

# Expect Recovery (Make It Happen)

Published Quarterly

For consumers and staff interested in Recovery

## Northern Lakes CMH Recovery Definition

*“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.”*



## Consumer Opportunities

### *What's next for the Learning Communities and Recovery Council?*

After much input and deliberation, we are revamping the Learning Community/Recovery Council structure we have used for the last three years and are moving forward with a new enhanced, evolved approach. The plan has three parts – Learning, Doing, and Local Networks: 1) Learning will involve having at least three mini-conferences per year in each office (combining Houghton Lake and Grayling), starting in May. These will meet longer than Learning Communities did, with food, speakers, and focused activities. 2) Doing will involve “action groups” (yet to be named) with a monthly meeting videoconferenced to three locations, with membership open to all. These “doer groups” will work on recovery transformation (blueprint) projects, such as preparing for recovery awards, working on community events, and stigma buster activities, starting in April. 3) Local networks will be flexible, empowered groups that will meet with whatever frequency people want and focus on activities and projects that the group determines.

We are excited about this enhanced strategy and believe it will provide greater opportunity to increase the number, energy and power of people involved in recovery transformation as we deepen our commitment to furthering the expectation of recovery and change in our system. We would like to express our tremendous thanks and appreciation to all who have attended Learning Community meetings, and our special gratitude to those individuals who have served on our Recovery Council, for the critical leadership and direction they have tirelessly provided these past three years. We will continue to look to these important champions for their expertise and advice as we expand our transformation with this enhanced structure.

Please be on the look-out for a schedule of the meetings to be coming your way soon. In the meantime, if you have any questions, please don't hesitate to call the front desk and have them transfer you to Mary Beth Evans in the Houghton Lake office. **MAKE SURE YOUR CONTACT INFORMATION IS UP TO DATE TO RECEIVE MAILINGS!!** ☺

## Blueprint Accomplishments

The newest version of the Recovery Transformation Blueprint was created in September, 2010. In January, the Recovery Leadership Team (the “coaches” and “champions” for our recovery transformation) met to share accomplishments and go over what their responsibilities are for moving the Action Steps in the Blueprint forward.

Each of our 13 Dimensions has Leads. The Dimension Leaders are responsible for having ongoing communication with Action Step Leads, supporting Action Step Leads as they move forward, reporting accomplishments to Joanie Blamer (who is the overall Blueprint Lead), and presenting accomplishments at the Recovery Leadership meetings.

The Action Step Leaders have the roles and responsibilities of working with other assigned Action Leaders to develop a plan and implementation process for the action step; confer, consult, and include any other staff to help with the implementation; and report progress to the Dimension Leader.

Everyone working together makes it a change process – **TEAMWORK** – to improve our overall system of care.

As always, there's a lot of work to be done together. As we continue to work together, we will promote and create the overall system transformation we are looking for. Our Recovery Council is expanding into a larger “do-er” group (yet to be named) which will meet monthly. Let us know if you want to get involved. There is a place for you!

~ Mary Beth Evans, NLCMH Recovery Coordinator

*“If we did all the things we are capable of doing,  
we would literally astound ourselves.”*

– Thomas Edison

## Colleen's Recovery Corner:

### Feeling Good is Standing Up for Oneself – The Art of Assertiveness

What is assertiveness? We hear a lot about it and sometimes we don't get it right. Either we are overly aggressive and invading others' boundaries, or we remain too quiet, too passive, too silent when we should speak up.

Assertiveness is easier for some people than others. Some people by their personalities are naturally very overt, outgoing, talkative and outspoken. Others have inherited personality traits of shyness and are naturally inclined to quietness, so when a situation calls for them to speak up, the shy individual hesitates, pauses, and the opportunity quickly passes and the shy individual feels down and may blame him or herself; when in reality, the real blame are situations and factors beyond one's control.

Blaming oneself for not being the perfect assertive person hinders your own ability to assert in future situations. Blaming oneself for what you may perceive to be faults within yourself is not a healthy thing to do. It keeps you stuck trying to change aspects of yourself that are not at fault. You are changing the invisible, which, unfortunately, is an endless cycle. Let it go, let it be. Move into constructive action, take action, do action. And the action that needs to be taken is **ASSERTING** oneself.

One key to becoming assertive is keeping in mind that it is the best solution and can help with anxiety. Asserting oneself makes one feel strong, in control, and powerful. The anxiety lessens, and it lessens each time you assert yourself, as your confidence builds.

For people who are overly aggressive, it is a matter of learning to pause, listen to the other person, read the other person's nonverbal cues, and then speak in a lower tone, slowly and calmly asserting your ideas. The passive person needs to look for moments to interject his or her own comments and ideas with a louder voice, calmly yet firm.

Both these situations can be difficult as they are both underlined with fear. The aggressive person fears not being heard, not getting their needs met, and being impatient; the passive person fears not being heard, not feeling worthy of getting their needs met, and not being quick enough to respond. Notice that both underlying problems for the aggressive and passive persons are actually identical, as both are underlined with fear. They are simply being played out with different behavior approaches.

In learning to be assertive, one good strategy is not to judge oneself as to whether it was done "correctly" or not. Avoid trying to be perfect. There is no wrongness, as changing into assertive behavior is simply doing – that is the solution. And remember: the more you assert, the easier it becomes, and all your goals become possible.

**Colleen Jasper**

*Consumer & Director of the Office of Consumer Relations at MDCH in Lansing*

**SAVE THE DATE!!  
Walk-A-Mile Rally May 11th**

## Northwest Community Mental Health Affiliation Annual Regional Consumer Conference



**When:** Wednesday, April 27<sup>th</sup>  
10:30 AM – 3:00 PM

**Where:** Ludington Area Center for the Arts  
107 South Harrison Street  
Ludington, MI 49431-2109

**Topics:** How A Bill Becomes A Law  
Government 101  
Advocacy

**COME LEARN MORE!!!!**

Look for registration forms in your local office.

*This is a consumer led program.*

## Suicide Awareness For Ourselves And Our Communities

By Nicole Ellens, Youth Prevention Coordinator

Overall, suicide is the 11<sup>th</sup> leading cause of death for all Americans, and is the third leading cause of death for young people aged 15-24. However, suicide is preventable and not the answer to life's problems. The most important thing you can do to deter suicide is to become educated in the signs and symptoms and seek help for yourself or others if necessary.

There are many common myths and misconceptions about suicide, perhaps because suicide is rarely talked about openly. Knowing the facts is critical to taking action and essential to saving lives. One major misconception is that if you mention suicide to someone who seems depressed, you think you might be planting the idea in his or her mind. However, discussing suicide openly can actually help, not hurt. By talking openly and directly to the person who may seem depressed, you are allowing them to express their feelings and you are opening a gateway of communication that may assist them in seeking appropriate professional help. Another common myth is that someone who talks a lot about suicide is just trying to get attention; when the truth is more than 70% of people who kill themselves have previously threatened to do so or actually attempted to do so. When someone says they are considering suicide, take it seriously, they may be reaching out for help.

So the question persists: "What can we do to help someone who is suicidal?" One of the things an individual can do is get educated in the warning signs and symptoms of suicide. Many communities offer periodic training and education through local programs and events where an individual can learn how to ask directly about suicide, learn warning signs, and get connected to local resources. Another way to help is to talk openly and freely about suicide, and be willing to listen without judgment. Your being open to conversation with someone at risk will give them hope and help them feel that their life is of value. Along with things to do, there are actions that we want to steer away from. If someone shares their desire to end their life, don't lecture them on the value of life, don't dare them to do it, and definitely don't swear to secrecy. Instead, offer empathy and hope that alternatives are available.

### Creative Minds Changing Minds

The Michigan Association of Community Mental Health Boards and its Public Relations Workgroups is holding its 2<sup>nd</sup> annual traveling art show. The show made stops at our Traverse City office and Suttons Bay High School. It moves to the Wexford Cadillac Public library March 4-14; the Kirtland Community College Student Center March 14 21; Bethlehem Lutheran Church in Traverse City March 25-April 1; and Northwestern Michigan College's Dennon Museum April 1-5. After that, the show will continue across Michigan through 2012 at which time the pieces will be auctioned to support future anti-stigma initiatives.



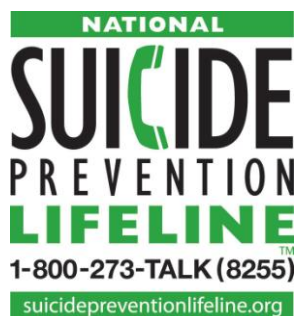
Pictured here is a piece by Robert Morey, representing NLCMH in the Statewide Art Show.

[http://macmh.org/PR\\_Committee/Traveling\\_Art\\_Show\\_Page.html](http://macmh.org/PR_Committee/Traveling_Art_Show_Page.html)

A large portion of suicide prevention involves an individual's wellness and what they have in their life to help them stay healthy, sometimes referred to as protective factors. Some ways in which we can help reduce our own risk for suicide is to focus daily on how we're staying healthy physically, mentally and emotionally.

Some ways in which we can maintain our wellness: eat a healthy balanced diet, get enough sleep, connect with close friends regularly, be active, take a walk, find a hobby you're interested in, spend time with your family, read a book, reduce your alcohol use, volunteer in your community, exercise, listen to music, relax, color or draw, take a bike ride, go fishing or do other outdoor activities. These are just a few ideas to get you started and to help develop positive mental health and coping strategies. It does not have to cost a lot of money to find things that you enjoy doing with people who are close to you. Explore how your family can build healthy activities into your daily routine.

Ultimately, know that suicide is preventable and we each have a role in keeping ourselves and those around us healthy and safe. There is a 24 hour hotline people can call for information (see below). Together we can create a suicide safe community.



### Mental Health Recovery Mini-Grants

Northern Lakes CMH is offering up to 10 Mini-Grants to help transform the public mental health system to one based on recovery principles by strengthening consumer choice and enhancing personal recovery. NLCMH is seeking to fund up to 10 grants, at a maximum of \$2,000 each, up to a total of \$10,000 to people who are recovering from a mental illness and live in NLCMH's six counties. These mini-grants are designed to harness the energy of people who have motivation and passion to work together on recovery projects. We hope the mini-grants will generate excitement and energy and provide resources for people to connect and work on innovative, localized projects of common interest.

**Deadline March 15, 2011**

Get application packs along with more information at: [www.northernlakescmh.org](http://www.northernlakescmh.org) or contact **Joanie Blamer** at (231) 876 – 3309.

## Updated Photobiography Packets Now Available

You may have noticed the photobiographies around the CMH office which share people's stories of recovery and hope. These stories have been very powerful for people creating them in helping in their recovery and for people reading them, to know that recovery is not just possible, but to be expected.

Later this year there will be a new book of these stories published. Maybe it's time to tell YOUR story!

A new packet has been created that gives step-by-step instructions on how to tell your story. There are examples included and a structure you can follow to make the process easy. You'll see flyers about the new packet in the recovery tower in the CMH reception area. If you are interested in making your own photobiography, just ask for the new packet at reception. Disposable cameras will be available there too, after you get started with your project.

If you would like some help, feel free to ask a peer support specialist, your case manager, or call Deb Freed, who puts the story boards together, at (231) 271-6177.



## Webcast Townhall Meeting

On March 14<sup>th</sup>

1:00 pm – 2:30 pm

The Michigan Recovery Council invites individuals to participate in a townhall meeting focused on *"The Power of Peer Support"*.

This interactive webcast will discuss state and national peer specialist initiatives including current outcomes of the Recovery Council. A discussion of front line views from peer support specialists will be facilitated with interactive dialog from across the state.

If you would like to attend the meeting locally, NLCMH will have computers set up in each office that day. Just come, no registration required. Or, if you would prefer to attend on a computer somewhere else, you can register for free ahead of time at [www.mirecovery.org](http://www.mirecovery.org).

For more information, please contact Mary Beth Evans at 989.366.2950.

**We hope to see you there!**

## Let's Get MOVING!!!!

By Cathy Larson, RN

Spring is right around the corner! There is no better time to start an exercise program!

Aerobic activity is good for you, regardless of your age, weight, or athletic ability. Activities such as walking, jogging, bicycling, and swimming are aerobic activities. When these activities are done for at least 15-30 minutes, your body will feel the benefits.

### 10 Reasons to start a regular exercise program:

1. Helps you lose weight.
2. Helps reduce fatigue.
3. Promotes relaxation.
4. Helps ease depression.
5. Helps reduce anxiety and tension.
6. Helps strengthen your heart and prevent heart disease.
7. Helps prevent cancer.
8. Helps control blood pressure and blood sugar.
9. Helps develop muscle and lose fat.
10. Raises your "good" cholesterol.

If you have not exercised in a long time or have chronic health conditions, get you doctor's OK before you start an exercise program.

To start an exercise program, start at a slow pace. For instance, walk 5 minutes in the morning and 5 minutes in the evening. Increase your walking a few minutes each day and increase your walking pace a little at a time as well.

Your goal would be at least 30 minutes of walking a day.

Some other aerobic activity suggestions include bicycling, jogging, stair climbing, and aerobic dancing. If you have a condition that limits your activity, swimming is a great option to keep stress off your joints.

Make exercise part of your day. Park at the far end of the parking lot; climb stairs instead of the taking the elevator; take the dog for a walk; do more work around the house and the yard; participate in a sports activity, such as baseball or basketball; or play with the children outside.

It does not matter what aerobic exercise you do; the important thing is to get moving. Pick an activity you enjoy doing. Take a friend along with you; a friend makes exercise more fun and makes you more accountable since you have to meet your friend at a certain time.

The Department of Health and Human Services recommends at least 30 minutes of physical activity daily. If you want to lose weight or meet a specific fitness goal you will need to exercise more.

If you want more good exercise information go to: <http://www.mayoclinic.com/health/aerobic-exercise/EP00002>