



THE BELL

The newsletter of the National Mental Health Association ■ March 2001

New NMHA Initiative Helps 'Light the Way' For Children's Mental Health

Leading the charge to confront the stigma surrounding children's emotional disorders, NMHA launched its first nationwide children's initiative, *Children's Mental Health Matters*, at a March 8 symposium for health writers in New York City.



The initiative aims to help children by improving public understanding and treatment of children's mental health disorders. At the NMHA-sponsored symposium, leading medical experts, advocates and families addressed the facts about mental health problems in children and teenagers, and joined NMHA in announcing the new campaign.

"The U.S. Surgeon General has identified unmet children's mental health needs as a 'health crisis' in this country," NMHA President and CEO Michael Faenza said at the symposium. "*Children's Mental Health Matters* is the first national program to
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Supreme Court Decision Spares *Olmstead* But Deals Serious Blow to Disability Rights

Although the U.S. Supreme Court's recent decision in *Alabama vs. Garrett* leaves intact its 1999 *Olmstead* ruling, which requires states to provide community services to people with disabilities, it limits the Americans With Disabilities Act (ADA) by barring state workers from seeking money damages against their employers for ADA violations. This verdict has prompted NMHA to call on President Bush, Congress and state governments to take decisive action to restore the full power of the act.

"The court is tragically reinforcing the second class status of Americans with disabilities," NMHA President and CEO Michael Faenza said in a press statement. "We applaud President Bush for his support of the ADA and for the role his father played in passing it. We now hope the president will take the necessary actions to ensure that any limits on the full reach of the ADA are corrected."

The court's decision deals a somewhat limited, but troubling, blow to disability rights. The blow is limited because the decision bars only individuals from suing
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FROM THE PRESIDENT

With the recent high school shooting in Santee, Calif., and the chain of school violence that erupted elsewhere in the country following the tragedy, we are again reminded of the many challenges that young people face. As they maneuver through adolescence, today's youth are dealing with violence, bullying, peer pressure and other issues that can create fear, anxiety and despair.

Yet, in looking for the hows and whys of violence and other self-destructive behavior, we neglect to consider the mental health of our children. In fact, the reality of untreated mental health problems in children and teens continues to escape our nation and many of its leaders.

NMHA is committed to promoting the importance of mental health in the development of all children and teens. We are equally dedicated to ensuring that children with mental health disorders can access care and supports when and where they need it.

We recently unrolled our *Children's Mental Health Matters* public education initiative to help people recognize the importance of children's mental health and to ensure that youth get the treatment they need free from stigma and prejudice. As it stands, fewer than one-third of young people below the age of 18 who have a serious emotional disturbance receive treatment. And those who do get care often receive inadequate services.

Through other efforts, such as Childhood Depression Awareness Day and the Safe Schools/Healthy Students Action Center, NMHA also works to build healthy futures for children and families.

In today's political climate that supports punishment over treatment, it is up to us to spread the word about the importance of protecting and promoting the mental health of our nation's children. I hope you will join NMHA in delivering that message, so young people can enjoy healthier lives.

Sincerely,



Michael M. Faenza
President and CEO



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states for violating Title I of the ADA, which specifically addresses employment discrimination. And the decision does not deprive individuals of all legal remedies in cases of alleged discrimination. For example, under the decision, individuals can seek injunctions to keep states from committing ADA violations and sue employers under the Rehabilitation Act. In addition, the federal Equal Employment Opportunity Commission can theoretically file lawsuits against states on behalf of individuals claiming offenses under the ADA, although the agency's limited resources to do so make it an impractical alternative in most cases.

Mental health advocates are also breathing a collective sigh of relief because the court's decision in *Olmstead vs. LC* remains good law, meaning that states must continue to move people with mental illness from institutions to community settings.

What troubles disability rights advocates, though, is that the court's decision may encourage states to insulate themselves from other elements of the ADA.

"A disturbing dimension of the court's decision is that it may serve to dilute states' commitment to the ADA in general," said NMHA's Vice President of Government Affairs, Ralph Ibson.

NMHA is relieved that the Supreme Court's decision in the *Garrett* case did not address the constitutionality of Title II of the ADA, which requires states to make their programs and facilities accessible to people with disabilities. But challenges to the act, including the *Olmstead* case, may not be far off. To confront that threat, NMHA has appealed to state governments to renew their commitment to the ADA and to employing people with disabilities.

"Many states have long been in the forefront of employing individuals with disabilities," Faenza said. "No state government should use the Supreme Court decision to diminish that obligation." In a statement issued shortly after the decision was announced, NMHA also called on U.S. Attorney General John Ashcroft to thwart any future attacks on other ADA protections.

NMHA is working with MHAs to help them address *Olmstead* implementation in their states. Watch *The Bell* for updates on this issue. 

FIRST PERSON

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

Following in My Sister's Footsteps

by Nicole Kirkwood

When I was a child, I thought my older sister walked on water. I wanted to be just like her.

But when she turned 14, my sister was hospitalized for the first time for what was eventually diagnosed as bipolar disorder. It was difficult for even the adults in my family to understand what was going on with my hero, and this development was beyond my 7-year-old mind's grasp. I understood in the most simple of terms that her sickness made her cry a lot and that this made my parents cry a lot. I decided then that I no longer wanted to be like her — I didn't want to make anybody cry.

My family fumbled through its first encounter with mental illness. Unsure of what questions to ask but desperate for information, we sought answers in books, articles and documentaries. Yet, we seldom discussed the topic. My sister endured five diagnoses and tried 10 different medications in varying combinations over the course of eight years before finding a regimen that worked for her. Unfortunately, my own childhood plan of "not being like her" would soon be foiled.

Thirteen years after my sister's first trip to the hospital, I found myself wandering around a metro stop in Washington D.C. after a day's work at a summer internship. I didn't want to go back to my apartment, I didn't want to go back home to Iowa, I didn't want to see any of the sites. I didn't physically want to be anywhere. I did not want to *be* at all. For the first time, I understood how my older sister had felt those nights she'd sobbed for hours on end. It occurred to me that there was something far more heroic about living through such pain than I had ever given her credit for.

With a supportive and now well-informed family on its second run through the mental health system and a physiologically similar case study in the immediate family, my road to recovery was much easier for me than it had been for my sister. We're a lot alike, it turns out: We have identical diagnoses and nearly identical medication plans.



It seemed unfair that my sister suffered so much and that I had benefited because of it. I felt so grateful that I decided to do something to help other people. I established a Web site that allows visitors to exchange information about their mental health disorders. It is designed to allow people to share what they know, ask about what they don't know and remember that they are not alone. I'm also working on a "Beginner's Guide to Affective Disorders" that will be posted on the site and use lay terms to describe these disorders in a concise format. My hope is that this site will give others the advantages I had during recovery and that my sister will be a hero to many more people working their way back to mental health. 📖

“My sister endured five diagnoses and tried 10 different medications ... before finding a regimen that worked for her. My own childhood plan of ‘not being like her’ would soon be foiled.”

—Nicole Kirkwood

Nicole Kirkwood is 22 years old. She was named one of Glamour magazine's "Top 10 College Women of the Year" for her work in mental health awareness and advocacy. Nicole will graduate in May with a B.A. in Economics and Global Studies from the University of Iowa. She plans to pursue a joint law and masters of public health degree at Yale University, and a career working on mental health-related legal issues. For her Web site address, e-mail we.love.e-mail@feel-better.org.

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.

Children continued from front page

address the Surgeon General's call for action to improve care and services for children with mental health disorders."

In fact, as many as 20 percent of children suffer from mental health disorders, yet most do not receive the treatment they need. Such statistics make it clear that children's mental health is a growing public health concern that deserves the



The campaign's primary goals are to help increase public awareness and help children with mental health disorders get the care they need to grow into healthy and productive adults.

attention of parents, educators, policymakers and the health community. Through the campaign, NMHA and its partners are working to spread the message that children's mental health disorders are real, common and treatable. Its primary goals are to help parents, teachers and pediatricians increase public awareness, and to help children with mental health disorders get the care they need to grow into healthy and productive adults. NMHA's affiliates and partners will implement the new program through local campaigns in nine major cities across the country: New York, Atlanta, Philadelphia, Denver, Sacramento, Indianapolis, Baton Rouge, Phoenix and Honolulu.

Introducing the new initiative to an audience of journalists, who play a vital role in communicating information about children's disorders, was a valuable first step toward eliminating the public's stigmatizing misconceptions about such children's disorders as attention deficit hyperactivity disorder and depression. Symposium presenters, including F. Xavier Castellanos, M.D., of the National Institute of Mental Health, Peter Jensen, M.D., of Columbia University's Center for the Advancement of Children's Mental Health, and Harold Koplewicz, founder and director of the New York University Child Study Center, reviewed the latest research on children's mental health and treatment. Families with children affected by these disorders shared their experiences and perspectives on diagnosis and care.

"In the past few years, new research has not only validated but improved existing treatment approaches for children's mental health and behavioral disorders," said Columbia University's Jensen at the symposium. "For example, we have recently completed the largest study ever which found that appropriate treatment can have a positive impact on children's lives."

The new initiative is a program of NMHA's Campaign for America's Mental Health, which works nationally and locally to increase understanding of mental health issues. *Children's Mental Health Matters* is funded by an unrestricted educational grant from ALZA Corporation, as well as grants from The E.H.A. Foundation, Inc., and the National Institute of Mental Health. To find out more about this and other NMHA children's initiatives, call 800-969-NMHA (6642). 

At a Glance NMHA of Georgia

Contact Information

Kristine Medea
Director, Clinical Education
100 Edgewood Ave
Suite 502
Atlanta, GA 30303
Phone: 404-527-7175
Fax: 404-527-7187
E-mail: info@nmhag.org
Web site: www.nmhag.org

Other Programs

- **The Kids on the Block** puppet program uses life-size puppets to educate youth between the ages of 3 and 12 about mental health and to reduce stigma.
- **The Georgia Suicide Prevention Plan** is a comprehensive program that is working to develop a statewide plan to reduce the number of suicides in Georgia.
- **The Community Care and Support Program** helps people with mental illness who are homeless attain appropriate housing and access to community-based mental health services.
- **The Tom Perry Peer Center** is the first independent consumer-operated peer facility in Georgia that uses a consumer empowerment model to assist in mental health recovery.
- **Project Hope** offers support to Georgia's underserved African American population by striving to increase public understanding of depression in this community.

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.

Georgia Initiative Integrates Mental Health and Primary Care

by Kristine Medea, MA, ABS, director, clinical education, and Jennifer Brewer, MSW, clinical education specialist

When you visit your primary care provider for an annual physical, does your physician check your blood pressure? Your cholesterol? Your pulse? But what about depression? More than likely, your provider does not ask about your mental health. We are trying to change that fact in Georgia with the Georgia Physicians Depression Screening Initiative. The program aims to improve the manner in which clinical depression is detected and diagnosed in primary care settings. It is a collaborative effort of the National Mental Health Association of Georgia (NMHAG); the Georgia Academy of Family Physicians; the Fuqua Center for Late-Life Depression, a branch of Emory University; and Project HOPE, an African American depression awareness campaign.

Launched in the summer of 2000, the initiative stems from the U.S. Surgeon General's landmark 1999 report on mental health. The program is part of NMHA's Campaign for America's Mental Health, which works, in part, to improve the detection of mental illnesses in primary care settings.

With four pilot sites in Georgia's small rural towns and moderate-sized cities, we work with 15 family physicians, and their nurses and staff. Our outreach targets patients of all ages, but we pay particular attention to certain at-risk populations, including older adults and people of color. We have developed a leadership council for each pilot site comprised of community stakeholders who advise us on the mental health needs of their communities and recommend ways to enhance existing mental health services.

We will also work with Kaiser Permanente on a "lunch and learn" series that will provide outreach and education on depression screening to all Atlanta Kaiser Facilities in the metropolitan area. Family physicians, physicians' assistants, nurse practitioners and nurses will receive continuing education credits for participating in this series. NMHAG will provide educational literature on

depression to all Kaiser facilities, which will consist of about 12,000 pieces of literature circulated every six months.

In addition, the initiative, along with another NMHAG program called Project Hope, has joined the Cardiovascular Learning Partnership, which is working to reduce disparities in care for African American women who suffer from cardiovascular disease and diabetes — both of which can increase one's risk for depression. NMHAG will work with 10 cardiologists in the Atlanta area to provide outreach and education on depression screening to 400 women patients.

“One important lesson learned early on is the need to be conscious of language we use when addressing physicians.”

—*Kristine Medea and Jennifer Brewer*

One important lesson learned early on is the need to be conscious of language we use when addressing physicians. For example, our initial goal was to "train" primary care medical professionals to screen for depression, but we soon realized that professionals prefer to receive outreach to "enhance" their already existing knowledge about depression. Using sensitive and respectful language will help ensure that physicians become and remain receptive to our ideas.

At the same time, another strategy we find valuable is to be somewhat assertive in our approach when asking the physicians to participate in the initiative. Many primary care providers challenge the statistic that physicians fail to spot depression in up to 50 percent of their patients. We have made it our job to help them recognize that the statistic is factual, and offer resources on depression screening and referrals within their communities to solve the problem.

By working collaboratively, we have the chance to make a real difference by assisting primary care physicians in their efforts to routinely screen for depression and providing appropriate referral resources to help ensure that all patients receive the mental health services they need and deserve. 📖

NMHA Annual Meeting to Highlight Disparities in Care

NMHA's upcoming 2001 Annual Meeting, to take place June 6-9 in Washington D.C., will give participants an opportunity to increase their knowledge of a wide variety

of topics linked to a common theme: "Justice for All: Addressing America's Mental Health Disparities."

This theme reflects an increasing need for mental health organizations and practitioners to eliminate disparities in care

by embracing cultural competency — an effort to effectively respond to consumers' culturally specific attitudes and customs. Disparities in care exist in part due to a mental health system that U.S. Surgeon General David Satcher describes as "not well equipped to meet the needs of racial and ethnic minorities." And as racial and ethnic minority populations continue to grow in the United States, these disparities will grow. By learning how to effectively respond to the various backgrounds of people with mental illness, including gay and lesbian populations as well as ethnic minorities, the mental health

community can help ensure that everyone who needs care receives appropriate treatment.

Annual meeting workshops that specifically focus on cultural competence and working with diverse populations include:

- Working Toward Cultural Competence
- Reaching Out to Hispanic/Latino and Vietnamese Consumers
- Depression Awareness in the African American Community
- Reaching Out to Asian Americans, American Indians and Latinos
- Facing Facts: Gay and Lesbian Students, Suicide and Mental Health Issues
- People First: Cultural Competence and the C/S/X Community

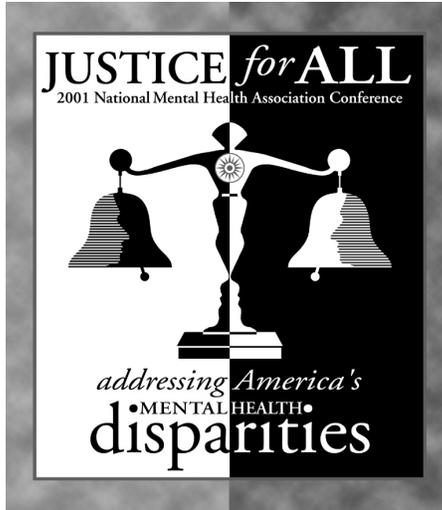
The annual meeting will also feature three plenary sessions on cultural competency, including one on the first day that will explore the history and impact of mental health disparities in America. Participants of the second session will learn how racism and poverty influence access to behavioral healthcare. The final session will provide guidelines to help MHAs meet cultural competence outcomes necessary for NMHA affiliation and reaffiliation next year.

These opportunities reflect NMHA's own dedication to becoming a more culturally competent organization. This commitment includes ongoing training for all staff members and an initiative to ensure that every NMHA program considers the needs of diverse populations.

The annual meeting program will also include workshops on adult consumer issues, advocacy, the business of running an MHA, children's mental health, youth and adults in our justice system, and public education. To register or to learn more about the 2001 NMHA Annual Meeting, call 800-969-NMHA (6642). 

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"I'm a member of The Mental Health Association. Join your Local Mental Health Association, too."



Rosalynn Carter

A Moment in Mental Health Movement History

Former first lady Rosalynn Carter has been a long-time supporter of the mental health movement, as indicated in this NMHA membership appeal from 1977. Today, she and her husband, former President Jimmy Carter, continue to work with NMHA on several projects, including a recent partnership with Habitat for Humanity to provide housing for people with mental health disorders.

School Shootings Call for Closer Attention to Children's Mental Health

The recent shooting at a Santee, Calif., high school and the spate of school violence that followed underscore the need for more public focus on children's mental health issues.

Emotional problems among our nation's youth often go unnoticed and untreated. When these problems worsen, it may lead children and teenagers to act out, sometimes with violence toward themselves and others. What the press is not covering — and what the public is not hearing — is the story about children with serious emotional disturbances and the lack of appropriate services. To address this latest incident, NMHA has released a communications plan to help affiliates respond to the tragedy and promote the need for integrated children's mental health care.

Following are the messages NMHA is communicating to the media to raise awareness about children's mental health:

- As many as one in 10 children in this country suffer from a serious emotional disorder.
- More than two-thirds of these children do not receive services.
- Left unrecognized and untreated, these disorders can lead to substance abuse, violence, suicide and other negative outcomes.
- This is a serious public health problem.
- Coordinated systems of care and treatment work.
- Juvenile facilities do not adequately address children's mental health needs.

Locally, the MHA in San Diego County is communicating to the media the importance of viewing the recent tragedy in a mental health context, which has resulted in extensive coverage in local newspapers and television news. The MHA has also developed various resource lists for parents and educators, including one that provides tips for talking to youth about violence.

For information and ideas on how to respond to this issue, call 800-969-NMHA (6642). 

From the MHA Field

MARYLAND

The **MHA of Montgomery County** held a fund-raiser March 3, which included a silent auction and brunch at a local theater before a presentation of the musical "Bye Bye Birdie." Auction items included a \$12,000 Weber grand piano donated by a local activist and a weekend of golf at a local hotel. More info: call the MHA at 301-424-0656.

NEW YORK

The IBM Corporation donated five computers to the **MHA of Nassau County's** Clubhouse and Employment Service, which provides job training to consumers. The program also helps consumers write resumes and find part-time employment in the community. More info: call John Jarvis at 516-489-2322, ext. 125.

PENNSYLVANIA

The **MHA of the Capital Region** hosted a benefit lecture March 1 featuring comedian Richard Lewis, who discussed his new book *The Other Great Depression: How I'm Overcoming, on a Daily Basis, at Least a Million Addictions and Dysfunctions and Finding a Spiritual (Sometimes) Life*. In the book, Lewis discusses his experiences with depression and substance abuse. More info: call the MHA at 717-796-0601 or visit <http://www.mentalhealthassoc.org>.

The **MHA of Lancaster County** held its Fourth Annual Pasta Buffet and Auction at the Greek Orthodox Church in Lancaster. MHA board members, individuals and local businesses donated more than 80 items for the auction. This year's proceeds of more than \$6,000 exceeded expectations. More info: call the MHA at 717-397-7461.

RHODE ISLAND

The **MHA of Rhode Island** held its annual fall fashion show a few months ago to raise money for and public awareness about mental health issues. More info: call the MHA at 401-726-2285 or visit <http://www.mharc.org>.

NMHA Program Updates

CAMPAIGN FOR AMERICA'S MENTAL HEALTH

NMHA kicked off its new *Children's Mental Health Matters* public education initiative at its March 8 symposium in New York City to help raise awareness about the treatment of children's mental health disorders (see cover story).

HEALTHCARE REFORM

NMHA was awarded a \$250,000 subcontract from the federal Center for Mental Health Services through the National Association of State Mental Health Program Directors. Under the subcontract, NMHA will work with other advocacy organizations to provide onsite technical assistance and produce publications on mental health policy issues. ... NMHA's first 2001 Healthcare Reform Advocacy Training was held Feb. 9 in Louisiana, where advocates discussed state work

incentive legislation and coalition building. ... NMHA and several MHAs partnered with the federal Health Care Financing Administration and the Substance Abuse and Mental Health Services Administration on a Feb. 21 conference call to train MHAs how to establish mental health ombudsman programs.

PARTNERSHIP TO OPEN DOORS

NMHA is playing a lead role in a partnership with The Carter Center, the Habitat for Humanity, the National Alliance for the Mentally Ill and other organizations to develop a program that will provide housing for adults with mental health disorders. The partnership will break ground this year on its first home, which will be built in Fort Worth, Texas.

Upcoming Events

APRIL

- 5: National Alcohol Screening Day.
- 17: New York State Healthcare Reform Advocacy Training.
- 18-20: MHA Executive Directors Spring Regional Training in Atlanta.
- 25-28: 13th Annual Texaco Key West Classic "Catch and Release" Fishing Tournament, benefiting NMHA.

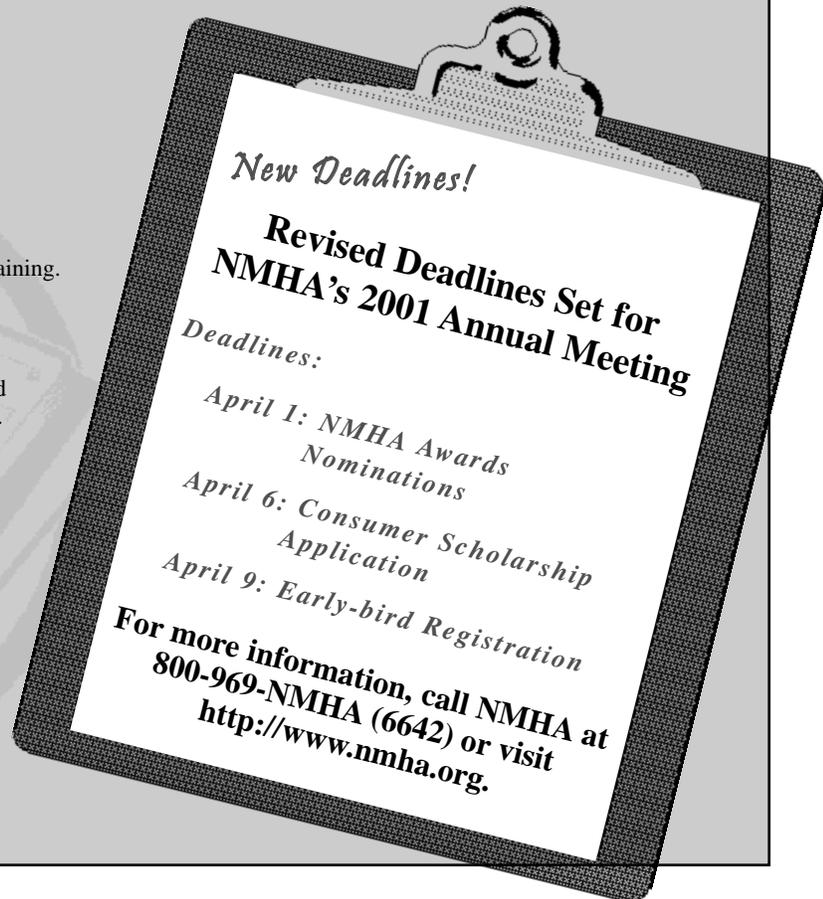
MAY Mental Health Month

- 2: National Anxiety Disorders Screening Day.
- 8: Childhood Depression Awareness Day.

JUNE

- 6-9: 2001 NMHA Annual Meeting in Washington, D.C.

For more information about these upcoming events, call 800-969-NMHA (6642) or visit <http://www.nmha.org>.



National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971

Phone 703-684-7722
Fax 703-684-5968
Information 800-969-NMHA (6642)
TTY 800-433-5959
Web site <www.nmha.org>

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Patrick Cody, Vice President of Communications
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Holly Seltzer, Director of Publications
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