



RELIAS | LEARNING



## Relias Spotlight Series

September 2022

Hello Providers,

Welcome to the Optum Idaho **September Relias Spotlight Series** – a series devoted to offering you access to **free, accessible and continuing education unit-eligible** online education about topics that are important to behavioral health providers. This month's article contains an individual's lived experience, shared with us, to break down the walls of stigma and celebrate hope, recovery and resiliency.

I am a person in recovery from mental illness.

Over the course of my life, I have spent time in and out of inpatient mental health facilities trying to maneuver through a system that is not always user-friendly. Many years ago, I found myself dealing with housing and food insecurity, coupled with unemployment and isolation, and exacerbated by a completely unchecked mental illness. I felt hopeless about the future, but I had a pervasive desire to understand my situation. Was I just “lazy, crazy and resistant to change” as I had been labeled?

After an unsuccessful attempt at taking my own life, I found myself, once again, at an inpatient mental health triage facility. Once stabilized, it dawned on me that I was going to get out very soon and all my problems, both tangible and trauma-related, would still be there.

I still had no real place to live, no job, no car and incredibly strained relationships, but it felt even bigger. Now, I was saddled with the stigma of being a mentally ill suicide survivor. It has been said before that, if it had been a physical event, if I had needed emergency help with say, worsening Peripheral Neuropathy, I would have been met with concern and some semblance of a plan, but that never seemed to be the case. I felt like a burden, and I found it difficult to forgive myself for the perceived transgression of experiencing a lifetime of trauma and coping the best I knew how.

People seemed frustrated that I was unable to climb out of the hole I was in, but I had no idea where to start and nothing to grab onto.

Many of the warning signs were present but I, like many others, exhibited a vast range of symptoms such as:

- Feeling extremely sad, more anxious, agitated or full of rage.
- Expressing unbearable emotional or physical pain.
- Planning and researching ways to die.
- Withdrawing from loved ones.
- Taking dangerous risks.
- Displaying extreme mood swing.
- Eating and sleeping more or less.
- Using drugs or alcohol more often.

But there were also things that friends and family members might have done that could have helped me such as:

- Asking questions: Do you think about hurting yourself? Do you think about dying? Do you think your friends and family would be better off without you?
- Acting in a way that furthered compassionate communication.

- Withholding judgement.
- Taking threats and non-verbal clues seriously.

Eventually, a few loved ones stepped in and offered to help me re-establish my life to a degree. I was diagnosed with Bipolar Disorder, PTSD and Generalized Anxiety Disorder. I found medications that helped and a counselor who allowed me the opportunity to gather perspective. I was still overwhelmed, but not so much that I could not see any path forward. Several bricks were missing but there it was, and maybe I could get back on it.

It was here where I stumbled upon the idea of Peer Support. Boiled down to its core, Peer Support is practiced mutuality, which depends on shared experience and support. Here was a field where I did not have to hide, where I could be a more authentic version of myself, and it was an asset!

Still, the world of social services can feel daunting and confusing at times, so I often rely on a bike riding analogy I happened upon in my training: case managers can help you get the bike, Community Based Rehabilitation Services, (CBRS) will teach you how to ride, counselors can help you better understand your anxiety surrounding riding a bike and a Peer Support professional will ride alongside you. We will not tell you where to go, but we will remain curious and offer support in goal setting.

Because recovery is not some static catchall of always happy feelings and perfect hope. It can sometimes be messy and not very exciting. It is paying my bills on time, using my calendar, keeping appointments, tracking my symptoms and having the courage to reach out when I am upset. My recovery is MINE, though. I had some help but I did it, and I am proud that I did it. I felt scared and alone as a kid, but I do not as much anymore, and that is everything.

Along the way, I have discovered resources I wish I would have known existed during the years I spent near or in crisis. There is the Optum care line 1-855-202-0973, a new 988 mental health emergency/crisis line and, of course, Peer Support, other services and community resources.

To say I still struggle is a wild understatement, but every day I make a choice to show up and put in some work. I know whom I love and who loves me. I am a creative soul, a sometimes athlete, animal lover, survivor and thriver, and I am glad I am here and that I stuck it out.

If you would like more information and education around the topic of recovery and resiliency, we encourage you to log into [Relias](#) and search for the following modules:

Recovery Principles and Practices in Mental Health Treatment	REL-BHC-0-RPPMHT
Self-Advocacy and Recovery	REL-HHS-0-SAAR
A Culture-Centered Approach to Recovery	REL-HHS-CASRA-CCA
Wellness and Recovery	REL-BHC-0-WR
In Session: Practicing Clinical Skills to Prevent Suicide	REL-BHC-0-ISPCSPS
Suicide-Specific Interventions and Best Practices	REL-BHC-0-MSRPPSLs

Thank you again for the work that you do each day with our members so that Idaho can continue to improve access to behavioral health services. Optum is excited to offer these resources to you.

Sincerely,

The Optum Education and Training team