

hope and help

FOR PEOPLE WITH MENTAL ILLNESS

 **NAMI**
National Alliance on Mental Illness
NEW HAMPSHIRE
603.225.5359
1.800.242.6264
www.NAMINH.org

WHAT IS “RECOVERY?” HOW DO I DO IT?

Now, more than ever, the idea that people with severe mental illness can recover is considered a real possibility. In the last twenty years, many people with severe mental illness have become well, stayed well, and told their stories of how they did it. The possibility of recovery can no longer be denied! Many people can recover completely, and EVERYONE can at least partly recover. Recovery is a concept the “patients” taught their doctors, not the other way around.

Recovery is now considered a “mainstream” idea, no longer radical, which NAMI NH strongly supports. Recovery is the process of overcoming your illness and improving your sense of your own value, self-worth, the quality of your relationships,

community connections and your overall satisfaction with the person you are. Some say it’s a lifelong process or journey while others say it’s an outcome or goal. Either way, recovery involves choosing, setting and achieving a series of intermediate goals that lead you in the direction you want your life to go.

Everyone has a different definition of recovery because everyone’s idea of a “better life” is different. It might involve getting a job, or more education, or finding some more rewarding kind of volunteer work, or becoming less isolated and more



connected to the community that is broader than just the “mental health world.” It might involve improving self-esteem, or learning to relax and have fun more easily, or maybe integrating a past traumatic experience so that the feelings connected with it exercise less control over your life in the present. It might involve mastering coping skills that would reduce the need for psychiatric medication, or managing medication, emotional onslaughts, and mood swings. It might involve getting out of a bad relationship or into a good one, or getting a car or a better, safer, more pleasant place to live. It might involve integrating mental health care with your overall health care.

Despite differing definitions, there are now enough recovery stories to let us make some meaningful generalizations about recovery. They are:

HOPE is a prerequisite to recovery. Getting better can only happen if you believe deep down that it’s possible and can hold onto that belief even when you suffer setbacks.

SETBACKS are part of recovery. Recovery is not a straight line. Change is always risky and some risks don’t work out well. The trick is to think of setbacks as learning experiences, not defeats.

SUPPORT is essential in mutual supportive relationships with people who are committed to helping you recover: family members, friends, health care professionals, or anyone else. It is a very good idea to look for supporters among people who are themselves in recovery from severe mental illness, who can truthfully say, “I’ve been there and I know how it feels.”

EDUCATION is vital. You must learn everything you can about your illness, the treatments and medicines you are receiving, and what alternatives are available.

SELF-ADVOCACY means knowing what you have a right to demand of other people, treatment professionals, and/or government services, and learning appropriate ways to assure that you have these rights met. It means knowing how to get what you need.

COLLABORATIVE TREATMENT is the only kind of mental health care that can support recovery. It requires professionals who listen and respect the wishes and needs of clients and clients who are educated and able to advocate for their needs.

CHOOSING YOUR OWN RECOVERY STRATEGIES

Good mental health doesn't just happen. There are many different strategies people use to support their recovery. Recovery strategies are the important things you do to keep yourself mentally and physically well. They are the things you do that mean the most to you. You may think of these as your most important personal values.

It is important to choose strategies for several reasons:

- **Knowing what matters most to you helps you figure out what strategies will work.**
- **There is no single strategy that works for everybody.**
- **Learning about other strategies that have worked for other people may give you ideas about what may work for you.**
- **Recovery is helped when you are able to use strategies that keep you physically and mentally well.**

The following are strategies used by people with mental health problems to maintain mental and physical health:

MAINTAIN PHYSICAL HEALTH

- **Exercise (staying active)**
- **Healthy diet**
- **Good sleep habits**
- **Make time for recreation**
- **Prayer**
- **Talking with family or friends**

DEVELOP HEALTHY RELATIONSHIPS

- **Help others**
- **Clear, open and direct communication with friends and family**
- **Use supports outside the mental health system (like friends and family)**

SEEK OUT SPIRITUALITY

- **Express creativity**
- **Seek out and connect with nature**
- **Attend religious or spiritual activities in the community (for example, in a church, mosque or temple)**

ATTEND SELF-HELP GROUPS/ACTIVITIES

- **Peer support activities**
- **12-step self-help meetings (like Alcoholics Anonymous, Narcotics Anonymous, Emotions Anonymous or Nicotine Anonymous meetings or Double Trouble groups)**
- **Other community self-help groups**

There are many, many other strategies that people use to maintain their mental and physical health, including:

- **Work toward important goals, such as:**
 - Getting a job or volunteering to contribute to one's community.
 - Going to school or getting more education.
 - Finding a suitable, comfortable place to live.
 - Making friends or getting closer to people one cares about.
- **Find ways to reduce stress and relax more.**
- **Ask for help when needed (from friends, peers or professionals).**
- **Keep a journal to figure out what works and what doesn't.**
- **Find ways to reduce or stay away from street drugs, alcohol and unhealthy relationships.**

Adapted from:

*Wellness Self-Management Personal Workbook
New York State Office of Mental Health 2008,
2nd Edition. Reprinted with permission.*

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NATIONAL CONSENSUS STATEMENT ON MENTAL HEALTH RECOVERY

According to the National Consensus Statement on Mental Health Recovery published by the Substance Abuse and Mental Health Services Administration (SAMHSA), “mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential...recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn and fully participate in our society, but also enriches the texture of American community life.”

In the Statement, SAMHSA also outlines these “Ten Fundamental Components of Recovery:”

Self-Direction Recovery must be self-directed by the individual, who defines his or her own life goals and designs a unique path toward those goals.

Individualized and Person-Centered There are multiple pathways to recovery based on an individual’s unique strengths, resiliencies, needs, and more.

Empowerment Through empowerment, an individual gains control of his or her own destiny and influences the organizational structures in his or her own life.

Holistic Recovery encompasses an individual’s whole life, including mind, body, spirit, and community.

Non-Linear Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.

Strengths-based Recovery focuses on individual talents and strengths.

Peer Support Mutual support plays an invaluable role in recovery.

Respect Respect ensures the inclusion and participation of consumers in all aspects of their lives.

Responsibility Consumers have a personal responsibility for their own self-care and recovery journeys.

Hope Hope is internalized; but it can be fostered by peers, families, friends, providers and others. Hope is the catalyst of the recovery process.

The full text of the National Consensus Statement on Mental Health Recovery is available on the SAMHSA website at <http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/>

COPING SKILLS

- **Writing in a journal**
- **Prayer, yoga, meditation or breathing exercises**
- **12-step meetings**
- **Hot baths, massage or aromatherapy**
- **Any kind of movement or physical activity**
- **Positive experiences with nature, children or pets**
- **Listening to music. Listening through earphones is particularly helpful to people experiencing voices.**
- **Hobbies and/or diversionary activities—crafts, playing an instrument, gardening, cooking, walking, household chores or housecleaning (therapeutic for some, a chore, a drudge, and a trigger for others)—any activity a person enjoys when feeling okay that redirects the focus from inward to something outside oneself. New activities usually don’t appeal to people having difficulty.**
- **Taking a break (getting someone to take the kids or do the chores or cook the meals for a day, half-day, or evening).**
- **Extra sessions with a therapist**
- **An extra consult or phone call with whomever prescribes your medicine. Temporary adjustments often help in hard times.**

*“There is no medicine like hope,
no incentive so great,
and no tonic so powerful
as (the) expectation of
something tomorrow.”*

Don’t Call Me Nuts

~O.S. Marden

SELF HELP SUPPORTS IN NEW HAMPSHIRE

Peer Support Agencies: The agencies listed below are independent consumer-run organizations that work under contract with the NH Bureau of Behavioral Health. They all operate what used to be called drop-in centers, and programs vary from region to region, depending on the needs and preferences of the members and the resources of the Centers. They all have a few things in common: social activities and outings; support groups; recovery education and coping skills; leadership opportunities; and a group of people who can truthfully say, “I’ve been there. I know how it feels. I’m getting better and so can you.” Some regions offer crisis respite, computer skills training, trauma recovery groups, and one-on-one community outreach. The best way to visit a Peer Support Agency for the first time is to call ahead and arrange to meet a staff member. Ask to visit at a time when things are going on at the center so you can be introduced to some people.

For additional information, you may contact the Office of Consumer and Family Affairs at the Bureau of Behavioral Health at 603-271-5000, or any of the Peer Support Agencies listed below.

The Alternative Life Center

Conway
603-447-1765
Warm line: 5–9 pm 7 days/week
866-447-1765

The Alternative Life Center South

Wolfeboro
603-569-9121

Circle of L.I.F.E.

Derry
603-432-9072
Warm line: 6–9 pm 7 days/week
877-452-5433

Concord Peer Support

Concord
603-224-0083/603-224-0894

Connections

Harbor Homes, Inc.
Nashua
603-882-3616 x1147

Exeter Consumer Alliance

Exeter
603-427-6966

Cornerbridge

Laconia
603-524-0801
Warmline: 5–10 pm 7 days/week
800-306-4334

Granite State Monarchs

Keene
603-352-5093
Warm line: 7–10 pm 7 days/week
866-352-5093

The Haven

Colebrook
603-237-4353

Littleton Peer Support

Littleton
603-444-5344

Next Step

Lebanon
603-448-6941

On the Road to Recovery

Manchester
603-623-4523
Warm line: 8–11 pm 7 days/week
603-564-5549

Seacoast Consumer Alliance

Portsmouth
603-427-6966/603-433-8679
Warm line: 5–10 pm 7 days/week
800-809-6262

Serenity Steps

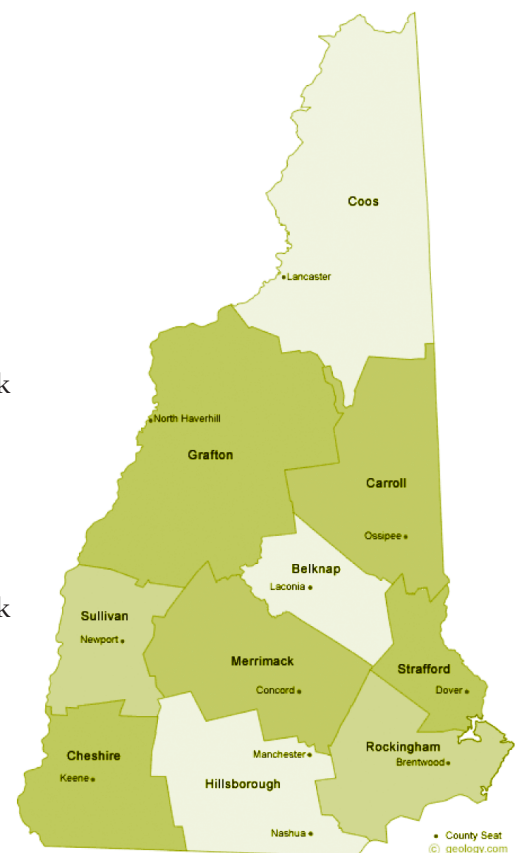
Berlin
603-752-8111

Stepping Stone

Claremont
603-543-1388
Warm line: 5–10 pm 7 days/week
603-543-1388/888-582-0920

Tri-City Consumers’ Action

Cooperative
Dover
603-749-5670/603-742-7559



OTHER PEER SUPPORTS

Copeland Center for Wellness and Recovery A national website providing current information on Mary Ellen Copeland's Wellness and Recovery Action Planning (WRAP): books, videos, audio tapes, newsletters, upcoming conferences, seminars and online seminars. www.copelandcenter.com

Depression and Bipolar Support Alliance (DBSA) DBSA offers support groups that can help you stick with your treatment plan and avoid hospitalizations; provide a place for mutual acceptance, understanding, and selfdiscovery; help you understand that a mood disorder does not define who you are; and give you the opportunity to benefit from the experiences of those who have "been there." Each group has a professional adviser and appointed group leader. For dates and locations of support groups in New Hampshire, or for further information, contact DBSA at 800-826-3632 or by email at Info@dbsanashua.org. www.DBSAAlliance.org

Emotions Anonymous Emotions Anonymous is a 12-step organization, similar to Alcoholics Anonymous. People of all ages and social and economic backgrounds come together in confidential weekly meetings to work toward recovery from emotional difficulties. For recorded information on New England meetings, call 781-729-7011, or visit www.EmotionsAnonymous.org

NAMI National Consumer Council The purpose of the Consumer Council is to advance the activities and involvement of the consumer membership of NAMI at the local, state, and national levels by actively participating in advocacy issues and program development. For more information on the Consumer Council, please visit NAMI National's web site at www.nami.org/template.cfm?section=Consumer_Council.

SUPPORTED EMPLOYMENT

Your local New Hampshire Community Mental Health Center (CMHC) is ready to assist you in finding and maintaining a job through "Supported Employment," an evidence-based practice that has proven results to help you find competitive employment. If you are interested in working (or looking for support dealing with your current employment), get in touch with your local CMHC (see page 12) and tell them you are interested in Supported Employment. Supported Employment should include:

- **CHOICE** No one is excluded from participating in Supported Employment.
- **TREATMENT INTEGRATION** Your local CMHC will help you coordinate with a treatment team of employment specialists, case managers, therapists, psychiatrists, etc.
- **PREFERENCE** All choices and decisions about work and support are individualized based on your preferences, strengths and experiences.
- **PERSONALIZED BENEFITS COUNSELING** Benefits planning and guidance are provided to help consumers make informed decisions about job status and changes.
- **COMPETITIVE EMPLOYMENT** Your local CMHC will help you search for a job as soon as you express interest in working. There are no extensive pre-employment assessments or trainings required to get you going.
- **CONTINUED SUPPORT** Individualized support for maintaining your employment is available to you for as long as you want assistance.

For additional information about supported employment, please visit <http://dms.dartmouth.edu/prc/employment/>. Your local CMHC also works with NH Vocational Rehabilitation (603-271-3471 or 800-299-1647). Together, the services they provide can help you succeed at work.

SUCCESSING ON THE JOB

Maintaining or securing employment can be a real boost to your self esteem. The daily schedule that regular employment requires can coincide nicely with your own recovery – like a fresh page to dive into each morning. However, it sometimes takes a bit of determination to make the best of a work schedule. Here are some pointers that have worked, in addition to working with your supported employment specialist, for many people diagnosed with a mental illness who are determined to succeed on the job:

VOLUNTEERING

Volunteering may be a good alternative to paid competitive employment, or can be used as a stepping stone to help you land the job you seek. As a volunteer you can gain valuable experience and opportunities to improve your social and professional skills in diverse communities. As a volunteer your personal troubles can be put aside, allowing you to focus on helping someone else. As a volunteer, you have control of your time and can rest, or refuse an assignment, if needed.

GETTING A GOOD NIGHT'S SLEEP

Getting plenty of rest, waking up at the same time each day, AND going to bed on a regular schedule can really help when the alarm clock goes off.

STICKING TO TREATMENT

Keeping mental health appointments and appointments with your primary care physician, and taking medications as prescribed are as important as brushing your teeth and punching the time clock. Always keep in mind that your mental health recovery is as important as your job responsibilities.

TAKING A BREAK

We may not realize we even need a break when we're caught up in the stresses of daily employment. Regular times that we can count on for a few deep breaths, a check into our personal email, or some fresh air and bite to eat can help us get through the next portion of the day.

FEELING OVERWHELMED

Break down the big tasks into smaller, manageable ones. If overwhelming feelings start to creep up, consider it a warning sign. Perhaps you need to focus, take a break, or ask for assistance. Remember, you are never alone - as an employee, you are always part of some team.

FROM CHORE TO CHALLENGE

Is there something to learn from this? Would writing it down help? Is there some unique way you can tackle the task at hand? Sometimes our creative skills, combined with common sense, can get us through with pleasing results.

FINDING PURPOSE

Fulfilling work means you connect to what you're doing. If some days

you can't find motivation for the kind of work you're doing, remind yourself of other things, such as – how your work helps you meet personal goals or the contribution you are making to your team or community.

WHEN IT'S NOT THE RIGHT FIT

It's not uncommon for people to change jobs a few times before finding the job they want to keep. Your employment is a two-way street. If it becomes obvious that your job is not the right fit, don't hesitate to explore other opportunities.

READY, SET, BUT...?

If you need assistance finding or maintaining meaningful employment, your local community mental health center is ready to help. See "Supported Employment" on the previous page for more details.

"I feel...strongly about the need

to be given meaningful work

instead of the make-busy tasks or rote assignments

that make up the bulk

of what we are offered.

If people are treated as capable

they often surprise everyone

and live up to expectations."

The Day the Voices Stopped

Ken Steele

THE POWER OF HIGHER POWERS

In the field of medicine, psychiatrists might be on to something big. Not all, but many are adding a new weapon to their arsenal in the fight against the harmful effects of schizophrenia, bipolar disorder, clinical depression, and other forms of mental illness...faith.

In many cases, religious beliefs appear to be associated with lower levels of hopelessness and with less depression. Mental health care professionals are acknowledging it's time they paid attention to matters of their patients' faith and spirituality, regardless of their own personal beliefs.

Some turn to the church because they don't know where else to turn.

But how does faith really help? Is it about knowing a church is a building with open doors? Is it simply a means toward some sorely-missed social interaction, or is there really an element of the divine? If there is, how can we really know the divine is making a difference?

Traditionally, medicine hasn't accepted or understood non-scientific solutions to problems it considers biological. Not only has the medical community failed to embrace the faith community as a partner in caring for the mentally ill, the feeling has been mutual.

Chris Summerville, Executive Director of the Manitoba Schizophrenia Society and interim CEO of the Canadian Schizophrenia Society, and a growing number of his peers believe that faith is the number one missing element, "the forgotten dimension" in mental health services.

Several medical publications have

discussed the issue in recent years. Summerville attributes this to the recovery model, which has shifted care for the mentally ill from strictly passive—relying only on medicine and therapy—to a more active model that suggests people can recover meaning and process to their lives despite the effects of their illness.

"What's fundamental to the recovery model is hope," he says. "Hope that I can move beyond my illness; hope of recovering the things I lost. With the emphasis of hope, people have become more interested in the concept of spirituality in mental illness because hope is essentially a spiritual issue."

Medication, says Summerville, accounts for twenty percent of the recovery experience. Eighty percent has to do with "personal medicine" - being at one with nature and creation, as well as spirituality. With personal medicine added to the mix, "consumers tell us they not only cope, but thrive in spite of bipolar [disorder] or schizophrenia."

Unlike cancer victims, who might have an existential crisis of "Why me?", people with severe mental illnesses may have similar thoughts but distort them in bizarre ways that can be tremendously isolating.

Summerville encounters another potential difficulty to be mindful of: seeking support in a shamebased faith community. No one should feel ashamed about mental illness. "Unfortunately, a lot of churches don't get it," he says.

Both articles on this page were adapted from "The Power of Higher Powers," Schizophrenia Digest, A Division of Magpie Media, Summer 2008. Reprinted with permission.

BRIDGING THE GAP

Craig Rennebohm, a UCC minister in Seattle, Washington, believes the faith and medical communities could be great partners in helping people recover from mental illness, if only the two sides would learn to understand one another. He suggests that to bridge the gap between matters of biology and matters of the spirit, physicians and clergy need to work at the following:

- **Sort out what is "of the illness" and what is "of the spirit." Determine what, in this experience, is being fueled by the...biology of the illness and giving rise to symptoms, and what that has to do with the person's own spiritual experience and journey.**
- **In helping patients to understand why they are ill, caregivers should bring together both levels of explanation. The doctor would talk about the neurobiological dimensions of the illness and the member of the faith community would talk about how humans experience suffering. Explore and blend both perspectives.**
- **Offer spiritual support and care, whether it's scripture readings or simply sharing wisdom that encourages healing and wellbeing and offers appropriate spiritual practices.**
- **Help the person find new meaning to his or her life at the deepest level. "Mental illness interrupts our life," says Rennebohm. "It can shatter our sense of who we are. Like other kinds of illnesses, it may require some significant adjustments in our expectations and life directions..."**

THE NAMI NH FAMILY OF SUPPORTS AND EDUCATION

Support and education are key elements in helping consumers and families move towards independence, empowering them to advocate for appropriate services for themselves or their loved one and for managing the stressors that come from supporting a child or family member with mental illness or serious emotional disorders. When families learn about mental illness and gain support (and hope), they can help promote their loved one's recovery. Listed below are core supports and education programs offered by the National Alliance on Mental Illness NH (NAMI NH); www.naminh.org.

SUPPORTS

Family & Community Support Specialist provides time-limited one-to-one education and support to families so they can become full partners with providers in the assessment, treatment planning, and evaluation of services provided to their family member and help families advocate for timely and appropriate services. Families will be connected to NAMI NH support and education programs and other appropriate community services and supports.

Community Resource Volunteer local support group members can provide one-to-one information and support to families in their local communities and connect them with NAMI NH supports and educational programs. These volunteers are "illness wise" family volunteers who know their community-based resources. Visit the NAMI NH website at www.naminh.org and click on "Find Support" to find a support group in your area.

Information and Referral ("I & R") Line NAMI NH operates a statewide information and referral voicemail system that can be accessed 24 hours per day. The I & R line provides information and referral relating to mental health issues facing individuals and families across the lifespan. I & R does not provide treatment or casework to consumers and their families. To access the I & R line at any time, call 800-242-6264, ext. 40. Leave your name, number, best time to reach you at that number, and a brief message, and your call will be returned within 24–48 hours. In addition, the NAMI NH website, www.naminh.org, provides a wealth of information and referral sources.

Resource Center NAMI NH maintains a Resource Center, available Monday through Friday from 9:00 am to 4:00 pm at our Concord, NH office. Browse through our informative and updated selection of books, videos, pamphlets, brochures, fact sheets, and more. NAMI NH members may borrow materials for up to two weeks at a time. *Check it out!*

SUPPORT GROUPS...

...are offered statewide and facilitators are family members who are trained in the NAMI support group model. There are support groups for parents/primary caregivers of children with serious emotional and behavioral disorders and for individuals who have an adult in their lives who has mental illness. For a listing of current support groups, meeting times and contact person, visit the NAMI NH website at www.naminh.org and click on "Find Support." Follow the prompts to find the appropriate support group for your local community.

Support groups for Survivors of Suicide (SOS) offer support by providing a safe place to share with other survivors, by understanding suicide loss without imposing stigma, by sharing coping skills for handling grief, and by promoting healing. SOS groups meet in eight locations around New Hampshire: Concord, Exeter, Gorham, Hampstead, Keene, Lebanon, Nashua and Plymouth. Most groups meet once or twice a month and are facilitated by a peer survivor who understands the unique, complicated grief of a suicide survivor. While most groups meet in an ongoing open format in which anyone can come from meeting to meeting, some groups offer time-limited closed-group sessions. For more information on survivor support groups, please visit the NAMI NH website at www.naminh.org. Click on Suicide Prevention (on the left), then click on Survivors.

EDUCATION

Parents Meeting the Challenge (PMC) is an eight-session course that provides tools, strategies and resources that will help parents/primary caregivers meet the challenges of parenting a child with serious emotional and behavioral disorders. The course provides opportunity for skill building related to communication, self-advocacy, problem solving, navigating the systems, crisis management planning and self-care; and information on childhood disorders, child development, integrated care, substance abuse, trauma, medication and transitioning. Program teachers participate in a twelve-hour training program and have ongoing technical assistance and training in order to be effective in their work. For more information, contact Claudia Ferber at 603-225-5359, or email cferber@naminh.org.

Family-to-Family (F2F) is a twelve-session structured course designed for family members of adults diagnosed with a mental illness. The course provides guidance for family members to emotional understanding, insight, healing and action. The course provides information for families to understand and help their loved ones manage their illness; learn about mental health diagnoses, medications, other treatment options, how to access and advocate for mental health services on behalf of their loved one, how to cope with symptoms, support their loved one in a crisis, promote recovery, and manage the stressors that come with the caregiver role. Program teachers participate in a sixteen-hour training program and have ongoing technical assistance and training in order to be effective in their work. For more information, contact Annette Carbonneau at 603-225-5359, ext. 25, or email acarbonneau@naminh.org.

Side by Side Program (SbS) is an eight-session course for families and caregivers of older adults diagnosed with mental illness. The series addresses a variety of topics geared toward families and caregivers, including a general overview of caregiver issues, information about mental illnesses, tips on helping to manage a loved one's medical care, and information on other topics such as older adults and legal concerns, and managing changing and challenging behaviors. Program teachers participate in a twelve-hour training program and have ongoing technical assistance and training in order to be effective in their work. For more information, contact Bernie Seifert at 603-225-5359, ext. 23, or email bseifert@naminh.org.

Life Interrupted (LI) Presenter Training teaches family members to speak about their own recovery; how they learned about, coped with and promoted their own health, the health of their family and that of their loved one with mental illness. These presentations help to eliminate stigma and educate communities about mental illness recovery. For more information, contact Annette Carbonneau at 603-225-5359, ext. 25, or email acarbonneau@naminh.org.

In Our Own Voice (IOOV) is a recovery education presentation provided by trained persons who themselves have struggled with mental illness and who are in recovery. This NAMI NH program is a powerful anti-stigma tool to change hearts, minds, and attitudes about mental illness. Participants are trained by NAMI NH to tell their story, giving them an opportunity to gain self-confidence and self-esteem while serving as a role model for the community. For more information on how to bring In Our Own Voice to your organization, or if you're interested in becoming an In Our Own Voice presenter, please contact Deb Karr at 603-225-5359, ext. 17, or email dkarr@naminh.org.

TRAUMA AND POST TRAUMATIC STRESS DISORDER (PTSD)

Traumatic events are terrifying life experiences such as war, natural or man-made disaster, violent crime, domestic violence, rape, or abuse or neglect by a caregiver. Events like these involve loss of control of your fate, loss of the sense that the world is a safe, trustworthy, predictable place, and an overpowering sense that your very self, not just your things, has been violated or negated.

Reactions to traumatic events can include depression, rage, suicidality, panic and anxiety attacks, nightmares, substance abuse, emotion-filled flashbacks, overreaction to minor triggers, difficulty trusting or maintaining relationships, and a sense that the trauma is somehow your fault (common in rape, abuse and neglect, and domestic violence trauma), or guilt that you survived while others didn't (common in war and natural disaster).

These reactions can be temporary and fade with time and counseling. They can also last for years, limiting and even controlling a person's life.

Trauma may contribute to the onset of severe mental illness, or create symptoms and behavior that look like severe mental illness, or complicate treatment and recovery from severe mental illness.

According to research gathered by Kim Mueser and Stanley Rosenberg of the Dartmouth Psychiatric Research Center, possibly two-thirds of adults receiving treatment in community mental health centers have experienced trauma in their lives. Among women only, the percentage is even higher, possibly 90 percent.

Peer support, support from family or friends, and an experienced clinician are often important to recovery, along with identifying the original trauma and things that trigger reactions today.



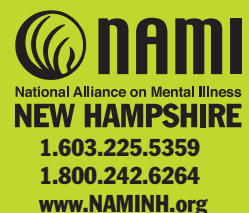
Treatment typically includes controlled breathing, consciously challenging negative thoughts (cognitive restructuring), and slowing down impulsive reactions to triggers. When reaction to trauma lasts a long time, or suddenly reappears after being dormant for years, it is called post-traumatic stress disorder (PTSD). PTSD is included in the official list of psychiatric diagnoses in parity legislation, which is a good thing because that enables Medicaid and insurance companies to pay for treatment.

But PTSD is not a chemically-based brain disorder. It is a common human reaction to an abnormal event that really happened. The goal of treatment is to come to grips with that event so that your reaction to it exercises less control over your life in the present.

For many trauma survivors, recovery begins with the “Eureka! moment” when they realize that their “symptoms” do not mean they are crazy or losing their minds. They are normal human reactions to abnormal events. Other people have had similar reactions to similar events and become better, and so can you.

YOU'RE INVITED...TO BECOME A MEMBER OF NAMI NH!

Join thousands of Americans and hundreds of New Hampshire citizens who are dedicated to improving the lives of people with mental illness. Become part of the action in your community and your state. Your membership dollars help support NAMI NH's education programs, support groups, and work on behalf of all people and communities who are affected by mental illness. Member benefits include a subscription to *The Advocate*, member discounts, access to our online community, library borrowing privileges at our Concord Resource Center, and more. To become a member, call NAMI NH at 603-225-5359 or visit us online at www.naminh.org.



PREVENTING SUICIDE

For some people, the intensity of feeling hopeless and full of despair may lead to thoughts of suicide or even suicide attempts. Part of the recovery process is recognizing that there will be setbacks and relapses. Developing a strong support system and being prepared for temporary setbacks is the best way of preventing feelings of despair and hopelessness from rising to the level of thinking about suicide.

Asking for help and telling your support system that you are contemplating suicide is essential to reducing the feelings of isolation and hopelessness that lead to suicide.

Your mental health provider should be notified right away so he or she can help you with this crisis.

If you are unable to call, have a friend call for you and explain what's going on. If you are concerned that someone you know is suicidal, ask him or her directly, "Have you been thinking about killing yourself?" or, "Do you wish you were dead?" If he or she answers yes, or if you continue to have concerns, remain with him or her until you can connect him or her with help. Make sure there are no lethal weapons (i.e. guns, etc.) in the house. **Call his or her mental health provider, the local community mental health center (see page 12), or the hotline below.**

The National Suicide Prevention Lifeline provides 24-hour telephone support for people contemplating suicide, as well as help and support for individuals trying to help a person who is suicidal. Call 800-273-TALK (8255). For more information about the Lifeline, go to www.suicidepreventionlifeline.org, or to learn more about preventing suicide, go to www.naminh.org and click on "Suicide Prevention."

ALCOHOL AND SUBSTANCE USE

People with mental illness are often prone to develop problems with alcohol and drug use. One out of every two persons with severe mental illness is also affected by a substance use disorder (which may mean abuse or dependence related to alcohol or other drugs). Most persons, however, can achieve recovery from dual disorders. Building a satisfying and meaningful life without drugs or alcohol requires time, support, education, courage, and learning new skills.

Help is available. If you think you have a substance use disorder, call your local community mental health center and ask about "integrated dual disorders treatment," or talk with your mental health provider. Integrated Dual Disorders Treatment has proven effective and should include the following:

- A discussion with a clinician that is confidential, nonjudgmental, and not tied to legal consequences.
- A chance to learn more about alcohol and drugs and how they interact with mental illness.
- Help identifying and developing recovery goals.
- Special counseling specifically designed for people with dual disorders, delivered by trained providers.
- Treatment of the mental illness and substance use disorder simultaneously and within a team approach.

In collaboration with dual disorders treatment, 12-step programs such as AA and NA are available. Following is contact information for both programs:

AA (ALCOHOLICS ANONYMOUS) TELEPHONE: 603-622-6967 OR EMAIL: OFFICE@NHAA.MV.COM

NA (NARCOTICS ANONYMOUS) TELEPHONE: 603-645-4777 OR TOLL-FREE: 888-624-3578

Hope and Help is a publication of NAMI NH—National Alliance on Mental Illness New Hampshire
15 Green Street, Concord NH 03301 • 603-225-5359 or toll-free in NH 800-242-6264 • info@naminh.org • www.naminh.org

FINDING A MENTAL HEALTH PROFESSIONAL

Peers, friends, family, and other people you know and trust can be good sources of informal referrals. In addition, your family or friend can accompany you to your mental health appointment.

New Hampshire has ten regional Community Mental Health Centers (CMHC) which operate under contract with the state Department of Health and Human Services. Every CMHC provides services, including illness management and recovery services and supported employment, to eligible persons with severe mental illness or severe emotional disturbance. They also provide emergency and crisis services. These services are available to any resident of New Hampshire, 24 hours a day, seven days a week. Some services may be free, while most cost money. A sliding fee schedule is available for those who do not have insurance. A complete list of CMHCs appears below.

Many people do best working with both a psychiatrist and mental health provider, such as a clinical social worker or licensed mental health worker. Mental health workers and social workers can help with case management and therapy, and psychiatric nurses and physicians can prescribe medication. Finding the right team of professionals to help you on your recovery path can take some time.

Your primary care physician (PCP) can be a good starting place for any illness, including mental illness. Your PCP may be able to help you or refer you to a mental health professional. It is always recommended to work with someone who has experience with or specializes in mental illness or has experience in treating such disorders. Remember, if you work with someone other than your PCP, be sure to give permission so that they can talk to each other about your physical and mental health treatment. There is also a provider network that delivers services to those with private medical insurance. If you have private medical insurance, your insurance company can provide you with a list of practitioners. You can also look in your local phone book under Mental Health Services or Counselors for listings and descriptive ads.

You can reach the NH Association of Social Workers (NHNASW) at 603-226-7135 or online at www.nhnasw.org for a listing of member social workers. You may reach the NH Psychological Association at 603-225-9925 or online at www.nhpaonline.org for a list of member psychologists. In addition, you may contact the NH State Board of Medicine at 603-271-1203 or online at www.nh.gov/medicine/ for assistance in locating a physician.

Concord

Riverbend Community Mental Health
603-228-1551
www.riverbendcmhc.org
Emergency only 603-226-0817
or toll free in NH 800-852-3323

Conway

The Mental Health Center
603-447-2111
www.northernhs.org
Emergency only 603-356-5461

Derry

CLM Behavioral Health System
603-434-1577
www.clmbehav.org
info@clmnh.org
Emergency (days) 603-434-1577
Emergency (after hours) 603-432-2253

Dover

Community Partners
603-516-9300
www.dssc9.org
inquiry@bhdssc.org
Emergency 24 hrs 603-516-9300

Keene

Monadnock Family Services
603-357-6878
www.mfs.org
Emergency 603-357-4400

Laconia

Genesis Behavioral Health
603-524-1100
www.genesisbh.org
info@genesisbh.org
Emergency only 603-528-0305

Lebanon

West Central Behavioral Health
603-448-0126
www.wcbh.org
Emergency only (24 hrs) 800-564-2578

Manchester

The Mental Health Center
of Greater Manchester
603-668-4111
www.mhcgm.org
info@mhcgm.org
Emergency 24 hrs 603-668-4111

Nashua

Greater Nashua Mental Health Center
603-889-6147
www.ccofnashua.org
Emergency only 800-762-8191

Portsmouth

Seacoast Mental Health Center
603-431-6703
www.seacoastmentalhealth.org
Emergency 24 hrs (Portsmouth)
603-431-6703
Emergency 24 hrs (Exeter)
603-772-2710