

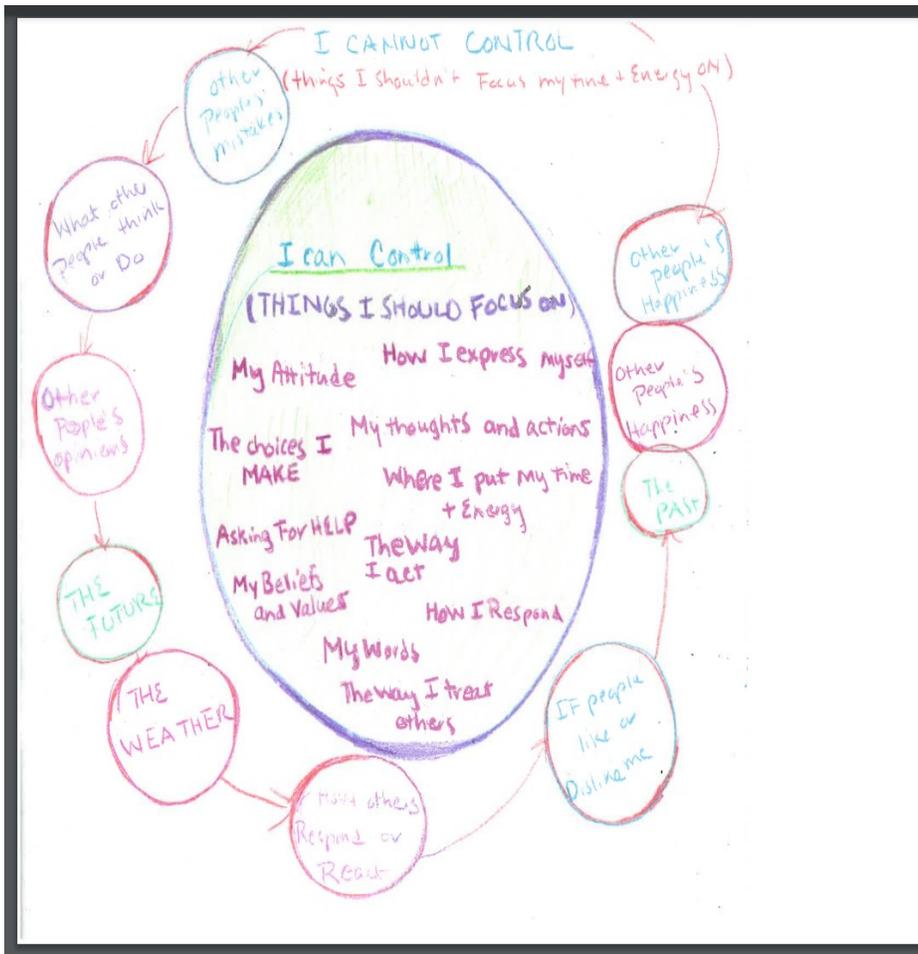
TBHS Recovery Today

TBHS Persons Served Newsletter

January 2023



Peer Articles:
Win a \$20 Walmart gift card! Have a story you would like to share? Artwork? A favorite recipe? If you happen to be a current or past recipient of TBHS services and choose to submit an article that is featured in the quarterly newsletter, you could be a **Winner!**



From Casey Mignoni





From the Office of Recipient Rights

Every person who receives public mental health services has additional rights to protect them. Your rights specific to mental health services are identified in the Michigan Mental Health Code.

Some of your rights include:

- the right to be free from abuse and neglect
- the right to confidentiality (privacy)
- the right to be treated with dignity and respect
- the right to services that meet your needs

You have many other rights specific to your mental health services. More information about your rights is contained in the booklet "Your Rights when Receiving Mental Health Services in Michigan" You may ask for this booklet, or ask questions about your rights, at any time.

You may file a Recipient Rights complaint *any time* if you think staff have violated your rights. You can make a rights complaint either orally or in writing. You are free to exercise your rights, and to use the rights protection system, without fear of retaliation, harassment, or discrimination. TBHS staff and contractors will not take action against you if you use the Office of Recipient Rights.

**Tuscola
Behavioral
Health
Systems**

*Are you interested in becoming
more involved in your local
community mental health system?
Become a Board Member!*

Qualifications:

- ~ A person who has received public or private behavioral health services currently or in the past.
- ~ Over 18 years of age ~ Reside in Tuscola County
- ~ Meetings are held on the 4th Thursday of each month at 7:00 pm.
- ~ Position is open until filled

Application available at www.tuscolacounty.org,
www.tbhsonline.com or 323 North State Street, Caro MI.
Questions regarding application process call TBHS Board Secretary
at 989.673.6191.



By Caleb Mann



Growing up and now into my adulthood having dogs and cats around was always very normal. The expression “they’re just another one of the family” rings absolutely true. Almost all of our pets had regular people names. And like all family members our fur-buddies had their own ways of contributing and making the group’s lives better. We had a Rottweiler/Airedale mix who would help my Mom bring in groceries. A couple years after he passed my Dad said to me, “Yeah old Joe kept a good eye on you,” that made me smile. As far back as I can remember going up to pet a soft kitty to me was just one of the most relaxing things.

Our Siamese cat Tasha was with me from elementary school all the way to when I turned 23. Those first sunken, shattered days during my first experience with mental illness, Tasha was right there pacing in the yard with me just a couple of steps ahead. I like to believe if Tasha could talk his words would have been something like *“whatever it is that you’re afraid of out here, let’s just see it try to get past me.”*

Dusty (pictured above and right center) is a cat I’ve had for the past 6 years. I raised him from age 10 weeks or so. Today he weighs 20 lbs. easily one of the biggest kitties I’ve ever had. Somehow he stays trim, the big boy is mostly solid. Strong too! He doesn’t have a problem showing brother and sister who is boss. Early on it was quite difficult appreciating all of Dusty let’s say. He had a bad habit of biting his human (me) in sensitive areas of the face when sleeping, *OUCH!* But I’m absolutely glad I kept him around. Now he is just about my best friend and I don’t know what I would do without him.

The other two pictured right with Dusty are named Mulah (top) and Dewey (bottom). They came to me at about the same time both being just around 1 year old. First getting to know her, Mulah was very skittish toward any and all humans. She hid for her first two days with us. But now her favorite place to sleep at night is right atop my shins and she keeps getting better and better. Then what can I say about Dewey, probably the most loving pet I’ve ever known. Loving toward most, at least. He terrorizes Mulah. These are my kiddos and that’s my story.



What to do about those “Winter Blues”

The Holidays are now behind us, but winter will continue for at least a few more months. Michigan winters can be long, and while the state offers opportunities for outdoor activities like skiing and snowmobiling, the weather tends to keep people indoors. The combination of short days and being stuck inside can be a real downer for many people. These feelings of being irritated, lonely and unmotivated are sometimes referred to as the “winter blues”

If your mood gets gloomier during the winter, you're not alone. Many people get depressed in winter or suffer from "the winter blues". The medical name for this winter depression is seasonal affective disorder (SAD). If you're like most people with SAD, your symptoms start in the fall and continue into the winter months, sapping your energy and making you feel moody. SAD is not considered a separate disorder but is a type of depression characterized by its recurrent seasonal pattern, with symptoms lasting about 4 to 5 months per year.

For people already coping with behavioral health issues, the winter months can be particularly challenging. If you are already diagnosed with a form of depression, those feelings of irritability and sadness are nothing new, but they can worsen for many people during the winter months. People with other psychological conditions might find seasonal depression makes it more difficult to manage their usual symptoms. Even those who don't struggle with depression symptoms can experience increased stress during the winter, as bad weather can make it harder to get to appointments and fill prescriptions.

The National Institute of Mental Health (NIMH) has created an information sheet with facts about SAD and what people can do to help manage the condition. If you're experiencing increased depression during the winter season, please let your medical team know so that you can discuss your treatment options.

Seasonal Affective Disorder (SAD): More Than the Winter Blues

As the days get shorter and there is less daylight, you may start to feel sad. While many people experience the “winter blues,” some people may have a type of depression called seasonal affective disorder (SAD).

The first step is to determine how much your symptoms interfere with your daily life.

Do you have mild symptoms that have lasted less than 2 weeks?



- Feeling down but still able to take care of yourself and others
- Having some trouble sleeping
- Having less energy than usual but still able to do your job, schoolwork, or housework

These activities can make you feel better:



- Doing something you enjoy
- Going outside in the sunlight
- Spending time with family and friends
- Eating healthy and avoiding foods with lots of sugar

If these activities do not help or your symptoms are getting worse, talk to a health care provider.

Do you have more severe symptoms that have lasted more than 2 weeks?



- Social withdrawal
- Oversleeping
- Gaining weight
- Craving foods with lots of sugar like cakes, candies, and cookies

Seek professional help:



- Light therapy
- Psychotherapy (talk therapy)
- Medications
- Vitamin D supplements

For help finding treatment, visit nimh.nih.gov/findhelp.

If you or someone you know is in immediate distress or is thinking about hurting themselves, call or text the 988 Suicide & Crisis Lifeline at **988** or chat at 988lifeline.org.



NIH National Institute of Mental Health

nimh.nih.gov/sad

NIMH Identification No. OM 22-4320



WHAT INDIVIDUALS IN RECOVERY NEED TO KNOW ABOUT WELLNESS

Why Is Wellness Important?

The short answer: For individuals with behavioral health conditions, **embracing wellness can improve quality and years of life.**

A study by the National Association of State Mental Health Program Directors (NASMHPD) found that individuals with severe mental illness (SMI) die years earlier than those without these disorders, most often of heart disease.ⁱ They also experience diabetes, high blood pressure and cholesterol, and obesity at a rate that is 1.5 to 2 times that of the general population.^{ii, iii, iv}

Wellness Matters

Consider the true story of Jane, a person in recovery who got a wake-up call during a health screening, where she was told that her blood pressure was dangerously high. Jane had already lost two sisters to heart disease, so she decided to lose the weight she had gained while taking antidepressant medication. "After losing 40 pounds, [my blood pressure] dropped like a stone," she said.

"Paying attention and taking action saved my life."

Jane's example shows the importance of considering both physical and mental health. Wellness is more than the absence of disease or stress; it refers to overall well-being. It's having purpose in life, participating actively in work and play, and having relationships that give you joy.^v

SAMHSA's Wellness Initiative supports embracing the Eight Dimensions of Wellness to achieve improved quality of life and longevity.^{vi}

There are many ways to enhance well-being and recovery from mental or substance use conditions and trauma. Here are a few other activities:

- **Stopping smoking** is the single most important thing you can do to improve your health. Data shows that individuals in recovery are 25 to 40 percent more likely to die from heart disease than others, with smoking being a major contributor.^{vii}
- In 2008 and 2009, Australian researchers found that **belonging to a social group**, such as a volunteer group can improve both physical and mental health.^{viii}



Source: Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311-314.



The Eight Dimensions of Wellness

What wellness means and what we focus on varies from person to person. Yet it is useful to think about practical ways we can improve our wellness in each dimension.

The Wellness Clinic is looking for individuals that would like to learn more about wellness within their recovery. Together, we will explore emotions, finances, health, and spirituality. We will expose how these dimensions impact wellbeing and our recovery.

Peer Wellness Coach Chris Major CPSS will facilitate this six week interactive group.

By the end of this group, you should be able to define wellness, explain the Eight Dimensions of Wellness and promote wellness in all aspects of life.

If interested,

Call Chris at 989.672.3345 or

email cmajor@tbhs.net

ENDNOTES

- i Parks, J., Radke, A. Q., & Mazade, N. A. (Eds.). (2008). *Measurement of health status for people with serious mental illness*. Alexandria, VA: NASMHPD Medical Directors Council.
- ii Fagiolini, A., Frank, E., Scott, J. A., Turkin, S., & Kupfer, D. J. (2005). Metabolic syndrome in bipolar disorder: Findings from the Bipolar Disorder Center for Pennsylvanians. *Bipolar Disorders*, 7(5), 424-430.
- iii McEvoy, J. P., Meyer, J. M., Goff, D. C., et al. (2005). Prevalence of the metabolic syndrome in patients with schizophrenia: Baseline results from the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) schizophrenia trial and comparison with national estimates from NHANES III. *Schizophrenia Research*, 80(1), 19-32.
- iv Newcomer, J. W. (2005). Second-generation (atypical) antipsychotics and metabolic effects: A comprehensive literature review. *CNS Drugs*, 19(suppl 1), 1-93.
- v Dunn, H. L. (1961). *High-Level Wellness*. Arlington, VA: Beatty Press.
- vi Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29(4), 311-314.
- vii Health Behavior News Service. (2009). Heart Disease a "Silent Killer" in Patients With Severe Mental Illness." *Medical News Today*. Retrieved from <http://www.medicalnewstoday.com/releases/070034.php>
- viii University of Exeter. (2009). Groups Are Key to Good Health. *NewsRx*. Retrieved from <http://www.newsrx.com/health-articles/1675818.html>

PERFORMANCE IMPROVEMENT

Michigan Mission Based Performance Indicator System (MMBPIS)

MMBPIS is a quarterly process that was put into place to outline the dimensions of quality (access, efficiency, and outcome) that must be addressed by the Public Mental Health System as reflected in the Mission statements from Delivering the Promise and the needs and concerns expressed by consumers and citizens of Michigan.

Fiscal Year 2022 Quarter 1

Indicator 1: *Percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours. Standard = 95%*

Population	Percent of Emergency Referrals Completed within the Time Standard
Children	81.82%
Adults	95.45%

Indicator 2a: *The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergent request for service. No Standard set as this is a new indicator.*

Population	Percent of Persons Receiving an Initial Assessment within 14 calendar days of First Request
Total	46.28%

Indicator 3: *Percentage of new persons during the quarter starting any needed on-going service within 14 days of completing a non-emergency biopsychosocial assessment. No Standard set as this is a new indicator.*

Population	Percent of Persons Who Started Service within 14 days of Assessment
Total	91.46%

Indicator 4a: *The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days. Standard = 95%*

Population	Percent of Persons Discharged seen within 7 Days
Children	100%
Adults	100%

Indicator 10: *Percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge. Standard = 15% or less.*

Population	Percent of Discharges Readmitted to Inpatient Care within 30 days of Discharge
Children	0.00%
Adults	12.50%

Quality Assessment and Performance Improvement Program (QAPIP)

The QAPIP is a report that contains a random sample of consumers pulled from Tuscola Behavioral Health System's electronic health record to show that they are receiving coordination of care with their primary care physician and to show that a consumer has received their Person Center Plan within 15 business days.

Month	Evidence of Coordination with Primary Care Physician	Evidence that the Consumer Received a Copy of their Person Center Plan within 15 Business Days of their Planning Meeting
December	100.00%	89.29%
January	96.55%	96.55%
February	96.55%	96.30%

2021 Consumer Satisfaction Surveys – Mental Health Statistics Improvement Program (MHSIP) & Youth Satisfaction Survey for Families (YSSF)

MHSIP: Survey for adults experiencing a mental illness to help determine any areas that may be deficient within Tuscola Behavioral Health Systems as well as the region for Mid-State Health Network.

YSSF: Survey for families to help determine any areas that may be deficient within Tuscola Behavioral Health Systems as well as the region for Mid-State Health Network.

Survey	General Satisfaction/Appropriateness
MHSIP	91%
YSSF	99%

Suggestion Boxes

Please remember that these boxes are available to submit any comments, questions, concerns, complements, etc. The boxes are located at Echols, Burnside and PIC. You may use the provided suggestion cards to write down any thoughts. If you would like feedback on anything, please remember to include your contact information so TBHS may reach out to you.

***Note: We now offer suggestions to be submitted through our website at www.tbhsonline.com



Seeking Members for the Peers For Peers Council



TBHS is seeking members for the consumer advisory council aka **Peers for Peers**, a group that aims to provide its members with a platform to advocate for fellow consumers. Goals of the council include addressing stigma, empowering ourselves through education, getting more people to respond to surveys, and providing input to TBHS leadership on how to spend general fund dollars.

Council membership gives peers the opportunity for input into TBHS functions like advocacy, protection of rights, evaluation of supports and services, as well as quality assurance at the local and regional levels. The Council meets at least four times a year and primary members receive a stipend for reimbursement.

If you or someone you know is interested in attending or would like additional information, please have them contact Chris Major or Caleb Mann, Peer Support Specialists at TBHS 989.673.6191.

The council is made up of persons who receive public mental health services, including their family, friends and advocates.

Adult with a mental illness

Adult with a developmental challenge

Adult with a co-occurring disorder (mental health and substance use problem)

Older Adults

Older Adults with Dementia

Secondary consumers (check below)

Parent of child(ren) with a severe emotional disturbance

Parent of child(ren) with a developmental challenge

Spouse of person with a mental illness

Sibling to person with a mental illness or developmental challenge

Friend of person with a mental illness or developmental challenge

Advocate for person with a mental illness or developmental challenge