**Mental Health PEER Connection 5th Edition**

**Welcome to 2022!**

Glenn S. Goldman, First Person, Founder & Owner

2021 came and went really quickly. As 2022 begins, we all have resolutions which we want to accomplish, whether it is to read a book or pursue a new hobby. Whatever the case might be, it is important to try and achieve our goals, (no matter how big or small they are). Keeping them is sometimes the most difficult part of keeping the resolutions. The important thing to remember is, if you do not keep your resolutions, you can always try them again sometime in the future.

Starting over from a terrible experience can be a good motivating tool, to get you engaged. Speaking from experience, I had some issues in the past that I wanted to get rid of. As a result, I asked the help of my friends and therapist for guidance and advice. Each person offered me a different perspective in dealing with the situation at hand; which I found to be helpful and useful in finding closure.

If you are struggling with how to resolve an issue, my advice is to ask others what worked for them. In my mind, it does not make any sense to decide on a course of action, without looking at various points-of-view. Different people will provide these perspectives, so, you can appreciate and get other ways of thinking, in order to make a better decision.



**First Person**

**Reflections**

Lisa Maria Cruz, Mental Health PEER Connection Outreach Coordinator

2021 has been one heck of a year. We have seen an accelerating rise in COVID-19 cases in Western New York. Erie County has issued a mask mandate and health care workers from other parts of the state have come in to offer us assistance.

We have also experienced the entrance of new strains of the Coronavirus. The Delta variant was even more contagious than the original. Then another variant arrived on the scene in the United States via South Africa. We are currently experiencing the impact of the Omicron version which is even more contagious than Delta.

We have been living with COVID for two years now. And I, like many of my peers, am experiencing COVID fatigue. As I was listening to National Public Radio on my way in to work this morning, I heard that over 844,000 Americans have died from the Coronavirus. This is a staggering number and very difficult to conceptualize.

As I look ahead to the rest of 2022, I sincerely hope that it will be a much better year. I am making a conscious decision to choose hope. I look ahead to the unfolding year and make new determinations for 2022. In 2022, I will work on self-improvement. For me it is always important to continue growing and learning.

I was talking to a friend of mine who is about thirty years older than me, and he told me, “You’re still young. Don’t put any limits on what you can accomplish.” I found that very encouraging and will certainly keep that in mind. Right now, I am in the exploring stage. I’m considering going to graduate school. I’m not sure about what I might study, but I’m keeping my options open. And for now, I’m okay with that. My goals in 2022 are to improve on the person I was last year, to continue to have hope, and to excel in every area of my life.



**Psychiatric Advanced Directives**

By Maura Kelley, CPRP, WNY IL Behavioral Health Peer Liaison, [mkelley@wnyil.org](mkelley%40wnyil.org)

Often, when we or a loved one are in a position where we are unable to make self-care decisions, other people assume what is best needed and sometimes subject that person to unwanted care. This happens a lot in our community, and often the result is the person having a traumatic experience dealing with the behavioral health system. One great way to take steps in preventing this from happening to you or a loved one, is to develop, and have in place, a Psychiatric Advanced Directive (PAD).

A PAD is a legal document developed by, and with, the person with a history of mental health issues that tells those who make decisions about one’s care, what works best for him/her, under situations where one is deemed unable to make care decisions for her/himself, due to those mental health issues.

So, to put it simply, a PAD gives directions to people in one’s life on how to handle one’s situation. Having been diagnosed with a mental illness myself, I know what helps me the most when I am not doing well, and I also know what DOES NOT help me. There is no one specific type of treatment, service, or program that addresses all our particular issues and concerns. We are all different. And we all use or practice different things to get and stay well. The PAD allows others to see this and try to adhere to your wishes, the best way they can.

This legal document could really serve a vital role if people don’t know how to help out when one is not able to communicate his/her needs. The most important part of this document is appointing someone that is trustworthy as one’s Healthcare Proxy. The healthcare proxy, the trusted individual, can communicate your desires to people who are put in a position to care for you. This could be when one is in a psychiatric ward or hospital … when one is in the community and the police are involved in getting her/him care … when one is ordered by a judge to receive treatment … or when one is a participant of Assisted Outpatient Treatment.

Before you might become unable to speak for yourself, you develop a PAD, give it to your Health Care Proxy and others in your life, so if it is needed, they will then have your directions. All the staff at MHPC are Peers who have been trained to assist people with a mental health history in developing a Psychiatric Advanced Directive.

The Peer can help you figure out what works best when you are unable to care for yourself. The Peer can also help someone find a Health Care Proxy and discuss who should have this legal document, just in case.

The PAD does not guarantee that your wishes will be upheld, but it does guarantee that people will know your wishes and what works best for you. Simply put: an Advanced Directive is a Person-Centered Tool that could help in your recovery and prevent unwanted types of care.

**10 Simple Tips on creating a Psychiatric Advanced Directive:**

1. Research the different kinds of PADs online.
2. Talk to the person you want to be your Health Care Proxy before a concern arises.
3. Have your Health Care Proxy sign your PAD.
4. Carry a card in your wallet, next to your insurance card, with the name and contact information of your Health Care Proxy.
5. Talk to other people with mental health histories and learn some of the tools they use to prevent unwanted care.
6. Give a copy of your PAD to your medical providers and service providers so your wishes can be discussed.
7. On your PAD, try to write down, in as much detail as possible, what helps you and why. Also put down what does not help and why.
8. Keep your PAD up to date. Often, in our recovery, new ideas, services, methods, and treatments evolve that could play a crucial role in wellness.
9. Truly understand that, despite some of our best efforts, some of us need help in getting back to a safe place.
10. The Best of Plans need the Best Preparation.

If you have any questions or would like a presentation on PADs for your group, agency, or family, please contact me at 716-836-0822 extension 162, or at [mkelley@wnyil.org](mkelley%40wnyil.org)

If you want to develop your own PAD, please contact your Peer at MHPC; or if you don’t have a Peer, just call our intake office at 716-836-0822 extension 126 and tell them what you want.

All this help and information is free of charge to you.

*Community Spotlight* **Who is in need of legal services?**

Shana DiCamillo, Director of Development & External Relations,
Center for Elder Law & Justice

At the **Center for Elder Law & Justice** **(CELJ)**, we assist with a wide variety of legal issues, particularly for those that are age 55 and older, people with disabilities, and low-income families. Our services are free, but people are often unsure whether or not their particular situation demands help from an attorney. You might be surprised to learn about the different situations in which legal help might be needed.

For over 40 years, CELJ has assisted Western New Yorkers with issues such as foreclosures, evictions, or landlord/tenant disputes; access to health care or insurance coverage; involuntary discharges from nursing homes or assisted living facilities; elder abuse; debt management; and non-parental custody or care of minors. Our agency is growing, and we have locations in Buffalo, Dunkirk, and Lockport, with satellite offices on-site at Buffalo General Medical Center, and ECMC. Through our MedLaw Partnership, we can also offer free legal help to breast cancer patients, survivors, or anyone at risk of breast cancer.

“Virginia” was being treated for breast cancer when she was linked with our MedLaw Partnership. Due to an error made by her former employer, she was told that she needed to return an overpayment of Social Security Disability Insurance (SSDI) benefits. Our staff successfully represented Virginia at a Social Security Administrative hearing and helped her avoid repayment of more than $1,600 in benefits.

CELJ staff are incredibly dedicated and mission-driven, and work to protect the essentials of life, allowing people to live independently and with dignity. As the pandemic restrictions have lifted, our Mobile Legal Unit has been active in the community, providing “done-in-a-day” legal assistance in person. Our employees are experts in their fields and are often presenting on important topics related to seniors. For example, we are able to share information and resources on scam and fraud prevention, long-term-care planning, and nursing home resident rights.

Recently, CELJ represented a client who was discharged from a nursing home to a local hospital with a transfer/discharge notice stating that the facility would not be able to take our client back. At the discharge hearing before the NYS Department of Health, the facility was unable to demonstrate why the hospital was an appropriate discharge, why the facility failed to engage in alternative discharge planning for the client, and why they sought instead to send the client to the hospital. The Administrative Law Judge ruled in our client’s favor and ordered the nursing home readmit our client as soon as the next bed became available.

Unique to our organization, we are also a Trustee for the WNY Coalition Pooled Trust, alongside partners Key Bank and People, Inc. The Pooled Trust helps individuals age in place by securing eligibility for Medicaid services in community settings while maintaining access to the majority of their income and assets. Currently, we have nearly 1,000 beneficiaries using this vital tool, which statistically keeps the aging population out of nursing homes for a longer period than those who navigate their needs alone.

If you have legal questions or concerns, we encourage you to give us a call. While we may not be able to assist every caller, we will share resources or refer you to the appropriate agency if needed. Our Free Legal Senior Helpline is available statewide Monday through Friday from 9 to 11 a.m. at 1-844-481-0973 or by emailing [helpline@elderjusticeny.org](helpline%40elderjusticeny.org). If you leave a message by phone or email, a licensed attorney will respond to you within one (1) business day.

You can also call our regular intake line Monday through Friday from 9 a.m. to 5 p.m. at (716) 853-3087, or visit us online at <www.elderjusticeny.org>.



**The Communication and Support
That Allows Progress in Treatment**

Dave Meyers, MHPC Volunteer

To make progress in life, maintaining a presence in mental health treatment is needed for many people. Personally, I know there are barriers to maintaining a presence in treatment. The goals of a practitioner and someone receiving treatment do not always coincide. It is interesting to determine at what point the purposes of the consumer and practitioner intersect. I know that treatment is beneficial in my life, but communication has become very difficult with service providers. For this reason, support needs to be established with common goals in a therapeutic alliance.

Goal setting in treatment may be one way to establish a common ground and language. However, varying temperaments in a therapeutic relationship will slow the road to meaningful therapeutic gains. There are inevitable conflicts, with baggage on both sides hindering real productive communication and goal setting. Ironically, sometimes it is the practitioner that carries more weight and credence to drive treatment forward. Objectivity is difficult whenever people and perception are involved, as everyone has the best idea.

All too often, treatment gets disrupted, many times, without warning and naturally throughout care. When progress and accurate work in treatment unravel, establishing or resetting a goal and kickstarting the momentum of the work is almost impossible without a social worker communicating the clinical play-by-play when cases have robust moving parts. When personal ambitions interfere with goals, it also may be challenging to maintain the ethical reins to keep treatment running smoothly and without incident.

In fact, specific measures such as more extended unnecessary hospital stays could be avoided in some cases with better communication from the treatment team. Certain attitudes by social workers may exacerbate symptoms rather than give relief when a clinician takes cues from the wrong parties or isn’t truly engaged in their work enough to be a real changemaker and cheerleader in their client’s care.

All too often, patients are triggered by treatment providers without empathy. These feelings can lead to an ‘episode’ or the unraveling of a patient’s progress to date. Sometimes, these clinical missteps are so critical and negligent they make further treatment and additional clinical services necessary. With proper caution executed, and good listening with precise language, treatment progress can be maintained and preserved during touch-and-go blips that arise during care provision.

With a well-seasoned treatment team, enrollment and selection of programs and tandem services after discharge can be successful for many years. In the end, treatment at one level of care cannot go on or be maintained indefinitely. With time, everything changes, and someone may show the most signs of relapse when significant progress is being made.

For this reason, identifying valuable resources for patient education is critical for long-term progress after discharge. It is imperative that patients have incredible natural support for them to draw from when other artificial supports are inaccessible. Some supports need to be titrated down for the well-being of the consumer. When someone craves independence, but their goals are being withheld, severe conflict may worsen psychotic symptoms.

In cases of serious conflict, the proper change may be medication, but there may be more going on in the environment, or socially that can ease the episode. Changes in both may be needed, but good communication and appropriate support can certainly help to calm an attack.

In the end, the nature of life is dynamic, mental health treatment should be too. If life becomes stagnant due to failure to understand the needs of someone, symptoms can flare up. In worst-case scenarios, prison may be an outcome. However, communication and support are more attainable with grasping the history of someone. Responses will be more appropriate, and crises can be avoided with a reasonable, empathetic method of questioning.

* Previously published in Mental Health Affairs Blog. <https://mentalhealthaffairs.blog/the-communication-and-support-that-allows-progress-in-treatment/artpainting1982/health-issues/diagnosis/?amp=1>

**It’s Okay to be a Little Selfish
Medicaid Application Assistance Program**

Jillian Chesna, Medicaid Facilitated Enroller

To be selfish is to act without regard for others and to be concerned only for one’s own wants or needs. For a lot of people, this word is akin to a swear word or an act of injustice towards those who are less privileged. After all, *“someone always has it worse”,* right?

Working for the Medicaid Application Assistance Program, I have a small role in getting people started on the road to living independently. After all, I am here to help you apply for Medicaid, but I have also decided to let each person know that everything you are going through is just as valid as what others are experiencing. I want people to know that just because they are afraid of asking for help or feel like if they get help, they are taking something away from someone else, this doesn’t mean they don’t deserve assistance in a time of need. It is okay to think about yourself and care about yourself; it is okay to be **SELFISH**.

I have worked with people who are impoverished but think they are undeserving of having an in-home personal care aide because “what if I’m told I am taking away from someone else?” Yet they are unable to walk in their own homes for fear of a fall. Often, I will spend time to tell them that it is okay to get help for yourself; it is okay to have someone clean for you, cook for you, or help you get a bath. You are deserving of dignity, and you are deserving of help.

So, with the new year, please let yourselves be a little selfish; let go of the idea that others have it worse. You are allowed to ask for, and receive, help.

Also, if you or anyone you know needs assistance applying for Medicaid, please reach out to Veronica Garcia at (716) 836-0822, extension 517, to schedule an appointment.

**The Renewal Center.**

Michelle Wnek, MS, CASAC, NYCPC

I am The Engagement and Outreach Coordinator for The Renewal Center, which is part of Mental Health PEER Connection at Western New York Independent Living, Inc. in Buffalo. I cannot say enough good things about what a great crisis and hospital diversion program this is. The Renewal Center is a program for individuals 18 and over, who live in Erie County. We serve individuals who are in emotional distress, from mental health and/or addictions of any kind. It is funded by The Erie County Department of Mental Health. Walk ins are welcomed.

The Renewal Center (TRC) provides support and hope to our guests. Open every day from 3:00 to 11:00 p.m., TRC is located on 327 Elm St., Buffalo, NY 14203, with a phone number of (716) 245-4200. Telehealth services are also available. The program is free, and no appointment is necessary. If transportation is a barrier, van rides can be provided free of charge up until 9:30 PM. This is a safe, supportive, non-judgmental, comfortable environment. Homeless services are not provided.

The Renewal Center is PEER-operated and PEER-staffed, with a nurse employed there. This is a great hospital diversion program, as having a PEER makes a great impact for emotional support and working on wellness tools. As PEERs, we understand, and we have been through similar experiences. Medical and non-medical linkages are made. Lived experience, activating PEER support, can transform a crisis response, so that crisis can actually be a seed of growth. In addition, we can help to prevent difficult hospital experiences. Tools are given for support and maintenance. This is a confidential service. If you need extra support, The Renewal Center is here to help.

I would also like to add that I do presentations and outreach services to educate staff and the community about our services, and the benefits of the program. I can be reached at (716) 836-0822, extension 148, or (716) 563-1763. My email address is [mwnek@wnyil.org](mwnek%40wnyil.org) for any questions or inquiries. I am proud to be a part of The Renewal Center, where wellness and support are provided!

**A Play on Alliteration: Having some fun with consonants**

Lisa Maria Cruz, MHPC Outreach Coordinator

Blundering blue buffoons blister and blight.

Serious sisters share seventy sights.

Ten trustworthy turtles tearfully tease.

Forgotten fights frenetically freeze.

Meandering meanies might multiply.

Simon’s sixty sisters shiver and sigh.

Peter’s purple posies plunder and play.

Lucy’s luscious lemons lazily lay.

Happy, hungry hippos handle hiking.

Ridiculous riddles randomly ring.

Zealous Zen zippy zebras zig and zag.

Wonderful wildebeests wiggle and wag.

Delightful divas deliver daily.

Montana’s Merry moons maneuver me.

Yesterday’s younger yellow yeomen yell.

Silly Sandra surreptitiously spells.

Magnificent men mournfully marry.

Hectic hecklers hurry Handsome Harry.

Willfully wandering in wondrous ways.

Tomorrow’s tricksters terrify today’s.



**Spinach, Artichoke & White Beans with Penne Pasta**

[**Ingredients**](https://www.knorr.com/us/en/recipes/spinach%2C-artichoke-%26-white-beans-with-penne-pasta.html)

* 1-1/2 Tbsp. olive oil
* 1 bag (5 oz.) baby spinach leaves
* 1 can (15.5 oz.) no-salt-added small white beans, rinsed and drained
* 1 box (9 oz.) frozen artichoke hearts, thawed and sliced in half lengthwise
* 3 Tbsp. diced jarred roasted red pepper
* 1 package Knorr Selects™ Roasted Garlic & Olive Oil with Penne Pasta
* 2 Tbsp. grated Parmesan cheese
* 2 Tbsp. thinly sliced fresh basil leaves

**Directions**

1. Heat olive oil in large nonstick skillet over medium-high heat and cook spinach 1 minute; stir in beans and cook until beans are heated through and spinach is wilted, about 2 minutes. Season, if desired, with salt and pepper. Remove from skillet and set aside.
2. Cook artichokes and roasted pepper in same skillet until artichokes begin to brown, about 3 minutes. Remove from skillet and set aside.
3. Stir 2 cups water and Knorr Selects™ Roasted Garlic & Olive Oil with Penne Pasta into same skillet and bring to a boil. Cover and cook over medium-high heat 8 minutes. Stir in Parmesan cheese and spinach and bean mixture. Remove from heat; cover and let stand 5 minutes. Garnish with basil and serve with additional Parmesan cheese if desired.

