



THE BELL

January ■ February 2001

The newsletter of the National Mental Health Association

Surgeon General Turns Attention to Children's Mental Health, Youth Violence



In an unprecedented focus on children, U.S. Surgeon General David Satcher released in January two major reports on children's mental health and youth violence that closely reflect NMHA's positions.

The Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda is based on the outcomes of a September 2000 conference attended by the nation's top mental health leaders, including NMHA President and CEO Michael Faenza. The report reveals that although 10 percent of all children have a mental illness that impairs their function and requires treatment, only 20 percent of those children receive any kind of help.

The report also highlights Faenza's comments at the meeting on disparities in children's access to mental health treatment, the challenges in diagnosing mental

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NMHA Targets Access to Care As Federal Legislative Priority

In formulating legislative priorities for 2001, NMHA has approached mental health policymaking within the framework reaffirmed by the U.S. Surgeon General David Satcher, M.D., Ph.D. — as a public health issue. "Treatment and mental health services are critical to the nation's health," Satcher said in *Mental Health: A Report of the Surgeon General*. When combined with research, he said, such an approach would "constitute a broad public health approach to an urgent health concern."

In that spirit, NMHA has developed an agenda that is shaped by the fact that science has given us the tools to treat many mental disorders effectively, yet consumers still face impenetrable barriers to care. Inequities in coverage for mental health care in private insurance and public programs continue to reflect centuries-old stigma. Appropriate community-based mental health care is often lacking or vastly overstretched. In addition, people with multiple needs — such as treatment for substance abuse and mental illness — receive fragmented care from a variety of different sources rather than integrated care from one source.

The lack of effective community treatment options contributes to profound public health problems: suicide is the second leading cause of death among adolescents

see Priorities page 8



FROM THE PRESIDENT

Although the year is only a few months old, NMHA is off to an exceptional start.

We're working hard to build relationships within the fledgling Bush administration and communicate our policy priorities.

We also recently embarked on a long-term project to address the quality of mental health information found online with our "Connecting the Dots: Mental Health Internet Leadership Summit." Summit participants are at work creating an innovative set of guidelines that will set standards for conveying mental health information online and help protect the interests of mental health consumers around the globe.

In March, we are set to launch our new Children's Mental Health Matters initiative, a nationwide public education project to help young people by raising public awareness about the facts regarding children's mental health disorders.

We are also planning for our 2001 Annual Meeting this June, which will underscore the need to eliminate inequities in the mental health system by focusing on "Justice for All: Addressing America's Mental Health Disparities," our theme for the meeting. In addition, as part of NMHA's ongoing effort to embrace diversity, staff will begin a series of trainings in cultural competency to integrate the concept into their everyday activities.

Other initiatives for the year include NMHA's work with Habitat for Humanity's "Partnership to Open Doors" to provide housing for people with mental illness, and a long list of legislative and advocacy activities.

With these projects and the enduring support of a strong network of advocates, NMHA will continue to lead the fight to reduce barriers to treatment and services, conquer stigma and ensure that all Americans, including children, have access to the mental health care they need.

Sincerely,



Michael M. Faenza
President and CEO



NMHA Hosts Online Leadership Conference

With increasing numbers of people searching for health information online, NMHA, in cooperation with the Internet Healthcare Coalition, brought together 50 leaders representing mental health, government, technology and business to develop guidelines for conveying mental health information on the

Internet. Participants of "Connecting the Dots: Mental Health Internet

Leadership Summit," held Feb. 15 in Washington, D.C., focused on the needs of information-seekers, who often struggle to negotiate the vast amount of information found online and assess its quality.

According to a recent NMHA study conducted by Harris Interactive, people who search for mental health information on the Web place a higher-than-average value on the ethical standards that are used to ensure content quality, but have difficulty determining the credibility of online mental health resources. Forty-four percent of poll respondents, for example, indicate they do not feel that they can trust most of the health information they read online, and about 70 percent are concerned that Web companies share their personal information with others.

To respond to this need, participants of the Internet Summit discussed the quality of mental health resources online. Invitees also considered the challenges for people seeking mental health information and developed principles to help protect their interests. The Summit represents a first step in a continuing process that will include the many stakeholders involved in this issue. Watch future issues of *The Bell* for additional details on the outcomes of this groundbreaking event.

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FIRST PERSON

Written by consumers, this monthly feature highlights the personal struggles and public achievements of people with mental illness.

At the Top of My Game

by Mark Helmke, NMHA senior director of public affairs

Only recently have I felt more comfortable telling people I have a mental illness ... that I had a mental breakdown ... that I seriously contemplated suicide several times ... that my earlier life as a power-Washington corner-office high-flyer lobbyist, political player and international affairs commentator is over. And that this illness — labeled bipolar spectrum disorder, also known as manic-depressive illness — is part of my life, and that I must manage it appropriately. It took me one year before I finally accepted my terrifying condition and began to learn how to live with it.

At the beginning of 1999, I was at the top of my game, doing what I had always wanted to do. After an early career in journalism, I became a prominent staffer in the United States Senate. From there, I built several powerful Washington lobbying firms.

But now, for the first time in my career, something didn't feel right, as if my motivation, my drive, my life itself were out of line. In the spring of 1999, I realized I was using the word "depressed" more and more.

I became fearful of marketing my business for fear I would fail. I stopped returning calls and scheduling meetings. I couldn't force myself to complete projects, because everything seemed so dull and useless. I began getting panic attacks. I hid in my office.

I finally went into treatment and got better, but was forced to leave my career behind. The admission of a mental illness, even for a minor player like me, comes with considerable risk. To "out" myself for having a mental illness is dangerous, especially in Washington, D.C. My colleagues are reluctant to hire a consultant or a manager with a history of mental illness. I stayed at home living on disability insurance payments. I had no job to go back to.

I'm different now, but I am alive.

All illness makes us different, whether it's heart disease, cancer or a bum knee. Mental illness is no different, except for how our society thinks about it.

It's partly because of the stigma it carries. With mental illness, the choices are stark. If what's wrong with me is a



mental illness, then I'm sick and out of control and not to be trusted. If I'm not sick, I'm merely a fraud and a failure on his way to ruin.

Society has learned enough about the treatment of cancer not to be overly concerned about the late Paul Tsongas running for president. And we accept that Richard Cheney's heart disease ought not prohibit him from serving in the second most important executive position in the United States. But for a person in a leadership position, mental illness is still the kiss of death.

That has to change, and because of my own experience, I decided to approach NMHA to see what I could do to help a movement so many others have dedicated themselves to.

Circumstances forced me to reconsider my ideas about mental illness. Society needs to do the same thing. 

“Circumstances forced me to reconsider my ideas about mental illness. Society needs to do the same thing.”

—Mark Helmke

This column was excerpted from "Madness and the Monkey Demon," an article that was first published in The Washington Post on Jan. 9.

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NMHA considers submissions to The Bell from consumers who wish to share their stories on recovery or efforts in advocacy and public education. Stories should be 350-400 words. For more information or to submit a story for consideration, write to The Bell, National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314-2971; thebell@nmha.org. Please include your name, full mailing address and telephone number.

LESSONS LEARNED

In this monthly column, MHAs offer a close-up look at an outstanding local activity and reveal important "lessons learned" about its development and performance.

LA H.I.R.E. Takes On Stigma and Mental Illness in the Workplace

by Yakima Black, project coordinator for Louisiana H.I.R.E., MHA of Louisiana

Among the many factors that contribute to the unemployment and underemployment of mental health consumers, stigma and misconceptions about mental illness in the workplace seem to rank as the most common barriers to job placement and retention. As one consumer put it, "A lot of people don't want to hire you because they think you are going to hurt them or something. We just want to work and make a living like everyone else!"

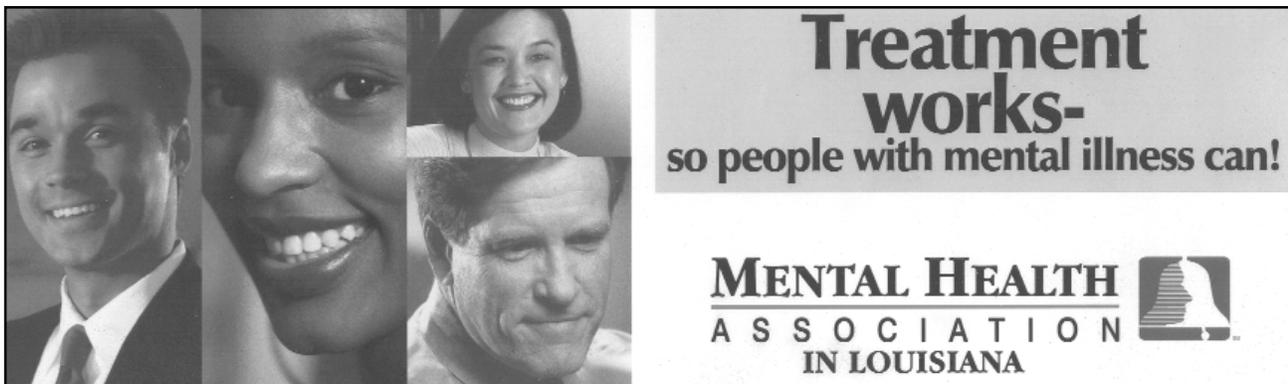
Given the high rate of unemployment among mental health consumers, the Mental Health Association in Louisiana (MHAL) received a community action grant last fall from the Substance Abuse and Mental Health Services Administration to address the issue and help reduce the stigma surrounding mental illness in the workplace. The grant helped us launch a public education campaign, and examine and consider adopting an exemplary model of supported employment called Individual Placement and Support (IPS), which offers integrated mental health and rehabilitation services.

While building consensus among our stakeholders for the supported employment program, we developed a public education billboard campaign that we introduced in the spring of 2000 (see below). The billboard features snapshots of professionals from various cultures and reads "Treatment Works So People with Mental Illness Can!" Fortunately, the billboard was posted during first month of Louisiana's legislative

session in a prime location — just before the highway exit to the state capital. The campaign ran for three months and triggered countless phone calls from people inquiring about employment services or complimenting us on our work.

Soon after, our consensus building activities resulted in MHAL's creation of Louisiana (LA) H.I.R.E. (Helping Individuals Regain Employment), which was modeled after the IPS program and designed especially for individuals with severe and chronic mental illnesses. Under the program, a treatment team of mental health and rehabilitation professionals provides vocational services to help consumers increase and maintain their independence. Although our stakeholders agreed on the need for LA H.I.R.E., limited funding remained an obstacle. To offset the costs of the rehabilitation staff, LA H.I.R.E. became a vendor for the state of Louisiana's rehabilitation services and provides vocational services to its clients. To cut costs further, we partnered with area universities and hired second-year graduate students to intern for the program in exchange for credit toward their degrees.

Even with LA H.I.R.E.'s recent implementation, we must continue educating the community about mental illness in the workplace. MHAL has made educating the public top priority. It is only through these efforts that we can hope to reduce stigma and eliminate barriers to employment. 



**Treatment works-
so people with mental illness can!**

MENTAL HEALTH
ASSOCIATION
IN LOUISIANA

At a Glance: MHA in Louisiana

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Other Programs

- **I Can Problem Solve** is a research-based violence prevention program.
- **Leadership Training Initiative** is a program that teaches consumers, families and advocates about advocacy priorities and strategies.
- **Mental Health Reform Coalition** is comprised of 21 organizations who by consensus determine mental health advocacy priorities and develop action plans to address them.
- **Children's Legal Advocacy** represents children arrested or inappropriately committed to mental hospitals.
- **Juvenile Justice Parent Initiative** trains parents on children's rights and advocacy strategies.
- **FRIENDS Coalition** supports parents with mental illness and their children.

MHA of South Central Kansas Makes Job Training a Sweet Success

The Mental Health Association of South Central Kansas in Wichita just celebrated the one-year anniversary of its purchase of Cero's Candies, a historic candy store and manufacturing business renowned for its gourmet handmade chocolates.

The MHA purchased the store in January from Ed Cero, whose family had owned the store since its inception in 1883. "When Ed decided to sell his family's store, we wanted to do something neat with it," said Barbara Evanhoe, the store's general manager and former MHA staff member. "He liked the idea of helping people."

With the help of a grant from the Forrest C. Lattner Foundation, the MHA is carrying on the store's 115-year tradition of making chocolates and has established its own tradition: offering job training and employment to people with mental illness to give them an opportunity to work in the community.

For more information or to place an order, call 316-683-5561 or visit <http://www.ceroscandies.com>. 

NMHA Task Force Tours Oldest Hospital

NMHA's Heritage Preservation Task Force toured St. Elizabeth's Hospital in Washington, D.C., in December as a part of its efforts to research and preserve the history of the mental health movement. Founded by Dorothea Dix in 1855, St. Elizabeth's is the nation's oldest psychiatric hospital. The task force's ultimate goal is to teach Americans about past and present experiences of people with mental illness. For more information on the Heritage Preservation

Task Force, contact Brian Cooper, NMHA senior director of Consumer Advocacy, at 703-837-4788 or becooper@nmha.org. 



Members of NMHA's Heritage Preservation Task Force on tour of St. Elizabeth's Hospital in Washington, D.C.

President's Committee Recognizes MHA Programs as "Best Practices"

The President's Committee on Employment of People with Disabilities has selected three Mental Health Association (MHA) programs as "best practices" in employment for people with psychiatric disabilities. The three programs are part of NMHA's Partners in CARE initiative, which replicates model community-based programs that address the needs of adults with serious mental illnesses.

The three winning MHA programs are:

- **Fast Track to Employment (MHA of New York City)**
This program, using professional staff and trained consumer providers, helps consumers obtain and maintain jobs through comprehensive vocational assessments, job placements and supportive services.
- **Consumer Connections (MHA of New Jersey)**
Consumer Connections offers job training to mental health consumers and supports their efforts to find employment within mental health and human service agencies.
- **The Village ISA (MHA of Los Angeles County)**
This program helps members develop and implement personal plans in five areas: employment, education, housing, social skills and medical care.

To qualify as a best practice, these programs demonstrated to the committee their adherence to 21 core elements in the areas of program administration, service delivery and employer relationships. Many of these elements mirror the key criteria that Partners in CARE model programs must meet.

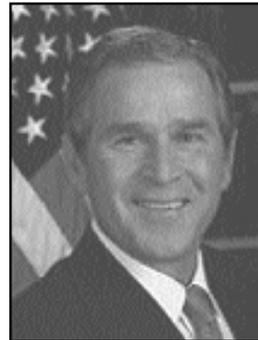
Ten MHAs are replicating these programs through the Partners in CARE initiative.

For more information about the programs or Partners in CARE, contact Wendi Cook at 703-838-7501 or wcook@nmha.org.

Note: As of January 1, the staff and functions of the President's Committee on Employment of People with Disabilities have been integrated into the new Office of Disability Employment Policy at the U.S. Department of Labor. For more information, visit <http://www50.pcepd.gov/pcepd/>.

Bush Reveals Stance on Mental Health Policy

Recent Actions, and NMHA Survey and Debate Point to Bush's Support



Mental health advocates have achieved stunning policy successes over the last eight years, particularly on the federal level. With the installment of a new administration last month, advocates want to know where President George W. Bush stands on the issues.

Although the president's mental health agenda remains uncertain, NMHA is heartened by comments Bush made in his inaugural speech, particularly his pledge to confront the "hidden prejudices" that hold back too many Americans. NMHA is also encouraged by the recent release of his New Freedom Initiative, which commits Bush to a powerful set of mental health and disability rights programs, including the creation of a National Commission on Mental Health (see box at right for details).

Before the November election, NMHA vigorously sought the policy positions of all of the presidential hopefuls through a survey sent to the candidates and by cosponsoring a presidential candidate debate with the National Organization on Disabilities (NOD). At the debate, representatives for the two main candidates expressed their views on mental health and disability policy. The Bush campaign's responses provide a sense of his commitment to mental health issues.

Mental Health Parity

In NMHA's "U.S. Presidency: Candidate Survey Results," Bush showed support for the Mental Health Parity Act of 1996. "I support, and would reauthorize, the current mental health parity law, which says that if a company provides a mental health benefit, the policy cannot have a different

annual or lifetime limit on coverage," Bush wrote.

At the joint NMHA/NOD debate, Doug Hunt, Bush's former campaign director of outreach to the disability community, said Bush would believe that "if a person with a disability is recognized under the ADA [the Americans with Disabilities Act of 1990], there should be full parity."

Community-Based Services

Huntt also maintained Bush's support for community-based services, and referred to Bush's proposed national mental health commission to examine the "special challenges involved in mental health service delivery, and to bring experts and consumers together to try to determine what we need to know about mental health services to move forward."

Research

Also in the debate, Bush declared support for increasing the federal government's funding of medical research, including research on mental health disorders. "I support greater federal investments in both the biological and physical sciences," Bush wrote, "including research funding that will lead to better understanding, treatment advances, quality of life, and ultimately a cure for people living with severe and persistent mental illness."

As Bush stated in his inaugural speech, "Where there is suffering, there is duty." NMHA looks forward to working closely with the Bush administration to help Americans with mental illness receive the treatment they need, end insurance and employment discrimination against those with mental illness, and support research into improved treatments. 

Bush Proposes New Freedom Initiative

President Bush announced his New Freedom Initiative Feb. 2, which includes several proposals that support mental health services and call for an end to discrimination against people with disabilities. In its executive summary of the new policy, the Bush administration promises:

“**Swift Implementation of the *Olmstead* Decision.** President Bush has committed to sign an order supporting the most integrated community-based settings for individuals with disabilities, in accordance with the *Olmstead* decision.

A National Commission on Mental Health. President Bush has committed to create a National Commission on Mental Health, which will study and make recommendations for improving America's mental health service delivery system, including making recommendations on the availability and delivery of new treatments and technologies for individuals with severe mental illness.

Swift Implementation of 'Ticket to Work.' President Bush has committed to sign an order that directs the federal [government] to swiftly implement the law giving Americans with disabilities the ability to choose their own support services and maintain their health benefits when they return to work.

Full Enforcement of the Americans with Disabilities Act (ADA). Technical assistance will be provided to promote ADA compliance and to help small businesses hire more people with disabilities. The Administration will also promote the Disabled Access Credit, an incentive program created in 1990 to assist small businesses comply with the Act.”

NMHA applauds President Bush's initiatives to focus greater public attention on and commit national resources to mental health and mental illness.

"There is so much that needs to be done," NMHA President and CEO Mike Faenza said in response to Bush's proposals, "that a full scale effort by the White House is needed now more than ever." Faenza also remarked that NMHA is eager to work with the administration and the new commission to address the mental health prevention needs of children and adults.

"The fear, discrimination and lack of adequate treatment for mental illness is tragically and needlessly destroying families and forcing millions of adults and children behind bars or on the streets," said Faenza. "We strongly support the president's efforts to address these crying needs."

Read the full text of the initiative on the White House Web site at <http://www.whitehouse.gov/>.

Priorities continued from front page

between the ages of 15 and 19; alarming numbers of people with mental illness who have been convicted of minor offenses are warehoused in our prisons and jails; and the scourge of homelessness disproportionately affects people with mental illness. Given NMHA's mission, these stark realities necessarily shape a broad legislative agenda.

NMHA is committed to reforming publicly funded "systems" of care. It is also acutely aware that discriminatory practices in the private sector result in denying consumers access to needed services. These issues heighten the association's focus this year on the landmark Mental Health Parity Act of 1996, which expires at the end of September unless Congress takes action. This law proscribes the use of annual and lifetime limits on insurance coverage of mental health conditions and places the concept of parity in federal law. The act represents an important step toward eradicating discrimination in private health insurance. Its impending expiration makes it imperative that NMHA dedicate itself not only to renewing its mandates but also to closing its loopholes.

On a related front, deep dissatisfaction with insurers' managed-care practices has fueled broad support for patients' rights legislation. Although the 106th Congress failed to resolve internal differences over competing HMO reform bills, policymakers believe the 107th Congress will reconcile those differences. NMHA strongly supports patients' rights legislation but will be vigilant in seeking to ensure that any legislative compromise adequately protects consumers of mental health services.

With regard to children's mental health, the U.S. Surgeon General's recent reports on children and youth violence give focus and added urgency to issues NMHA has long championed (see cover story). Although the 106th Congress failed to enact legislation on the most high-profile issues, last year did bring important legislative gains for mental health and substance abuse advocates with the authorization of several important new grant programs in the Children's Health Act (Public Law 106-310). Those achievements underscore the need for new funding to make the promises of that law a reality. Without specific new appropriations, these initiatives will not likely be implemented.

While NMHA continues to advocate for existing programs it has supported, it will work to gain funding for new initiatives, including:

- Early-intervention programs that integrate child welfare and mental health services for children and adolescents in the child welfare system, and for parents or caregivers with a mental illness or co-occurring disorders;
- Suicide prevention programs that provide treatment and referrals for children and adolescents;
- Mental health and juvenile justice technical assistance centers;
- Aftercare (mental health and substance abuse) services for youth leaving the juvenile or criminal justice system; and
- Integrated treatment of serious mental illness and co-occurring substance abuse disorders.

Although these new grant programs have potential to improve systems of care in many communities, NMHA also recognizes the importance of instituting reforms in the Medicaid and Medicare programs. Among NMHA's legislative goals are the establishment of a Medicaid-intensive community care program and broader coverage of mental health care under Medicare.

NMHA will also urge the 107th Congress to enact legislation that was considered, but not enacted, last year. Among these are bills that would:

- Allow states to offer Medicaid coverage to children with disabilities under sliding scale payment arrangements;
- Establish a new federal block grant program to address comprehensive service delivery for youth with mental health and substance abuse disorders who are involved in the juvenile justice system; and
- Allow block grant and formula grants that currently fund state juvenile justice authorities to be used for mental health and substance abuse prevention initiatives and treatment. 

by Ralph Ibson, vice president of Government Affairs

MHA Advocates to Tackle Key State Issues in 2001

Mental health parity, managed care protections and essential increases in appropriations are top priorities for mental health advocates this year, according to a recent NMHA survey of Mental Health Associations (MHAs). NMHA conducts the annual survey as a first step in developing resources for state advocacy campaigns. Although the majority of MHAs are working on multiple issues, the following three priorities stood out in the vast majority of states:

Mental Health and Substance Abuse Parity

State advocates continue efforts to end insurance discrimination against people with mental health or substance use disorders. Although 31 states have already passed parity legislation, many of these laws exclude coverage of vulnerable populations such as children, people with post-traumatic stress disorder and those with substance abuse treatment needs. While many state advocates are working to enact parity for the first time, others are returning to state legislatures to make certain that their laws protect all residents.

State parity activity in 2001 is particularly important, because Congress is currently considering proposals that would either establish parity for all Americans or extend protections only to those with specific diagnoses. In 2000, each new state parity law explicitly included children, who historically have been excluded from many state bills. It is crucial that states continue to broaden state parity laws to send this message to congressional policymakers.

Managed Care Protections

With a keen eye toward managed care contracting, MHAs play an important role in monitoring state Medicaid contracts. State MHA advocates sit on oversight committees, lead broad-based coalitions and focus on a range of managed care issues, including consumer protection standards, medical necessity criteria, funding for wrap-around services and ombudsman programs. A priority within this effort is to ensure open access to psychotropic medications within program formularies.

Mental Health Appropriations

Nearly every state MHA indicated in NMHA's survey that increasing funds for mental health services is a priority for 2001. This is expected to be a banner year for state appropriations because of budget surpluses and tobacco settlement dollars. These fiscal conditions and federal mandates to move people from institutions to community-

based settings present an ideal opportunity for states to increase needed investments in mental health and substance abuse services.

In some states, efforts focus on increasing funding for state Medicaid contracts. In other states, new funding is targeted to specific populations or programs that address integrated community-based services, atypical medications, co-occurring substance use disorders, school-based mental health services or other key areas.

Although these issues may be common to most state MHAs, the specific agenda in each state is determined by its unique needs and opportunities. Many states are placing an equally high priority on issues such as school-based mental health services or employment opportunities for people with mental illness.

Additional key priorities for many states include issues such as adult and juvenile justice, systems of care for children, integrated treatment for mental health and substance abuse, outpatient civil commitment, and implementation of the Olmstead decision, which requires states to provide services to people with disabilities in community settings rather than institutions (see related story on page 12).

NMHA continues to support MHA advocacy efforts through intensive technical assistance and coalition trainings at the state and local levels. For more information or assistance on advocacy campaigns in your state or local community, contact NMHA Healthcare Reform staff at 800-969-NMHA. 

by Dave Nelson, vice president of Healthcare Reform

Mental Health Movement History . . .



Former Maryland Gov. Theodore McKeldin and Mrs. A. Felix duPont drop a brass shackle into the crucible that was used to make the Mental Health Bell in April 1953. Since the Mental Health Bell was forged, it has served as a national symbol of hope for people with mental illness and their families.

Surgeon General continued from front page



*Surgeon General
David Satcher*

health disorders in children, and the need for more research in this area.

"In our rich and thriving society, America is jeopardizing its future by ignoring the mental health needs of children, young people and their families," Faenza said in response to the report.

NMHA has called on President Bush and the

new Congress to implement the recommendations Satcher made in the report, including the elimination of mental health care disparities among racial, ethnic and socioeconomic groups; the reform of the fragmented mental health care delivery system; and the public education of families, educators and frontline providers.

"The disparities and discrimination facing children constitute a national crisis that requires immediate and coordinated attention," Faenza said.

Surgeon General Satcher also recently released *Youth Violence: A Report of the Surgeon General*. The report concludes that although incidents of youth violence have decreased in the last few years, it remains a nationwide public health problem, a viewpoint NMHA has long advocated.

NMHA supports Satcher's recommendations to help prevent youth violence, including improving public awareness of effective prevention and intervention programs, staffing those effective programs with trained and certified personnel, and replicating model programs nationally.

"Keeping children safe takes a community effort," said Faenza. "We must make sure that children have somewhere to turn before they act out in violence—either against themselves or others." 

Snapshot of NMHA Children's Initiatives

The **Children's Linkages Project** is designed to develop and improve the integration of systems of care for children who are eligible for the State Children's Health Insurance Program (SCHIP) and their families. The initiative is funded by a four-year SCHIP Partnership grant from the U.S. Department of Health and Human Services, Maternal and Child Health Bureau, and focuses on integrating physical and mental health care and early intervention.

NMHA's annual **Childhood Depression Awareness Day** (CDAD), which falls on May 8 this year, helps reduce the stigma surrounding childhood depression and raise awareness about the illness and its treatment. In addition, a variety of NMHA's public education activities focus on children, including a new **Children's Mental Health Initiative** to be unveiled in March (watch the March *Bell* for details).

NMHA launched the **Justice for Juveniles Program** in 1998 to highlight the critical unmet needs of the scores of young people with mental health and substance abuse problems who are caught up in America's juvenile justice systems.

NMHA is taking to the national level the **Invisible Children's Project** (ICP), an award-winning program dedicated to addressing the needs of families in which a parent has a mental illness or co-occurring disorders. With funding from the federal Center for Mental Health Services, NMHA is supporting five MHAs to help them establish ICP in their communities.

NMHA's **advocacy efforts** on behalf of children range from fighting for improvements to child welfare systems to promoting integrated service systems that appropriately meet the needs of all children and their families, including at-risk children.

Last year, NMHA's **research projects** focused on the Children's Mental Health Services Report Card, a state self-assessment tool designed to measure the availability of mental health services for children and their families. This year's projects include completing an assessment of children's mental health service delivery in 50 states.

For more information about NMHA children's initiatives, call NMHA at 800-969-NMHA (6642).

STIGMA WATCH

Entertainment Industry Enlists NMHA's Help

On Jan. 10, U.S. Surgeon General David Satcher, M.D., met with members of the entertainment community to discuss how mental illnesses are portrayed on television and in the movies. The Entertainment Industries Council (EIC), an industry group that works to promote social issues, organized the meeting on behalf of the Surgeon General. In addition to Satcher's presentation, the meeting included talks by Dr. Kay Jamison and actor Sally Field, who recently portrayed a woman with bipolar disorder on the NBC drama show "E.R." At the request of EIC, NMHA provided conference participants with educational materials and ideas for appropriately depicting people with mental illness on screen.

NMHA Protests XFL Memphis Maniax

When the XFL — the new football league sponsored by the World Wrestling Federation and NBC — took the field on Feb. 3, mental health advocates were horrified to learn of one of the teams' names: the Memphis Maniax. Not only did the Tennessee franchise use a "crazed" looking man as its logo, it also placed the letters "ax" on the players' helmets and referred to their headquarters as "The Asylum." Working in conjunction with the MHA of Middle Tennessee, NMHA launched a protest. NMHA's main concern centered on the impact the team identity would have on the attitudes of teenage boys and young men, the XFL's target audience. "The Memphis Maniax are sending the message that people with mental illness are prone to violence and should be feared by the public," said NMHA President and CEO Michael Faenza. For more information about NMHA's efforts, visit <http://www.nmha.org>.

March Conference to Explore Stigma

On March 26 and 27, the federal Center for Mental Health Services, Substance Abuse and Mental Health Services Administration and On Our Own Maryland, Inc., will sponsor "Spring to Action: A National Mental Health Symposium to Address Discrimination and Stigma," in Baltimore, Md. The conference will cover current stigma research, community success stories, employment and the Americans with Disabilities Act of 1990, and other issues. Featured speakers include stigma expert Otto Wahl, Ph.D., George Gerbner, Ph.D. of Temple University, and Sylvia Caras of PeopleWho.org. For more information, contact On Our Own at 800-704-0262 or visit <http://www.mentalhealth.org>. 

This column is a regular feature of NMHA's Stigma Watch program. To learn more about the program or to report instances of stigma in the media, call 800-969-NMHA. To subscribe to NMHA's Stigma Watch Alerts, visit NMHA's Web site at <http://www.nmha.org> and click on the Online Community.



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Health Association

Texaco Sponsors 13th Annual Key West Classic to Benefit NMHA

The 13th Annual Texaco Key West Classic, a three-day "catch and release" fishing tournament that has raised more than \$1 million for NMHA to date, will take place off the coast of the Florida Keys April 25-28. The tournament was created in 1989 by NMHA board member Hayden Blaylock and his late wife, Jo, and is the largest mental health fund-raiser in the world. For more information about the event or to find out how to register, contact Jennifer Sharp, NMHA director of individual relations, at 703-838-7542 or jsharp@nmha.org.

SAMHSA Plans Address Community-Based Mental Health Care And Substance Abuse Treatment

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently unrolled the National Coalition to Promote Community-Based Care for Individuals with Mental Illness, a 30-member group composed of national organizations and government entities. The coalition will promote the development of home- and community-based services to address the needs of adults with serious mental illnesses and children with serious emotional disturbances. The group will also set guidelines for replicating the national partnership and call to action at state levels.

SAMHSA created the coalition in response to the U.S. Supreme Court's decision in *Olmstead v. L.C. and E.W.* that the American with Disabilities Act (ADA) prohibits states from isolating people with disabilities in institutions if they can benefit from services delivered in community settings.

"NMHA is proud to be part of the National Coalition and is committed to the notion that people with psychiatric disabilities do recover," NMHA President and CEO Mike Faenza said at the kick-off press conference. "Through our Partners in Care initiative and our state healthcare reform advocacy trainings, MHAs and their local coalition partners are working nationwide to replicate state-of-the-art models of community-based services for adults with

serious mental illness." To date, NMHA and its affiliates have successfully replicated more than 40 model programs across the country.

SAMHSA also recently released its new National Treatment Plan (NTP) report, "Changing the Conversation: Improving Substance Abuse Treatment," which recommends ways to ensure that those who need care can obtain appropriate substance abuse treatment.

The consensus report is a byproduct of public hearings and recommendations from five expert panels — including researchers, people recovering from drug and alcohol addiction, treatment providers and community representatives. The plan calls for setting standards for what constitutes effective substance abuse treatment and establishing insurance benefits that will help cover such treatment.

"NMHA looks forward to partnering with CSAT and other stakeholders in the mental health and substance abuse fields to address these critical issues," said Faenza. "We must improve treatment for people with co-occurring disorders and access to treatment for people of color, and increase treatment options for people in the criminal justice system who have substance abuse and mental health problems." 

NMHA's Position on Community-Based Treatment

For people with mental illness to recover and live fuller lives, NMHA believes that we as a nation must act by:

- **Increasing access to community-based services for adults with serious mental illness.**

Through its Partners in CARE initiative and healthcare reform advocacy trainings, NMHA is working to increase community-based services for people with serious mental illness.

- **Developing community-based systems of care for children and families.**

MHAs across the country are working with their coalitions to reduce fragmentation in the children's service system and develop integrated systems of care for all children, including those with and at-risk for serious emotional disturbance.

- **Increasing collaboration between the mental health and substance abuse service systems.**

NMHA has recently expanded its mission to advocate on behalf of people with substance use disorders and co-occurring mental health and substance use disorders. A primary goal for an increasing number of state and local MHAs is to expand access to integrated treatment for consumers with co-occurring disorders.

- **Increasing collaboration between the justice and mental health systems.**

NMHA and many of its state and local MHAs have made it a priority to do advocacy work related to the criminal and juvenile justice systems.

SAD — Not Just the "Winter Blues"

Even though the days are getting longer, January and February can be the most difficult months for people with seasonal affective disorder — an extreme case of the "winter blues" that is relieved only during the spring and summer months.

SAD is a mood disorder associated with depression and seasonal variations of light. As seasons change, our "biological internal clocks" or circadian rhythms shift, partly in response to changes in sunlight patterns. This can cause our biological clocks to fall out of step with our daily schedules. SAD symptoms are usually more pronounced in January and February, and young people and women are at higher risk.

Symptoms

- Symptoms of depression (excessive eating and sleeping, and weight gain) occur regularly during the fall and winter months.
- Depression subsides in the spring and summer months.
- Symptoms have occurred in the past two years, with no nonseasonal depressive episodes.
- Seasonal episodes substantially outnumber nonseasonal depression episodes.
- The individual craves sugary or starchy foods.

Treatment

People don't need to wait for the warmer months to overcome SAD. SAD is treatable. A phototherapy device that emits bright light has been shown to help some people. For mild symptoms, try spending time outdoors during the day or arranging homes and offices to let in more sunlight. Researchers have found that an hour's walk in winter sunlight is as effective as two and a half hours under bright artificial light. If phototherapy doesn't work, an antidepressant drug may help. In all cases, people who think they may have SAD should discuss their symptoms with a family doctor or mental health professional.

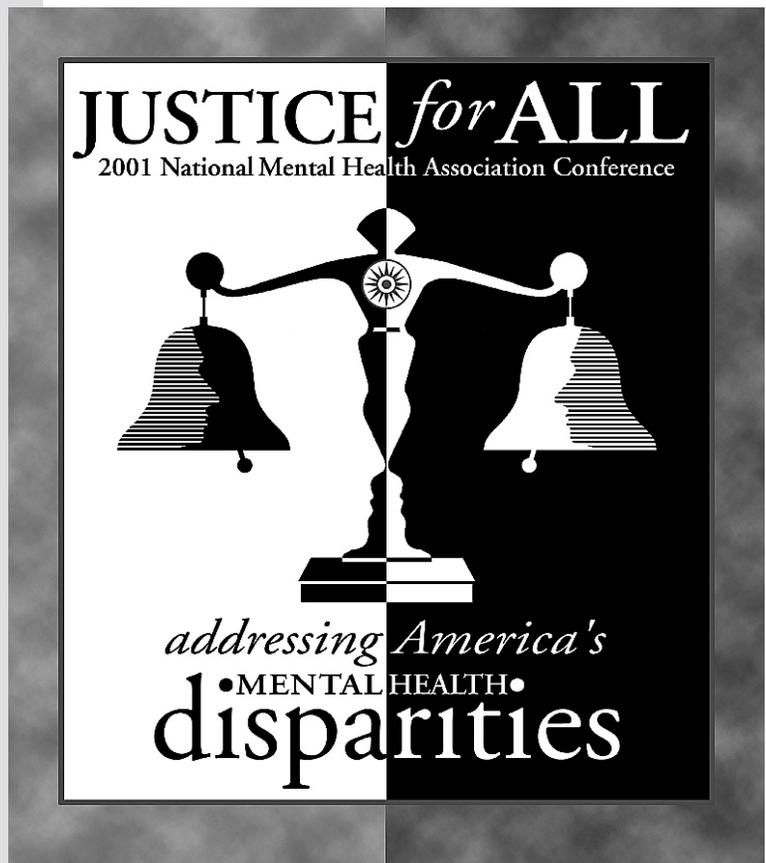
Mental Health Month Materials Available



mental health matters

NMHA's Mental Health Month guide is now available. MHAs can use the guides, which this year include Childhood Depression Awareness Day materials, to plan Mental Health Month activities this May and to help raise awareness about mental illness in their communities all year long. All

MHAs will receive one guide free of charge. MHAs that need additional guides or other organizations and individuals that want to purchase them should call 800-969-NMHA.



Register Early for NMHA's 2001 Annual Meeting

The deadline to take advantage of the early-bird registration fee of \$399 for the 2001 National Mental Health Association Annual Meeting is March 6, 2001. After March 6, the registration fee will be \$469. The meeting will be held June 6-9 in Washington, D.C. For more information, call 800-969-NMHA or visit <http://www.nmha.org>.

NMHA Program Updates

HEALTHCARE REFORM

NMHA's first Healthcare Reform Advocacy Trainings for the year have been scheduled for Louisiana (Feb. 9), Florida (Feb. 21-22) and Oklahoma (March 1-2). . . . NMHA recently published advocacy resources on

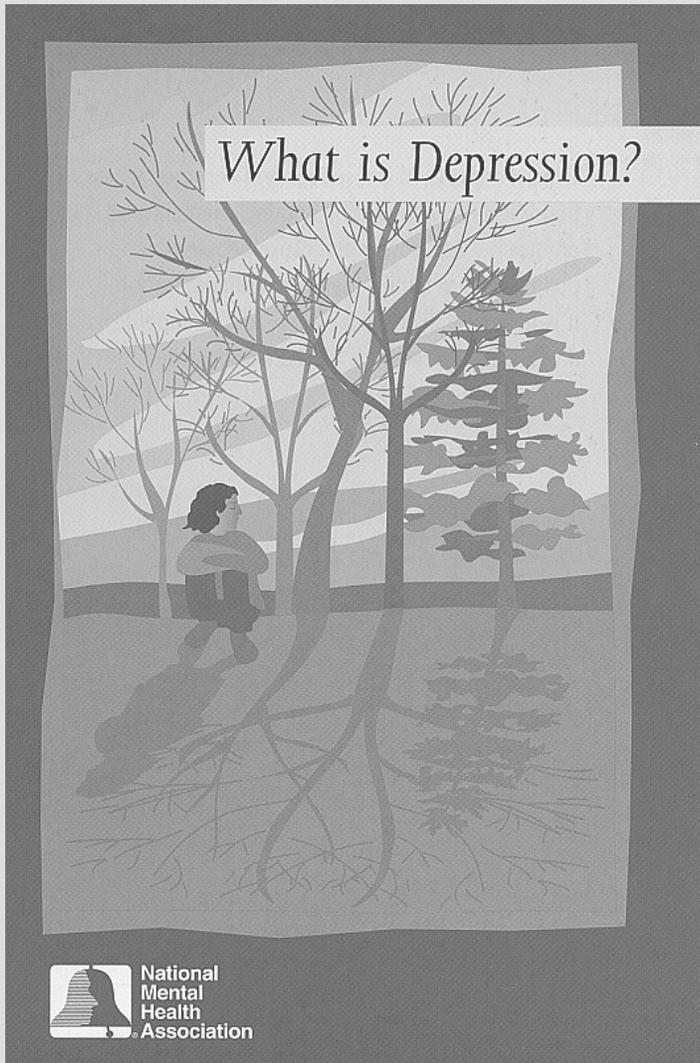
fighting obstacles to accessing medications, State Children's Health Insurance Programs and work incentives. . . . NMHA and the MHA of California sponsored a Sacramento training on identifying and treating students with serious emotional disturbances (SED). *The Sacramento Bee*, which covered the training, said in an editorial that such school-based services make "cost effective, public safety and moral sense" for helping children with SED "before they get into trouble."

CAMPAIGN FOR AMERICA'S MENTAL HEALTH

Nearly 100 of NMHA's leading affiliates gathered in Las Vegas Jan. 18-21 for NMHA's annual *Campaign for America's Mental Health* annual training, which focused on emerging issues in 2001. . . . The campaign recently published a new brochure on general depression, which is written in straight-forward, plain language. To order copies of the brochure, call 800-969-NMHA.

PREVENTION

NMHA hosted a meeting of the National Prevention Coalition, which was founded by NMHA in 1987 and includes 35 national member organizations and federal agency partners. . . . NMHA is working with the World Health Organization's American Association for World Health in planning for this year's World Health Day, April 7, which will focus on mental health issues for the first time.



"What is Depression?" is NMHA's new brochure on general depression, which is written in plain language.

CHILDREN

The E.H.A. Foundation has awarded \$100,000 to NMHA to help fund two of its children's mental health initiatives: Childhood Depression Awareness Day (May 8) and the Invisible Children's Project. (See page 13 for information on materials for Childhood Depression Awareness Day and other Mental Health Month activities). 

From the MHA Field

PENNSYLVANIA

The **MHA of Pennsylvania** organized a two-day conference in December to address the delivery of mental health services to youth in the juvenile justice system and to help stakeholders in the state develop strategies to improve those services. The conference was funded by an NMHA grant.

Participants of the event, who included representatives from various state agencies, local MHAs, parent and law enforcement organizations, and the

state Juvenile Court Judges' Commission, spent the two days learning from nationally known experts on juvenile justice and developing action plans.

The MHA of Pennsylvania and NMHA will help conference participants implement their action plans through technical and other assistance. More info: Hazel Moran at hmoran@nmha.org or 703-837-4798.

INDIANA

The **MHA of Indiana** held a "Meeting of the Minds" conference in December to discuss the role of primary care physicians in identifying mental health disorders in their patients. Conference participants included advocates, physicians and pharmacists. The event was funded by a grant from the federal Substance Abuse and Mental Health Services Administration. More info: call the MHA at 317-638-3501.

The MHA of Indiana also cosponsored a rally last fall with the Indiana Addictions Issues Coalition to increase the public's awareness of substance abuse problems in an attempt to decrease the stigma associated with the disorders. More info: call the MHA at 317-638-3501.

An **MHA in Marion County** fund-raiser on Jan. 31 featured Ben Stein, the host of the Comedy Channel's cable television show "Win Ben Stein's Money." Members of the state legislature and local news media competed with Stein during a live broadcast of his show, with all proceeds benefiting the MHA. More info: call the MHA at 317-251-0005.

MONTANA

The **MHA of Montana** held a one-day regional conference on "Suicide: Bridging the Generations: Surviving Our Loss After Suicide" in Missoula, Mont. on Feb. 22, 2001. The conference, sponsored by GlaxoSmithKline, focused on suicide prevention and education among adolescents and adults, and included a discussion on coping with loss following the suicide of a family member or other loved one. More info: call Charlie McCarthy, executive director of the MHA of Montana, at 406-442-4276 or e-mail mham@in-tch.net.

NEW YORK

The **MHA of Dutchess County** will present nine workshops through March on children's mental health. This series, "Managing Deficient Behavior," is designed to help parents of children ages 2 to 11 understand childhood behavior and develop parental management skills. The nine-week course is free. More info: call Stephanie Speer, the MHA's coordinator of community education, at 914-473-2500.

The **MHA of Cattaraugus County** held a concert last September featuring concert pianist Sam Rotman — the son-in-law of MHA Executive Director Barbara Chew — that included the music of composers who are presumed to have had a mental illness. The New York State Council on the Arts Decentralization Regrant Program and Forest Laboratories, Inc., funded the concert. More info: Barbara Chew at 716-372-0208.

NORTH DAKOTA

The **MHA of North Dakota** opened a health food store in Bismark to provide job training to people with mental illness. More info: call the MHA at 701-255-3692.

TENNESSEE

The **MHA of Middle Tennessee** has developed a lecture series on men's mental health, including issues surrounding suicide and other self-destructive behaviors, depression and co-occurring disorders. More info: call the MHA at 615-269-5355. 



Participants at the MHA of Pennsylvania's juvenile justice conference discuss their action plan.

Upcoming Events

MARCH

- 1-2:** Oklahoma Healthcare Reform Advocacy Training. More info: Dave Nelson at dnelson@nmha.org or 703-797-2594.
- 9-10:** NMHA Board of Directors Meeting in Alexandria, Va. More info: Diana Looney at dlooney@nmha.org or 703-838-7504.
- 15:** Oklahoma Healthcare Reform Advocacy Training. More info: Dave Nelson at dnelson@nmha.org or 703-797-2594.

APRIL

- 18-20:** MHA Executive Directors Spring Regional Training in Atlanta. More info: 800-969-NMHA



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Cited reproductions, comments and suggestions are encouraged.

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