Journey out of Darkness

Looking back, Jennifer knows why she feels optimistic. Her life is so much better now, certainly compared with her high school years, which were shaped by a learning disability, depression, anxiety and chronic pain syndrome. From there, her life became far more difficult and her experience with the health care system did not make things any easier.

By age 16 Jennifer was bouncing back and forth between clinicians. Overwhelmed by bouts of depression and anxiety, she spent time at several hospitals before she was finally diagnosed with borderline personality disorder at age 18. The condition is marked by unstable moods and behavior, “I didn’t fit the picture of borderline personality,” she explains, “so my diagnosis was continually questioned, and I didn’t get the treatment I needed. I was on more than a dozen medications.” As the years went by, Jennifer became increasingly exhausted, physically and mentally.

In 2014, when Jennifer was on several medications, including pain medication for endometriosis, she began experiencing suicidal thoughts. She ended up at Southern Maine Health Care’s Behavioral Health unit, which is managed and staffed by Maine Behavioral Healthcare, and as her own advocate, began looking for longer-term treatment.

This is the point when Jennifer decided to “get a fresh start” by moving to Castine to be with her boyfriend at the time. For the first three months she was feeling good, until he came back from being away at sea. Things became turbulent between them and, to make matters worse, she lost her job. “I tried taking my own life and because I posted an alarming message on Facebook, a friend informed my mother who called the sheriff to do a welfare check. When they found me, my heart had stopped and I was clinically dead.”

Jennifer was on life support for five days. Her mother became her best advocate while she was in the hospital and would not let them discharge her without a residential treatment plan. “Six days before my 30th birthday, I met with Glenn,” she explained. Glenn Mayer is the program manager for Maine Behavioral Healthcare's ACTION Program: a 24/7 residential treatment program in Portland providing Assertive Community Treatment (ACT).

“I’m open about who I am. I don’t hide it anymore. I’m proud of my journey.”

The program includes around-the-clock staffing, medication management and a whole team of support. Under Glenn’s leadership, each team member played an integral role in Jennifer’s complex therapy. This included a community integration worker, Erin Freysinger; nurse practitioner, Amy McAuliffe; and, clinicians Jenna Nunziato and Kim Blaney.

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MBH in the Community

Dr. Jonathan Fellers, Maine Behavioral Healthcare addiction psychiatrist, was one of three panelists at the MaineBiz “Addiction in the Workplace” forum held November 30th.

Center Manager Liz Stoothoff (left) of the new Peer-run Recovery Center in Sanford takes a moment to relax during an open house with Peer Support Specialist Heather Carpenter and Peer Services Director Randy Morrison. In December, new Peer-run Recovery Centers were opened at 19 Washington St., Sanford and 15 York St., Biddeford. [MaineBehavioralHealthcare.org/peer]

Development Committee members, staff and friends gathered at Spring Harbor Hospital to wrap gifts for patients. Thank you to our generous community members and local businesses for their donations during the 2017 Holiday Partners gift drive.

Peer Support Specialist Tish Rimmer, who oversees our Life Enrichment Art Program, celebrated a “Dream Tree” mural with Kelly Christopher and Jamie Sylvestri of Art Van. The project can be viewed at the Ross Community Center, Biddeford.

Maine Behavioral Healthcare
MaineHealth
FROM THE CEO:

Happy New Year! This is a very special edition of the Mind & Body newsletter, highlighting one young woman’s courageous journey. Jennifer, who nearly lost her life to suicide, has learned through mindfulness and Dialectical Behavior Therapy how to accept herself and seeks to lead others out of the same darkness. Her story demonstrates the importance of our Assertive Community Treatment program, with a team-based form of support specifically designed to assist people like Jennifer where they live.

As always, we are committed to providing the highest quality integrated healthcare for our patients and clients. With this in mind, I am very pleased that the MaineHealth Board of Trustees has given approval to unify all MaineHealth member organizations, including Maine Behavioral Healthcare. With full support of the MaineHealth system we will be better positioned to develop a more standardized care model that meets the needs of those who receive our services. This is an exciting time as we will be able to leverage the strength of all MaineHealth members collaboratively toward our vision of delivering quality, integrated behavioral health, and medical care, so our communities are the healthiest in America. While unification will create a single Board of Trustees, local governing boards will continue to lend their voices to important decisions that keep the needs of those we serve a priority.

Thank you for your support and continued interest in learning about our initiatives that improve the lives of those we privileged to serve.

Stephen M. Merz

Our Vision

Working together so our communities are the healthiest in America, Maine Behavioral Healthcare will provide the highest quality integrated and compassionate behavioral healthcare through a collaborative and engaging workplace.


This fall, the 10th Annual Glickman Family Center for Child & Adolescent Psychiatry Symposium provided a collaborative educational day focused on preventing youth suicide. With the rate of suicide increasing across Maine and nationally, suicide is truly a public health epidemic.

Robyn Ostrander, MD, Chair of the Glickman Family Center for Child & Adolescent Psychiatry at Spring Harbor Hospital and Interim Chief of Psychiatry at Maine Medical Center opened the symposium with a presentation titled “How Many is Enough? The State of Suicide: Maine vs. the U.S.” According to the Centers for Disease Control and Prevention, Maine’s suicide rate in 2014 was 16.54 per 100,000 people versus the national average of 13.41. Ostrander explained that the increase is particularly striking in youth for a number of reasons, including easier access to alcohol, drugs and firearms.

Keynote speaker M. Justin Coffey, MD, of the Menninger Clinic in Houston Texas, continued the momentum of the day with a riveting presentation called “Managing Information to Achieve Zero Suicides.” He shared the model for Perfect Depression Care founded at Henry Ford Health Systems in Michigan. Data he presented showed 85% sustained reduction in suicide with the Henry Ford system proved that achieving zero suicides is an essential and attainable goal. He reinforced community partnerships as a means to preventing suicide, especially when local governments are invested.

The symposium also included topics on social media use, the effect of childhood trauma in Maine, and depression care for youth.

The Glickman Symposium is made possible by the generosity of Spring Harbor donors Judith Glickman Lauder and the late Albert Brenner Glickman.
Jennifer’s weekly schedule includes individual therapy, as well as dialectical behavior therapy (DBT), which teaches individuals to tolerate stress and control their emotions. Vocational services for school and job placement are also provided, which encouraged Jennifer to return to classes at Southern Maine Community College — her fourth attempt to finish school.

The first six months with ACTION were very trying. “At first, I couldn’t understand why we weren’t working on my past trauma, but Glenn taught me that first I needed to learn new skills — to retrain my brain on the way to think,” she said.

Glenn explained the treatment method as asking Jennifer to come into a part of her life she was running away from. “We broke the treatment into two sections. Acceptance or what’s getting in the way of treatment, and focus on that, which was Jennifer’s attendance record of avoiding participation in treatment.”

She finally realized she wanted to get better and stop fighting. Her goal became a life worth living — to be confident and proud.

The foundation of DBT Therapy is mindfulness, or balancing what we need to change and what we need to accept in ourselves, as a person — truly being in the moment. “We can’t teach it if we can’t practice it,” said Glenn, who practices mindfulness as a part of his own personal and professional life. “When compassion is the emotion regulation running your body, you are more open than closed.”

As Jennifer described her evolution, “I was always in the past or the future, and never in the moment. Now I’m enjoying living in the moment.” She is also part of a compassion group, and learning how to use it with herself and with others. “I’m open about who I am. I don’t hide it anymore. I’m proud of my journey.”

She remembered leading the Out of Darkness Suicide walk in September, holding the banner while she led the walk. “That was the defining moment for me.” Today, Jennifer’s goal is to become a Licensed Clinical Social Worker (LCSW) to continue her defining role, helping others out of darkness.