Wilkes-Barre Office Quarterly Newsletter

***The Official Newsletter of NAMI -PA Wilkes-Barre* Winter 2014**

**A Message From our President**

Spring 2014 is going to be busy for NAMI-WB. Along with our support meetings in Wilkes-Barre and Hazleton we will continue to promote our monthly socials. Our Family to Family education course will begin in the middle of March and continue on to the end of May. We will participate in the third CIT (Crisis Intervention Team) training class for first responders in April. Numerous activities are planned for May is Mental Health Month including the Recovery Walk on May 18. Please join us in these events to keep the spotlight on the need for improved mental health services and to combat the stigma associated with mental illness.

Sincerely,

Paul J. Radzavicz, President

NAMI-WB

P.S. Please review the NAMI-PA Wilkes-Barre Chapter Activity Reports 2013 on the back pages of this newsletter.

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**CONTACT US!**

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**Wilkes-Barre PA 18702**

**Tel (570)371-3844**

**E-Mail: wilkes-barre@nami-pa.org**

**Website: namiwb.org**

**2014 Recovery Walk Set**

**We Need Help!**

The 2014 NAMI-PA Recovery Walk sponsored by NAMI-PA Wilkes-Barre Office and the local mental health community will be held May 18, 2014 at Kirby Park. We need individuals and businesses to donate gift baskets or gift cards for the walk raffle that is used to offset costs of the walk. Gift baskets should have a value of at least $25. We also need donations for our Chinese Auction which is free to walk participants and is a highlight for many people. Clean out your basements, attics, and closets for small items that can be donated. Items may be brought to the NAMI-WB Office or call (570) 371-3844 to arrange for pickup. Past walks have attracted over 350 participants. Please help to make the 13th Annual Walk a success!

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**I’m New on the Job. So Why NAMI? Why Now?**

sometimes are disagreements on issues, but there is always more that unites us than divides us and when we work together, we have more power than we know.

 The opportunities that exist for NAMI at this moment in time are the third reason I wanted to be NAMI’s executive director. It’s the answer to the “Why Now?” question, which everyone should ask themselves. As NAMI prepares to redouble its work, everyone’s help is needed, including yours.

 America is finally waking up to the need to provide treatment and support for persons living with mental illness. In 2013, everyone from the President to governors and other policymakers talked about mental health care and hopes for recovery. Our challenge today is to make sure that [the national dialogue](http://www.nami.org/Template.cfm?section=National_Dialogue) does not stop in 2014 and to make sure that dialogue leads to action. Change must mean progress, not broken promises.

 We also are experiencing rapid changes in the health care system overall. [The Affordable Care Act](http://www.nami.org/Template.cfm?Section=Health_Care_Reform) is one of the forces driving change, but there are others, including mental health insurance parity. NAMI needs to be at the forefront in advancing new ideas to improve treatment and life outcomes for people living with mental illness. We must not settle for “more of the same,” because more of the same is not enough. It is not acceptable that anyone be allowed to fall through the cracks due to neglect or an unresponsive system of care.

 That’s why I’ve come back to NAMI.

 NAMI is more than an organization, we are a movement—the one that can make the greatest difference. Now is the time to affirm commitments to our mission. NAMI is needed today more than ever before.

As we proceed, I want to hear your thoughts. I may not be able to reply to every comment I receive, but please be assured; I will read all of them. To get in touch with me and offer your comments and suggestions please email: YourComments@nami.org I will be writing more blog entries as part of an ongoing dialogue. I hope you will continue to join me in those discussions.

By Mary Giliberti, NAMI Executive Director

 One question I am asked is why I wanted to become NAMIs executive director.

 In some ways, it reflects two questions that can be posed to any one of us.

 Why NAMI? Why now?

 For me, it begins with my commitment to NAMI’s mission: helping to improve the lives of individuals and families affected by mental illness. I’ve seen the difference that NAMI’s education, support and advocacy can make. From 2006 to late 2008, I served as NAMI’s Director of Policy and Advocacy. After working for the U.S. Department of Health & Human Services, becoming NAMI’s executive director has been like coming home. We share a strong sense of mission based on common values, which I believe draw all of us to NAMI.

 NAMI is the home for many people who often are unable to get all the help they need out of the mental health care system. We are a beacon of hope that helps them navigate through a fragmented, confusing system—and provides hope for the future.

 NAMI’s greatest strength is its people, which is the second reason why I wanted to be executive director. NAMI’s grassroots members and volunteers are the heart of our organization, along with the leaders of NAMI State Organizations and NAMI Affiliates. Our grassroots include people who teach NAMI Family-to-Family classes or facilitate NAMI Connection Recovery Support Groups. They include people who walk in NAMI Walks or meet with state legislators. They include people who rely on NAMI’s website for information or who share encouragement on NAMI’s Facebook page. Together, they are a source of passion, inspiration, energy and resilience that not only helps other people directly—but also is tremendous force for change.

 NAMI is the nation’s largest grassroots mental health organization. We are an organization of great diversity that steadily has become more inclusive as we have grown. Within the NAMI family, there

Resumes, Opening Doors, Creating Results!

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* **Phone Number**: Is your voicemail message professional if an employer calls?

**Your ‘OBJECTIVE’** is your *job goal or job title.* Providing clarity with regards to the position will put you on the same page as the hiring personnel.

**PROFILE**: Use a summary statement at the beginning of your résumé to sell yourself for the position.

**SUMMARY OF QUALIFICATIONS**: Use qualifications that best match the type of job you are seeking.

* List three to five jobs and major duties that pertain to the potential position.
* Use descriptive words to describe strengths and skills.
* Include 10 to 15 years of work experience.

**Always put your strongest points first!** At the top, put skills that relate to the job description you are applying for. This means you must read the job description very carefully to choose skills and abilities that directly relate to the potential position. Try to use terms from the job description in your résumé to help you stand out as the qualified candidate.

**‘Transferrable skills’ matter!** Even if your previous work experience isn’t an exact match, the skills are often transferable. Organizing, delegating, managing, coordinating, assembling and delivering customer service are skills that cross over industries. For example, the job description might ask for a seasoned manager, someone certified in Microsoft Office or a supervisor of customer service.

**Gaps in Employment:**  If you have not worked as a paid employee for more than a year, then you may want to include on your résumé what you have been doing during that time. Employers tend to disregard résumés without recent activity. Have you been volunteering or caring for parents? Have you been a full-time student or homemaker?

**DO’S AND DONT’S:**

* **Never disclose your disability on a résumé**. The Americans with Disabilities Act (ADA) puts the law on your side.
* Leave off ethnic, political or religious affiliations to avoid pre-interview discrimination.
* Include pertinent education. If in school, put a projected finish date.
* Only include jobs where you have worked for at least six months. (Continued on next page)

By Paula Reuben Vieillet, President and Founder, [*Employment Options, Inc.*](http://myemploymentoptions.com/)

Now that the holiday parties are over and the last cookie is eaten, job seekers are ready to get hired. One question every job seeker should ask is**: Is my résumé employer ready?**

Good résumés may catch the attention of a prospective employer – but a **GREAT** résumé will achieve the ultimate goal of ***obtaining the interview!***

The average time a hiring manager reads a résumé is just **20 seconds** – soit is extremely important to make *every* second count. Your résumé needs to be a clear snapshot, highlighting your strongest skills and experience as directly related to the position desired.

There is a simple, yet effective, expert checklist to help ensure your résumé is employer ready!

**Résumé Checklist:**

**How long is your résumé?**

* A one-page résumé is best.
* For high-level positions, a two-page résumé may be needed.

**Is your résumé visually pleasing?**

* **Font Size:** Preferably 12 point, but at least 10 point.
* **Font Type:** Choose a font type that is easy to read, such as Arial, Calibri or Times New Roman.
* **Margins**: Set the left and right page margins at one inch.
* **Section Headers:** CAPITALIZE and **bold** headers. Align them on the left margin or in the center of the page.
* **Bullet Points**: Use them to list your most valuable skills, experience and accomplishments. Bullet points should be limited to one or two sentences.

**Building Your Résumé:**

* **Your Name:**Use **bold** type and center it. You can also capitalize your name if you prefer.
* **Email Address**: Is your email address professional and appropriate for an employer? (For example, using redhotdevil@gmail.com is not a smart career move.)
* professional and appropriate for an employer? (For example, using redhotdevil@gmail.com is not a smart career move.)
* **Phone Number**: Is your voicemail message professional if an employer calls?

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* Always have someone review your résumé.
* Eliminate clutter by removing information that employers often view as a waste of their time (i.e., ‘References available upon request’).

**Remember, GREAT résumés can open doors for your future!**

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* Include hobbies to show that you are a real person. They can be a point of discussion with an employer. Be prepared to answer questions about hobbies.
* For example, if you list reading, be prepared to talk about your favorite books.
* First impressions count. **Always spell check and proofread!**
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 **Become a stigma Buster today! End the stigma of mental illness!**

**Use Stigma As A Tool.**

By: Joseph Fedak

As you may have noticed, I have been sharing large quantities of stop the STIGMA messages lately.  Although I would love to see a day when STIGMA no longer exists, this message I am sending out today will be a little different.  Realistically, STIGMA will not just stop anytime soon.  There are many reasons for that and you know most of them.  So today, let us start a new conversation.

Let us use STIGMA as a tool.  STIGMA is one of the best tools that I have found to educate someone about mental illness.  It gives me an opportunity to provide various mental illness facts and various mental illness statistics.  It gives me a chance to let someone see my face, get to know me and welcome me as a person.  I share many posts about action speaking louder than words, and that is true, action does speak louder.  When people see me, speak to me and get to know me, they see my actions.  When someone gets to know me and I tell them that I have severe mental illness, they are shocked because I am different than they expect someone with mental illness to be.  Not taken back by my mental illness, but by finding out how I cope with it.  It is my responsibility to live the best form of a quality of life that I can.  It is my responsibility to work towards the best possible recovery that I have inside me.  When I am able to speak well, it is my responsibility to speak for those who cannot at this time.  It is my responsibilities to live, contribute, respect and help my neighbors.

When my family and friends assume that I can “just snap out of it”, when they tell me to “pull myself up from my boot straps”, when they tell me that I am “attention seeking”, and when they say any one of the hundreds of things that don’t help me, it is my responsibility to realize that they are telling me this because they love and care about me.  It is my responsibility to explain to them why it is not helping me.  It is my responsibility to tell them what I need from them and not assume that they just know.

When someone I know is struggling with his or her own mental illness, it is my responsibility to listen.  It is my responsibility to share parts of my journey and ideas that I have tried that worked and did not work for me.  It is my responsibility to realize that I am only sharing ideas; it is not my responsibility to assume that what is working for me will work for someone else.  It is my responsibility to remember that everyone is an expert in their own experience and everyone’s journey in recovery is their individual journey.

This is the best way I know to actually make a difference in the STOP the STIGMA campaign.

Thank you for taking the time to read this.

I am Joseph, I have mental illness, but I am not my illness.

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**Journaling: Creating Better Days**

**By: Jerry Malugeon,** [http://surfcitypress.org](http://surfcitypress.org/)

     People who do journaling often praise the health benefits they say they receive from doing this activity. Many of those who take up a pen, pencil or computer keyboard claim benefits that few if any other single activity produces. Journaling, some report:

* Helps them detach from emotionally charged events and see things more objectively and clearly.
* Provides a safe place to relieve tension caused by troubling obsessive thoughts.
* Helps to effectively work through feelings and better understand why they develop disturbing thought patterns and do the things they do.
* And writing out thoughts that are counterproductive helps to make them more easily identified.
* Although difficult at first, helps to diminish negative thoughts as a person gains the sense of better control over them.
* Helps to regularly release all unproductive thoughts.

     Although it can be upsetting to write about something, most people who keep a journal find the effort well worth it. Journaling through a negative experience can be calming and help jumbled thoughts become more coherent while developing a positive perspective. By reducing the stress associated with the experience, the more readily we can manage any anxiety we might feel.

     Journaling can take several forms, from writing words to describe events to relating stories that capture our feelings from the experience, to seeing and coming to better understand. Journaling:

* Should be a private matter and completely confidential.
* May contain unsent letters or messages to persons living or dead.
* Sometimes identifies traumatic or highly emotional experiences.
* Is usually done regularly and simply, sometimes only a few lines.
* Is best done in a quiet, soothing and private place.
* Is honest, confidential and often quite creative.

*Creative thoughts through journaling can help us create better days. Check it out. Talk with your doctor or therapist about this creative tool.*

For the Mentally Ill, It’s Worse

By: Joe Nocera, New York Times

Last week, one of the landmark nonfiction books of the last 50 years was reissued by Vintage Books. “Is There No Place on Earth for Me?” by Susan Sheehan began in 1981 as a four-part series in The New Yorker; in 1982, it came out as a book, winning the Pulitzer Prize.

“Is There No Place on Earth for Me?” is about a woman who suffers from severe schizophrenia. In the book, Sheehan calls her “Sylvia Frumkin,” a pseudonym meant to protect her privacy; her real name was Maxine Mason, which Sheehan divulged after [Mason died, at the age of 46, in 1994](http://www.newyorker.com/archive/1995/02/20/1995_02_20_200_TNY_CARDS_000369581). She was overweight and overbearing, a difficult person even in the best of times, but also, Sheehan told me recently, “bright and articulate” — when she wasn’t delusional. The book’s title was a question Mason “had first asked her mother in an ambulance transporting her from one hospital to another in 1964,” as Sheehan wrote in an essay published after Mason’s death. (It is included as a postscript to the new edition.) Mason was 16 at the time.

I have no idea what moved Vintage Books to republish “Is There No Place on Earth for Me?” but I’m glad it did. The story Sheehan tells is a terribly sad one, and not just because of the flashes Mason shows of what she might have become if she had not suffered from mental illness. It is also appalling to see what she goes through as a mental patient: the hospitals that overmedicate; the misdiagnoses by doctors after the briefest of examinations; the lack of any kind of safety net when she is not hospitalized. But here’s the worst part: Even though the story Sheehan tells is more than 30 years old, there is only one real difference between then and now for the mentally ill. It’s worse today.

The deinstitutionalization movement was [well underway](http://www.pbs.org/wgbh/pages/frontline/shows/asylums/special/excerpt.html) when Sheehan was doing her reporting. In the 1960s, during the Kennedy and Johnson administrations, the federal government passed a series of laws designed to liberate the mentally ill from the acknowledged horrors of mental hospitals, where they were often confined for decades. The idea was that with the introduction of powerful new antipsychotic drugs, people with schizophrenia could live outside a mental hospital — and that hospital stays would be much shorter. The federal government gave money to communities to set up local mental health centers as well as housing for the mentally ill.

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In 1975, this trend was affirmed by the Supreme Court, [which ruled](http://caselaw.lp.findlaw.com/cgi-bin/getcase.pl?court=us&vol=422&invol=563) that the mentally ill had a right “to live in the least restrictive setting necessary for their well-being,” as Sheehan writes. By the time Sheehan met Mason, in 1978, the average stay at Creedmoor — the New York psychiatric hospital where much of the book takes place — was 38 days. Some 67 percent of the admissions were people who had had previous stays at Creedmoor.

On the one hand, many mentally ill people were able to lead fuller, richer lives thanks to the deinstitutionalization movement. But as Sheehan’s book illustrates, there were also many people for whom the drugs did not have a pronounced effect — or who stopped taking the drugs as soon as they left the hospital. Yet there were no longer enough hospital beds for them, hence the need for hospitals to drug them up and move them out.

E. Fuller Torrey, perhaps the most vocal critic of the current mental health system, says that before deinstitutionalization there were 312 public psychiatric beds for every 100,000 people. That was clearly too many. But today there are a paltry 14 beds for every 100,000. Torrey estimates that we need at least 50 beds per 100,000.

Meanwhile, what happened to patients once they left the hospital was often horrendous. State mental hospitals would release patients with little idea where they were going. They often ended up on the streets, or in prison, which have become today’s de facto mental hospitals.

In one sense, Maxine Mason was lucky. Though she had enormous difficulties with her parents, they clearly loved her and tried, as best they could, to help her. Her sister Trudy did the same after her parents had died, pulling strings to get her into the kind of outpatient housing that was envisioned when the deinstitutionalization movement began. The problem was that Mason was simply too sick to last long in such an environment. She needed to be in a hospital — a humane hospital where she could get the care she needed. It never happened.

I remember thinking when Sheehan’s articles first came out in The New Yorker that someday we would look back in horror at the way our society treated the mentally ill. Thirty three years later, that day still hasn’t come. But it will.

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**Mark your calendar!**

**Important Dates:**

Bon-Ton Community Day Sale…..Feb 28-Mar 1

Family to Family Class………...Mid March-May

CIT Training Class……………….…April 21-25

NAMI-WB Recovery Walk……………..May 18

NAMI-WB Open House……………..May 19-23

**2014 Membership Reminder**

**Please renew your membership today!**

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Luzerne and Wyoming Counties

100 E.Union St

2nd Floor, Suite #6

Wilkes-Barre, PA 18702

www.namiwb.org



Family - to - Family Educational Program

**Free for family members, partners, or significant others of individuals diagnosed with a**

**mental illness such as: major depression, bipolar disorder, schizophrenia, schizoaffective dis-**

**order, panic disorder, obsessive compulsive disorder, post traumatic stress disorder.**

The Family-to-Family program is one

of several signature programs develop-

ed by the National Alliance on Mental

Illness (NAMI) and is an Evidenced-

Based program, which means it has

quantitative research to support its

Class 9: Self-care

Class 10: Rehabilitation

Class 11: Fighting Stigma, Advocacy

Class 12: Evaluation, Certification, and Celebration

Past participants have found that this course teaches

them the basics about serious brain disorders and treat-

ments, connects them to community resources, and

teaches them important skills and coping techniques for

their difficult journey.

effectiveness. Family-to-Family consists of a series of

12-weekly classes structured to help parents and care

care givers understand and support individuals with

serious mental illness while maintaining their own well

being. The classes are taught by a team of trained

NAMI family member volunteers - peers - who unders-

tand what it is like to have a loved one struggling with

a chronic psychiatric condition. More than 300,000

people in the U.S., Canada, Mexico, and Italy have co-

mpleted this free program.

**Enrollment Information**

March 2014

Wednesdays beginning March 12 until May 28

**Family-to-Family Curriculum:**

Time for all classes: 6:00pm – 9:00pm

Location for all classes:

NAMI Wilkes-Barre Office

100 E. Union St.

2nd Floor, Suite #6

Wilkes-Barre, PA 18702

For registration:

Please call the W-B NAMI PA office at (570) 371-3844.

Class 1: Introduction to family education

Class 2: Symptoms of major mental illnesses and

getting through a crisis.

Class 3: Co-occurring brain and addictive disorders,

telling our stories.

Class 4: Basics about the brain

Class 5: Problem solving Workshop

Class 6: Medication Review

Class 7: Empathy

Class 8: Communication skills Workshop

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NAMI-PA Wilkes-Barre Office Activity Report 2013

**Meetings held: Number**

* Wilkes-Barre Family Support………………………………………………………...…..20
* Wilkes-Barre Connection…………………………………………………………………20
* NAMI Wilkes-Barre Board…………………………………………………………….....12
* NAMI Wilkes-Barre Socials…………………………………………………………...…..9
* Hazleton Support Meetings………………………………………………………….…....6

**Meetings Attended:**

* Mental Health Planning………….…………………………………………………….…..9
* Recovery Walk………………….……………………………………………………..…...5
* CIT Board……………………….…………………………………………………………..2
* CIT Committee……………………………………………………………………………..9
* NAMI-PA Finance…………….…………………………………………………………....4
* Block Grant…….…………….………………………………………..............................3
* Proposal and RFP………………………………………………………………………....3
* Public Hearings…………………………………………………………………………….1
* Suicide Prevention……………………………………………..………………….……….5

**Event Participation: Days**

* CIT Training(two)………………………………………………………………………….10
* Mental Health Proclamation(Courthouse)…….……………………………..….……….1
* NAMI-WB Recovery Walk……………………………………………………….…..….…1
* NAMI-WB Open House(May 20-24)…………………………………..………………….5
* Diversity Picnic……………………………………………………………………………...1
* Cross Systems Mapping…………………………………………….……………………..2
* VA Mental Health Conference(Woodlands)……….…………….……………………....1
* AFSP Walk(Kirby Park)…………………………………………………………………….1
* NAMI Connections Facilitator Training……………………………..…………………….2
* Candlelight Vigil……………………………………………………………………...……..1
* Juvenile Justice Week……………………………………………………………….…….1
* NAMI-PA State Conference……………………………………….……………..………..2
* Veterans Event(Misericordia University)………………………………………….……...1
* Independent Living Town Hall Meeting…………………………………………..………1

**Trainings Attended:**

* SSA Benefits Work Incentive…………………………………………………………...…1
* Fundraising for Small Non-Profit DRN………………………………………………..….1
* Small Games of Chance Seminar(Misericordia)……………………..……………...….1
* Suicide Workshop…………………………………………………..…………………..….1
* Workshop Psychotropic Meds……………………………………………………….……1
* NAMI Family to Family Teacher Training………………………………………….….....3
* Bullying and Internet Safety…………………………………………………………..…...1
* Bullying(Woodlands)………………………………………………………………...……..1

**Presentations:**

* This Emotional Life Series……………………………………………..……………….....6
* A “Write” Way to Recovery Seminar…..……………………………………………..…..1
* LINK Presentation(John Heinz)…………………………………………………....……..1
* Charles T. Adams Senior Center…………………….……………………………..…....1
* In Our Own Voice…………………………….…………………………………..………...0

**Advocacy and Information Calls**……………………..………………………………..…..….137