

The OCFA Newsletter

Office of Consumer & Family Affairs
Bureau of Mental Health Services
Division for Behavioral Health
NH Department of Health and Human Services

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3 Tips to Manage the Winter Blues

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For many people in the U.S., winter means colder temperatures and fewer hours of daylight, which can lead to more time indoors, less exercise and more fatigue. While many people can grin and bear it throughout even the toughest of New England winters, those with seasonal affective disorder (SAD) may notice feelings of sadness or depression. But what is seasonal affective disorder?

SAD has a variety of symptoms that may manifest themselves in a number of different ways. Some people may notice that they no longer want to do things they used to enjoy – maybe they loved playing hockey on Wednesdays, but lately it's stopped being of interest to them. They may even feel slowed down, and like they don't have the energy they had just a few months before. They may also feel tired despite sleeping much more than usual. In addition, those with SAD are prone to overeating, with cravings



for pizza, cookies, chocolate, bread, or other carbohydrates. As a result, weight gain is also a common symptom.

In severe cases, people who are struggling may even feel hopeless or helpless and have thoughts about wanting to end their life. Experts who diagnose SAD sometimes use different terminology – they may call it a major depressive episode with a seasonal pattern. This means that the person meets all the diagnostic criteria for a major depressive episode, and that they have only experienced these symptoms in

the winter months for the two preceding years. Some people may only experience a few of the symptoms without having the full disorder. No matter how severe the symptoms, everyone should have the opportunity to warm up those winter blues. Here are three tips to help you do just that:

1. Move Your Body

Unfortunately for those who struggle with SAD, this might be a time to do the opposite of what you feel in spite of your low energy and increased appetite. The truth is, the less we move, the less we want to move – momentum breeds momentum. This means that if we want energy, we need to create energy by moving. Regular exercise has been shown to be effective in treating mild to moderate depression, so hit the gym, do some yoga, go to a boxing class, or play a sport.

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3 Tips to Manage the Winter Blues, *continued*

2. Change How You Think To Change How You Feel

If the dark skies are infiltrating your mind and darkening your thoughts, it's time to intentionally look for the light. A basic tenet of cognitive behavioral therapy – one of the world's most widely used therapies for treating depression – operates under the assumption that if you can change how you think, you can change how you feel. Developing this new mental skill for controlling your thoughts can take time, but it's important to be persistent, even if you don't notice instant results. An easy way to get started is by writing in a daily gratitude journal.

3. Try A Bright Light

Many studies have shown bright light therapy to be effective for treating seasonal mood problems. Daily dosing of bright light is thought to help restore the body's natural rhythms in the fall/winter months. Some people find that light alarm clocks can be helpful for SAD. This is an alarm clock that gradually lights up over a set amount of time to wake you up –

it's a gentle alternative to beeping or the radio. In other cases, people find that both bright light dosing and a light alarm can be helpful. It might seem like spring is a long way away, but you can start acting now to better your mental state. A key to managing your mood is taking ownership of what you can control and making improvements your daily habits.



Peer Respite in New Hampshire

Peer respite is a statewide resource that provides an alternative to hospitalization. All respite beds are open to peers around the state, regardless of their region of residence. Some who use peer respite report that it prevented them from having a psychiatric crisis.

Stepping Stone

108 Pleasant Street
Claremont, NH 03743
Respite: (603) 543-1388
Peer Center: (603) 543-1388
Toll Free: (888) 582-0920

H.E.A.R.T.S. of Greater Nashua

5 Pine St. Extension, Unit 1G
Nashua, NH 03060
Respite: (603) 864-8769
Peer Center: (603) 882-8400

Monadnock Peer Respite

64 Beaver Street
Keene, NH 03431
Respite: (603) 352-5093
Peer Center: (603) 352-5093
Toll Free: (866) 352-5093

New Hampshire Seacoast Vet-to-Vet Peer Support Group

Every second and
fourth Wednesday
of the month,
from 6pm-7pm

For more information,
contact Martha
at (603) 948-1036

What's Happening at the OCFA?

On the Road to Wellness Breakfast

The OCFA attended the third annual On the Road to Wellness (OTRTW) breakfast, held at the Puritan Backroom Conference Center in September. The keynote speaker was Dan Fisher of the National Empowerment Center (NEC), one of few psychiatrists in the country who publicly shares his story of recovery from mental illness. Dr. Fisher, who has recovered from schizophrenia, discussed the components of recovery in the context of community, and how peer support can bridge the gap between clinical help and self-help. He also described how his own lived experience shaped his career, and spoke about some of the programs of the NEC, such as Emotional CPR, which is "a hope-based, public health approach to build strong, resilient, cooperative communities."

Dr. Fisher has conducted two training sessions on Emotional CPR in New Hampshire, and noted that the state has the highest number of per capita respite beds in the country. Dr. Fisher was the only person with lived experience to serve on the White House Commission on Mental Health. OTRTW member Renee Routhier also spoke about her personal journey and described the support she found through OTRTW.



Dan Fisher of the National Empowerment Center

Other OCFA Happenings

- Tom Grinley delivered a Mental Health First Aid course to Gateways Community Services in Nashua, and to students and faculty at the University of New Hampshire School of Law.
- The OCFA attended stakeholder meetings for the First Episode Psychosis/ Early Serious Mental Illness (FEP/ESMI) initiative. These meetings will guide the state in developing a statewide program to serve individuals who are experiencing signs of serious mental illness. The Substance Abuse and Mental Health Services Administration (SAMHSA) requires that 10% of New Hampshire's mental health block grant be set aside to address FEP/ESMI.
- Four people recently passed the Peer Specialist certification exam offered by the OCFA, bringing the total number of Peer Specialists in NH to 31. Congratulations to Shelby Hedlund, Shirley "Bert" Barbour, Ebony Sullivan and Natalie Agnew.
- The annual peer support agency satisfaction survey has been sent out. This is an opportunity to let us know how things are going at peer support agencies (PSAs). It is important for us to get as many responses as possible. You can fill out the survey at each PSA, either online or by paper. The survey will remain open until December 31st.

Did You Know?

- According to a report published by the Treatment Advocacy Center (October 1, 2019), researchers found that defendants with serious mental illness who committed violent felonies were more likely to receive a prison sentence. While individuals without serious mental illness were 68% more likely to face incarceration, defendants with serious mental illness who committed similar crimes were 114% more likely to receive a prison sentence. The authors suggest this difference could be due to elevated concerns by those involved in the sentencing process about the capacity of individuals with serious mental illness for future violence.
- In a study featured in *Neuroscience News* (October 7, 2019), the percentage of those aged 65 and older prescribed antidepressants has more than doubled over two decades, from 4.2% in the 90s to 10.7% twenty years later. However, the prevalence of depression among the age group has dropped since the 90s, from 7.9% to 6.8%.
- In an article published in *BMC Psychiatry* (October 2019), volunteering is linked to better mental health, while caregiving has been associated with a higher prevalence and incidence of depression.
- Bias against employees with mental health conditions is the most prevalent form of workplace discrimination around the world, according to an analysis of Kantar's Inclusion Index (October 2019), which surveyed 18,000 workers in 14 countries. More than one third of employees with mental health disorders reported experiencing discrimination based on their condition.
- Dr. Pamela Wible, who researches physician suicide, has graded state medical boards based on how intrusive their questions are about mental health (Physician-Friendly States for Mental Health: A Review of Medical Boards, August 2019). New Hampshire received a D grade. Dr. Wible contends that licensing ramifications of mental health issues prevents doctors from seeking treatment and results in a high number of suicides in the profession.
- According to the *NASMHPD* (National Association of State Mental Health Program Directors) Weekly Update (October 18, 2019), the heavy use of social media by children, teens, and young adults has been pinpointed by some social scientists as a contributing factor to the high suicide rate. Dr. Igor Galynker, a professor of psychiatry at the Icahn School of Medicine and director of the Mount Sinai Beth Israel Suicide Research Laboratory in New York City, believes social media plays an important role, especially for girls. "It's known that girls are bullied online more than boys," he said in an interview with NBC News.
- People with depression who use Facebook as a coping mechanism are at an increased risk for developing Facebook Addiction Disorder, or FAD, which may reinforce depression symptoms, according to findings published in *Cyberpsychology, Behavior, and Social Networking* (October 2019).



Did You Know? *continued*

- According to *Neuroscience News* (October 25, 2019), people with mood and substance use disorders have reduced lifespan, compared to their peers without a mental health disorder. Those with mood disorders have an increased death risk as a result of health conditions such as cancer, cardiovascular disease, and diabetes. Men with mood disorders experience a reduced life expectancy of 7.9 years, and women 6.2 years, compared to those with no history of depression or anxiety.
- The 2019 National Alliance for Mental Illness (NAMI) Walk, held in Concord on October 6, broke three records this year, with 2,100 participants, 115 teams, and more than \$160,000 raised.
- According to *Psychiatry and Behavioral Health Learning Network* (October 25, 2019), the risk for Parkinson's disease appears to be much higher in people with bipolar disorder than in the general population.

“Mental health is not a destination, but a process. It’s about how you drive, not where you’re going.”

Noam Shpancer, *The Good Psychologist: A Novel*

State of Mental Health in America - 2020

Mental Health America has released its 2020 report on the state of mental health in the U.S. Highlights from the report include:

- NH ranked #2 for adult access to care, and #1 for insurance coverage of youth with emotional problems.
- Youth mental health is worsening. From 2012 to 2017, the prevalence of past-year Major Depressive Episode (MDE) increased from 8.66 percent to 13.01 percent of youth ages 12-17. This represents an increase of over one million youth.
- Adult prevalence of mental health is relatively stagnant, but suicidal ideation is increasing.
- Prevalence of substance use disorder (SUD) decreased in both youth and adults.
- New Hampshire ranked 14th overall.
- In terms of prevalence of mental illness, New Hampshire ranked 32nd.
- New Hampshire ranked tenth for the level of access to mental health care, which includes access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability.
- In terms of adults that are seriously thinking about suicide, New Hampshire ranks 42nd.

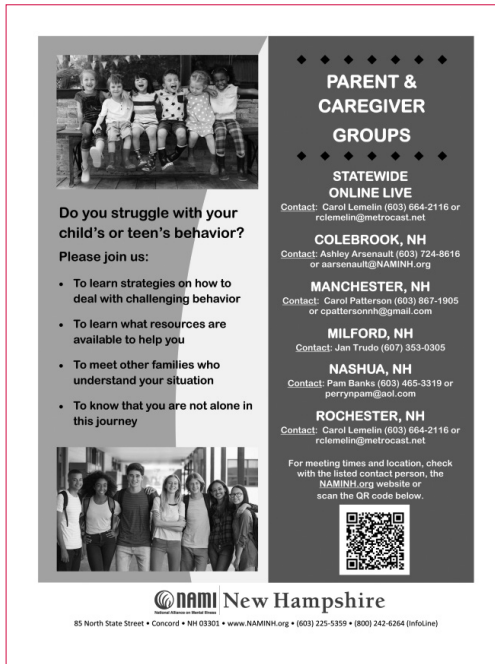
For more information and to read the report, please visit <https://mhanational.org/issues/state-mental-health-america>

Diane Carrigan Award

Congratulations to Consumer Council member Kelly Ehrhart, who recently received the Diane Carrigan Award, Advocate of the Year, from People First of New Hampshire. Recipients of

this award exemplify kindness, leadership and dedication in everything they do. Kelly sits on the Consumer Council Advocacy Committee. Kelly has been actively involved in many

advocacy efforts including getting dental care added to Medicaid benefits for adults.



PARENT & CAREGIVER GROUPS

STATEWIDE ONLINE LIVE

Contact: Carol Laminin (603) 864-2116 or rolmelin@metrocast.net

COLEBROOK, NH
Contact: Ashley Arsenault (603) 724-8616 or arsenaull@NAMINH.org

MANCHESTER, NH
Contact: Carol Patterson (603) 887-1905 or cpattersonnh@gmail.com

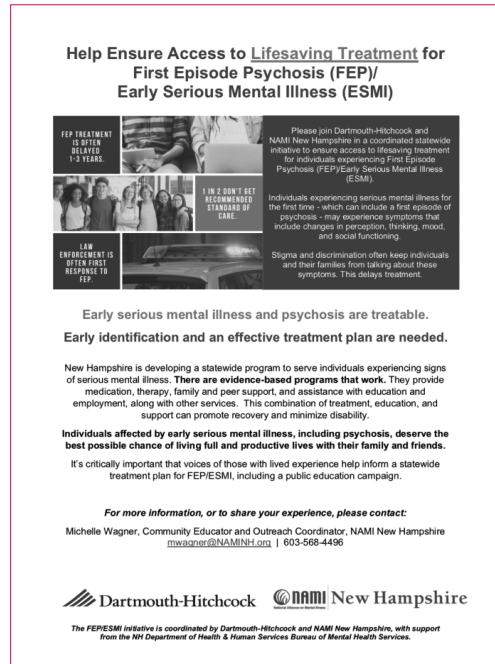
MILFORD, NH
Contact: Jan Trudo (607) 353-0305

NASHUA, NH
Contact: Pam Banks (603) 465-3319 or perrypan@iol.com

ROCHESTER, NH
Contact: Carol Laminin (603) 864-2116 or rolmelin@metrocast.net

For meeting times and location, check with the listed contact person, the NAMINH.org website or scan the QR code below.

NAMI New Hampshire
85 North State Street • Concord • NH 03301 • www.NAMINH.org • (603) 225-5359 • (800) 242-6264 (InfoLine)



Help Ensure Access to Lifesaving Treatment for First Episode Psychosis (FEP) / Early Serious Mental Illness (ESMI)

FEP TREATMENT IS OFFERED RELATED TO 1-3 YEARS

I HATE NOT SEE RECOMMENDED STANDARDS OF CARE

LOW ENGAGEMENT IS OFFER FIRST RESPONSE TO FEP

Please join Dartmouth-Hitchcock and NAMI New Hampshire in a coordinated statewide initiative to ensure access to lifesaving treatment for individuals experiencing First Episode Psychosis (FEP) / Early Serious Mental Illness (ESMI).

Individuals experiencing serious mental illness for the first time - which can include a first episode of psychosis - may experience symptoms that include changes in perception, thinking, mood, and social functioning.

Stigma and discrimination often keep individuals and their families from taking about these symptoms. This delays treatment.

Early serious mental illness and psychosis are treatable. Early identification and an effective treatment plan are needed.

New Hampshire is developing a statewide program to serve individuals experiencing signs of serious mental illness. There are evidence-based programs that work. They provide medication, therapy, family and peer support, and assistance with education and employment, along with other services. This combination of treatment, education, and support can promote recovery and minimize disability.

Individuals affected by early serious mental illness, including psychosis, deserve the best possible chance of living full and productive lives with their family and friends. It's critically important that voices of those with lived experience help inform a statewide treatment plan for FEP/ESMI, including a public education campaign.

For more information, or to share your experience, please contact:
Michelle Wagner, Community Educator and Outreach Coordinator, NAMI New Hampshire
mwagner@NAMINH.org | 603-568-4496

Dartmouth-Hitchcock **NAMI New Hampshire**

The FEP/ESMI initiative is coordinated by Dartmouth-Hitchcock and NAMI New Hampshire, with support from the NH Department of Health & Human Services Bureau of Mental Health Services.

Greater Nashua Mental Health Celebrates One Year of Open Access Walk-In Services

Greater Nashua Mental Health (GNMH) recently celebrated the one-year anniversary of its launch of Open Access Walk-In Services. New clients can simply walk in to the facility at 440 Amherst Street in Nashua, on Monday through Thursday mornings, from 8:00 a.m. to 11:30 a.m. and be seen by a behavioral health professional that morning. First-time clients have an opportunity to receive an evaluation, meet with a benefits specialist, and leave with a future

appointment and plan in place for moving forward.

Since its inception, the number of new clients per day went from two to an average of seven, more than a 250% increase. Clients receive timely access to care when it is most critical, and the process has resulted in a meaningful increase in services provided by staff. Services are available for individuals and families of all ages throughout the life cycle.

For more information about Open Access or other GNMH programs, call (603) 889-6147, or visit www.gnmh.org. A 24/7 emergency line is also available at 1-800-762-8191. Partial funding for this program came from the Region 3 Integrated Delivery Network, sponsored by the New Hampshire Department of Health and Human Services.

NH Peer Support Centers Rank High in Satisfaction in State's Outcomes Survey

Adapted from New Hampshire Peer Voice Press Release, February 10, 2020

The New Hampshire Department of Health and Human Services (DHHS), Bureau of Mental Health Services recently released the results of its annual outcomes survey of the state's peer support centers and the results were overwhelmingly positive.

The peer support centers in New Hampshire are independent not-for-profit agencies that have contracted with DHHS to provide services to people 18 years of age or older who self-identify as a recipient, former recipient, or at significant risk of becoming a recipient of publicly funded mental health services. Peer support centers offer a non-medical, recovery-oriented approach with face-to-face and telephone peer support, outreach, monthly educational events, activities that promote self-advocacy, wellness training, after-hours warm line, crisis respite and transportation to and from the

centers. All services are at no cost to the participants.

The thirty-six-item survey was completed by 339 individuals who are members of one of the fourteen peer support centers across the state. The survey included questions regarding members' satisfaction with their peer support center's services (98% agreed or strongly agreed that they were satisfied with their peer support center, overall), but there were also questions regarding the impact that those services had on their lives.

Highlights include members agreeing or strongly agreeing with the following statements:

- This peer support center gives me hope that I will recover from mental illness: 86%
- This peer support center has helped improve my wellness, including my health: 98%

- Crisis respite prevented my emotional difficulties from turning into a psychiatric crisis: 96%
- Because of this peer support center I do things that are more meaningful to me: 98%

The positive impact of peer support centers contributed to some other impressive outcomes:

- When asked if their peer support center helped prevent emotional difficulties from turning into a psychiatric crisis during the prior six months, 87% agreed or strongly agreed.
- When asked if their peer support center helped them stay out of the hospital for psychiatric reasons during the past six months, 74% agreed or strongly agreed.

Fraud Alert

The Social Security Administration has received reports of fraudulent phone calls from individuals impersonating Social Security employees, including Ticket to Work Help Line staff. The callers have masked their phone numbers as the Ticket to Work Help Line's phone number. If you receive this fraudulent call, you may hear a recorded message that states that your benefits will end or that your Social Security Number will be suspended. The call then prompts you to "press 1" to connect to a live person. **DO NOT PRESS 1. Instead, hang up.**

If you suspect you have received a scam call, you should report the details of the call to the Social Security Administration's Office of the Inspector General by phone at 1-800-269-0271 or online at <https://oig.ssa.gov/>.

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NH Department of Health
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Concord, New Hampshire 03301-3861


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(NH Relay) 7-1-1
Phone: 603-271-5138
Fax: 603-271-5040
Email: Thomas.Grinley@dhhs.nh.gov

Recovery is the Goal!

BBH is on the Web
www.dhhs.nh.gov/dcbcs/bbh/

Don't forget to
"Like" NH OCFA
on Facebook. 

If you would like to be put on the mailing list to receive this newsletter, email

Thomas.Grinley@dhhs.nh.gov

or write to the OCFA at the address above.

NH Department of Health & Human Services

Mission Statement

To join communities and families in providing opportunities for citizens to achieve health and independence

Lori Shibinette
Commissioner