NAMI FaithNet is an information exchange network of NAMI members, friends, clergy and congregations of all faith traditions who wish to create more welcoming and supportive faith communities for persons and families touched by serious mental illness. NAMI FaithNet also encourages the role

Continued on Page 4
This quarter has been one for change, new programs, and amazing volunteers.

Due to the loss of funding, we had to close our physical office in Cowlitz County in October. Debbie moved to Utah, Jan and Suzanne are happy to retire, and we’re glad they can now get the rest they deserve. Our Cowlitz volunteers have stepped up and been wonderful leaders despite the closure. Lee, Jim, Travis, Zach, LeeAnn, Holly, Ron, Tom, Jeannie, and Beth deserve a lot of praise for sticking with us through this change. Canterbury Inn has graciously allowed us to use their space for our support groups as well. Despite the sadness of closing the office, Cowlitz is only growing.

Another Cowlitz volunteer, Lynn, has also stepped up to take charge of FaithNet. The program joins faith communities and mental health education. NAMI National developed a presentation called *Bridges of Hope* that focuses on churches and other communities of faith. You don’t need to be a psychologist or clergyman to give this presentation. If you are interested in doing this for your faith community, don’t hesitate to contact us!

The 8th Annual Donnelly Walk was also held in October on a rainy day. But the turnout was wonderful. Ann Donnelly, our board president, made her famous scones and we all enjoyed each other’s company despite the weather.

In November our wonderful office dog, Spencer, passed away. He was about to turn 17 and lived a wonderful life with our Executive Assistant, Deanna Davis. He was a wonderful addition to our office, calming people and welcoming them as they came into the office. He will be greatly missed.

December brought the cold and holiday season. We had a wonderful Christmas party where we stuffed holiday bags and sipped on apple cider. We put together 200 bags filled with socks, toothbrushes, toothpaste, wipes, hats, scarves, gloves, and more for those living on the streets, in shelters, and in-patient facilities. Thank you so much for
all your donations this year. You have made a difference in your community.

We’re ready for 2020. Our Hearing Voices Network group has been growing, we’ve started two more evening Family Support Groups, and added a Games group in Vancouver. Despite the closure of the Cowlitz office, we’re also looking to add more groups there.

Goodbye to the decade and hello to the roaring 20s!
NAMI Faithnet
continued from front cover

of faith in recovery for those for whom faith is a key component of their experience.

NAMI FaithNet is an online, web resource of NAMI dedicated to providing and promoting the creation and exchange of information, tools, outreach materials and other resources which will help NAMI members and friends educate faith communities about mental illness and the vital role spirituality plays in recovery. NAMI FaithNet is not a religious network but a mental health education and awareness outreach to clergy and congregations of all faith traditions as well as to individuals who seek faith as a component of their recovery.

NAMI publishes original content on faith and recovery that strives to inform and inspire the community on the latest research, events and stories related to faith, spirituality, religion and mental health. In addition, NAMI FaithNet provides guidance to NAMI Affiliate leaders who are interested in or already engaged in faith outreach as a way of encouraging caring congregations, meeting the needs of those who need NAMI and promoting their leadership role in healthy communities.

NAMI FaithNet is an information resource and network for NAMI members, clergy and people of faith from all faith traditions. The goal of NAMI FaithNet is to encourage the development of welcome and spiritually nourishing environments in every place of worship.

NAMI FaithNet provides a wide variety of resources, including:

- Reaching out to Faith Communities training materials,
- Bridges of Hope, a ready-to-use presentation,
- articles, links to related sites,
- service planning materials,
- on-line support, handouts,
- bulletin inserts and much more.

Through efforts nationally and in local communities, NAMI and NAMI Affiliates encourage an exchange of information, tools and other resources which will help educate and inspire faith communities about mental illness and the vital role spirituality plays in recovery for many.
NAMI FaithNet is not a religious network but includes an effort to outreach to all religious organizations.

To schedule presentations, acquire materials, or invite us to speak to clergy or congregation, call 360-695-2823. Thank you!
Can you introduce yourself? Is there any personal info you would like to share like are do you have kids, past or current employment, education, accomplishments or hobbies, etc.?

Starting fresh from high school, I went into construction as a summer laboror on a lot of concrete jobs. I realized that moving rock around made good money but wasn’t something I wanted to do for the rest of my life. I then moved into warehouses driving forklifts which was a lot of fun, but I couldn’t find steady employment. I moved to Seattle and had a painting job that my aunt vouched for me saying I did construction and told me anyone can become a painter. Looking back I’m not all that good at doing construction.

I was fascinated with the night life of Seattle and fell back into my old ways of making good money and partying. My aunt and family got worried and wanted me to get clean, but it was too late by then--I had already fried my brain and my illness kicked into gear. I moved home continuing my habits and symptoms. I tried to find steady work.

On one of my last jobs I started to get super symptomatic and was asked to leave. I spent the next five years in complete denial of my illness and refused to take meds. I floated around houses and got clean, but nothing was helping. I got on SS and found steady income along with medical attention and was told I should try to make it to a NAMI Connection Support Group which I attended for the next five years.

I remember sitting at home yelling at myself like nothing was wrong and I fell victim to the compelling sitcom, Day of our Lives. I watched Salem get blown up and Abigail go to jail. Then I was told that the NAMI SW WA office was moving and they could need some help. At the end of the move Suzanne Arnetts asked if I would come in and watch the phones. I used this as an excuse to get out of the house and I haven’t watched the show since then.

Continued on Page 7
I treated it like a job and came in the morning and left at 1 pm. I was quickly asked if I wanted to do more and agreed. When they had the opportunity to do some data entry for NAMI SW WA I was hired and have continued to do more and more things.

What do you do for NAMI SW WA?

Currently I am a Peer Program Leader, Peer Support, and Recovery Coach, I lead groups and work on coordinating the SEEME presentations.

How does your past experience help the people at NAMI SW WA?

My working past doesn’t really play into my current employment but in Boy Scouts we work a lot with nonprofits doing side work and community service. At one point, I was too young to be a cook working in a food pantry that I was doing some community service for and had to turn the job down.

Has NAMI SW WA helped you in any way?

Growing up I always did better with structure and treating this like an extracurricular activity I had in high school has allowed me to get out of my house and make a little money.

What are some of your interests?

Currently, you can’t find me without my headphones unless I’m sleeping or camping. I also like to skateboard and getting into air soft has been fun.

What is your philosophy about mental health?

I believe being so symptomatic and having to accept my illness has led me to believe that Happy is Healthy. As long as I’m happy, I’m probably doing ok.

What do you do to maintain mental wellness?

Not ruminating and getting out of the house has helped but getting back to those things that I enjoyed as a kid and looking of strengths has helped the most.
BECOME OUR HERO AND
GIVE MONTHLY

GIVING FOR JUST $10 A MONTH MAKES A BIG DIFFERENCE TO US AND THE COMMUNITY! LET'S FIGHT STIGMA TOGETHER.

GO TO NAMISWWA.ORG AND CLICK DONATE TO START DONATING MONTHLY TODAY.

Navigating a Mental Health Crisis:
A Guide by NAMI National

Like any other health crisis, it’s important to address a mental health emergency quickly and effectively.

This guide outlines what can contribute to a crisis, warning signs that a crisis is emerging, strategies to help de-escalate a crisis, available resources and so much more.
"What I have learned from NAMI is priceless. I have received so much support and help."

-NAMI Participant

VISIT OUR WEBSITE!

NAMI SW WA.ORG
FOR ARTICLES, EVENTS, GROUPS, AND CLASSES...

Continued from page 8, Navigating a Mental Health Crisis

The link allows you to download a copy of the crisis guide that was released by NAMI national.


This is an effective guide which helps you navigate a mental health crisis in times of need. It makes us aware of some of the signs to watch out for when faced with crisis. The 33-page guide was developed by NAMI national. We hope you find it interesting and helpful.
Volunteer Spotlight
In Our Own Voice Presenter
Lynn Strickland

I am retired with my husband of 43 years, living in our renovated farmhouse in the community of Rose Valley, a Kelso/Cowlitz County area. We have 3 grown children, all married, and 4 grandchildren. Prior to retirement, I helped my husband with several automotive businesses and I taught in Portland Schools before moving to Hockinson in 1989.

As a volunteer for NAMI, I have been trained for In Our Own Voice, as a speaker to share my journey of depression and mental illness that started when I was 52. I have also led a few watercolor projects at the Longview office for the art group. I hope to do more speaking and bring FaithNet to the churches in Clark and Cowlitz counties. My hope is to remove the stigma of mental illness in the faith community.

I first came to the Longview NAMI office for the art group intending to check out what NAMI is all about. I have attended Peer to Peer and STRivE groups as well. These groups have given me good coping skills and a community of peers who can empathize with my own journey with Bipolar Disorder. My background in Women's Ministry, counseling, and teaching all play into serving with NAMI.

Watercolor painting, quilting, time outdoors walking, hiking, or just working in the yard are things I love to do. Mentoring young women has always been a part of my adult life. My husband and I do premarital counseling at our church, Crossroads Community in Vancouver.

Mental health is something all people should pay attention to. Those of us who have had illnesses in this area know that there is help in medical treatment, but emotional and social involvement are part of the wellness plan each person must develop. I believe there are many factors that play into my mental illness from genetics, stressful situations like ACEs, (Adverse Childhood Experiences) where I score 8 out of 10; then nutritional and hormonal balances as well. My illness was a real surprise. I had been healthy for the most part, all of my life. Now I hope to use this experience to help others.

Medication, nutritional supplements, stress management, light therapy, exercise, good diet and a support system of my husband, doctor, and many others are all part of my wellness plan. It takes more than a pill to maintain good health and it took years to find the right balance of these things for me.
We have some programs in the works, including a Stigma Free Company. It includes a training, presentation, and educational materials to help companies and workplaces to foster an environment of support and understanding for coworkers and employees.

We added a new group in September called the Hearing Voices Network group. To learn more about The Hearing Voices Network USA, the entity that trained us, visit: hearingvoicesusa.org/. We are in the process of adding a second Women’s Group and possibly a second Connection’s group—both groups are filled to capacity most days which is great! We are in the process of training new facilitators for these groups.

We are painting rocks throughout the year for donations and to spread the word about NAMI SW WA in the community. You should see how gorgeous they are! There are some very talented artists and painters of these rocks that have volunteered their amazing work to us this year.
REALISTIC NEW YEAR’S RESOLUTIONS: LIVING WITH DEPRESSION

By Ryann Tanap and Christine Allen | Jan. 10, 2018

Living with mental illness this time of year can be particularly difficult. There’s a lot of pressure to “start over” or “begin again” or revamp how you live your entire life. But this stigmatizing thought process is not only unhelpful, it’s actually harmful to mental health recovery.

The fact is, we can’t start over or become entirely new people when the clock strikes midnight. We can only try a little bit harder from where we already are—to be better people, to help others, to improve the world around us.

And odds are, if you live with mental illness, you’re already trying incredibly hard every minute of every day. So, if you live with depression like we do, we’d like to push you a bit further in 2018 with these suggestions.

TAKE MORE WALKS
The research is in: Exercise is good for people living with depression. It’s nearly
impossible to read an article on depression without being told how beneficial exercise is and how we should all do it regularly. This also just in, however: Exercise is hard. It’s especially challenging when you experience the lack of motivation, loss of energy and physical aches and pains that often accompany depression. So, rather than attempt to join your friends at the gym three times a week, start way slower. For example, we’re simply trying to incorporate more daily walks into our schedule and take the stairs when we see the opportunity. That’s it. And great news: Regular walking can also help ease depression symptoms. Take that, dreaded cardio!

TRY NEW HOBBIES OR REVISIT OLD ONES
Depression tends to pull the color from the world—everything that was once beautiful and vibrant becomes dull and boring and strenuous. Christine used to love ice skating when she was younger, and she considers getting back into the sport weekly, but the thought of finding a rink with free skate, getting out of bed, getting dressed, driving to the rink, walking into the rink, conversing with an employee, lacing up the skates and pushing out onto the ice just to skate alone for an hour or two just seems...exhausting. Instead, she spends her weeknights and weekends in bed, watching television, as life passes her by.

In 2018, let’s make a pact to push ourselves out of our comfort zones and into a fulfilling and enjoyable hobby. Sure, our couches are far more comfortable than falling butt-first onto a cold slab of ice, but as John A. Shedd once said, “A ship in harbor is safe, but that is not what ships are built for.”

SET ASIDE TIME TO UNPLUG
Whether you scroll through your social media feeds several times a day, or you find yourself only communicating via text, it’s important to disconnect and have some time away from a screen. Our world may be driven by technology, but that doesn’t mean we should let our devices dictate our lives, nor our happiness. You don’t have to give up all your technology all at once—start off small by setting aside your phone and tablet for an hour each day. Take this time to do something else, whether it’s reading a book or writing in a journal.

CONQUER SMALL ITEMS ON YOUR BUCKET LIST
Setting and sticking to goals can seem daunting. Perhaps that’s why life goals can seem like an impossible feat. So, for those who have a bucket list, remember that it’s easier to tackle a goal when you break it down into manageable steps. Ryann’s goal for the year is to make time to visit each Smithsonian museum in Washington D.C., even though crowds are stressful for her. She’s starting off the year by choosing one museum to visit every other weekend, and planning to visit as soon as the museum opens to avoid waves of visitors and tourists.

BE NICER TO YOURSELF AND OTHERS
When you’re in a depressive episode, it’s really easy to shut off
from the world—to curl up in bed or on the couch and forget about everyone and everything. Sometimes, we need to do this for our own well-being if we’ve had a stressful day or we’re feeling emotionally drained. But when it becomes a pattern, we can get detached and a bit uncaring towards those around us. It’s been proven that helping others actually helps you, so as insurmountable as it seems to put others’ needs before your own when you’re depressed, try it in small doses. Try helping a friend, coworker or neighbor who might also be struggling or just buy coffee for the person behind you in line one morning. It really does feel great.

COMMUNICATE YOUR NEEDS MORE OPENLY
With depression, it’s essential to have a support system in place. Identify the people in your life you trust, and if you haven’t shared your diagnosis with them, it may be helpful to do so. Then, you can practice communicating your needs. Try writing down a list of what you may need in certain scenarios, and walk them through those needs so they can more easily support you. For example, you might need to tell your roommate that they can/should check in on you if you haven’t left your bedroom for several hours.

BE AWARE OF HOW YOUR SYMPTOMS AFFECT OTHERS
Changes in mood and behavior can make everyday life challenging for those with depression and those around them. Recognize your symptoms whenever you experience triggers or heightened stress, and take note of how they may be affecting others. Keeping a written log can help. This way, the next time you want to isolate or you find yourself becoming agitated or irritable, you can remind yourself not to lash out on a coworker, friend or loved one. Instead, take deep breaths and slow your heart rate down.

HAVE REALISTIC EXPECTATIONS
It would’ve been nice to wake up on January 1st with all the energy and determination to go out and conquer some of the lists that have been floating around the internet: go to the gym three times a week, read every night before bed, eat vegan, spend more time with friends and on and on. But the reality is, we live with depression, a serious medical condition. Just like you wouldn’t expect someone recovering from a heart attack to suddenly jump out of bed with a list of “new beginnings” because the date on the calendar changed, you can’t expect the same of yourself.

If you want to take part in New Year’s Resolutions, or you’re attempting any kind of change this year, be realistic with yourself. You might fail, so be prepared to pick yourself back up and try again the next day. So long as you’re trying—however that may look for you—you’re succeeding.

Ryann Tanap is manager of social media and digital assets at NAMI.
Christine Allen is manager of communications at NAMI.
Social Groups

Writing for Wellness Group  Improve your writing skills or write for therapeutic reasons, everyone is welcome here. Every week we have an agenda with different writing prompts to ignite creativity or bring work you’ve been working on previously. In Vancouver at Bridgeview Resource Center: Fridays 12:00 pm—1:30 pm. Drop-ins welcome.

Expressive Arts Group  Become inspired by others and join a caring community of people while being creative. Supplies Provided. In Vancouver at Bridgeview Resource Center: Fridays 2:00 pm—5:00 pm. Drop-ins welcome.

Tabletop Games  Bring your playful side to play games like Uno and Scrabble. It’s a great time to have fun and relax with friends and meet new people! In our Vancouver Office: 2nd and 4th Mondays of the month 2:00 pm—3:00 pm. Drop-ins welcome.

Hearing Voices Network  Whether you hear voices, see things, or have experienced altered and extreme states, you’re welcome to connect here with like-minded individuals. Confidentiality is respected. In our Vancouver Office: Wednesdays 2:00 pm—3:00 pm. Drop-ins welcome.

Support Groups

NAMI Family Support  In Vancouver at Bridgeview Resource Center: Thursdays 3:00 pm—4:30 pm. Drop-ins welcome.
At the Quarry: 2nd & 4th Thursdays from 6:30-8:00 pm.
At New Tradition Homes: 1st & 3rd Tuesdays from 6:30-8:00 pm.
In Longview at the Canterbury Inn: Tuesdays from 6:00—7:30 pm.

NAMI Connection  In Vancouver at Bridgeview Resource Center: Thursdays 3:00 pm—4:30 pm. Drop-ins welcome.
In Longview at the Centerbury Inn, Thursdays from 3:00—4:30 pm.

Women’s Group  In Vancouver Office: Wednesdays 10:00 pm—11:30 pm. Drop-ins welcome.

For questions call 360-695-2823. There is no charge to attend these groups. NAMISWWA.org for more descriptions, email info@namiswwa.org.
“I think people in general are thinking about mental health differently than they did before, and they’re using social media to reach out for community and support.” - Sammy Nickalls

Coming Out About Mental Health On Social Media

Talking about your mental health on social media is a thing, and it could actually help.

By Tarena Lo on AUGUST 26, 2019

Susanna Harris was sitting in her lab class for her graduate program at the University of North Carolina at Chapel Hill when she received an email that told her she had failed what she describes as “the most important exam in grad school,” the doctoral qualifying exam. She took the rest of the day off, went home and baked cookies.

Continued on Page 17
Harris continued with her regular schedule: lab, work, home, repeat. Everything seemed fine until she realized she was having a hard time focusing due to lack of sleep. That’s when she decided to go to campus health to ask for a prescription for a sleeping aid. The doctor said they could give her a prescription, but it would be for antidepressants instead.

Harris was surprised how common depression is among Ph.D. students, so she began sharing aspects of her own mental health journey on social media by creating the Twitter account and hashtag #PhDBalance. People share the stories they might otherwise keep private — stories of anxiety, depression, abuse, substance use, PTSD. Others comment on the posts and reach out to the author. “People have found friends and compatriots through our page based on what they are going through, and I think that is beautiful,” said Harris, who has also shared her experiences onstage at The Monti — a nonprofit organization in North Carolina that invites people to tell personal stories.

While struggles with mental health were traditionally kept private, in recent years a growing number of sufferers are adopting the opposite tack: sharing their mental health battles with the world, via social media.

Celebrities and public figures like actors Dwayne Johnson and Gina Rodriguez and singer Ariana Grande have used social media as a platform to share stories about their mental health and encourage others. Kevin Love of the Cleveland Cavaliers began using his Twitter account to share the story of his struggles after writing an article for The Players’ Tribune — a new media company that provides athletes with a platform to connect directly with fans. The article highlighted how he came to realize that sharing improves not only his life, but the lives of others.

Sammy Nickalls of Lebanon, Pa., is an editor and writer who created the hashtag #TalkingAboutIt in 2015. Nickalls said she did it because, as a University of Michigan study has found, Facebook and
other social media can make people feel worse because they tend to
show the happier aspects of users’ lives. “When all you see are high-
lights from people’s lives, social media encourages comparisons,
FOMO [fear of missing out], all that good stuff,” Nickalls said. “That’s
why I wanted to start #TalkingAboutIt — because if we’re open about
the dark times, too, social media will be less likely to make users feel
lonely and like their lives don’t measure up.”

People often connect with one another by using hashtags like
#TalkingAboutIt and #mentalhealth that have a broad target audi-
ence. Others such as #YouGoodMan and #YouOkSis were created
specifically for mental health concerns in the African American com-

people with that spe-
cific problem.

People have also used social media to express their increased anxie-
ty about mass shootings. Hashtag #ItsGettingTooHardTo began be-
ing used on Twitter in response to the mass shootings that occurred
in El Paso, Texas, and Dayton, Ohio. The hashtag #IAmNotDangerous
was used to combat erroneous statements that mental illness is re-

ponsible for driving people to commit mass shootings.

Lauren Evans, a Philadelphia public relations professional, is a survi-
vor of domestic violence who was diagnosed with post-traumatic
stress disorder, depression and anxiety in 2013. The community she
found on Twitter, Instagram and Facebook helped her cope. Evans
keeps the hashtag #DVsurvivor and words “Mental Health Advocate”
in her Instagram bio to help her find other mental health accounts on
social media. Finding others who understood her struggle and didn’t
discount her feelings was invaluable. She said social media “has
been one of the most helpful things for me to have my voice feel vali-
dated, especially regarding past trauma. It’s also super cool to net-
work with others who are on their journey, and it makes it seem
more socially accepted.”

It is also common for organizations to use social media as a platform
to share information, tips and strategies. The National Alliance on
Mental Illness has a Facebook page that provides information about
events and a safe space for people to discuss their concerns.

Dr. Isaiah Pickens, a clinical psychologist in Los Angeles and founder of IOpening Enterprises, believes that, when used the wrong way, social media can have a negative impact. “Social media can also exacerbate problems if it’s not the right kind of community and if it’s a community that potentially responds in ways that are toxic,” Pickens said. “When people sometimes try to share their experience and their experience is received in a way that increases the type of harassment, intimidation and bullying that happens.”

He cautions that people should think of social media as a secondary tool and get help from professionals and traditional support groups. Seek out groups on social media that share your problem, he said, and give yourself permission to hold back some aspects of your life. It’s important to set boundaries.

For people who are open about their mental health on social media, there is a possibility that they will face backlash from friends, family or co-workers. “One time, when I made an understandable and human — in my opinion, anyway — mistake at work and had also been open about my mental health online the same day,” Nickalls said, “a former employer said something along the lines of ‘Maybe you should focus more on your work and less on your mental health.’”

But overall, she said, “I think people in general are thinking about mental health differently than they did before, and they’re using social media to reach out for community and support.”

*If you or someone you know has talked about contemplating suicide, call the National Suicide Prevention Lifeline at 1-800-273-8255, or use the online Lifeline Crisis Chat, both available 24 hours a day, seven days a week.*

*Article found at: https://khn.org/news/coming-out-about-mental-health-on-social-media/ (Kaiser Health News)*
Help support the one in four Americans who will be affected by mental illness this year.

Thank you for being part of the team!