



THE BELL

The newsletter of the National Mental Health Association ■ April 2001

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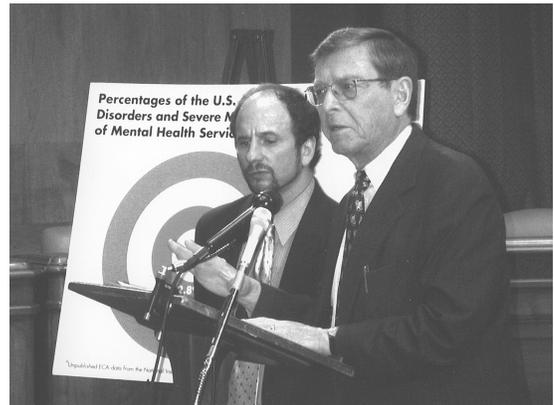
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Parity Bill Guarantees Coverage For All Mental Health Disorders

Following NMHA's determined advocacy efforts, Senators Pete Domenici, R-N.M., and Paul Wellstone, D-Minn., on March 5 introduced the Mental Health Equitable Treatment Act of 2001, which would help end healthcare discrimination for millions of Americans with mental illness. Under the act, group health plans that offer mental health benefits would be required to provide mental health coverage that is on par with medical and surgical benefits.

"This bill will go a long way toward finally ending the disgraceful, discriminatory practice of limiting mental health insurance coverage and denying people access to needed mental health treatments," said NMHA President and CEO Michael Faenza in a press statement. "Denying coverage for any illness is wrong."

NMHA and its affiliates helped create a groundswell
see Parity page 4



Sens. Paul Wellstone (left) and Pete Domenici announce the introduction of their mental health parity bill.

NMHA Takes Stand on Death Penalty

NMHA's board of directors approved a position statement opposing the executions of criminal defendants who committed their crimes as juveniles. The statement, approved in March, was passed in response to recent cases throughout the country in which people have either been executed or come within days of execution for crimes committed when they were minors.

"Young people under age 18 should not be held to the same standard of culpability and accountability for their actions as adults," said Michael Faenza, NMHA president and CEO. "Execution should not be the consequence of juvenile crime, no matter how horrendous, but particularly when individuals are known to be neurologically impaired."

see Death Penalty page 6



FROM THE PRESIDENT

Whether one views mental health from a public health, public policy or ethical perspective, it is shocking that at the start of the 21st century we as mental health advocates are still battling to achieve "parity" or "equity."

Clearly, scientific understanding has not vanquished the myths surrounding mental health disorders.

In the fight for parity or social justice, NMHA sees the issue in a broad context. At its core, parity means recognizing that mental illnesses are no different from any other illnesses. That fact must be evident in health insurance benefits and all facets of life.

With the introduction of the Mental Health Equitable Treatment Act of 2001, we have set our sights on achieving true parity in health insurance coverage for millions of Americans and are fighting for the passage of this important bill.

However, parity legislation is just one step in building a fair and effective mental health system for people with mental illnesses. In many ways, parity is our starting point for effective reform. We also must continue to address issues such as public health insurance, funding and appropriations, and community-based services.

In pushing a "parity principle," though, we cannot legislate values. The best we can do is to legislate laws, which set a moral standard and demand a change in behavior that eventually creates a shift in values. Our goal is to initiate such a shift so that people recognize that treating mental health disorders is as important as treating physical disorders and that mental health matters.

Sincerely,



Michael M. Faenza
President and CEO



Health Literacy Can Lead the Way to Better Health

Health literacy is a consumer's ability to grasp health information—be it in a brochure or on a prescription bottle—that is essential to preventing or managing a health condition. Contrary to popular belief, limited health literacy is not just a reading problem. Other factors such as cultural background, language, education level and willingness to receive health information all determine the extent to which individuals comprehend health-related material and take action to improve their health, according to the National Health Council, a group dedicated to improving the nation's health.

At its fall conference on health literacy, the National Health Council reported startling statistics from the *Journal of the American Medical Association* showing that more than 25 percent of patients can't read appointment reminders and that more than 40 percent don't understand what it means when prescription bottle instructions say to take medicine on an empty stomach.

The Council also reported that although a large number of consumers understand only about half of the health information they receive, their shame prevents them from bringing the problem to a doctor's attention.

Health literacy is becoming an increasingly important policy issue, particularly with its inclusion in the U.S. government's release of *Healthy People 2010: Objectives for the Nation*. In the mental health community's quest to eliminate barriers to care, addressing this issue should be among its priorities.

What can mental health organizations do to help ensure that people with low health literacy can absorb and respond to health messages? Terry Davis, Ph.D., a psychologist with the Louisiana State University School of Medicine, stresses that "simplifying health-related forms and materials is necessary—but it is not sufficient to ensure understanding." Davis recommended at the National Health Council's conference that organizations also do the following when drafting health communications:

- **Target the audience.** People are more likely to process and react to information that is clearly designed with them in mind. This includes language and graphics that accurately represent the consumers being targeted.
- **Personalize the message.** "People respond to stories that show how the information is relevant to them," Davis

pointed out. Statistics are not usually effective because they don't make that personal connection.

- **Be honest and avoid spin.** People of all literacy levels know when a message is manipulative and exaggerated. Davis warned that such communications are ineffective and reflect poorly on the sender's credibility.
- **Use plain English and get to the point.** The longer it takes to get to the point, the more likely it is that readers won't get it.
- **Focus on what the audience needs to know.** Most communications provide too much information. To be

most effective, "give people only what they need to know to take desired actions," Davis said.

NMHA recently created a plain language brochure on depression that features multicultural graphics and provides in straightforward language important information about the symptoms of the disorder and its treatment. So far, more than 2,000 brochures have been distributed. NMHA plans to review all of its publications and develop additional materials that target consumers with low health literacy. 

For more information about health literacy, visit <http://www.healthliteracy.net>.

FIRST PERSON

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

Volunteering for Change

by Sylvia Caras

During a psychiatric hospitalization in 1986, I realized I wanted my own voice heard in mental health policy decisions. After discharge, the support and belonging I found in the local consumer group soon became not enough. I wanted to change the way we people who experience mood swings, fear, voices and visions were treated by the mental health system and described in the media. E-mail was a way for us to tell our stories and make our values known. Since 1993, I have been helping to grow our Internet presence. Social action has taken me beyond symptom management and compliance to hope, integration, and a valued community place.

At first I used my new computer to journal my loneliness and shame. I've used writing to understand my self and gain perspective on my experiences. Those typings honed my interest in language, reinforced my understanding that words used by others shape how we are perceived, that words I use also shape how I understand my own situation, and that we must advocate with a language of inclusion and respect. My ear stays tuned to the disparagements and distancings of language. I've pulled many of my writings together at www.peoplewho.org/sylvia/om.

At the beginning, my advocacy goals were process goals: to ensure that those of us with psychiatric disabilities speak for ourselves, have a seat at the table.

As I've had opportunities to gain a global public health perspective, I've begun to argue on core rights issues like coercion, abuse and molestation.



Sylvia Caras

In 2002, the theme for World Mental Health Day will be connected to mental health and violence. Two-thirds of those in substance abuse treatment report physical, sexual or emotional abuse during childhood and studies consistently confirm a 50-80 percent prevalence rate of sexual and physical abuse among persons who are later diagnosed with a mental illness.

I am convinced that by de-emphasizing the upstream risks of abuse, we ensure a steady downstream flow of problems and a concomitant increase in the size and costs of the behavioral health industry.

Bell readers can lead the way in ending the social permission for abusing children. Let us reject violence and make mutual respect for each other our shared practice.

Sylvia Caras, Ph.D., is a full-time volunteer. She is a board member of the World Federation for Mental Health, a member of the Center for Mental Health Services Subcommittee on Consumer/Survivor Issues, and a board member of California Protection and Advocacy. Data citations and references are available at www.peoplewho.org/abuse. For more information about the author and People Who, follow the footer links on that page.

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.

Parity continued from front page

of support for this legislation on the state level and helped communicate to Congress the need for this important bill, which calls for full insurance parity for all mental health conditions listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Because previous bills covered only a limited number of diagnoses and excluded children, NMHA fought hard for comprehensive coverage that includes children. The new legislation would

“This is a bill whose time has come.”

—*Cynthia Folcarelli*

prohibit discriminatory limits on the frequency and duration of treatment, and rule out higher copayments, deductibles, coinsurance and other limits on private coverage for all conditions for people of all ages.

"This is a bill whose time has come," said NMHA Executive Vice President Cynthia Folcarelli at a March 15 press conference held by Domenici and Wellstone. "It reflects the growing public understanding that mental illnesses are illnesses, and that they can be diagnosed and treated just like any other illnesses."

In fact, an NMHA poll released in June 1999 revealed that 90 percent of Americans believe in mental health insurance parity. The legislation has also won strong bipartisan support in Congress, and both senators have emphasized their commitment to getting it enacted this year.

The new bill would also eliminate or narrow exemptions available under the current 1996 federal parity law. For example, under current law, insurance companies and other firms that see an increase of more than 1 percent in their mental health costs are exempt from instituting parity. The new measure would repeal that provision. In addition, the new law would limit the "small business exemption" to companies with 25 or fewer employees—down from 50 employees under the 1996 law.

Closing these loopholes in the new law would not drive up health insurance costs for the overwhelming majority of businesses, statistics show. According to a General Accounting Office report issued last year, only 3 percent of businesses reported cost increases in response to the 1996 parity law. And comprehensive parity has proven cost-effective in Maryland, Minnesota and Vermont, where health insurance costs increased less than 1 percent after implementation.

The new law would also provide the same protections that federal employees and members of Congress enjoy under the Federal Employees Health Benefits Program, which instituted parity this year. NMHA believes that if such coverage is provided to members of Congress, it is only fair that they guarantee equivalent benefits for their constituents.

"The U.S. Surgeon General has unequivocally stated that mental health is central to our nation's well being and belongs on the front lines of health care and public policy," said Faenza. "It's simply the right thing to do."

NMHA and its affiliates have dedicated their efforts to seeing the Mental Health Equitable Treatment Act become law by encouraging senators to cosponsor the bill and persuade Congress to pass this important legislation. For more information about mobilizing support for the act, call 800-969-NMHA (6642). 

At a Glance MHA in San Diego County

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Other Programs

- **Meeting of the Minds** is a mental health conference that features keynote speakers and workshops on various mental health topics, and a resource fair with more than 70 exhibitors and networking opportunities.
- **Erasing the Stigma of Mental Illness (ETS)** is a public-private partnership designed to change the way the world views mental illness. Through Rotary Clubs and other local organizations, ETS educates interested business and community leaders about mental illness and gets them involved in their own communities. Founded by the Mission Valley East Rotary Club, ETS is administered by the MHA.
- **Advocacy** activities include participation in the San Diego Coalition for Mental Health and the San Diego Mental Health Consumer Council, and interaction with local and state legislative bodies, and other organizations in the field. The MHA's Public Policy Network ensures timely distribution of information to support grassroots advocacy.
- **Visions @ 5th & H** is a client-operated mental health rehabilitation and vocational center offering social activities, support groups, basic living skills and life enhancement classes, arts and crafts, and pre-vocational and vocational services to adults with mental illnesses in the South Bay.

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.

San Diego MHA Leads Community Response to Shootings

by Karen Luton, executive director, MHA in San Diego County

When shots rang out on a high school campus in San Diego County March 5, our comfortable and safe "finest city in America" changed forever. Fortunately, our county responded quickly and efficiently to control the situation in Santee and provide counseling services to students of Santana High School and their families. This effective response was demonstrated again two weeks later when the community was horrified to experience a second school shooting.

Amidst the shock, fear, grief and anger rippling through our community, we at the MHA in San Diego wanted to react immediately with a compassionate and sensible response to the crisis. Within 30 minutes of the first shooting, we called NMHA staff to alert them to the situation and request guidance.

Using NMHA information, we faxed a prepared statement to all major newspapers and TV stations in the county. Along with the statement, we sent two fact sheets prepared with NMHA data: "Tips for Talking With Children About School Violence" and "Resources for Communities Dealing With School Violence Issues." Because we notified NMHA early, staff were able to respond immediately to national media and notify other MHAs.

The major newspaper in San Diego County, *The San Diego Union Tribune*, received one of NMHA's national media alerts and our MHA's statement. As a result, the "family section" editor, who is a parent, called MHA in San Diego

for an interview and tips on how parents can help make sure their own kids are "OK." I gave

our official position about the unmet mental health needs of our youth today, the inability of schools to meet these needs because of lack of training and funding, and the often overwhelming demands placed on families today. I was also able to respond as a parent, providing suggestions on how parents can communicate effectively with their children. A week after the initial article appeared, the reporter called back for more information for a second article, "Coming Together in Tragedy's Aftermath."

In addition to responding to the crisis in the media, we also formed a coalition after the first shooting with the San Diego Psychological Association, Sharp Behavioral Health Care and Scripps Health, to begin planning community

forums. These forums, called "After the Crisis — Building A Safe Community," aim to foster healing, teach coping skills and bring communities together to find solutions for dealing with youth violence. The first forum will be held at the same church used for counseling the students, parents and staff of Santana High School. Mental health professionals who specialize in treating families and trauma will speak. MHA of San Diego is taking the lead in planning and publicizing these events.

The lessons we learned are simple but vital for all MHAs that want to be an effective part of the overall community response to this type of tragedy.

First, be prepared to put other responsibilities on hold. Situations such as school violence call for an immediate response, so be ready to react to any request that comes your way. Second, call NMHA. They were our best resource for written material, and the national staff were quick to respond to our urgent needs such as getting national publications to our local schools, providing guidance and advice for dealing with the media, and offering feedback on articles that appeared in our newspaper. Third, increase your visibility in the community by networking. Build coalitions, if they don't already exist, with organizations in the Campaign for America's Mental Health, local government agencies, provider organizations, professional associations and other advocacy groups.

“The lessons we learned are simple but vital for all MHAs that want to be an effective part of the overall community response to this type of tragedy.”

—Karen Luton

Because we have made a consistent effort to communicate our messages and make our positions known whenever mental health

is discussed, MHA of San Diego has opportunities now that it didn't have five or 10 years ago. These include providing training for county and contractor front-line staff, presenting the premier annual behavioral health conference and resource fair in our county, and being a major media contact on mental health issues.

Finally, after working hard to respond quickly and spread mental health messages, accept that you might not be called during the initial media and law enforcement response. Your role often comes later, when the shock wears off, the grief sets in and everyone begins to ask, "Why?" That's when the MHA is most needed. Be prepared. 📖

Research Update

Depression Screenings

Screening for postpartum depression is quick and effective but rarely performed, according to a study conducted by researchers at the Olmsted Medical Center in Rochester, Minn. The study appeared in the April issues of *The Journal of Family Practice*.

Health Insurance

Although nearly half of low-income Asian Americans, Latinos and Native Americans have no health insurance, fewer than one-third of non-Hispanic whites and African Americans lack coverage, according to a new report released by the Kaiser Commission on Medicaid and the Uninsured. The report can be downloaded from <http://www.kff.org/content/2001/2222/2222.pdf>.

Suicide

Teenagers who feel connected to their schools and families are far less likely to commit suicide than their peers who lack these bonds even if they use marijuana and alcohol, have experienced violence in their lives or have known someone who committed suicide, according to a study published in the March edition of the journal *Pediatrics*.

Disability

The U.S. Census Bureau reports that 20 percent of Americans—about 52.6 million people—identified themselves as disabled (physically or otherwise) in 1997. Of the nearly 28 million working-age adults who identified themselves as disabled, only half were employed in 1997, typically earning much less than the average American. The Bureau's study found that 28 percent of people with severe disabilities over the age of 25 lived in poverty that year. More info: <http://www.census.gov/prod/2001pubs/p70-73.pdf>.

A Moment in Mental Health History

Former NMHA President Frank Proctor and actress Joan Crawford present an award to President John F. Kennedy in 1963 for his work in helping to create a national system of community mental health centers.

Death Penalty continued from front page

In Missouri last month, for example, Antonio Richardson came within days of being executed for participating in the rapes and deaths of two women. He was sentenced to death despite the fact that he was 16 years old at the time of the crime and has an I.Q. of 70 coupled with brain damage. A Missouri appeals court stayed Richardson's execution pending the outcome of a similar Texas case being considered by the U.S. Supreme Court.

Since 1973, 17 people on death row—including four last year—have been put to death for crimes they committed as juveniles. Many of the 17 had horrific histories of child abuse, severe mental illness and trauma. NMHA believes that the age, maturity, mental status and any history of abuse in a child's background should always be considered when determining punishment, according to the statement.

Faenza also stressed that "impulsiveness, poor judgment and a lack of self-control are frequently characteristics of childhood and are the reasons we limit many of the rights of minors."

The position statement also included NMHA's opposition to forcibly medicating or otherwise treating defendants to make them competent either to stand trial or to be executed, a practice, Faenza said, that "makes a mockery of our judicial system."

One notable example of this practice is the case of Russell Weston, who is accused of the 1998 shooting deaths of two U.S. Capitol police officers in Washington, D.C. Although a federal court ruled Weston incompetent to stand trial due to his schizophrenia, it ordered that he be medicated against his will so he could stand trial and possibly be executed, if found guilty.

By adopting this position statement, NMHA has taken another step in its efforts to ensure that people with mental illnesses are treated fairly and humanely by our criminal justice system. To find out more about NMHA's criminal justice programs and initiatives, or to receive a copy of NMHA's position statement on the death penalty, call 800-969-NMHA (6642) or visit <http://www.nmha.org>. 

From the MHA Field

FLORIDA

The **MHA of Palm Beach County** held its 25th “Liberty Bell Gala” on Feb. 24 in Palm Beach. More than 500 people attended the event, which featured an orchestra and dancers performing a special tribute on the gala’s 25th anniversary. The children of former NMHA board member Margaret Donnelley, Shawn and Angus Donnelley, also recognized their mother at the gala for her years of volunteer work for the MHA with a \$25,000 challenge grant to dinner attendees. Gala guest Simon C. Fireman and others met the challenge by donating more than \$130,000 to the MHA on Margaret Donnelley’s behalf. NMHA President and CEO Michael Faenza and NMHA Board Chair Gary Tauscher attended the gala, which also marked the 52nd anniversary of the MHA. More info: contact the MHA at 561-832-3755.

The federal Center for Mental Health Services has awarded the **MHA of Central Florida** a three-year \$1 million dollar contract to work with the state Department of Children and Families to promote children's mental health. Through the partnership, the MHA will:

- Promote an understanding of youth problems and approaches in preventing violence and substance abuse in schools.
- Support implementation and evaluation of mental health promotion activities, treatment and early childhood development services.
- Promote and coordinate comprehensive prevention activities in schools and other community settings.

More info: call Bob Decker at 407-843-1563.

NORTH DAKOTA

North Dakota Gov. Ed Shafer presented the North Dakota National Leadership Award of Excellence to Dick Weber, a member of the board of the **MHA of North Dakota** and former chair of NMHA’s board of directors. Gov. Shafer recognized Weber for his years of mental health advocacy and service, which began when he was a child growing up on the grounds of a Nebraska psychiatric hospital, where his parents were employed.

WISCONSIN

The **MHA in Milwaukee County** and the state Coalition for Fairness in Mental Health and Substance Abuse Insurance are well-prepared to promote mental health and substance abuse treatment insurance parity in this year's state legislative session. In addition to launching a media campaign and other initiatives, the MHA and the coalition drafted and distributed a brochure on parity to key stakeholders in the state. To obtain copies of the brochure and a parity education kit, contact Shel Gross, the MHA’s director of Public Policy, at shelgross@ytds.net or call 608-250-4368.



Ringling the Mental Health Bell at the MHA of Palm Beach County's (Fla.) Liberty Bell Gala are Kathleen Weaver Chalaire, president of the MHA; Gary Tauscher, chair of NMHA's board of directors; Dick Robinson, gala co-chair; former NMHA Board Member Margaret Donnelley, gala chair; and Michael Faenza, NMHA president and CEO.

NMHA Program Updates

RESEARCH AND SERVICES

NMHA and Mental Health Association representatives in March participated in a National Institute of Mental Health public forum to identify problems and opportunities in research on depression and co-occurring physical illnesses.

PARTNERS IN CARE

NMHA's *Partners in CARE* initiative held its annual advisory council meeting at which council members reviewed model rehabilitation programs and discussed future plans.

HEALTHCARE REFORM

NMHA and MHA staff testified in the Ohio House of Representatives in support of a comprehensive behavioral health parity bill under consideration. ... NMHA held a Healthcare Reform Advocacy Training in Texas on March 24 to help the MHA of Texas and other advocacy organizations develop action plans to secure the passage of a state parity bill for children this year. 



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One year subscriptions are available: \$36.00 for individuals and organizations, \$24.00 for NMHA affiliates and mental health consumers.

Cited reproductions, comments and suggestions are encouraged.

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Upcoming Events

APRIL

- 23-29:** TV Turnoff Week
- 25-28:** 13th Annual Texaco Key West Classic "Catch and Release" Fishing Tournament to benefit NMHA

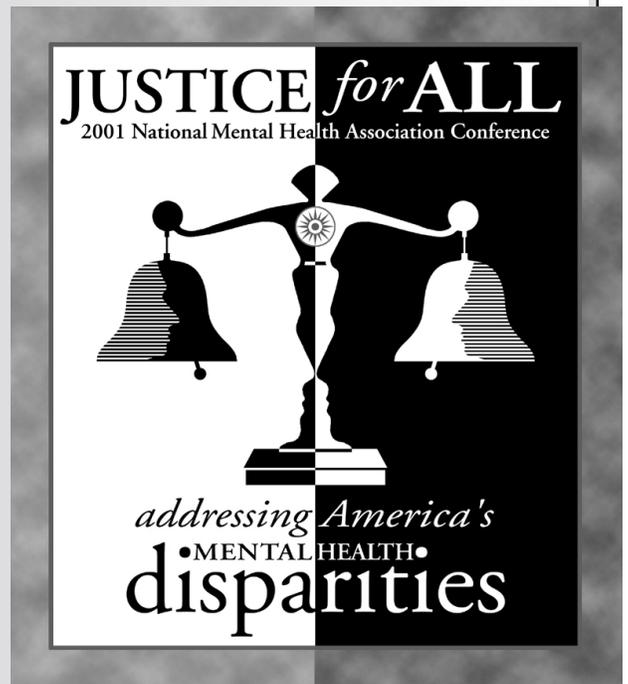
MAY Mental Health Month

- 2:** National Anxiety Disorders Screening Day
- 6-13:** Children's Mental Health Week
- 7:** Maryland Healthcare Reform Advocacy Training
- 8:** Childhood Depression Awareness Day
- 21:** Arizona Healthcare Reform Advocacy Training

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>.



June 6-9, 2001 • Washington, D.C.
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