



NEW DIRECTIONS

By, for and about consumers of behavioral health services

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Coping Techniques in Hard Economic Times

Many people are finding it difficult to cope during these hard economic times.

The United States Department of Health and Human Services suggests using these coping techniques:

- Trying to keep things in perspective - recognize the good aspects of life and retain hope for the future.
- Strengthening connections with

family and friends who can provide important emotional support.

- Engaging in activities such as physical exercise, sports or hobbies that can relieve stress and anxiety.
- Developing new employment skills that can provide a practical and highly effective means of coping and directly address financial difficulties.

And if you need additional help, don't be afraid to seek it. Talk to your physician, a [mental health provider](#), [community mental health center](#), spiritual leader, school counselor, etc. These people can help you get through the rough times.

Reprinted from 10 by 10 Wellness Campaign –Vol. 8

Special points of interest:

- New COO's Welcome Terri Kelty and Joanie Blamer
- Mental Health Blue Print to be fine tuned
- New Operations Manager to be hired soon
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A special opportunity to learn more about this **evidenced based practice (EBP)**.

This technique was presented with a real session at the Make it Happen recovery event last September. Now is the opportunity to learn more and see what you can learn in the hands on trainings.

Video conferencing will be available.

Motivational Interviewing

Lunch and Learn

Just as it is called lunch and learn, bring your lunch every **3rd Thursday** to the Traverse City office 2nd floor conference room or request ahead of time for **video conferencing** from other NLCMH offices, **noon to 1:00pm**.

This opportunity is open to all, consumers, clinicians, family members and community. Attend one or all. We look forward to future meetings.



Housing Transition Service



Living in a Nursing home? Are you interested in returning to the community? If you receive Medicaid and desire to live in the community there are agencies who want to help you transition into a less restricted setting.

You can refer yourself or a family member or

worker can as well.

Supportive Services Include:

Housing assistance-finding suitable housing and some financial support...

Setting up your household – acquiring furniture, kitchen supplies...

Accessibility – such as

putting in a ramp...

Linkage to support services – such as personal care, delivered meals, transportation...

More information can be received from Northern Healthcare Management, 800-640-7478, Area Agency on Aging, 800-442-1713, or Disability Networks, 866-869-8600.

Mental Health Consumer Movement (*The History*)

“Free teleconference on the History of the Mental Health Consumer Movement”

Teleconference to Cover History of Mental Health Consumer Movement – A free teleconference will explore the history of the self-help and advocacy movement organized by individuals with psychiatric histories, hosted by the Substance Abuse and Mental Health Services

Administration's ADS Center (Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health) on **Thursday, December 17, 2009, from 2 p.m. to 3:30 p.m. Eastern Time.**

Registration will close on December

10, 2009, at 5 p.m. Eastern Time. For more information or to register, click on the following link: <http://www.stopstigma.samhsa.gov/teleconferences/Default.aspx?printid=1&>

USPRA Offers Conference Scholarships

USPRA (U.S. Psychiatric Rehabilitation Association) is offering scholarships to its 35th Annual Conference, to be held in Boise, Idaho, from June 14 to 17, 2010. The scholarships cover registration only. Interested individuals must complete and return the conference

scholarship application, available at the following link http://www.uspra.org/files/public/Scholarship_Application_2009.pdf, to USPRA, postmarked by February 15, 2010; faxed and e-mailed forms must be received by February 20. Applicants will be notified

of their acceptance by April 1, 2010. For more information, see the source below. For questions, contact Ev Bussema, director of training and education, at ebussema@uspra.org or at 410-789-7054.

Source: <http://www.uspra.org/conference>

DOCTORS FEAR ASKING PEOPLE WITH MENTAL ILLNESSES TO QUIT SMOKING

Science Daily

<http://www.sciencedaily.com/releases/2009/09/090909111632.htm>

People with mental illnesses such as depression and anxiety are the heaviest smokers in the country, but their doctors are afraid to ask them to quit. They assume that if their patients try to quit smoking, their mental disorders will get worse.

That is a myth, according to Brian Hitsman, a tobacco addiction specialist and assistant professor of preventive medicine at Northwestern University Feinberg School of Medicine. He also is a member of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University.

This population's tobacco use and dependence need to be treated, he said. Hitsman has designed and published the first comprehensive, evidence-based plan for psychiatrists, psychologists and other mental health providers to help their patients quit smoking. His paper appeared in a recent issue of *The Canadian Journal of Psychiatry*.

"These doctors and mental health specialists focus on their patients' psychiatric health and lose track of their physical health," said Hitsman, who is a health psychologist. "Tobacco cessation gets a lot of attention, but we leave out a population that smokes the majority of all the cigarettes."

Between 40 to 80 percent of people with mental illness are daily smokers, depending on the disorder, compared to less than 20 percent of people who don't have problems with mental illness, according to research. People with mental illnesses also smoke more cigarettes per day -- often up to two packs. They have a disproportionately high rate of tobacco-related disease and mortality, such as cardiovascular disease or cancer, with a correspondingly heavy financial burden to the health-care system.

People with mental illnesses receive tobacco treatment on only 12 percent of their visits to a psychiatrist and 38 percent of their visits to a primary care physician, Hitsman said.

Doctors erroneously believe mental disorders will worsen if they take away a person's tobacco. "Not a single study shows that symptoms get worse," Hitsman said. He examined 13 randomized clinical trials that measured psychiatric symptoms during smoking cessation treatment. Seven studies showed that psychiatric symptoms actually improved during smoking cessation treatment, and six showed no changes.

Another problem is mental health professionals believe tobacco is not a real addiction compared to other drug addictions.

"The perception is patients need tobacco because it's their only source of pleasure and helps them feel better," Hitsman said. "There is very little evidence, though, that smoking cigarettes serves to self-medicate emotional symptoms."

There is evidence from a few studies, however, that when mental health providers insert smoking cessation treatment into the mental health treatment plan, they can [continued on page 4](#)



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NEW DIRECTIONS

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www.northernlakescmh.org

We take submissions for future newsletters. We also can email the newsletter directly to you.



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Northern Lakes Transformation Toward Recovery

An all day training day to redesign the Recovery blueprint is planned with 25-30 people expected to attend on December 18. People attending will be staff, consumers and board members. They will be updating our blueprint and having discussion on specific areas from the ARR (Application for Recombination and

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help their patients quit or cut down. "They find if you take advantage of the relationship with the counselor and insert smoking cessation counseling into treatment relationship with the counselor and insert smoking cessation counseling into treatment that you enhance quit rates," Hitsman said.

People with mental disorders do have a harder time quitting than the general population, Hitsman acknowledged, but said newer studies show it is possible to enhance the chance of success with this approach. Even if patients simply reduce their smoking, they are much more likely to quit successfully at a later date.

Renewal), such as consumer outcomes; self determination, person centered planning and independent facilitation.

There will be a shorter follow up day in January for those who cannot attend an all day session.

Northern Lakes is still awaiting the results from the REE survey that

Michigan Department of Community Health did last winter.



To help motivate the patient, the counselor highlights the benefits of quitting, the personal costs of smoking and the barriers to cessation success. "It gets the person in a problem-solving mode, at the basis of which is a solid relationship with the counselor," Hitsman said.

Tobacco dependence also needs to be treated as a chronic disease, Hitsman believes. "We know that treatment provided for a longer duration substantially increases the abstinence rates of people without mental disorders," he noted. "Smokers with mental illness may be especially likely to benefit from extended or maintenance tobacco treatment."

