THE STIGMA FREE ZONE NEWS OF NJ
Bringing the Mental Health Conversation to New Jersey

We report on an initiative of volunteers, nonprofits, schools, libraries, hospitals, First Responders, and houses of worship working independently or with local government to make NJ free from the stigma of mental illness. Anyone can form a local SFZ Task Force, no permission required. Just pledge to "do something about mental illness."

WHAT'S IN A NAME?
PAUL ARONSOHN: NJ STATE OMBUDSMAN TALKS TO THE SFZ NEWS OF NJ

By Cynthia Chazen, Editor, SFZ News of NJ

Ombudsman? I didn't even know what an Ombudsman was (and still can't pronounce it) until I met Paul Aronsohn and he explained the wide scope of his work and advocacy on behalf of NJ's disabled. His is a job that is still creating and redefining itself. In my opinion, the definition of the office is not yet complete, especially as it relates to how the state defines mental illness as a disability.

Paul was appointed NJ Ombudsman for Individuals with Intellectual or Developmental Disabilities and Their Families by Governor Murphy in 2018. The office was conceived by SFZ supporter, Assemblywoman Valerie Vainieri Huttle.
Paul was chosen in part for his experience in politics (he is the former Mayor of Ridgewood) and in part for his personal understanding gained growing up as the sibling of a sister with a complex disability. He reports directly to the governor and his office is not housed under DHS. His duties, as he passionately described them are "To help individuals with disabilities in getting supports and navigating available resources, while connecting their caregivers and families, too." Wow! Awesome!

So, where does mental illness fit in, I asked?

First, a short lesson. Developmental disabilities are defined as impairments in learning, language, or behavior (like autism, or Downs Syndrome) beginning before age 22. The term also includes physical disabilities.

Intellectual disabilities are characterized by limitations in intellectual functioning and adaptive behavior; which covers everyday social and practical skills. These originate before age 18.

So where do mental illnesses fit in? They can affect learning, language, behavior, intellectual functioning, social skills, may onset at any age (but come on most often in teen years for boys and early 20s for girls) and can also cause real physical symptoms (like debilitating fatigue, headaches, muscle pains, or catatonia). So, is mental illness included under the office as intellectual, developmental, both, or not at all? The answer, it seems, is still unclear.

We sat at the Ridgewood Library, sipping coffee, engaged in a friendly (and lengthy) debate over his title. Was it exclusionary of mental illness? Should "mental illnesses" which fall along a wide spectrum (from brief bouts of adult anxiety to life-long, psychotic illness like child-onset schizophrenia) even be lumped together to begin with? Where should they fit under the IDD banner? Had Paul heard the latest view that the medical method of defining mental illnesses based solely on symptoms could soon be on it's way out? I sure asked a lot of questions for someone from New Jersey! Ba dum tsss. (Sorry, I'll see myself out). Seriously, though, I believe I reminded him, that many people still deny that mental illness can be a disability! Many still think of it as a character flaw, to be overcome by determination, improving attitude or working harder. Yeah, we talked stigma.

We spent so much time dissecting the intricacies of the social service, healthcare, and political systems that NJ has built around disabilities (especially by defining them using such limiting terms) that we didn't discuss much else. But the conversation was worth the time, since words can exclude, as surely as they can help or heal. Let's face it: words are important. Titles matter. We did agree that most politicians are well-meaning, and should not be blamed if they unintentionally cause consequences while trying to fix imperfect, inherited systems.

Change has to start somewhere.

But how NJ defines, treats, and funds mental illness (as a disability) under the influence of this new office remains to be seen. Whether or not mental illness falls under Paul's jurisdiction does not yet seem to be fully decided! Paul stated earnestly, "I believe leaders must take it upon themselves to create policy from a diversity of views." He said his title had simply had been put forth, unquestioned, and "While distinctions are important, it doesn't mean that one category [of disability] deserves more help or attention than another." He listened most closely, with empathy, to all that I argued for. I sensed he cares about the individual with severe mental illness the same as he cares for persons with other challenges.

He did admit "The IDD (Individuals with Developmental Disabilities) system is too confusing... especially for folks who are already feeling overwhelmed," and added that when it comes to the scope of his duties as Ombudsman, "I can't yet tell you in detail where mental health officially fits in ... but we will find the commonalities."
Perhaps Paul should hear more from NJ's mental illness community.

It is up to all of us to make our voices heard, and to speak for those who are too ill to speak for themselves. Every step forward in fighting stigma against persons with all types and classification of disability can still present issues needing to be heartily well-met. Our care providers, organizations, workforce, peers, families, and advocates must speak out to make sure that mental illness stays on the priority list in NJ politics, and that its inclusion is officially recognized.

Nomenclature aside, Paul is a great guy, who seems eager and ready to take on a system that may yet need to be broken down and analyzed, redefined, and perhaps, destigmatized. It's going to be a huge job. He wants to focus on making the system less complex, and provide more housing, employment, transportation, and choices in medical care. NJ may be due for another look at how a mental illness (as a disability) is defined, but I'm confident Paul will see that it doesn't get short shrift.

I'm glad he is here, and I'm glad he is listening.

Email Paul Aronsohn
TWENTY-SEVENTH ANNUAL
TURKEY TROT
2019

THANKSGIVING DAY
5K Run FLEMINGTON, NJ 2 Mile Walk
Rise for the Occasion

Thursday, November 28, 2019
5K Run 9:30 am • 2 Mile Walk 9:40 am
Virtual Run • For Those Who Can’t Attend
Register at: runsignup.com/CEATurkeyTrot
908-782-1480 ext. 222 www.cea-nj.org

MAIN STREET FLEMINGTON
Register for the CEA Virtual Run the 5K Trot or the 2k Walk Today!

QUICKLINKS TO EVENTS

Sussex County: Nov 20 Primer on Juvenile Mental Health

NBMC: A Taste of Bergen Nov 18

Rutgers University: Nov 21 Certificate in Peer Support Open House

Princeton University: Nov 19 Movies for Mental Health
Milo The E-Therapist Robot Could Have Behavioral Health Applications

By Cynthia Chazen, Editor, The SFZ News of NJ

Kevin Askew, of TechXtend, in Eatontown, NJ started his company because he was interested in technology with a human impact. He certainly found it in Milo: a robotic teacher of social and behavioral skills for learners, ages 5-17. Available in different sexes and races, Milo sports a cute, Japanese anime look. Milo helps kids on the autism spectrum understand and better express emotions by modeling. Milo walks, talks, and lights up, and kids seem fascinated, and they learn how to engage in social situations. "The great thing about Milo is he never gets tired or impatient," Kevin explained.

Kevin recalled his favorite encounter with a very tired mom whom he met at an Autism conference. She doubted that Kevin should "waste his time" showing Milo to her 12 year old son, who she said, "doesn't engage." She was proved wrong, when to her amazement, her son would not take his eyes off of the robot, and watched Milo go through an entire lesson on "Happy," as she exclaimed "He has never done that before," repeatedly, with tears welling up in her eyes.

Milo helps kids who can't focus make real improvements. He comes with a professionally written curriculum, and schools (and hopefully soon, behavioral health providers) are using him as an E-Therapist. Mental Health Providers, might in future adapt the K-12 model with a specialized curriculum and actually be able to charge per session for Milo (and his human therapist counterpart). Kevin hopes to move ahead with these ideas soon. Ahhh, better living through technology!

I asked Kevin why he felt Milo had application in the behavioral health world. I received a quick lesson on how autism and severe mental illnesses often share common features such as the inability to regulate emotions (Milo teaches calm down skills). Schizophrenia, schizoaffective disorder, and depression, like autism, may also feature a "flat affect" (inability to identify and express emotions) and an impaired ability to enter conversations (with diminished facial expressions and extremely apathetic appearances, along with other social skill deficits. Milo can help people understand personal space, conversation dynamics, making eye contact, and other needed skills; which once unlocked, can lead to a more satisfying life.

TechXtend has been engaged in a NY trial using Milo with adults aged 35-55 with depression, and seeing great success. "We have data Milo works with other groups," Kevin said, adding, "His ability to broaden our reach with individuals that we can positively impact is here, right now." Given the dearth of innovation in mental illness treatments over recent past decades, this certainly heralds a promising new era in understanding the commonalities among disabilities, and offering exciting new ways to engage all persons with interpersonal difficulties.

Kevin is available to bring Milo to NJ schools for demonstration and education. Well done, Milo. May the Force be with you!

Visit TechXTend Website
Impact with Adult Aged Individuals – Lifespire NY

Milo is being used in individual psychotherapy session with an adult population aged 35-55 with Intellectual Disabilities, and some with other diagnosis like depression and anxiety.

- What we have easily seen with using Milo is:
  - Increase in attendance
  - Increase in attention, focus, concentration and engagement during the session
  - Increase in interest to attend (often the clients are coming and asking to specifically see Milo)
  - Improvement with learning coping skills and identifying emotions as a result of the lesson Milo does
  - Increase revenue for the clinic. Since attendance is up, then revenue will go up as well

24 October 2019

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UNDERSTANDING SCHIZOPHRENIA

SYMPTOMS

HALLUCINATIONS
Auditory hallucinations are a common symptom, with many reporting hearing voices.

CONFUSED THOUGHTS
Inability to formulate cohesive thoughts is also common. Patients are also easily distracted.

DELUSIONS
Patients often exhibit signs of paranoia and perceive scenarios that are not real.

CAUSES

BRAIN CHEMISTRY
Problems with neurotransmitters such as dopamine can make people more susceptible to schizophrenia.

GENETIC
Those who have a first-degree relative living with schizophrenia have a 10% chance of developing the disorder themselves.

ENVIRONMENTAL
Malnutrition during the second and third trimester of pregnancy can increase the chances of developing schizophrenia later in life.

SUBSTANCE ABUSE
Using illicit substances such as LSD and marijuana may increase your risk of developing schizophrenia.

TREATMENT

MEDICATION
Antipsychotic medication can help alleviate hallucinations and delusions brought on by schizophrenia.

THERAPY
Psychotherapy can help a patient discern the difference between reality and their delusions.

EXERCISE
Swimming, walking, and cycling can help improve attention, social cognition, and memory in those living with schizophrenia.
We Appreciate You!

A Special Shout Out to

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Nancy Labov of AIR

and

NJAMHAA:

NJ Association of Mental Health and Addiction Agencies

for sponsoring our
November Issue!

Sponsor an Issue

ALL OF OUR LINKS ARE LIVE!

Mental Health Editor @cynchazen · 7/30/17
One life
One voice
Stigma free.
...

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