September is National Recovery Month and Crossroads Recovery Center participated in our third year of “Recovery Month Celebrations!”

Once again, we engaged with the public and service providers for an event that included an open forum for information, recovery speakers, educational groups, musical acts, a “Rhythm of Life” percussion experience as well as a luncheon and door prizes.

For this year’s event, Crossroads partnered with the Coatesville Veterans Medical Center, Chester County Human Services and Stages Arts Initiative, all of whom helped co-facilitate the event.

Through the generous offering of the Coatesville VA, this year’s celebration took place at the “Great Hall” on the VA campus.

Presented at the event were multiple agencies representing a variety of services available for participants seeking assistance for:

- Homeless shelter services and resources
- Treatment services for substance abuse & mental health
- Educational and vocational services
- Suicide prevention
- Twelve step support programs & “Celebrate Recovery”
- Music and arts programs
- Much more…

The event began at 10:00 AM with the networking of participants and service providers complimented by Dunkin Donuts munchkins, coffee and popcorn.

This was followed by two educational groups on medication assisted treatments and interventions.

Then, at noon, a lunch was provided which included pizza, Philly Pretzels, Rita’s Italian ice and assorted beverages.

The Voices of Recovery Speakers lead the afternoon with their stories of experience, strength and hope. These speakers have always been the main focus of our previous events, and they certainly were very impactful at this event!

The conclusion of the event included a “Rhythm of Life” percussion experience facilitated by Stages Arts Initiative mentor Jim Mobile. Everyone was invited and participants were given a “bucket” with two PVC pipes to use as drum sticks.

Jim took the group on a musical journey that required no prior experience in order to play and have fun!

The final event was the raffles for multiple gift prizes that were donated to this event.

A great time was had by everyone and a special thanks is given to all the volunteers and contributors that made this event possible.

Crossroads is already looking forward to next year’s event!
The World Health Organization (WHO) defines health as “a complete state of physical, mental, and social well-being; not merely the absence of disease or infirmity.” Mental health is, therefore fundamental to total health and wellbeing. There is no health without mental health...

Health is a right to be enjoyed by all regardless of creed, nationality, economic status or diagnosis. In the early 21st century most mental disorders are diagnosable and treatable. Yet more than 500 million people around the world suffering from mental disorders are still being challenged by shame, stigma and discrimination; by lack of access to care; by inadequate resources allocation commensurate with the burden of diseases represented by mental disorders; by the lack of primary prevention; by fragmentation of care and the lack of integration in treatment; and by policy decisions that regrettably perpetuate this violation of human rights.

The United Nations General Assembly High-Level Meeting on Non-communicable Diseases (19-20 September 2011) raised the expectation that health had reached, at long last, one of the highest levels of policy decision-making. Non-communicable diseases, in aggregate, represent the highest burden of disease, and strain health systems and countries’ economies.

They include cardiovascular disease, cancer, chronic obstructive pulmonary disorders and diabetes. However the UN session disappointed by omitting mental health from its ambitious agenda. This exclusion was incredible – mental disorders are among the most prevalent non-communicable diseases, affecting more than 500 million people worldwide, with a global burden of disease of approximately 14% and a global burden of disability of 30-45%.

A robust advocacy campaign for the inclusion of mental disorders on a par with other non-communicable diseases, involving print and electronic media as well as direct appeals to the Executive Committee and General Assembly of the World Health Organization resulted in the WHO General Assembly Resolution (May 2012) that included mental disorders along with other non-communicable diseases, with a recommendation for a global mental health action plan. That plan became a reality in 2013, when the WHO launched its Global Mental Health Action Plan 2013-2020, including the collaboration and integration of mental health and primary care.

By virtue of mental disorders being diagnosable and treatable, we have now the ability to return people to productive lives and positive relationships in the majority of cases. The main barriers to successful treatment – lack of access to care, shame, stigma, and discrimination – prevent individuals in all countries from seeking treatment on a timely basis, particularly in low- and middle-income countries.

Mental illnesses often co-occur with other non-communicable diseases such as diabetes and cardio-vascular disorders. Ideally, the treatment of comorbid conditions should be well coordinated and integrated. Existing health systems’ fragmentation, along with lack of integration, makes current health systems unsustainable.

Enhancing primary and secondary prevention (including access to care and care integration) must be one of the highest priorities for 21st Century health systems. This priority is essential for diminishing the global burdens of disease and disability and their economic consequences for all nations.

The response to these challenges must begin with a paradigm shift in 21st Century health systems – from 19th/20th Century hospital-specialty based models to collaborative-integrative team models, across disciplines, working together, well connected through information and communication technology, and in a shared location.

Primary care, mental health, and public health integration is an essential dimension of the paradigm shift that will enhance access, quality, and affordability, and reduce shame, stigma and discrimination. Achieving total health for all in the 21st Century requires adopting this paradigm shift with these key components:

- Education for health and wellbeing and the integration of health, nutrition, and fitness across generations and systems (families, educational systems, workplaces, and health systems).
- A public health, primary prevention, health, and wellbeing strategy, focusing on health promotion, health protection, and illness prevention across the lifecycle, with a robust beginning in the perinatal phase of life.
- Primary care, mental health, and public health collaboration/integration.
- A global health policy of parity, non-discrimination, and dignity for all.

The World Psychiatric Association addressed these issues at its Bucharest meeting on 24-27 June 2015 and issued a Statement on Collaborative and Integrated Care urging that:

"United Nations member states adopt collaborative and integrated care as a means toward achieving total health for all in the 21st Century, and be it further resolved that.

This goal be included in the updated United Nations Sustainable Development Goals; and be it further resolved that.

United Nations member states allocate the necessary human, financial, and technological resources for training, education and implementation of this resolution.

By Elliot Sorel, MD, USA

http://wfmh.com/world-mental-health-day/wmhd-2015/

World Health Organization

Action may not always bring happiness; but there is no happiness without action.

Benjamin Disraeli
The Power of Gratitude:

5 Small Tips for a Lighter and Happier Life Starting Today

“Gratitude is when memory is stored in the heart and not in the mind.”
Lionel Hampton

“Let us be grateful to the people who make us happy; they are the charming gardeners who make our souls blossom.”
Marcel Proust

Maybe the simplest and most effortless habit for living a happier life is to take one or a few minutes every day to focus on what is already here and that you can be grateful for in your life.

It can help you to…

1. Pause and look around yourself.
A first simple step to build the gratitude habit is simply to pause in your everyday life and to ask yourself questions like:
   * What can I be grateful for in my life today?
   * Who are 3 people that I can be grateful to have in my life and why?
If you cannot come up with several things or people every day then that is OK. If you find one thing or one person then that is great too. Don’t get hung up on the numbers. Just take a few minutes and see what you come up with. Try to not repeat the same things too often. Instead, try to think of more things and people you can be grateful for in your life.

2. Look towards yourself.
Don’t just look outward.
Take a look at yourself too. A habit of being appreciative and grateful towards yourself is a simple way to improve self-esteem and self-confidence.
Ask yourself:
   * What are 3 things I can be grateful for about myself?
   * What is one very small thing that I can be grateful for today?
   * What is one thing I may usually take for granted and to find joy even during the tougher times.
Opening your eyes to the small and daily things you can appreciate lets you truly see more of the simple beauty in life.

3. Take a closer look at the very smaller things or what you may take for granted.
Don’t just focus on the big and obvious things you can be grateful for. Think about what very small things you can be grateful for too.
Like the plant just in front of my laptop that I am writing these words on. It is not a remarkable plant. But its simple beauty in the vibrant green color, how it keeps growing on just a little water and sunshine and the faint smell of nature is something simple I feel grateful for.

Another thing that I am grateful for today – that I may sometimes take for granted – was my lunch. It was a few potatoes with some grilled chicken and a dollop of sauce. It was delicious. And, more importantly, I don’t have to go hungry. I am in the very fortunate position of being able to eat lunch every day. Ask yourself:
   * What is one very small thing that I can be grateful for today?
   * What is one thing I may usually take for granted that I can be grateful for?

4. Do it early or late in your day.
But how do you get the gratitude habit to stick and not just become one of those things you forget about or abandon after a few days. Two things that I have found effective are:
   * Take 1 minute in the morning to get a good start to your day by finding 3 small or big things you are grateful for in your life.
   * Take 1-2 minutes each evening and use a journal to write down maybe 3 or 5 things you are grateful for in your life.

Two things that I have found effective are:
   * Take 1 minute in the morning to get a good start to your day by finding 3 small or big things you are grateful for in your life.
   * Take 1-2 minutes each evening and use a journal to write down maybe 3 or 5 things you are grateful for in your life.

Try one of these tiny time commitments every day for a week and see how it impacts your life.

5. Express your gratitude.
Don’t just keep the gratitude on the inside. Express it. Make other people happier too – and help them to perhaps pay it forward later on – by expressing how you are grateful for having them in your life. Plus, their smile and the joy in their eyes when you tell them this will make you happier too.

Now, that gratitude could just be a small sentence. But it can have a big impact on someone’s day, week or even life sometimes.
Try one of these tiny time commitments every day for a week and see how it impacts your life.

Have you ever considered life without tobacco?

Nicotine Anonymous
is for those who have a desire to live free of nicotine.
Meetings are held on Thursdays from 7pm to 8pm at Community Crossroads. (Begins 11/6/2014.)
(For info, call 610-429-1702.)
Until I was 39, it appeared that I lived a traditional life.

From the time I was 18, I had worked almost exclusively for Fortune 500 companies. I graduated from college in 1996 and got married that same year; I was 25 years old. In the fall of 1998, I started working on another undergraduate degree, in management information systems, while working full time in the telecommunications field. I only needed four classes to pick up that additional degree.

Everything seemed to be going well – until, on Super Bowl Sunday 1999, I had my first manic episode and was hospitalized for three days. In the hospital I took the medication the doctor prescribed, but I discontinued it when I was released. I believed I was pregnant and I knew that Depakote and lithium cause severe birth defects.

Two weeks later, I found out that I was indeed pregnant. My husband asked me to abort the baby; I told him to “take a jump off a pier.” I worked until the day before my daughter was born and had three sonograms to make sure she was healthy. I felt alone: My husband did not go with me to any of my prenatal visits.

To treat my bipolar disorder, my doctor advised me to take 2,000 milligrams of fish oil daily with my prenatal medications, which I did.

My daughter, Grace, was born in September 1999. She was small – only 5 pounds, 13 ounces – but she was healthy. I chose to breastfeed Grace and continued with the fish oil and prenatal vitamins per doctor’s orders.

When Grace was five months old, I went back to school and work. When I told my doctor I was feeling “funny,” he looked at my fat and healthy baby, smiled, and said, “Take more fish oil.” I went home and told my husband that I was dreaming about the scene from “The Joy Luck Club” where the mother drowns her child.

At the same time, there were news reports about a woman in Texas who had drowned her five children. He had me hospitalized. I had postpartum depression.

My husband’s father drove down from Pennsylvania to Orlando, Florida, where we were living, to care for Grace while my husband worked and I was recovering. A month went by and I had made no progress – at least, not in their eyes. Then my mother-in-law came down, and my husband and his parents decided that his parents would take Grace back to Pennsylvania to care for her while I “recovered.” Needless to say, they did not bring her back.

I consulted a lawyer, who advised, “It would be about three years to get your daughter back in this situation.” In my eyes, my marriage was over – but when my husband asked, “Will you come to Pennsylvania with me?” I said, “Yes; I have no choice.” I felt that tearing my daughter away from the only people she had known at 3 years old would cause her irreparable harm. By continuing to live with my husband, I could continue to be a part of my daughter’s life.

We got job transfers and moved to eastern Pennsylvania, where we lived for the next 10 years. During this time, my husband became disabled and went on Social Security Disability.

My husband kept telling me that he would leave me and take Grace if I did not take my medication; he ignored the fact that I always took my medication after I was no longer breast feeding, despite some severe side effects. He also was being treated for a mental health condition, but he seemed confident that he could win custody.

At the same time, I was doing really well. In December 2009, I received a standing ovation at the annual meeting of a prominent financial firm for going above and beyond to solve a complicated problem for one of the firm’s clients, who sent me a 2-foot-tall trophy for “Best Flagship Associate.” I was living in a $300,000 house with my husband and daughter. I had been elected to my community’s homeowners’ association board.

That month, apparently fearing that I would steal away with Grace, my husband followed through on his threat to take her. She was 10 years old. He left after battering me. I called the police but it was my word against his. He later claimed I hit him and smacked Grace. Apparently influenced by my psychiatric diagnosis, the court awarded my husband custody.

I continued to work. I was thinking clearly.

No referral was given; no follow-up was done. I was left to find a doctor on my own. In the meantime, I was forced to move to a room for rent and I lost my job of six years and custody of my child.

Later, I was evicted: I had a conflict with another tenant and I stopped paying rent because the landlord asked me to leave as a result of the conflict.

While the eviction process was under way, I was incarcerated in the Chester County Prison for 10 days on the charge of “defiant trespass.” The charge stemmed from an incident when I, in my manic state, walked into a building at 2 a.m. The police there offered me an orange. While I sat down to peel it, four police officers showed up and arrested me. Later, I found out that it was a senior living facility. After pleading guilty to a lesser charge, I walked the five miles home. When I got there, I cleaned up, started doing some laundry, and tried to gather my possessions, which I had placed outside before I had gone to jail. I was unmedicated, with no doctor, no supports and no car; it had been impounded. I was not thinking clearly.

That day, I was “302’d” – involuntarily committed to a psychiatric facility – by my landlord. After discharge, I was transferred to Valley Creek Crisis Center. When I was released, a certified peer specialist (CPS) took me to Safe Harbor, a homeless shelter. During my stay there, I was solicited for prostitution and offered illicit drugs.

I suppose that some people would have given up, but I was rescued by my personal mantra: “It’s not that you fall; everyone does. It’s how you get up.”

My faith and family got me through this dark time. I especially thank my mother, who talked me through the long, solitary nights at the shelter.

The homeless shelter stay was in August 2011. I am now living independently in a one-bedroom apartment. I see my daughter weekly in the community and in a family therapist’s office. My visits with her are still supervised by her father. I have asked Grace if she wants me to address this in court and she has asked me not to at this point.

I am on Social Security Disability and work part-time as a certified peer specialist. I work with other people who have mental health conditions, and I go to individuals’ homes as a role model, like an Alcoholics Anonymous sponsor. I currently teach Wellness Recovery Action Planning to people with mental health conditions.

Along the way, I have been inspired by other CPSs to write an advance directive and a Wellness Recovery Action Plan (WRAP), gather supporters, participate in my own wellness, and educate myself about my mental health condition.

My work motivates me, my daughter inspires me, and I am happier now than I had been during the last 10 years of my marriage.
Important Contact Information
Crossroads Recovery Center
825 Paoli Pike
West Chester, PA. 19380
610.429.1702
www.hhinc.org

Hours of Operation:
Dates and Upcoming Events October 2015

Monday 11:00 - 6:00 PM
Tuesday 11:00 - 6:00 PM
Wednesday 11:00 - 6:00 PM
Thursday 11:00 - 6:00 PM
Friday 11:00 - 6:00 PM
Saturday 11:00 - 6:00 PM

October Dates to Remember:

6  Mad Hatter Day
10  Angel Food Cake Day
19  Evaluate Your Life Day
31  Halloween

Happiness depends upon ourselves.

Aristotle

The happiness of your life depends upon the quality of your thoughts: therefore, guard accordingly, and take care that you entertain no notions unsuitable to virtue and reasonable nature.

Marcus Aurelius
A special thanks to the generosity of our sponsors and their continued donations. Their contributions help make the lives of many of our participants just a little bit better.

Giant
698 Downingtown Pike
West Chester, PA 19380

Pepsi Bottling Group
920 S Bolmar St, West Chester, PA 19382

Wawa
Route 100
Exton, PA 19341

KFC
519 E Market St, West Chester, PA 19382

Chipotle Mexican Grill
101 Turner Ln, West Chester, PA 19380

Cornerstone Christian Fellowship
426 west gay st, West Chester 19380

Harvest Food Program Support Center
P.O. Box 22787
Knoxville, TN 37934
Over 20 million adult Americans are affected by bipolar disorder or depression. Are you one of them?

At DBSA support group meetings, people share their experiences, personal feelings, information, and strategies for living successfully with mood disorders. Our support group focuses on self-help, is peer-led, safe and accepting, confidential, and is free of charge.

The primary participants in DBSA support group meetings are persons diagnosed with a mood disorder. Our support group also includes family members and friends. No advance notice is required - just show up.

We’ve been there. We can help.

Did you know that “Up to 80% of those treated for depression show an improvement in their symptoms generally within four to six weeks of beginning medication, psychotherapy, attending support groups or a combination of these treatments” (National Institute of Health)?

DBSA Online Features include:

- Podcast
- Wellness Tracker
- Become a Facebook fan
- Online Shopping
- Educational Brochures

Depression & Bipolar Support Alliance

DBSA @ CROSSROADS RECOVERY CENTER

Open Support

825 Paoli Pike
West Chester, PA. 19380
Rear Entrance – First Floor

- Tuesdays: 7-8pm Support Group

These meetings are open to ages 18 and older.

Non-emergency line: 610.429.1702
## October 2015

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### Events
- **Healthy Lifestyles**
- **Double Trouble**
- **Anger Management Group**
- **Connect Points Service**
- **Nicotine Anonymous Meeting**
- **Computer Support & Training**

### Special Days
- **Columbus Day**
- **Halloween**

~Crossroads Recovery Center~ October 2015