



# TEND TO HOPE NEWSLETTER



Summer 2023

Issue X

*Tend to Hope is a 501(c)(3) nonprofit corporation dedicated to inspiring hope, restoring dignity and providing comfort to individuals during times of crisis.*

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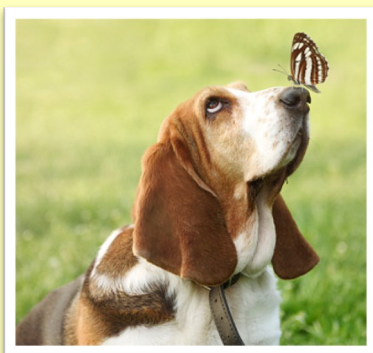
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## LET'S MAKE EVERY MONTH MENTAL HEALTH AWARENESS MONTH!

*Hope you're having a good summer. Lots to share with you in this issue — please enjoy!*



*The Tend to Hope Newsletter is a forum for sharing information to help shed light on our common human struggles and make a difference in the lives of individuals experiencing mental health difficulties.*

*We have no vested interest other than spreading kindness and compassion.*

*We believe that the more community members join our cause, the more humane our society will become.*

# Mental Health Around the World

## “Hospital Rooms”

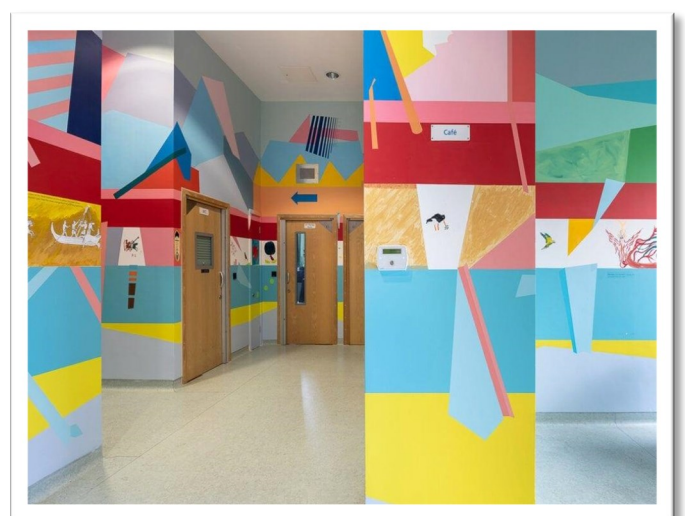


“Hospital Rooms” is a British nonprofit whose mission is to transform England’s mental health inpatient units into comforting and therapeutically stimulating spaces.

Founded by artist Tim Shaw and curator Miamh White, the organization was created after the pair visited a mutual friend in what they deemed a sterile and dreary environment in one of Britain’s psychiatric wards. They could not understand why at a time when patients were at their most vulnerable, they were not met with more uplifting surroundings. They believed they could do better, and soon after they vowed to improve the situation of those like their friend through inspired works of art.

Though the organization was initially slow to gain traction, Hospital Rooms is now funded by generous donations from major art institutions and charity auctions. The organization commissions celebrated British artists to take on an average of six projects a year, each lasting approximately six months. The artists first work alongside patients and staff members at community gatherings and workshops where they try to learn as much as they can about the nature and needs of the specific ward they’re working on. The units can range from forensic mental health units to post-partum psychosis wards to psychiatric intensive care units. This collaboration of planning encourages patient involvement and fosters a sense of ownership and connection, not to mention a sense of pride in the completed works of art.

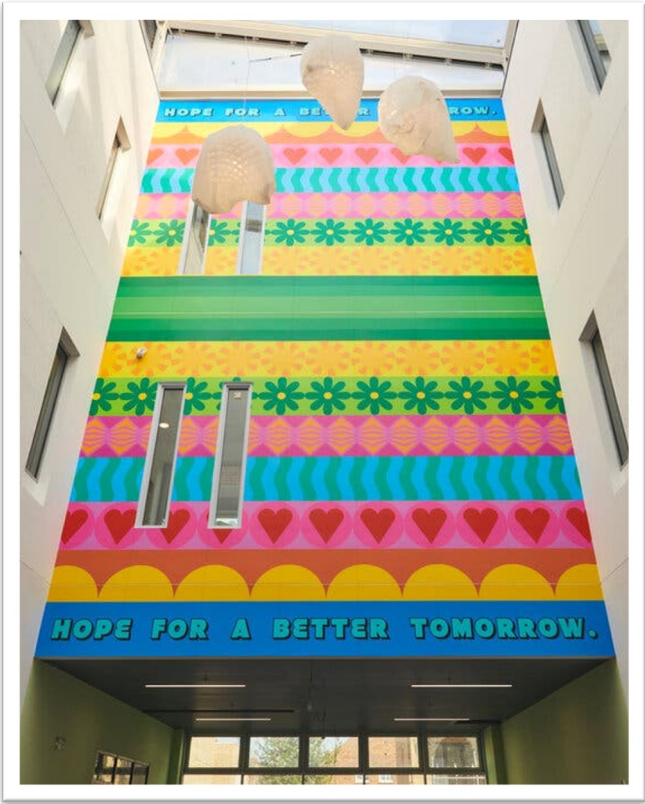
Hospital Rooms maintains that although the artwork does not guarantee recovery, it does provide “a sense of wonderment and a bit of hope.” Hundreds of patients have reported that the artwork commissioned by Hospital Rooms helped in their treatment, particularly by providing a distraction from their “trapped minds.”



*Turn the page for more beautiful artwork!*

# Mental Health Around the World

## “Hospital Rooms”





## Exciting Innovation in Mental Health Emergency Room Treatment



In the July 12<sup>th</sup> issue of The New Yorker Magazine, Dhruv Khullar writes about a promising trend in the Emergency Room treatment of mental health crises — **EmPATH Units**, which stands for Emergency Psychiatry Assessment, Treatment, and Healing. The main goal of EmPATH units is to divert patients experiencing mental health crises away from the often frenetic atmosphere and long waits of typical emergency rooms. Instead, these patients are ushered straight into a soothing therapeutic space where they receive immediate specialized attention.

The EmPATH movement is trying to transform the time spent in emergency rooms, – what Khullar calls “therapeutic dead space, a missed opportunity” – which often exacerbates mental health crises, into “a period of healing.” Khullar visited an EmPATH unit in suburban Minneapolis (M Health Fairview Southdale Hospital), which was spacious, painted soothing mellow colors, had abundant morning sun streaming in and vibrant murals on the walls, and a dozen patients resting on flatbed recliners. The unit also had four “sensory rooms” filled with rocking chairs, yoga mats, beanbag chairs, books, games, an exercise bike, and a shower. Patients were free to listen to music of their choice, adjust the lighting, make tea, pick up a warm blanket and choose snacks from a snack bar. In addition, patients had the opportunity to create art or learn to meditate.



The focus of this immediate treatment is on getting patients discharged to their homes, where the likelihood of better long-term outcomes is much higher than for a typical stay in a psychiatric hospital. As one patient said, rather than “throwing a bunch of telephone numbers at us” in the ER and leaving us to follow up on our own, EmPATH staff members work alongside patients to build comprehensive treatment plans, schedule appointments, and resolve insurance issues.

Of the over 5,000 patients EmPATH units have served so far, three-quarters are reported to have been discharged back home. For those who stay for a couple of days while waiting to be transferred to higher levels of care in psychiatric hospitals, their treatment has already begun while on the EmPATH unit. There are no traumatizing hours or days spent lingering in emergency rooms or observation units, and the small acts of autonomy patients are allowed on the EmPATH units seems to give individuals an emotional boost and a certain amount of confidence.



Although dozens of EmPATH units are being developed across the country, the threat of financial problems is ever-present. Insurance companies tend not to grasp the value of the EmPATH model or reimburse their holistic type of treatment. According to Khullar, the entire health system therefore needs to broaden its definition of mental health treatment if these units are to survive. Already, some EmPATH units must depend on charitable donations and local government grants.

Khullar emphasizes that in a crisis, when every minute counts, you have to “capitalize on the moments when someone is motivated to change.” While we usually consider drugs, devices, and procedures the kinds of medical care that make a difference, in the world of mental health, physical spaces like EmPATH units, equipped with teams of professionals who have the time, empathy and proper training to specifically handle mental health crises, makes them a recipe for success. Let’s hope more hospitals adapt the EmPATH model!



# ANNOUNCEMENTS



## Horsham Rotary Club Recognizes Tend to Hope For Work in 2022



We were honored to be recognized by the Horsham Rotary Club on June 22<sup>nd</sup> for our work in the community. Annie received flowers and a beautiful plaque and she then gave a brief acceptance speech. The Horsham Rotary Club is one of Tend to Hope's gracious supporters, and we applaud the good work they do to promote goodwill and make our communities a better place to live.



## child development foundation

Surrounding children in need with a life-improving support system

We were again fortunate to receive a \$3,000 grant from the Child Development Foundation in Norristown, PA, an organization whose primary focus is to provide assistance to children with special needs and their families in Montgomery County, PA.

This generous grant enables us to continue our work in Montgomery County for another year, and we are extremely grateful.

*Thank you, Child Development Foundation!*

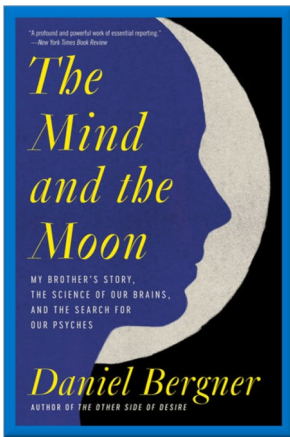




# Book Corner

So many great books to share!

## **The Mind and the Moon: My Brother's Story, the Science of our Brains, and the Search for our Psyches, by Daniel Bergner**

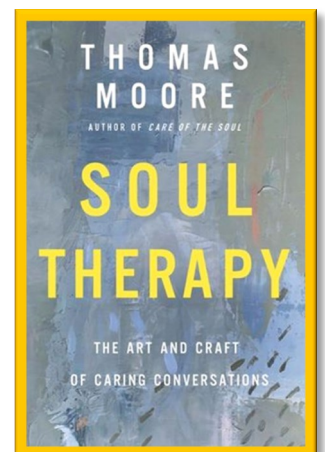


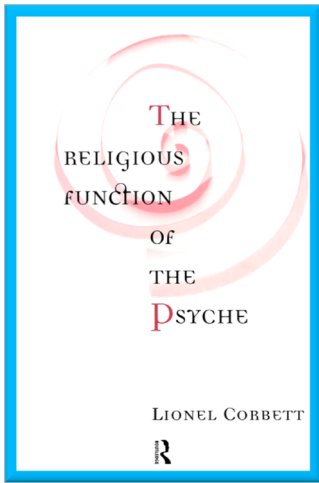
This beautifully written and absorbing book weaves together the stories of three adults with profound mental health challenges—one, the author's brother—along with the latest science and research in the psychiatric literature. Bergner relates to each of the adults with “radical empathy,” placing us as much as possible in their inner and outer worlds. He also reckons with his own professed early lack of compassion toward his troubled brother. Bergner concludes his book with this statement: “Psychiatry cannot fully hear individuality so long as the profession clings to scientific authority. To listen, to truly listen, the profession would have to let go. It would have to embrace the idea of working with patients, of proceeding on footing that is more equal than not, even when ‘with’ is elusive.” I listened to a webinar Bergner recently participated in with two of the subjects from this book. The conversation was fascinating, and it brought this book to life in striking fashion. The two subjects displayed extraordinary intelligence, grace, wisdom and strength, while Bergner exhibited awe and humility. This book stands out as one of my all-time favorite reads in any genre.



## **Soul Therapy: The Art and Craft of Caring Conversations, by Thomas Moore**

Thomas Moore has been practicing “depth psychotherapy” for nearly four decades and conveys in this book how to bring a soulful perspective to therapy by bringing back its philosophical, artistic and spiritual underpinnings. Moore sees therapy as caring for the soul, and his therapeutic approach is suited to those professionals who want “to go beyond medications and behavior changes.” He also states that the ordinary lay person “who feels called to help friends and relatives when life gets complicated” would benefit from this more soulful approach. Moore claims we are all often psychotherapists just by “offering each other simple guidance and support.” He articulates the basics of how to listen more effectively, as well as how to work with dreams, myths, complexes and the personal shadow in easy-to-understand fashion. According to Moore, incorporating poetry, music, and stories into therapy helps to get “closer to the immortal, timeless soul,” the person “behind all the many experiences.”



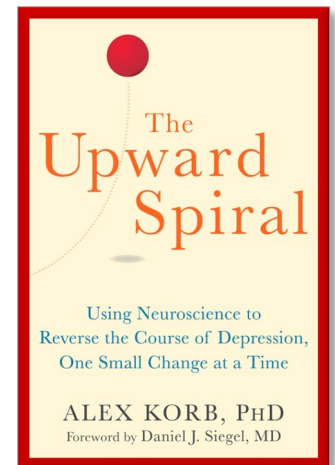


## **The Religious Function of the Psyche, by Lionel Corbett**

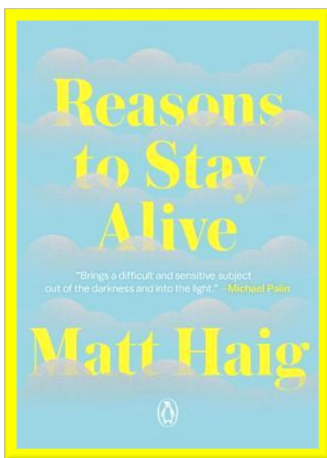
This is an intellectually heady read and requires an open-minded view toward the interpretations of psychic experiences. Lionel Corbett, Professor of Depth Psychology, Pacifica Graduate Institute, California, approaches traditional concepts of God, evil, suffering, and human development from a mostly Jungian perspective. Many individuals in emotional crisis report religious or spiritual phenomena, and Corbett welcomes these experiences in his patients, stating they can be of great “psychological value.” His therapeutic treatment relies heavily on Jungian theories of archetypes, the Self, and the “numinous.” The spiritual experiences he examines range from moments of awe to the “mind-blowing” religious experience. As Corbett explains, “The depth psychological method is not intended to produce yet another theological system because it is not concerned with arguments about the actual nature of divinity, but only with its personal experience.” This is an enlightening exploration of the complex interplay between psychology and religion.

## **The Upward Spiral: Using Neuroscience to Reverse the Course of Depression, One Small Change at a Time, by Alex Korb**

Korb, a neuroscientist in the department of psychiatry at the University of California, gives a clear and engaging account of the neuroscience behind depression, along with some concrete behaviors that may lead to the “upward spiral” out of depression. Even if such a scientific approach does not appeal to you, there is something reassuring about learning practical mechanics to implement in order to catch yourself from plummeting too far down the depression rabbit hole. Korb states that while we may not understand depression completely, we do know the various neural circuits that contribute to it. This knowledge turns out to be unexpectedly uplifting in that just a little change can improve the overall face of depression. “That’s because in complex systems like the brain,” Korb maintains, “even a little shift can change the resonance of the whole system. You might have a forecast for rain, but then the wind changes direction, the humidity drops by just 1 percent, and the day is sunny instead.”

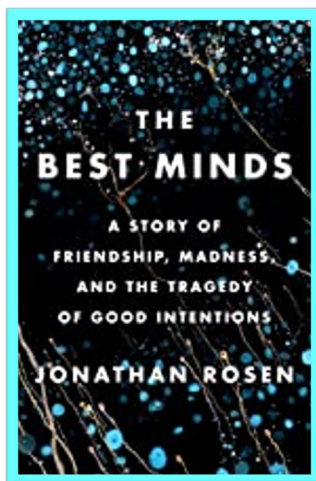


## **Reasons to Stay Alive, by Matt Haig**



Matt Haig, a highly acclaimed author of adult, young adult and children’s novels, shifts in this book to a personal account of his own mental health crisis. His tone is friendly yet intimate as he chronicles the details of his struggles: “During the very worst of it, when depression co-existed with full-on 24/7 panic disorder, I was scared of everything. I was, quite literally, scared of my shadow. If I looked at an object — shoes, a cushion, a cloud — for long enough then I would see some malevolence inside it, some negative force that, in an earlier and more superstitious century, I might have interpreted as the Devil.” Haig sprinkles in plenty of humor while still articulating the true essence of his suffering: “... we must again distinguish between anxiety and ‘Anxiety.’ For instance, I was always an anxious person. As a child I used to worry about death a lot. Certainly more than a child should. ... But Anxiety proper — generalized anxiety disorder and the related panic disorder that I was diagnosed with too — can be (but isn’t always) a desperate thing. It can be a full-time occupation of gale-force worry.” Haig’s memoir will help people feel more understood and also more hopeful as we see him emerge into a transformed and more compassion person.

## **The Best Minds: A Story of Friendship, Madness, and the Tragedy of Good Intentions** *by Jonathan Rosen*

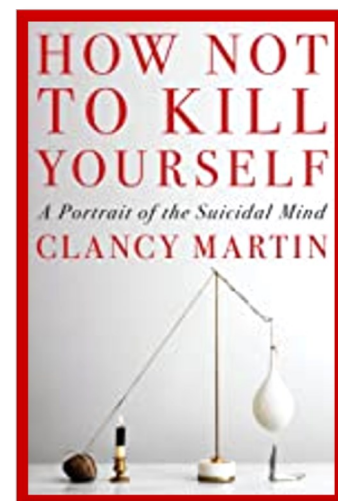


This is a gripping story of two close, highly intelligent, and sometimes competitive friends. Beginning with their childhood in New Rochelle in 1973, Rosen depicts in rich detail the atmosphere of the times, the everyday events that shaped them, and the nuances of their evolving relationship. Rosen's friend, Michael Laudor, excelled at most things, blazing through high school, college and law school; however, as a young adult he was diagnosed with paranoid schizophrenia. Although he still went on to achieve great things, his illness eventually culminated in the murder of his steadfast fiancé while he was in a prolonged state of psychosis. Rosen explores the psychiatric treatment Michael received and delves into the troubling topic of violence and mental illness. Commenting on the lack of appropriate treatment for the population of mentally ill people who end up in prison, he states: "Putting the Office of Mental Health in charge was a way of acknowledging that state hospitals had not been replaced by community mental health centers but persisted in shadow form inside the prison system. Many people got care for psychiatric disorders only after they'd been arrested." Rosen includes contributions from many people who knew Michael professionally and personally, and the portrait he paints is both vivid and deeply complex.



## **How Not to Kill Yourself: A Portrait of the Suicidal Mind** *by Clancy Martin*

Clancy Martin, professor of philosophy at the University of Missouri and Ashoka University in New Delhi, India, grapples in this book with his longstanding attraction to suicide. He attests to the fact that for certain people like himself, "the desire to end their own life is among their earliest memories." He has survived ten attempts so far. Martin acknowledges that "to really sympathize with a person who has or has tried to kill herself isn't easy." He examines his early life, as well as the lives of some of the great philosophers and authors who wrote about suicide. Martin also interviews spiritual advisors and modern-day experts on mental illness for clues not only on where the desire for suicide comes from, but on how to deal with the mundane as well as momentous triggers that might lead to it. This book is also a compendium of valuable resources on how to help oneself and others with the suicidal impulse. It gives a fascinating glimpse into the psychology of someone whose suicidal tendency has become a deeply disturbing habit he is trying hard to break. Martin's honest accounting of his own failings, as well as his hard-won sobriety and earnest attempts to confront his "habit" make this an important contribution to the mental health literature and to our understanding of suicide.





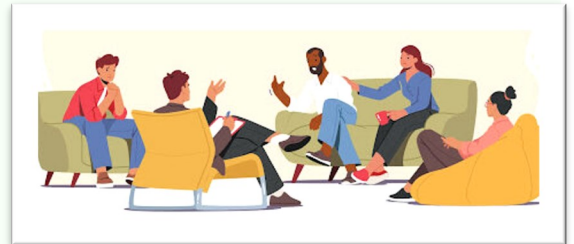
Learn About...

OnTrackNY

We may not have “Open Dialogue” in the US, but in New York State there is a comparable program called OnTrackNY. Created by Columbia University professors in conjunction with the Office of Mental Health, the organization is comprised of psychiatrists, psychologists, nurses, education and employment specialists, and peer mentors who work closely together to provide intensive care to individuals in the early stages of any type of psychotic disorder, while also offering support to their families.

Research indicates that the sooner an individual receives good treatment after a first episode of psychosis, the better the chances are for that person to go on to achieve as full a life as possible. Thus, the organization targets young people who have been recently diagnosed. While it typically takes a person suffering from psychosis at least a year to receive professional help, OnTrackNY reports an average of seven months to connect with a new patient. Lisa B. Dixon, a Columbia psychiatrist who led the research team that created OnTrackNY credits this reduced time to the organization’s strong community outreach efforts. OnTrackNY trains teachers, police officers, clergy, social workers and others to learn the warning signs of schizophrenia and psychosis, along with how to quickly access OnTrackNY. Another unique advantage of the program is that every OnTrackNY location is a one-stop shop where individuals can meet, up to several times a week, with a large team of providers, for a total treatment period as long as two years. OnTrackNY has served at least three thousand adolescents and young adults since its inception, regardless of their health insurance or ability to pay.

OnTrackNY resembles Open Dialogue, the network-based approach to psychiatric care first developed in Finland in the 1980s. Rather than rely on hospitalization and medication, Open Dialogue emphasizes immediate help for the patient in the form of deep listening within a social context of family, professionals and allies. All discussions and decisions for treatment take place with everyone present and with the patient’s input always foremost in mind. The credo of Open Dialogue is to treat patients as equal partners in their care by giving them a say in nearly every clinical decision, allowing them to feel respected and heard. OnTrackNY has the same patient-driven engine at its core.



OnTrackNY’s message of empowerment instills trust and self-confidence in individuals to do more for themselves. As Dixon states, “It’s probably no surprise that if someone is constantly receiving a message that little is expected of them, they’ll come to expect little of themselves.” OnTrackNY focuses on the importance of individuals reconnecting with the things that made their lives meaningful rather than on a significant reduction in symptoms. It states that people “can do remarkable things while still experiencing moderate levels of psychosis.” As one graduate of the two-year program explains, “Even if your symptoms never go away, there’s so much you do still control. You can give your symptoms space to exist, let them walk beside you, while you go forward.”



OnTrackNY has become a national model for the care of psychotic disorders, and is one of the largest programs of its kind. It consists of at least twenty-five affiliate hospitals and clinics in fourteen New York counties, with at least seven more opening in 2023. The organization claims that while it is still too soon to know how its patients fare in the long term, at least while they are in the program, “the initiative has been shown to improve their lives by every important measure, reducing their chances of experiencing psychotic episodes, hospitalizations, suicidal feelings, violent impulses, anxiety, and depression. Many patients also reconnect with academic, professional and creative interests that they had given up when they became ill; by the end of their treatment, more than two-thirds are enrolled in school or working again. Their successes have been eye-opening.” Hooray for OnTrackNY!

## The Concept behind Seeds of Hope Bags:

Admission to any type of crisis facility can be a frightening and impersonal experience. Individuals find themselves alienated from everything they know and lacking the most basic amenities of home. Imagine receiving an unexpected gift at this most vulnerable time!

## What We Do:

Distribute "Seeds of Hope Bags" to mental health crisis facilities.

Boxes include:

- \* *Pair of cozy socks*
- \* *Toothbrush and toothpaste*
- \* *Non-spiral-bound journal*
- \* *Crayons*
- \* *Card of hope*
- \* *Letter of encouragement with ideas on how to build hope*
- \* *Package of sunflower seeds*
- \* *"Tactile toys" for stress reduction*
- \* *Chap stick*
- \* *Small stuffed animal*



*"Seeds of Hope" Bag*

## Benefit to the Community:

- Instill dignity and generate hope in this often-neglected population
- Relieve the financial burden on families and loved ones
- Provide comfort to those without family or close friends
- Plant seeds of hope for the greater well-being of the entire community
- Contribute to the recovery movement in a tangible and memorable way through a show of community support and compassion

## To Donate...

Click [Donate](#) button on website



Arrange for product donations:

[tendtohope@gmail.com](mailto:tendtohope@gmail.com)

Thanks for reading the Tend to Hope Newsletter!

*Tricia Stafford*  *Annie Stafford*