



FACT: Stigma is the #1 reason people don't seek help for symptoms of mental health conditions



Mental health stigma can be divided into two distinct types:

- Social stigma, characterized by prejudicial attitudes and discriminating behavior directed towards individuals with mental health conditions.
- Perceived stigma, the internalizing by the person with a lived experience of their perceptions of discrimination.

Social and perceived stigma bring feelings of shame, embarrassment, distress and hopelessness, and lead to poorer treatment outcomes.

At Bridgeway, we are dedicated to raising awareness throughout our community and creating an environment where individuals facing mental health challenges feel supported in their efforts to recover and become active participants in their communities.

The best way to stay in touch every day. Join us on Facebook!

Join Our Online Community!



www.bridgewayrehab.org

Connecting Physical and Mental Health



Differently Abled Work Group

Contributed by Bill Cole, Team Leader, Bridgeway PCU, with Moly Grainger, and Karlene Pang, KEAN University OTS

For more than 20 years, Kean University occupational therapy students have been working in collaboration with Bridgeway Partial Care in Elizabeth. Occupational therapists work with people across the lifespan to address activities and skills that are important to living a quality life. Occupational therapy group topics have been identified each semester from a focus group with Bridgeway Partial Care members. In September of 2018, Bridgeway members expressed a specific area of need, even before Kean students arrived for the semester. This need was for a group that addressed

co-occurring conditions of mental illness and physical mobility challenges.

Existing groups at Bridgeway focus on co-occurring mental health and substance abuse concerns, but no group had been specifically created to address this combination of needs. Since occupational therapy places a specific emphasis on treating the whole person, both mental and physical, the students from Kean University were well-equipped to initiate and run the group. The members, promoting a positive message of their experiences living with both a mental and a physical illness, coined the group “Differently Abled.”

The need for interventions that address both physical and mental health has not only been recognized within the Bridgeway community but also within the mental health profession at large. The National Institute of Mental Health reports that those with chronic medical conditions, such as stroke, cancer, epilepsy, Multiple Sclerosis, and Rheumatoid Arthritis, are at an increased risk for depression and anxiety. Conversely, those diagnosed with a mental illness are at an increased risk for serious health conditions such as cardiovascular disease, heart attack, metabolic syndromes, and Alzheimer’s Disease. These reports demonstrate the connectedness between physical and mental health.

The Differently Abled group focuses on educating and empowering persons served with the knowledge to improve both their physical and their mental health. Members of the group practiced adapting household chores, learned the impact of emotions on pain level, and practiced advocating for both their mental and their physical health needs. Through the occupational therapy lens, each activity was centered around treating the whole person in an effort to improve overall quality of life.

Group participants have expressed that the knowledge and skills obtained through the group has helped them increase their independence in everyday activities, making them feel younger and more vibrant. Many have also expressed appreciation for the opportunity to help others and exchange tips on what works for them in tasks like doing laundry or getting better rest. While the combination of physical and mental disabilities can place added burdens on an individual, group members are motivated to improve their everyday lives. They have made the choice to work and, for some, even to fight in order to see their disability as a different form of ability.

The staff at Bridgeway have recognized the benefits of this effort and plan to continue the group into the foreseeable future, with continued support from Kean occupational therapy students. Together, we hope to create even more opportunities to support mental and physical health for those we serve.

Special thanks to our community partners at KEAN University



Seeking Qualified Candidates

Open positions include: Psychiatric Nurse, Career Services Recovery Coach, Co-occurring Clinician, Licensed Wellness Clinician, Peer Support Specialist, Supported Education Specialist, Vocational Specialist, Wellness Nurse, Wellness Specialist, Youth Specialist

Upload resume and cover letter : www.bridgewayrehab.org. Click on Careers tab
For more information email: human.resources@bridgewayrehab.org or call 908-355-7886



Bridgeway Sussex Participation in Recovery Awards



Congratulations to the Kitchen Unit at Bridgeway's Sussex Community Support Team for winning the Clubhouse Cup for the second quarter in a row! The Clubhouse Cup is awarded each quarter to the pre-vocational unit with the highest percentage of attendance. The Clubhouse Cup honors the fundamental belief that we can fully benefit from programming when we fully participate in our own recovery, as well as in our community. Full attendance results in a vibrant program! Each quarter, along with The Clubhouse Cup, Silver, Gold, and Platinum awards are given to individual members who demonstrate high participation. Two individuals who were specially recognized this quarter were Tevin Spencer for his Outstanding Contribution to the Program, and Elizabeth Acker for showing extraordinary Community Integration.



Tevin Spencer



Elizabeth Acker



The Kitchen Unit Accepts The Clubhouse Cup

SAVE-THE-DATE
Annual Persons Served Awards
Thursday, September 19, 2019 4:00 PM
KEAN University STEM Building

2019 Distinguished Peer Provider

On May 1, 2019, Bridgeway awarded the 2019 Distinguished Peer Provider award to Christine Talbot, Peer Specialist at MHA Monmouth County. Christine was chosen by an esteemed committee from a group of worthy nominees from organizations across central and northern NJ. The award was the focus of this year's Chairperson's Dinner. Look for next year's nomination forms to be distributed in January 2020. Pictured, the Scoring Committee, L to R: Dr. Amy Spagnolo, Rutgers; Dr. Peggy Swarbrick, CSPNJ; Cory Storch, Bridgeway CEO; Christine Talbot; Dr. Ken Gill, Rutgers; Bob Kley, MHA; and Meredith Blount, NAMI NJ.

To view the video highlight reel of the Chairperson's Dinner, please go to www.bridgewayrehab.org and click on the Youtube icon.



5 Tips to Live A Mindful Day



1. Learn to slow down and don't rush around all day, every day. Rushing around increases our stress level.
2. Be fully present in the moment. Be engaged all the time in whatever you are doing, so you are not dwelling on the past or fretting about the future.
3. Get into the habit to observe few times a day your breathing and practice some mindful breathing.
4. Practice some Mindful Walking. Mindful walking or Walking Meditation is the art to focus on walking itself, we are aware of each movement we do and we are not just walking in order to arrive somewhere.
5. Practice some Mindful Eating. Mindful eating is the art of dedicating the right attention to the act of eating.



SUMMER IS HERE!

Bridgeway would like to remind family members, and significant others to be aware of the summer heat and sun risks that this season can pose. Risk factors such as antipsychotic medication usage, chronic medical conditions, obesity, diabetes, alcohol use, and age can place the individuals we care about at higher risk of heat-related illness. During the summer season family members may want to review safety precautions, such as staying hydrated, keeping plenty of cool drinking water available, monitoring the outside temperature and planning activities accordingly, and staying in air-conditioned facilities when possible. Individuals should reassess and reconsider any activities that would expose them to prolonged periods of high heat and humidity, as this can lead to heat exhaustion or heat stroke, requiring immediate medical attention. Symptoms of heat stroke that may require emergency medical attention include:

- High body temperature. A body temperature of 104 F (40 C) or higher is the main sign of heatstroke.
- Altered mental state or behavior
- Alteration in sweating
- Nausea and vomiting
- Flushed skin
- Rapid breathing
- Racing heart rate
- Headache

Knowledge, Skills, and Resources

By Mark Firth, MA, MSW, LSW, Bridgeway Supported Housing - Hunterdon

Recently, I have been evolving my notions around the use of the KSR (Knowledge, Skills, and Resources) tool administered between individuals receiving CSS services and their clinicians. This tool provides the framework that guides a structured inquiry with the client about the nature of the specific rehabilitative goal they desire to achieve. The expectation is that the goal could be achieved by promoting the attainment of specific knowledge, development of a critical skill or getting access to a lacking resource. The problem often encountered however is that such change rarely occurs in such a clear-cut manner.

As a result, clinicians can become frustrated because the client does not seem motivated to work on the stated goal even though they said they want to make progress in a specific area. This lack of progression toward the goal can often be attributed to a lack of motivation, the illness itself or even worse a character deficit. I began to speculate, and thought maybe if we began to look a little deeper and began to consider a bit more information this might change the dynamic.

I began to research and have come to conclude that there must be other important variables at play for the lack of change toward a specific goal that has little to do with knowledge, skills, or resources.

My conclusion is based on reading that what we are talking about is risk. Why are some individuals willing to accept risk (of making a change) and others are not? The KSR is a beginning but it doesn't tell the whole story. The KSR does not take into account other important variables inherent to the change process. A dialog, employing the questions that follow may help to reduce frustration on everyone's part:

- Do you have fear or apprehension about a change even though it's desired – research shows that individuals are more willing to consider change if they feel they have support and aren't going it alone. [The problems may seem so insurmountable that the individual denies it actually exists or tries to rationalize it.]
- Are you convinced that the goal is attainable and that you have some ability to influence the outcome and change your situation? [Those unwilling to take a risk research shows are very often under the assumption they feel powerless in a situation. Those willing to take on risk are those who have the idea they have some measure of control over the outcome.]
- Are you highly motivated to educate yourself to the degree necessary so you have the knowledge base and confidence to tackle it?
- Are you primed to work on the goal and persist at it even when things become difficult along the way? [People may need help when things appear to have stalled out, gone wrong or simply taking a longer time than originally anticipated.]

Making a change can be rewarding but there is always risk involved. As clinicians, we need to ask better questions, start a discussion, and learn about why individuals hold certain beliefs and perceptions. Goal planning is best served within a framework of mutual understanding, testing notions and beliefs, and respecting the notion that change involves a willingness to risk.