

# Affiliation Consumer Advisory Bulletin

Volume 1, Issue 2

Winter 2010/2011

## The vision and values of the Advisory Council

- \* The values and vision exist to ensure and promote involvement in shaping policies and practices
- \* To improve the work of the Affiliation to meet the needs of consumers, families and other stakeholders
- \* To review and to evaluate the Affiliation's programs and services
- \* Recognizing consumer needs and promoting opinions
- \* A forum for broader community input
- \* A voice for consumers
- \* To serve as consumer advocates

## Your Consumer Advisory Council

Did you know that you are represented by an Advisory Council that is composed of consumers just like yourself? The Mid-Michigan Consumer and Stakeholder Advisory Council is composed of consumers from the eight-counties in the affiliation. These counties are Clinton-Eaton– Ingham (CEI), Gratiot, Ionia, and Manistee-Benzie and Newaygo. Members are selected by the CEO of each CMH.

We are your voice and try to represent your interests to the CMHs.

The Council meets once a month on the first Thursday at CEI in Lansing, MI in room G-11-A/B from 11:00 am to 2:00 pm. Some agencies attend by video conference.

If you have suggestions, comments, or concerns you may contact the Council by email at: [www.AdvisoryCouncil@ceicmh.org](mailto:www.AdvisoryCouncil@ceicmh.org).

If you would like to learn more about the Advisory Council or how you can become a member, please contact your agency's Customer Service Representative for more information. Contact information can be found on the back of this newsletter.

## Holiday Blues

By: Michael Hetzman, Clinical Director at Gratiot CMH

It's difficult to find a precise reference as to who first identified the correlation between the onset of the winter holiday season and an increase of depressive symptoms. However, it has occurred for many years and with enough intensity for almost everyone to be familiar with the term, "holiday blues".

Those of us who live in Michigan are particularly vulnerable to the "blues". Seasonal Affective Disorder (SAD) has often been linked with the decreased sunlight, shorter days and the winter weather that are especially prevalent at higher latitudes. Some of the causes of the "blues" include increased stress, fatigue, unrealistic expectations, inability to be with family, memories of past holiday celebrations, change in diet, and a change in your daily routine. First, be kind to yourself. It's easy to get overwhelmed with everything that there is to do and then become exhausted or have a sense of failure if you are unable to accomplish your plans. The trick is to keep your plans and your social calendar as simple as possible. When socializing, remember that alcohol is a depressant. Secondly, be aware that nostalgia can be a wonderful and historically reflective assessment of one's past, but it can also manifest itself as idealized memories from the 'good old days' and can actually contribute to depressive feelings. Seniors are particularly at risk for nostalgia-related holiday depression. The holidays are, of course, a time for remembering and thinking about family, friends and the past but don't forget to enjoy today and have hopes for the future. Allow yourself to feel sad, lonely or melancholy and recognize that these can be normal feelings. It might help to try spending time with a different set of friends or family. Contact someone with whom you have lost touch. Finally, give yourself a break. Plan something special, a meal, a gift, or an activity.

If you are not one of the many who can relate to the "Holiday Blues", be alert for the loved ones who might be suffering from them. Acknowledging and validating their depressed mood will give people permission to talk about their feelings. Offering to help out by shopping, decorating, transporting, etc. will not only assist them but can give you a little boost as well. The holiday blues are common but tend to be temporary and mild. Depressive symptoms that persist, are unrelenting or impair daily function should be evaluated by a physician or your mental health professional.

For more information about Season Affective Disorder or "SAD" you may visit one of the following web-sites:

The Mayo Clinic at [www.mayoclinic.com/health/seasonal-affective-disorder/DS00195](http://www.mayoclinic.com/health/seasonal-affective-disorder/DS00195)

The National Alliance on Mental Illness at [www.nami.org/Seasonal\\_Affective\\_Disorder.com](http://www.nami.org/Seasonal_Affective_Disorder.com)

## Advisory Council Reaches Children

In 2007, the Advisory Council received an Anti-Stigma Grant and with that money we purchased video equipment and puppets and a stage. We also received scripts about bullying called "Bullying is for Babies". We also commissioned a local producer to make us a movie about Stigma in teens. They produced a 20-minute DVD called "Vanessa".

The members of the council from CEI and Gratiot showed the Puppet show to the consumers and children on October 23, 2010 at the "Health Expo". The Puppeteers were Nick Lawson - Gratiot, Becki West - CEI, Julie Barron - CEI. We also performed the puppet show at the CEI Potter Park Zoo event on November 20, 2010. The shows were well received by the children and parents. A question and answer session preceded each show and there was follow-up questions to see if the children understood the message of not being a Bully. We will be showing the Puppet Show in the Potterville school system in February, 2011.

In 2009, we also showed the video to Waverly High School students, Delhi Twp., MI in 2009. We had good feedback from the students. The story is about a high school student who received a diagnosis of Depression from her Psychiatrist. She tells a friend at school and makes her swear she will not tell any of their other friends. The friend does it anyway and all of a sudden everyone at school knows about her illness and starts kidding her about it. Eventually the friend admits what she did and apologizes and says she will never treat her that way again and that she understands that Depression really is an illness not to be made fun of. There are questions throughout the video where students can have a discussion on what they think will happen next.



At our next event, we will be showing this video to 8<sup>th</sup> grade students and playing "Mental Health Bingo" that was created for the Grant at Ovid-Elsie Middle School in Ovid-Elsie on January 19, 2011.

If you would like to have this play at one of your events, or show the video, please contact Julie Barron, CSR at CEI at 517-346-9600.

Written by: Julie Barron, Customer Service Representative and Peer Support Specialist, CEI CMH



## Christmas Around the World

Christmas is celebrated around the world in many different ways. From the names countries call our Santa Claus, to the diversified foods and traditions that are observed, each country has unique rites.

In Africa, Christmas comes with an annual pageant and carolers. Gifts are given as a love offering to the church with Christmas dinner prepared and tables put out in front of their homes for the feast. Most homes have an oil palm for a Christmas tree, which is decorated with bells, and presents for the children.

In Hungary, Santa Claus, also known as Winter-grandfather comes on the 6th of December. Children clean and put their shoes outside on the porch next to a door or window before they go to sleep. The next day candies and/or small toys appear in special red bags.

Throughout the season in Latin America there are a lot of bright flowers and brilliant nights. They celebrate with holiday foods and songs. Those songs and foods eaten are greatly influenced by the different, varied and diversified indigenous people of the region.

The majority of Americans celebrate Christmas with the exchange of gifts and greetings and with family visits.

In Germany, Christmas preparations often begin on the eve of December 6. Little dolls of fruit are traditional Christmas toys. Children leave letters on their windowsills for Christkind, a winged figure dressed in white robes and a golden crown who distributes gifts.

It doesn't matter what country we live in, or how we celebrate the Holiday Season. We all have our own varied traditions and nobody gets it wrong. There are many other ways to celebrate the season not listed here. They are equally as rich and varied as the stories told in this accounting of Christmas around the world.

Written by: Alexandra Livesay, TE  
CSR and Peer Support from CEI  
Community Mental Health



### DBT and ME

Written by: Alexandra Livesay, TE CSR and Peer Support from CEI Community Mental Health



Dialectical behavior therapy (DBT), which was developed by Marsha Linehan, PhD, at the University of Washington, is a cognitive behavioral therapy, meaning it is a therapy that focuses on the role of cognition (e.g., thoughts and beliefs) and behaviors (e.g., actions) and includes some changes to the traditional cognitive behavioral elements of therapy.

Usually, DBT includes a combination of group skills training, individual psychotherapy and phone coaching, although there are exceptions. Patients in DBT are asked to monitor their symptoms and use of learned skills daily, while their progress is tracked throughout therapy.

Kristalyn Slaters-Pedneault, PhD @ About.com

There I was entering the building of the people I thought could help me want to live again. I was terrified about what that meant to me. Would I like myself if I knew who I really am? I met my casemanager she was a lot like me and the fear faded as she began to talk about a group that she wanted me to get involved with. She called it "Dialectical Behavioral Therapy", (also known as DBT) and she said there were other woman that I would be in the group with. Oh, relief, I am not the only one, but what was this thing called DBT, I thought? My casemanager began to describe to me what DBT is. She said it was a series of skills that I would learn. She said there were four main parts which are Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness. It sounded like she was speaking a foreign language, I thought. I was asked to make a one year commitment to going to the group. The first day of DBT group I thought I had been transplanted to another universe where I didn't speak the language. As I began to learn about each skill, I learned that the terms were a lingo and that utilizing the skills was challenging. I learned how to be present, to not judge myself or anyone else and to stay in the moment. I learned to bear painful moments and this allowed me to make wise decisions about whether and how to take action, rather than falling into the intense, desperate, and often destructive emotional reactions that had been a part of my life for many years. I learned better how to regulate my emotions, what my emotions were, and I learned to not let things bother me as long or as deeply. I learned how to do seemingly simple things, like ask for something, how to say no, and how to do so respectfully to both myself and the other people involved. I learned to understand my motivations behind my behaviors. All in all DBT has taught me a lot about who I am when I let my guard down and open up. I am still learning day by day how to use these skills effectively in my daily existence, but DBT has taught me that not only do I have emotions but it is okay to share them.

"THE ARC OF THE MORAL UNIVERSE IS LONG, BUT IT BENDS TOWARD JUSTICE."  
-MARTIN LUTHER KING, JR.

\*\*\*\*\*  
 \* "What Do You Hear in Stillness?" \*  
 \* \*  
 \* I sit on my couch in my living room \*  
 \* With nothing turned on \*  
 \* I've refused to turn the television on \*  
 \* because it would be an overload. \*  
 \* I don't want to put the radio on \*  
 \* because of all the unnecessary words. \*  
 \* I don't want to talk on the telephone \*  
 \* Because it is too noisy. \*  
 \* \*  
 \* I just want to sit \*  
 \* To let my mind recompose itself \*  
 \* into the mindful moment \*  
 \* Just as this moment is all I have. \*  
 \* With a little time my mind seems to find its way \*  
 \* to a slower melody. \*  
 \* Not a song per say, but a beautiful rebirth \*  
 \* A place where I can almost hear God whisper to me. \*  
 \* \*  
 \* Written by: Nicole Wright, \*  
 \* Advisory Council Member from CEI and Vice Chairperson \*  
 \* \*  
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**"Our Greatest weakness lies in giving up. The most certain way to succeed is always try just one more time!"**  
-Thomas Edison

## “Change, a Major Factor in Recovery”

Written By: Colleen Jasper, Office of Consumer Relations  
for Michigan Department of Community Health

As consumers, many of us have been around the block more than once. That "block" meaning episodes of our illness that lead us into hospitalizations. In fact, for some of us, it took many hospitalizations before the right medication was found and worked well for us. But what was also a factor was that we, ourselves, had to do something differently than earlier, in order, to achieve and maintain wellness and mental health.

Recovery was a goal we all had, but we also needed to transform recovery. And we needed to make this change in order to transcend beyond our earlier achievements----to go beyond recovery and its earlier point in time. And going beyond recovery is important in creating a stronger foundation needed to avoid backsliding into hospitalizations in the future.

This type of change is important in order not to regress back words into our illnesses and episodes again. And for some of us recovering into a earlier state was not all that great. Especially if trauma and its effects were involved. This change of going beyond our past is also critical in moving beyond a life overshadowed by trauma.

We want to move in higher levels of knowledge, learning and understanding not only of our illnesses and wellness but what it takes to move into a life of flourishing----the life beyond recovery.

We all want a life where our dreams come true. We do not want a half-lived life. To live life to its fullest, we must move through recovery into making our dreams, aspirations, and goals come true. Sometimes the illness has a way of stealing our hopes, dreams and aspirations. Moving into flourishing re-captures and inspires us to change in order to make our dreams come true. It means making impossibilities possible.

This type of change includes taking risks in order to grow into flourishing. It means changing our attitudes, self-talk, understanding and determination. This type of change can be scary for many of us. For some of us, we are afraid to change anything about ourselves because we are vulnerable to moving in the wrong direction.

That means going backward into a hospitalization and episodes. This fear keeps us stuck in a middle ground. However, the risk of changing our thoughts, emotions, and behaviors is exactly what can keep us out of the hospitals and on the pathway to recovery and flourishing.

So I urge you all to take risks. i.e., my biggest risk is moving into positive thinking and self-talk. I also need to learn to be mindful about my thoughts and their impact on my feelings and behaviors. Changing and growing can also move us into wisdom and peace. And with these changes in ourselves, we can also move into greater effectiveness in helping other consumers as they move along their pathway of recovery and into a life filled with flourishing goals, achievements, and wellbeing. Accepting change makes our pathway to our dreams more accessible. Good luck and start today, by making greater change possible by taking small risks and steps which will add up to achieving our big goals, dreams, and aspirations.

**“We all want a life  
where our dreams  
come true.”**

**“When I hear how much you have overcome to get to where you are...  
I know that you are a Walking Miracle”  
(Appalachian Consulting Group  
for Peer Support Training)**

## Mental Illness: Share Facts, Not Myths

*Courtesy of Channing Bete Company*

Mental illness can affect a person in many ways and may have many causes such as, genetics, chemical imbalances in the brain, or biological, environmental, social, and cultural factors.

Mental illnesses are treatable! People need treatment just as they need treatment for physical illnesses. Our well being depends on our mental and physical health. As a consumer, friend, or family member of a consumer there are ways that you can help remove the stigma and spread the truth about mental illness.

**Myth:** People with mental illness are dangerous.

**Fact:** Most people with mental illness are no more likely to be violent than others are.

**Myth:** People with mental illness belong in institutions.

**Fact:** Most people with mental illness lead fulfilling lives by living at home, holding meaningful jobs, and raising healthy families.

**Myth:** People with mental illness are handicapped by lack of intelligence.

**Fact:** In general, people with mental illness are of at least normal intelligence, and can enjoy the same successes in all areas of life as others.

**Myth:** People with mental illness just need to "snap out of it" or "pull themselves together".

**Fact:** As with physical illness, sometimes mental illness goes away on its own. Some may benefit from lifestyles changes, medications, or therapy.

**Myth:** If mental illness doesn't run in your family, you are not at risk.

**Fact:** Mental illnesses can affect anyone, whether or not there is a family history of mental illness.

**Myth:** Mental illnesses are rare among children.

**Fact:** Millions of children are affected by depression, anxiety, eating disorders, and other mental illnesses. Proper treatment is essential.

### Recipe Corner

Warm your soul up this winter  
with a hearty, healthy soup!

#### Hearty Vegetable Soup

*Courtesy of Kraft Foods*

What you will need:

- 3 TBSP. Oil
- 1-1/2 cups of chopped onions
- 1-1/2 cups of chopped carrots
- 1-1/2 cups of chopped celery
- 2 cups cubed unpeeled potatoes
- 5 cans (14-1/2 oz. each) low sodium beef broth
- 1 pkg. (15oz.) marinara sauce
- Dash of salt and pepper

Make it:

Heat oil in large stock pot. Add onions, carrots, celery; cook 5 minutes or until crisp-tender, stirring occasionally. Add remaining ingredients; stir. Simmer 30 to 40 minutes or until potatoes are tender, stirring occasionally.

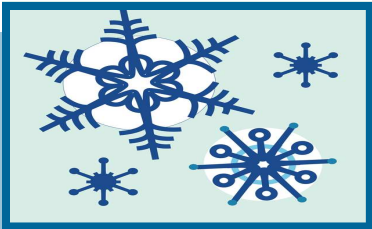
**Serve and enjoy!**



Nutritional Information per serving:  
 Calories: 100                      Sodium 190 mg.  
 Sugars: 5 g.                        Cholesterol: 0 mg  
 Total Fat: 4 g

QUARTERLY EDITION OF THE EXPECT RECOVERY : MAKE IT HAPPEN NEWSLETTER STATES:

"RECOVERY IS A PERSONAL JOURNEY OF HOPE, PURPOSE AND GROWTH. IT IS THE PROCESS OF SETTING OUR OWN DIRECTIONS IN LIFE. WE ACCEPT THE RESPONSIBILITIES OF MEETING CHALLENGES, USING OUR OWN ABILITIES, STRENGTHS AND DETERMINATION."



Community Mental Health  
Affiliation of  
Mid-Michigan

If you would like to learn more about the Advisory Council or how you can become a member, please contact your CMH for more information.

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**Message from the Director of Affiliation Operations  
for Mid-Michigan Community Mental Health**

In our Affiliation's never ending effort to become as efficient as possible so that more resources may be used to provide quality services, I ask that anyone with an idea of how CMH can operate more efficiently to contact me, Director of Affiliation Operations, Toby Bayless, with your suggestion. I may be reached by phone at 517-346-9555 or by email at [bayless@ceicmh.org](mailto:bayless@ceicmh.org).

**ADVISORY COUNCIL MEETINGS FOR 2011**

									
				January 6, 2011					
				February 3, 2011					
				March 3, 2011					
				April 7, 2011					
				May 5: Advisory Dinner, Council will not meet					
				June 2, 2011					
				July: Council does not meet					
				August 4, 2011					
				September 1, 2011					
				October 6, 2011					
				November 3, 2011					
				December 1, 2011					
									

Visit us on the web at:  
[www.AdvisoryCouncil@ceicmh.org](mailto:www.AdvisoryCouncil@ceicmh.org)

“THE ADVISORY COUNCIL PROVIDES A VOICE FOR THE VOICELESS AND ARE ADVOCATES FOR OURSELVES, THE CONSUMERS WE REPRESENT, AND THE AFFILIATION AS A WHOLE.”