a 4.5 mile walk which ever you choose. Walking these distances was impossible for him to do at that time. He was told that if he was ever able to lose some weight his sister Toni would take him downstate and he would be able to go on the walk, but at his current weight his health just did not permit it. Mark made it his goal to someday complete that walk.



Mark on the day he completed his Prader-Willi walk

From that day forward he worked very hard at completing exercises for 30 minutes every day. He walked up and down the steps at his home along with riding an exercise bike and walking on a tread mill. He also worked with staff to control his food intake. Over the days, months and year that passed, he never lost sight of that goal. He now weighs 159 pounds!!

On April 26th Mark got to participate in the Prader Willi walk! He walked a little over 3 miles!!! We are very proud of you Mark and you are living proof that when you stick to your goals you can accomplish great things!



Love and Loneliness

By: Tim G.

As a nearly forty-year-old man who has been mentally ill since the age of twenty one, I have been suffering from, as Daniel Fisher puts it, an “interruption in my social and emotional development.” I would not go so far as to say that this kind of interruption is the same for every mentally ill person or that the effects of the interruption always take nineteen years to recover from. It is probably true, moreover, that any person, mentally ill or otherwise, finds it difficult to be objective about having caught up to his or her peers after such an interruption. Nevertheless, I am claiming with this article that I have reached that point.

About seven years ago my therapist told me that I don’t leap ahead, after only minimal interaction with a woman, and start thinking of fulfilling romance—because I am mentally ill, but rather because I am lonely. My sister has pointed out for years that she has always marveled at my tendency to believe, all variables being equal, that people will just love me. She recently shared with me a memory of the two of us sitting in a large toy box. She was about seven and I was four. She says she can’t believe she was talking about this to a four-year-old, but that she asked me if I thought I was going to be more of a supporting character in the stage of life, or if I thought I was going to have a lead role. She says that I answered, “Well, I don’t know about anyone else, but I am going to be important!”

Twelve years ago, I confronted a friend I had made when I was seventeen, a friend who is sixteen years older than me. I accused him of developing friendships with young people because he was in a lousy marriage and wanted to affirm for himself his ability to be loving. For three or four subsequent days, I thought of little except what I had said to him on the phone. When I spoke to him again, I picked up right where I had left off, ready to take the discussion to a new level. My friend tried hard to make me understand that he had given almost no thought to what I had said a few days before. I believe that this behavior of mine is characteristic of a lonely person.



About seven years ago, the same therapist suggested to me that I tend to immerse myself in “safe” romances with women. She said this, doubtless, because the two main romantic interests of my lifetime were relatively unattainable. One lived in Germany and one was a movie star I had never met. My illness asserted itself and made me convinced that the movie star had, at least at one time, reciprocated and experienced romantic feelings for me, but that my work in the arena of domestic espionage kept her from being able to actually respond to a letter from me. My safety was at stake, or so I thought.

I don’t think I had a desire to be safe, so much as a tendency to be grandiose. In the case of the movie star and the woman in Germany, I attempted to *create* for myself an ideal person, rather than take an interest in who the woman in question really was. I wanted a romance that would go down in history among the greatest of all time, *and I wanted to write it*. This idea is straight from a movie that has special meaning for me called *In the Land of Women*. At times, I am convinced that the movie was partly intended to inform me that the movie star was “breaking up” with me.

The woman from Germany now lives in the U. S. A. After fending off for years my attempts to capture her heart, times in which I appeared to be quite desperate, she now finds me to be not desperate in the least, but rather quite confident about my future and my mental health. She seems to be all the more interested in me, now that I have acquired this newfound strength, now that I am not *looking for something, or someone, outside of myself to bring me happiness*.

Saying that I have caught up to my peers implies that my peers have all reached this point, which is, of course, a falsehood. My interrupted “social and emotional development” was not made more complicated by a premature marriage, for which I am thankful.

Beacon Center

By: Roy G.

We have had a busy summer and we sure enjoyed the warm weather. It actually got hot for a while. When we attended the Cheboygan County Fair, I almost succumbed to heat exhaustion. All that aside, we had a good time. What is it about the Beacon Center that keeps us going and doing?

There is a sense in which the most important thing we do is just open the doors every day. So many of our people look forward to coming in and having a cup of coffee and spending some time with friends or making new ones, play a game of cards, check out a web site, work on a puzzle or a craft.

Sometimes we just sit and talk... sort of an unofficial group meeting, or make a meal out of what's on hand and enjoy food while we visit. (Today was hamburger goulash, tomatoes, onions and elbow macaroni.) Are you hungry yet? Many of our days revolve around meeting the member's needs for appointments and shopping or visiting one of two food pantries.

There has been a gradual increase in attendance and many of our members access services from CMH. We will refer anyone requesting assistance.

Working with our members is both challenging and rewarding; challenging because there is always something new going on and rewarding because when you help someone meet a need you are helping yourself: Helping a member move to new housing or showing them how to obtain information on the internet.

OK, What About the Beacon Center? People, that's what it is all about. Meeting people, helping people and seeing them learn new skills or gaining new information.

Recovery Knowledge Inventory

By: Joanne

The Recovery Knowledge Inventory survey was offered to staff at North Country CMH, Northeast Michigan CMH, and AuSable Valley CMH via the Zoomerang Survey Website. Staff members were encouraged to electronically access the survey via an emailed URL link, complete the survey and then submit the answers. Staff members that did not have electronic access were able to complete a paper version of the survey. Supervisors were then able to enter the data into the Zoomerang system.

The survey consists of 20 questions that staff answered on a 5 point Likert scale. The scale ranged from 1 (strongly disagree) to 5 (strongly agree). Survey results were produced for each member Board, as well as for the Northern Affiliation as a whole. A total of 265 staff members completed the survey.

Overall, the results indicated that staff members possess a sound understanding of the roles and responsibilities for the recovery process. Specifically, staff members appreciate the need for the person in recovery to develop a positive identity. This must go beyond that of a "mental patient" and the stigma associated with that image. Staff members also demonstrate an understanding of the importance of peers in the recovery process.

Two particular areas have been identified as topics for additional training. These are:

1. Non-linearity of the recovery process.

Staff had the least knowledge regarding the nature of the recovery process, including the non-linear nature of recovery. Illnesses and symptom management cannot only precede recovery but also be a

(continued on page 5)

Recovery Knowledge Inventory

(continued from page 4)

part of it, i.e. a person does not necessarily need to be symptom-free to be in recovery, and there are multiple pathways to recovery that go beyond formal treatment.

2. Expectations regarding recovery.

Results suggest a need to assist staff in developing realistic yet hopeful expectations for recovery with the persons they are serving.

Given the results, a training PowerPoint presentation was developed. The presentation addresses the deficit area noted by the survey. This training will be provided to all staff at the three CMH Boards.

Understanding and Surviving Self-Harm

By: Cindy R.

One percent of the population has, at one time or another, used self-inflicted personal injury. It's a means of coping with an overwhelming situation. The behavior can be difficult to understand.

The first step to coping with self-harm behaviors is education. Self-harm is defined as "a deliberate harm or alteration of one's body tissue without conscious intent to commit suicide." The most common methods of self-harm are cutting, burning, scratching, skin picking, hair pulling and interference with healing wounds.

From studies, the most popular method seems to be cutting on the wrists, upper arms and inner thighs. People who are involved in self-harm often never developed healthy ways to express distress in their lives. Some reasons for self-harm behavior are: calming intense feelings; a distraction from emotional pain; and to end feelings of numbness. Some people use self-harm as a communication of anger and deep emotional pain.

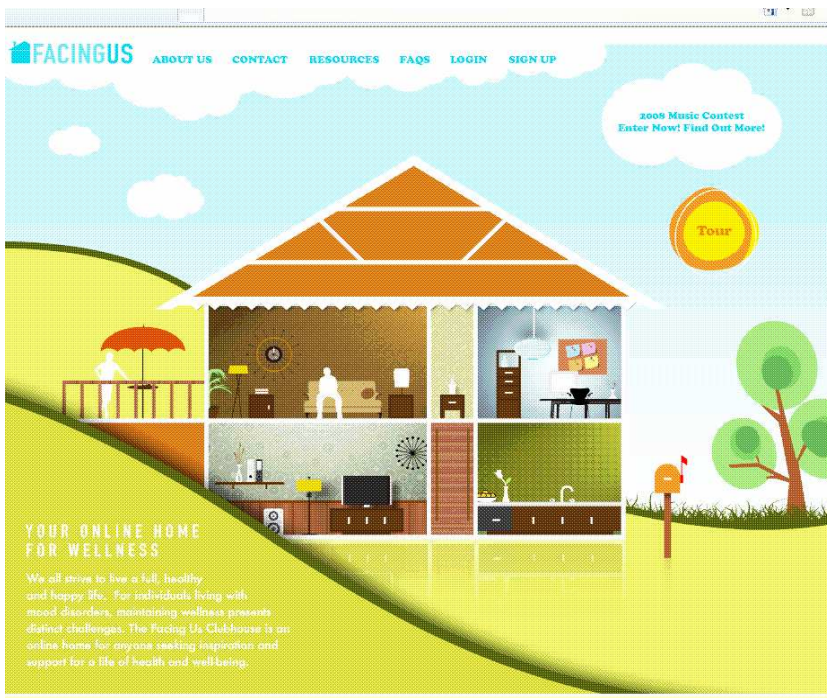
Some common characteristics of people who engage in self-harm are: a strong dislike for self and anger, may direct aggressive feelings inward, may be impulsive and see self as having little control over how they cope with life situations.

It is important to remain nonjudgmental and impassionate toward people who suffer self-harm behavior. Self-harm is not the typical behavior, yet do not be ashamed. At times this is the only way to cope and survive. The only way to stop the behavior is when the person is ready to learn to new skills for coping. A combination of treatment and education can encourage self-harmers to take risks in trying new skills to deal with their overwhelming, intense feelings.

The reason I wrote this article is because I suffer from self-harm behavior. I am determined to find new skills to help me cope. I've felt the anguish of inner pain, and my only relief was to cut on myself. It isn't a means for suicide, but a diversion for the pain. My problem is afterwards I feel no different than before I hurt myself. Sometimes I feel even worse. It is a debilitating behavior and I pray I have saved just one person from harming themselves. Remember, you are not alone in your behavior. I encourage you to seek help and educate yourself.

FACINGUS: Your Online Home For Wellness

The Depression and Bipolar Support Alliance has created an online Clubhouse. Inside the clubhouse you'll find a wealth of personalized wellness tools to help you live a full, health and happy life.



The Clubhouse is available to anyone, anytime and there's no charge for membership. You can create a personal journal, wellness plan, and access resources.

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Best of all, your information is completely private and cannot be shared or accessed by anyone but you.

Northern Affiliation

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Community Mental Health

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Community Mental Health

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To access CMH
services call:
1-800-834-3393
8:00 a.m.—5:00 p.m.
Monday—Friday
24 hr. Crisis Line:
1-800-442-7315

Article Submissions

If you would like to contribute an
article or have content suggestions
please contact

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