



# PENTAC NEWS VOLUME 10

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### WOMEN'S HISTORY MONTH

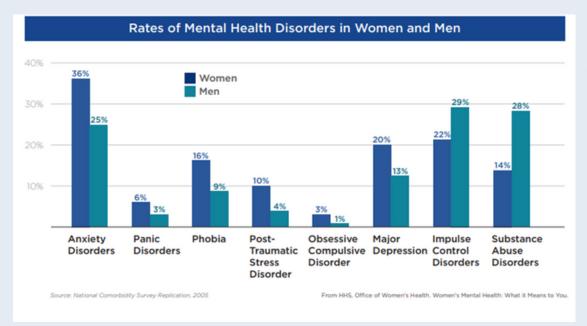
This past March was Women's History Month and we want to take the time to celebrate and acknowledge the influential, diverse, and brilliant women from our history, and everyday lives, who have helped to shape us as individuals.

"Women are leaders everywhere you look—from the CEO who runs a Fortune 500 company to the housewife who raises her children and heads her household. Our country was built by strong women, and we will continue to break down walls and defy stereotypes." —Nancy Pelosi.

Mental health is essential to our well-being and women must prioritize their own mental health to ensure that they remain healthy. Recent research has identified several disparities between women and men regarding the risk, prevalence, presentation, course, and treatment of mental disorders.<sup>2</sup>

According to the American Psychiatric Association each year, 1 in 5 women in the United States experiences a mental health problem such as depression, post-traumatic stress disorder (PTSD), or an eating disorder. While research reveals that men and women have similar rates of mental health problems, the types of mental health conditions and experiences seem to differ vastly. From a higher prevalence of post-traumatic stress disorder due to violence to challenges associated with pregnancy and motherhood like postpartum depression, there are a variety of unique factors that put women at risk of poor mental health.





This graph provided by the American Psychiatric Association (APA) depicts the rates and prevalence of several mental health conditions that affect women.

Listed below are some tips that can allow for us to be both mentally and physically healthy! 6

- Set healthy boundaries with others. Ignoring your boundaries for the benefit of others can leave you feeling drained and unhappy. Saying "no" to protect emotional and mental space can improve self-esteem and facilitate healthier relationships.
- Practice positive self-talk. Many women feel pressured to meet certain beauty standards. A negative self-image often translates into mental health causing anxiety, depression, and an increased risk of unhealthy behaviors. Implement positive affirmations into your wellness routine. This tool can help redirect negative thoughts and reduce stress.
- Prioritize mind-body wellness. Engaging in some simple physical activities like deep breathing or short walks can have a big impact on mental health. Many women struggle with feeling overwhelmed, so activities that benefit overall wellness can help ground you and reduce stress which leads to improved emotional health.
- Incorporate self-care. Self-care isn't one-size-fits-all but the idea of pampering benefits everyone. This could look like watching your favorite show, meditating, or sleeping. By taking time to put yourself first, you're finding healthy ways to cope with stressors and manage mental health.





### RECOVERY-ORIENTED LANGUAGE

Language has the ability to shape how we view the world and ourselves. When we communicate, we have a choice in the words we use to describe ourselves, others, and the world around us. The words we decide to use, and the meanings we attach to them have a direct influence on our decisions, beliefs, and well-being.<sup>4</sup>

What we say and how we say it matters; especially within the mental health and substance-use world. Recovery-oriented language is an essential component in helping individuals on their path of recovery.<sup>3</sup>

Words can convey hope, optimism and support, and promote a culture that fosters recovery and wellbeing. As this is the case, it is imperative that we are aware of how we are communicating and the words we are using to do so.

#### Our language needs to be:

- respectful
- non-judgmental
- clear and understandable
- free of jargon, confusing data, and speculative comment
- consistent with our body language
  - sincere in carrying a sense of commitment,

hope and presenting the potential

for

opportunity

- trauma-informed
- strengths-based.

#### We need to think about:

- how the language we use is read,
   as well as
  - heard by people
- how our words may positively or negatively
- contribute to people's health and wellbeing
  - what our language may communicate

about ourselves and our prejudices

 how words might affect engagement with services and supports.

Questions to ask ourselves:

- What else am I saying?
- How will someone else read or hear this?
- Do I communicate a sense of commitment and hope and present opportunities, or convey a sense of pessimism and disinterest?.



#### FINDING THE RIGHT WORDS:

Sometimes finding the right words and language to use can be difficult! That's why we're including a brief infographic, with information provided by the Mental Health Coordinating Council, that details some of the "Do's and Don'ts "of recovery-oriented language!

#### WHAT NOT TO SAY

#### WHAT TO SAY

Don't label people.  Don't say they are "mentally ill"  Don't define a person by their struggle or distress	DO put people first. DO say "person with a mental health condition."
Don't emphasize limitations  Don't focus on (in your mind) what is wrong with the person.	DO emphasize abilities! Focus on what is strong, like the person's strengths, skills and passions.
DON'T use condescending, disapproving, patronizing, or discriminating language.  DON'T sensationalize a person's mental illness. This means not using terms such as "afflicted with,"  "suffers from" or "is a victim of"	DO use language that conveys hope and optimism and supports and promotes a culture of recovery
DON'T assume that a person wants to be called by a particular term. For e.g., 'consumer' or 'client'. Check whether they wish to be addressed by their family or first name or another name to which they identify	DO ask how the person would like to be addressed.

It is important to note that language is dynamic, and changes over time. A phrase that may have been appropriate for one generation may no longer be acceptable twenty years later. Employing language and communication that promotes respect, understanding and hope and taking the time to reflect on what we say is crucial.





## What is Technical Assistance?

As a National Technical Assistance Center, PENTAC provides Technical Assistance to a variety of organizations and individuals, but what is "technical assistance"?

Technical Assistance, or "TA", is the process of providing targeted support to an organization with a developmental need or problem. Sometimes technical assistance can be offered in a one time meeting/conversation with shared resources or through email interactions and other times it may be a long-term process plan where PENTAC provides customized support.

#### Our Focus Areas:

- Integration of Peers in Diverse Settings
- Supported Education & Employement
- Youth Leadership Skills

Our Technical Assistance process allows for PENTAC to aid peer-run organizations and local and state level agencies in developing peers and increasing leadership capacity within the peer workforce through the implementation of projects within our focus areas.

## Our Technical Assistance Process

Submit a TA Request form.

You can find and fill out a TA Form at:

https://members.peersuppor tfl.org/page/TechnicalAssis tance



A TA Coordinator will reach out to schedule an introductory meeting.



TA Plan is created and carried out.



Once TA is completed, a survey will be sent out for feedback.



Connect with us via email at: pentac@peersupportfl.org



## Check out our Resource Library!



OUR RESOURCE LIBRARY
CONTAINS VARIOUS
INTERACTIVE TOOLKITS, GUIDES,
ARTICLES AND VIDEOS THAT ALL
FALL UNDER OUR FOCUS AREAS!

READ BELOW TO SEE A SMALL
SNIPPET OF CONTENT INCLUDED
IN THE LIBRARY!

CLICK <u>HERE</u> TO BE REDIRECTED TO OUR LIBRARY!

#### The Impact of Stigma

Stigma interferes with an individual's full societal participation while stripping them of dignity and self-respect. Stigma's impact on an individual's treatment access and participation can destroy self-esteem, isolate and marginalize the individual, and create a pervasive sense of hopelessness.

According to the Central East Addiction Technology Transfer Center (2012), stigma can result in:

- Prejudice and discrimination
- Fear and shame
- Distrust and disgrace
- · Stereotyping and rejection
- Anger and frustration
- · Avoidance of treatment and inadequate coverage
- · Ostracism and denial of rights

Stigma affects individuals suffering with substance use disorders and mental challenges in numerous ways and forms. Individuals understand, perceive, and define stigma and its impact in a variety of ways when applied toward an individual experiencing a substance use disorder, and stigma's target and impact often includes family members as well. Phillips and Benoit (2013) call this association <u>courtesy stigma</u>.

Pervasive and insidious, stigma fuels inequality and is a powerful motivator for silence, isolation, and avoidance of activities that identify, perpetuate, or highlight an individual's particular challenge. For example, individuals may refuse to participate in treatment because it outs them as person with a substance use disorder.

Fear, prejudice, stereotyping, discrimination, distrust, and shame can all arise as a direct result of the impact of stigma, reinforcing the false belief that mental and substance use disorders are not diseases worthy of treatment and may not even be diseases at all.

Stigma provides a hidden and undeclared opportunity for private and public health insurance providers to deny or restrict access to coverage and the types of treatment available for the disorder. Stigma divides us, and many individuals do not want to work with, rent to, employ, engage with, or even live near anyone with an active substance use disorder or history of misuse.

Stigma impedes an individual's desire for treatment or care due to the potential for violations of confidentiality regarding their diagnosis or treatment protocol. Public response to stigma negatively affects opportunities, resources, and treatment access for individuals with substance use and mental disorders. Stigma stops people from seeking treatment because of the fear that they will not be treated with respect or dignity within the treatment system.

#### CHALLENGES OPPORTUNITY YOUTH FACE

In literature relating to opportunity youth, they are described as multifaceted older adolescents who may face many barriers that are social, emotional, and physical. The barriers may create trauma that must be addressed so that the youth has a better opportunity to overcome difficulties, which may hinder their future aspirations and work options. Trauma impacts their self-esteem, resiliency, and socioemotional skills.

Recognition of the factors that are most prevalently found as barriers impeding opportunity youth include:

- Disengagement from educational institutions and resources, which have led to low numeracy, literacy, socioemotional, and soft skills. An opportunity youth may not have completed high school or have a disability.<sup>4</sup>
- The financial inability to secure more than minimum wage employment because of a lack of education and skills. Opportunity youth often represent those from the lowest income households and communities. It is a factor that keeps the youth from supporting and changing the economic station of their families.
- Housing insecurity/instability that stem from financial and familial circumstances, which leave the youth transient or without transportation to their program or work site.
- Familial responsibilities as young parents or older siblings who
  are required to care of another. The youth will relay that these
  responsibilities leave them tired, missing appointments and work
  shifts. The end result is incomplete program requirements or the loss
  of a job.
- Reintegration into society after juvenile incarceration, which is another factor for some opportunity youth. Although research encourages workforce development as a strategy to develop critical skills and reduce recidivism, youth can still find it difficult to remain engaged in the programming.<sup>5</sup>

BE MORE CONSIDERATE ...
REALIZE THESE ARE ACTUALLY
PEOPLE WHO ARE GOING
THROUGH STUFF. AND TRAUMA
IS DIFFERENT ON EVERYBODY
AND A LOT OF PEOPLE DON'T
UNDERSTAND THAT ... TRAUMA
LOOKS SO DIFFERENT ON
EVERYBODY AND MY TRAUMA
DOESN'T LOOK LIKE OTHER

PEOPLE'S TRAUMA



April 2023





## Calendar of Events All times are Eastern

All times are Easterr

April 2023

# PENTAC Offerings For Virtual Education

- CRPS Overview & Exam Study Sessions
- Conducted monthly to help individuals learn about the CRPS profession and aid applicants in preparing to take the state exam.
- · Entrepreneur Speaker Series
- Monthly peer entrepreneur speakers from all of the United States share their recovery story and journey into entrepreneurship. Presentation and Q&A
- · Entrepreneur Workshop Series- 6 parts
- Six 2-hour workshops for the aspiring entrepreneur. Learn foundational skills that can help you get ready to launch your own business. Application only.

**4/6/23**- Entrepreneur Workshop Series 6-8pm: By application only

**4/6/23**- Entrepreneur Speaker Series 12noon-1pm- Any audience

**4/11/23**- CRPS Overview & Exam Study 5:30-7pm: Prospective & current CRPS applicants



Stay Up-to-Date with all upcoming events by checking our website and following us on social media!

For More info and to register
Visit the Training & Events tab at
www.peersupportfl.org





#### **References**

- 1. Person-centered language. Mental Health America. (n.d.). Retrieved April 3, 2023, from https://www.mhanational.org/person-centered-language
- 2. Office of Behavioral Health Equity. (2021, March 24). Celebrate women's history month by Prioritizing Your Mental Health. SAMHSA. Retrieved April 3, 2023, from https://www.samhsa.gov/blog/celebrate-womens-history-month-prioritizing-your-mental-health
- 3. Hyams, K., Prater, N., Rohovit, J., & Meyer-Kalos, P. (2022, May 19). Person-centered language. Center for Practice Transformation. Retrieved April 3, 2023, from https://practicetransformation.umn.edu/practice-tools/person-centered-language/
- 4. Recovery oriented language guide MHCC. (n.d.). Retrieved April 3, 2023, from http://www.mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide\_2019ed\_v1\_20190809-Web.pdf
- 5. Women's History Month. Mental Health Technology Transfer Center (MHTTC) Network. (n.d.). Retrieved April 3, 2023, from https://mhttcnetwork.org/centers/global-mhttc/womens-history-month
- 6. Simpson, N. (2023, February 20). Women's History Month: Putting your mental health first. Oceans Healthcare. Retrieved April 3, 2023, from https://oceanshealthcare.com/womens-history-month-and-mental-health/
- 7. Psychiatry.org Women. (n.d.). Www.psychiatry.org. https://www.psychiatry.org/psychiatrists/diversity/education/women-patients
- 8. Gender Differences in Mental Disorders. (n.d.). https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Women.pdf

## WE WANT TO HEAR FROM YOU!

What is your take on peer leadership?
What do you believe needs to happen for more peers to become leaders? Send us your thoughts!

If you are a peer entrepreneur or intrapreneur, we would appreciate the opportunity to connect with you, book you for our Entrepreneurship Speaker Series, and even feature your organization in our newsletter!

Give us a call at (877) 280-7337 or email us at pentac@peersupportfl.org







- Sign up <a href="here">here</a> to get PENTAC updates! Keep up to date with our newsletters and upcoming national trainings and events!
- Feel free to contact us at pentac@peersupportfl.org if you have any questions!

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