



# TEND TO HOPE NEWSLETTER



Spring 2022

Issue VII

*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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**In this Busy Life,  
Let's All Remember  
to Stop and  
Smell the Flowers.**



## Tend to Hope Celebrates Mental Health Awareness Month

*It's good to be back with you! As we head into the warmer days of late spring, the month of May reminds us to tend to our mental health in the same natural way we do our physical health.*

*We invite you to let us know how you keep a check on your mental health. What works for you? Are you a meditator, a knitter, a runner, a reader? Does a cup of tea and a good movie help soothe you? Does therapy and/or medication balance you and help you cope?*

*In our next issue, we thought it would be interesting to share what helps and learn from each other. Names are optional. Just email us at [tendtohope@gmail.org](mailto:tendtohope@gmail.org).*

**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.**

## INTERVIEW WITH: Kathy Laws

*A groundbreaking initiative is coming to Montgomery County, PA - Family Member and Peer Respite Council Secretary/Treasurer is here to tell us all about it!*

**Tricia:** We're so excited about The Ferns Peer Respite. Where did you get the name for it?

**Kathy:** One of our members, Jen Heller, is an artist, and she had shown us this painting she had made of ferns. She had been out for a walk with her mother, early spring, and they passed these ferns that were in the process of springing up from the ground. They were very tightly furled and some were beginning to unfurl. She was talking about how that spoke to her, how there was this cycle of happiness and distress that we all go through, this opening and closing, and everyone on the Peer Respite Council thought that was the perfect metaphor for peer respite. That led to the name of The Ferns. That connection with nature, that cycle of life and renewal, that unfolding, spoke to all of us.

**Tricia:** I love the description in the brochure that peer respite is a "welcoming space for people who are overwhelmed," and that this crisis point could be a "catalyst for change," because that's what it **can** be.

**Kathy:** Yes. I was just reading an article this morning about cycles. The author was saying we tend to think of our lives as linear. Maybe we're faced with trauma and challenges, but we imagine we're going to get through them and then we're going to go on with our life. But then if there's another setback, you can be devastated because you thought you were past that. Reading that article, it just hit me that this is part of the foundational philosophy or structure of peer respite as a concept, just recognizing that these periods of distress are such a natural part of life. If you're a human being, you're going to experience them. You'd think that concept would have sunk in by now.

**Tricia:** How long has The Ferns peer respite been in the works?

**Kathy:** I've been involved for four years, but there are others who have been involved for five or six years. The story is that Maureen Feeny-Byrnes and some other folks had learned about the concept of peer respite and then started gathering information and educating themselves. The first year was really just learning, learning, learning. And when I came in, we were still learning. There's a peer organization in Western Mass called The Wildflower Alliance, and they have a peer respite called Afiya. They've been the "go-to" organization for people like us. In fact, they created an over-300-page handbook, the Peer Respite Handbook, which we refer to as our bible. We've been writing for grants and getting some donations, but what really changed the game for us was that in October of last year we got a significant amount of money from a private donor who was setting up a fund with a foundation exclusively for our use.



**Tricia:** Wow! What was the feeling like when that happened?

**Kathy:** What a game-changer! It felt **real** then and we had to switch gears, as well. We have to find a property, and now that we have this money, we realize we can actually buy a property. We have what we need to open our doors, we just need to operationalize everything. So we've been looking at properties, at single-family homes -- because it is a home, it's not meant to be institutional -- and we've engaged a consulting firm that is helping us come up with a really solid business plan and a fund-raising plan.

We don't want this to be part of the traditional mental health system, so we are not pursuing -- you never say never, because a few years from now the system may look completely different -- but as of right now, we're not interested in Medicaid funding, which is what a lot of programs have used to provide ongoing, sustainable funding from the county or state. One of the things that is different in this endeavor is that we're looking for a house, which is not something that will be revenue-generating in and of itself. So there's not going to be Medicaid billing associated with people who are using it. There are not going to be any rental fees or anything like that. It's going to be free. Having said that, we do know that there may be plenty of guests who come who may actually want to pay. We would be thrilled about that and would welcome their donations. Everybody comes in at the same level, there won't be that sort of "have and have-not" mentality. After you go home, if you want to make a donation or your family wants to make a donation, that's lovely. We would be so grateful for that.



**Tricia:** Who will staff The Ferns? I'm familiar with Soteria House, another alternative, and I know that they have different staffing levels. What's the difference between a Soteria House and The Ferns?

**Kathy:** Soteria is longer term, a place where people would typically stay 1-3 months. Our peer respite stay will range from 1-7 days. Soteria is more of a residential feel, and the staff might work with you to figure out the best next place for you to live. There is also clinical oversight in Soteria. Once you're in the program, though, it really is intended to be very peer led. The people who work for us at The Ferns will be peers, and there will be training -- intentional peer support training -- which is based on mutuality and equality. There isn't a feeling of, say, the professionals who have it all together are over here, and then over there are the people who need the help. Everyone will be coming together and learning together in a very mutual way.

We'll have a program director who will be full time. Our workers will have a living wage and benefits and paid time off. That's going to be our biggest expense, but it's important because this is important work. There's no reason why people should not be appropriately compensated for it. The peer director will have three full-time people working for him or her, and it will be the same with the staff, full time with benefits and paid time off. You cannot do this kind of work without paid time off. These four people will be backed up by a roster of per-diem staff that will be paid a competitive wage but not have benefits, because we'll be looking for a smaller amount of hours from them per month. That's how we'll fill in all of that paid time off.

**Tricia:** Are you going to be very similar to the Afiya peer respite or is it going to be any different?

**Kathy:** It will be very similar to Afiya. We're looking for a four-bedroom house because we want to have space for three "guests" at a time. We want them to have their private space, because sometimes what you need is just to regroup and close the door and be by yourself or catch up on your sleep. And while the rest of the house will have common spaces, we also want a private space so that if one of our guests wants to have a private conversation with our director or one of our staff, we have space for that. This could be an extra area that we could turn into a home office or a lounge, but where there's also a door. The staff are just going to be in the house, they're not going to be off in their own special "staff space." We want to have a nice outside area, as well. We think that's really important because that can be very restorative.

**Tricia:** What about issues around medication?

**Kathy:** People can use medication when they come. Our guests will all be adults, eighteen or older. We don't ask about medication; it's basically your business. You would need to be able to manage that on your own. We're not holding medication for anyone, and we would not be in a position to manage that for anyone. Having said that, if someone had a case manager who did that for them, that case manager would be completely welcome to come over to the peer respite to do that while the guest was there.

**Tricia:** How long away do you think The Ferns is from opening?

**Kathy:** The thinking is that as soon as we have the property -- of course, we'll likely have some renovations -- we're hiring the director. We already have some really outstanding candidates. Then we'll hire the rest of the staff and get everyone trained in Intentional Peer Support, which is about a week-long training. So I think things could happen pretty quickly.

**Tricia:** Are you planning to stay involved in this administrative role?

**Kathy:** Once The Ferns is up and running, I would envision staying involved with it through the implementation and then see what happens. I would *love, love, love* to continue to spread the idea of peer respite throughout Pennsylvania!



**Tricia:** That would be a great thing for you to do. It's so valuable, I would love to see this become a common, legitimate option.

**Kathy:** There's a recognition nationally that this is an important part of a comprehensive crisis system. Communities all across the states are looking at their approach to crisis, and several large national alliances, coalitions, and government entities have named peer respite as an important part of a crisis system. Montgomery County has always been on the cutting edge. It may not be the first to sign on, but we definitely get there pretty quickly.

**Tricia:** And there are always those individuals who don't fit in to the conventional care system, the hospitalizations are not right for them, the typical treatments don't work. They need other things, that are just not there yet, and this could be one of those things.

**Kathy:** Right. There are people for whom hospitalizations, even voluntary hospitalizations, are too traumatizing. You know, did it serve its purpose of getting people past a hump where they're not really feeling safe? It can. For some people that comes at such a great cost. Now they have to recover from the hospitalization.

**Tricia:** Exactly!

**Kathy:** So it's a choice. It's really recognizing that what works for one person doesn't work for another person. We need different approaches.

**Tricia:** That's exactly right. And a great place to end. Thank you so much, Kathy!

*To Donate to the Ferns Peer Respite, please see the link below:*

*<https://www.hopeworxinc.org/how-to-help/donate.html>*



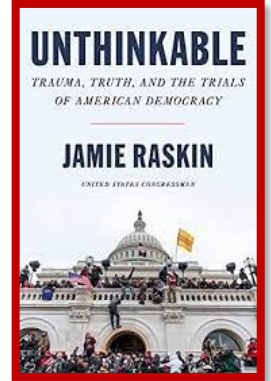
Artwork by Jen Heller



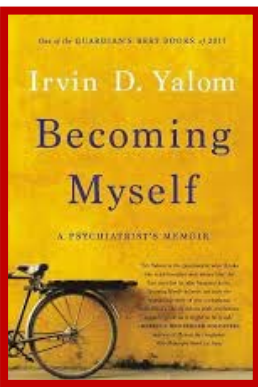
# Book Corner: More Outstanding Reads from the Past Year

## Unthinkable: Trauma, Truth and the Trials of American Democracy by Jamie Raskin

Interwoven with Congressman Raskin's eyewitness account of the January 6th insurrection at the U.S. Capitol is the story of his beloved son's death by suicide only five days earlier, on December 31, 2020. As Raskin states, Tommy's death "followed a merciless advance of mental illness that seized and ultimately controlled the dazzling mind and pure heart of this brilliant and empathetic young man." Though he struggled with "obsessive anxiety," his psychological stress was exacerbated by the challenges of the Covid-19 pandemic. Tommy was kind, funny, exceedingly bright, politically gifted, cared deeply about the downtrodden and the world around him, and was profoundly loved by all who knew him. His death by suicide underscores how despite good mental health treatment, even the most promising among us can still harbor untouchable dimensions of anguish.



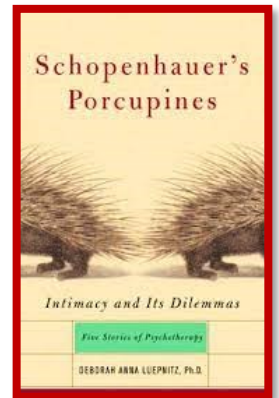
## Becoming Myself: A Psychiatrist's Memoir by Irvin D. Yalom



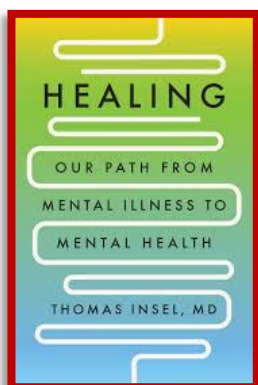
Yalom's memoir makes for quick, enjoyable reading. He tackles everything from his life as a psychiatrist, to his childhood, to the authors and philosophers who shaped him, to his world travels. He is famous in the mental health field for his innovations in group therapy as an effective treatment modality. He also took a deep interest in the topic of death and devoted ten years of his clinical practice to working with patients diagnosed with terminal illnesses. In dealing with his own fear of death, he derives courage from an idea he often used when working with clients: "the greater the sense of un-lived life, the greater the terror of death." He wrote not only academic books, but also works of fiction and nonfiction related to therapy and mental health. Though he claimed this would be his last book, he recently came out with another memoir, which I can't wait to read.

## Schopenhauer's Porcupines: Intimacy and Its Dilemmas by Deborah Anna Luepnitz

This 2002 account of five long-term "case stories" of psychotherapy was inspired by the famous pessimist's use of an anthropomorphic analogy of human affairs — when porcupines are forced to huddle together for warmth in winter, they soon spread apart to avoid the pain of being poked by each others' quills. The stories read like engrossing novellas in which we witness how psychotherapy plays out and allows each individual to "turn egregious neurotic misery into the porcupine dilemmas of every life." Luepnitz intersperses her interpretations throughout, which makes for a fascinating read.



## Healing: Our Path from Mental Illness to Mental Health by Thomas Insel



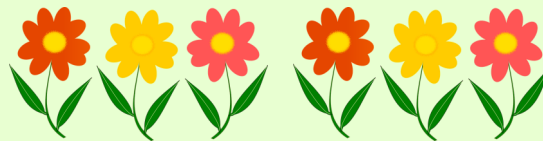
Psychiatrist Thomas Insel retired from his role as director of the National Institute of Mental Health to explore and critique the "crisis of care" in our current mental health system. Why, he asks, if we have treatments that work are the treatment outcomes "so abysmal." Insel states, "At best, we have a mental sick-care system, designed to respond to a crisis but not developed with a vision of mental health that is focused on prevention and recovery. This sick-care system was built by insurance companies and pharmaceutical companies, and, to a limited extent, providers. It was not built by or for patients or families or communities." As a lay person navigating the system for years, at times frustrated and mystified by its flaws, I found this book extremely educational and enlightening. Fortunately, Insel offers hope and a concrete way forward.



## Big News...

### *Tend to Hope Partners with Jefferson Abington Hospital Behavioral Health Unit*

We're thrilled to bring our Seeds of Hope bags to our neighbors at Jefferson Abington Hospital!



## AROUND THE WORLD...



Among the many innovative ways to forge social connections Thomas Insel writes about in *Healing: Our Path from Mental Illness to Mental Health*, I found the most charming and humble was The Friendship Bench, introduced in Zimbabwe in 2005.

After massive political unrest threw approximately 700,000 people into psychological turmoil and homelessness, Dr. Dixon Chibanda, one of only twelve practicing psychiatrists in this impoverished country, wrestled with how to shore up his traumatized population. He drew upon the strength of this matriarchal culture, realizing that "social connection from an empathic, trusted older woman could be a powerful intervention." To that end, Dr. Chibanda began an initiative which placed simple benches in front of health clinics and then staffed them with grandmothers, or "grannies," who were trained in cognitive behavioral therapy and basic listening skills. The grannies, with their natural, caring approach, helped thousands of individuals cope with loneliness, anxiety, depression and "whatever else" people brought to the bench. If more complex or serious situations arose, the grannies were supported by more experienced clinicians, who were just a phone call away.

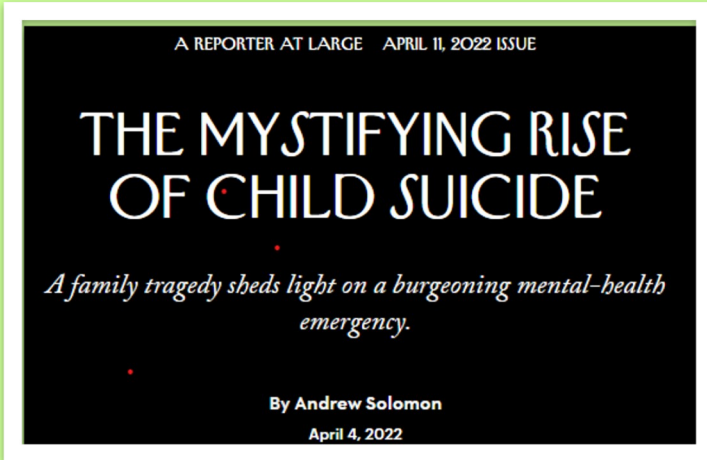
At a six-month follow-up, the results of The Friendship Bench Project found "highly significant effects" – on a 14-point scale of symptom severity, the treated group scored 3.8 versus the standard care score of 8.9. To date, over 50,000 people in Zimbabwe have been treated through the Friendship Bench.

*Hooray for Zimbabwe!*





# ANNOUNCEMENTS



CHECK OUT ANDREW SOLOMON'S LATEST MENTAL HEALTH REPORTING ON THE RISE OF CHILD SUICIDE IN THE APRIL 4<sup>TH</sup> EDITION OF THE NEW YORKER.

When Solomon's son's classmate dies by suicide, the subject hits uncomfortably close to home and takes on new urgency.

Solomon is a professor of clinical psychology, an eloquent author and lecturer on mental health issues, and an individual with his own "lived experience." This article is a must-read for anyone interested in delving deeper into this alarming trend.

Did you know that Mental Health Awareness Month started in May of 1949 in the USA?

At any given time, a whopping 18.1% of Americans are estimated to suffer from some form of mental illness, and each year Mental Health America names a theme for its outreach to the public on this especially timely topic. This year's theme is "Back to Basics," a call to action to provide people with the ABCs of knowledge around mental health and information on what they can do if they feel their mental health is a cause for concern.



Mental Health Awareness Month

## A Simple Way to Help Our Cause:

Do you like to create cards? We would love for you to contribute "Cards of Hope" to our Seeds of Hope Bags!

For individuals in mental health crisis, this small token from an anonymous community member could make their day, month, or even year. Your "Card of Hope" will help remind others that mental health challenges are human and that their community cares.

Please let us know if you can contribute either a hand-made or store-bought card with a short personal message of hope. We can't wait to see your works of art!





## 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:

**215-208-6105**

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

Thanks for reading the Tend to Hope Newsletter!

*Tricia Stafford*  *Annie Stafford*