



# THE BELL

The newsletter of the National Mental Health Association ■ May 2001

## NMHA Survey Shows That Millions Of Americans Contemplate Suicide

As many as 8.4 million American adults— 4 percent of the U.S. population—have contemplated suicide, according to a new NMHA survey.

The survey also revealed that more than 6 million American adults have had "continuing thoughts of suicide throughout the same two-week period." Every year, about 30,000 people commit suicide in this country.

NMHA's survey, conducted by Roper Starch Worldwide, Inc., underscores the U.S. Surgeon General's May 2 report on suicide, which identifies suicide as a public health priority and calls for a national prevention strategy.

"The results of NMHA's survey on suicide and the Surgeon General's report are evidence of a public health epidemic of major proportions," said Michael Faenza, NMHA president and CEO. "The all too tragic result of untreated and under-treated mental illness is evident in the suicide numbers."

Surgeon General David Satcher, M.D., Ph.D., echoed that sentiment in his report, "National Strategy for Suicide Prevention: Goals and Objectives for Action."

"The stigma of mental illness and substance abuse prevents many persons from seeking assistance; they fear prejudice and discrimination," said Satcher in the report. Through a coordinated national public health effort, society can prevent premature deaths, reduce suicidal behaviors and

see *Suicide* on page 7

### WHAT'S INSIDE

First Person: Being a Parent With Mental Illness.....2

President's Budget Offers Good News and Bad News .....3

Lessons Learned: Connecticut MHA And State Groups Team Up.....4

Guest Article: Common Ground Charles Ray, National Council.....5

MHAs Raise Awareness During Mental Health Month.....5

NMHA Annual Meeting To Address Disparities .....6

California Judge Dismisses ADHD Class-Action Lawsuit .....6

A Moment in Mental Health History: Dorothea Dix .....6

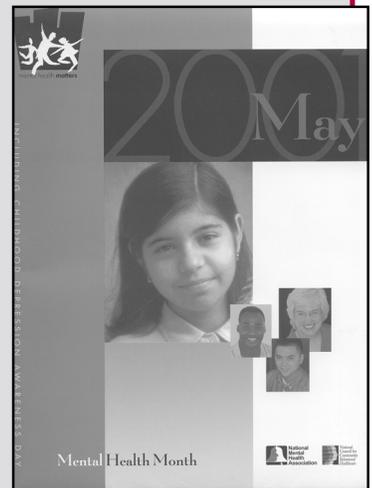
From the MHA Field .....7

Research Update.....7



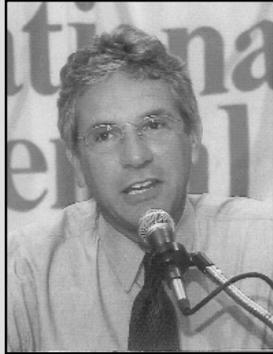
## May Is Mental Health Month

*This month marks the 52nd year NMHA has celebrated May as Mental Health Month. See page 5 for an update on how affiliates across the country are observing the month-long campaign and for a message from the National Council for Community Behavioral Healthcare, NMHA's partner on the Mental Health Month kit (pictured at right).*



FROM THE PRESIDENT

When people take their own lives, the question is always, why? Why did he give up? Why didn't she reach out? The real question society needs to ask—the real question America in the 21st century needs to confront—is why are we still living in the Dark Ages when it comes to mental illness?



In the majority of cases, suicide is the most tragic result of common and treatable mental illness. Unfortunately, America is not yet fully facing the mental health needs of its citizens. Just as millions of Americans a decade ago were in denial of cancer risks, Americans today are in denial of the risks of untreated mental illness. Our survey on suicide (see cover story) puts the dire results of this denial into clear view.

With the release of his recent report on suicide, Surgeon General David Satcher has again shown extraordinary leadership on mental health issues and provided the impetus to search for real answers to the epidemic of suicide.

With our partner, the Jed Foundation, NMHA is taking immediate steps to address the epidemic and finding ways to save lives. It is a goal we must and will meet.

Sincerely,

Michael M. Faenza  
President and CEO

FIRST PERSON

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

**Being a Parent With Mental Illness**

*by Larry Stier*

At 43, I was diagnosed with major depression. Stress was identified as one of my triggers, and as any parent knows, having a wife and three teenagers can definitely be stressful. While I appreciated my family's support, I was often overwhelmed by my illness.

How I presented myself and interacted with my family was problematic. I often appeared depressed at school functions. At my daughters' high school graduation, I was oblivious to everything and everyone around me. I wondered why my family didn't understand how bad I felt. How could I explain that I didn't want to be involved in their activities? I worried about what my daughters' friends thought of me. I soon realized that my mental illness was affecting the entire family.

My children becoming adults did not improve the situation. I now face weekly Sunday dinners with a growing family of son-in-laws and three grandchildren. While I love them dearly, I am stressed by my grandchildren, and it is often difficult to attend their sporting events and school activities.

How to improve my parenting skills and ability to deal with my family was a mystery to me. Where does a parent or grandparent with depression find assistance? It seemed that no agencies or community resources existed that dealt with these issues. I felt like there was no place to turn and no one to talk to.

Then, about three years ago, I became part of a research team at the University of Massachusetts Medical School that studied parenting with a mental illness. I was able to work with other parents and grandparents to learn how to balance having a family and a mental illness. I quickly learned that my problems were minor compared to other parents. I met many different kinds of parents: mothers and fathers, married couples and single parents, some with custody, some without custody. Some parents hadn't seen their children in a long time, while others had limited visitation and would like to see their children more. Many parents were concerned with losing custody. Each situation presented its own problems.

Lack of supports and affordable legal services are the major problems facing parents with mental illness. Providing support and legal services helps parents and children. Often, just being a good parent and having a family aids in recovery.

My involvement in research at the University of Massachusetts, and the accomplishments of my colleagues and other parents has encouraged me to spread the word that by working together, family support and services can be made available to others.

Today, I speak at conferences advocating for supports and services for parents with mental illness. I've just finished writing a book with my research team on parenting well when depressed. I also co-facilitate a regional parenting consortium in which people with mental illness identify ways to receive parenting assistance, discuss custody issues and talk about ways to be a better parent.

All parents must advocate for supportive parenting services. Let your legislators and community agencies know that with support, you can raise your children and have a healthy family. Working together this can be accomplished. 

*Larry Stier is a research assistant at the University of Massachusetts Medical School Center for Mental Health Services Research. He assisted in writing the book Parenting Well When You're Depressed: A Complete Resource for Maintaining a Healthy Family, which will be available in bookstores in August 2001.*

---

*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.*



*Larry Stier*

## President Bush's Federal Budget Offers Good News and Bad News

In the wake of President Bush's proposal to cut millions of dollars from the federal budget for mental health services, NMHA has called on Congress to ensure that the federal government continues to provide strong leadership in the area of mental health.

"If Congress doesn't restore the Bush administration's proposed cuts, many programs will go unfunded and may be forced to end," NMHA President and CEO Michael Faenza said.

Faenza did applaud the Bush administration's request to significantly increase spending for some areas related to mental health, including research at the National Institutes of Health, and drug treatment programs managed by the Substance Abuse and Mental Health Services Administration.

The proposal, however, also cuts \$16 million from the federal Center for Mental Health Services (CMHS) budget for several programs, including those related to providing access to mental health services for people who are homeless, and for ethnic and racial minorities. This would mean the loss of many recently launched projects before they have an opportunity to produce results.

In addition to the CMHS budget cuts, the administration has proposed slashing funds for the Department of Justice's Office of Juvenile Justice and Delinquency Prevention, where an expected 25 percent reduction would affect direct grants to states and communities. "The cuts to programs related to child abuse and juvenile delinquency prevention, and cuts in drug reduction programs are particularly disturbing," Faenza said, "because many of these youngsters are likely to have co-occurring mental health disorders."

NMHA and mental health advocates have also expressed concern about the administration's proposed budgetary limits on federal housing programs that assist people with mental illness, even as President Bush has called for full implementation of the U.S. Supreme Court's *Olmstead* decision. The *Olmstead* ruling requires states to move people who are inappropriately institutionalized into community settings.

"We will work with the administration and Congress to see that programs are in place to create a comprehensive network of community-based mental health care," Faenza said. "And we will urge Congress to restore funding cuts and increase appropriations for high priority mental health programs. We are optimistic that the final budget and appropriations will enable this country to more effectively carry out programs to treat mental illness and improve mental health."

*MHAs and mental health advocates are urged to contact their members of Congress about mental health funding. For more information, call 800-969-NMHA (6642) and select option 6.*

## 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.

# Connecticut MHA and State Groups Team Up For Childhood Depression Awareness Day

by Vicki Spiro Smith, MSW, LCSW, director of Programs for Children and Families, MHA of Connecticut

With limited staff and resources, how do you begin to develop a child and adolescent depression awareness program that targets professionals, families and children across the state? This was the MHA of Connecticut's challenge in late fall 1999, six months before Childhood Depression Awareness Day (CDAD) 2000. We responded by collaborating with a large number of key statewide groups to ensure that our message spread successfully. Members of our collaborative include leadership from the Connecticut School Social Workers, the Academy of Pediatrics, PTAs, university and state departments, mental health clinics for children, school-based health centers and family advocacy groups. Other members include counselors, psychologists and nurses.

To plan our first CDAD program in 2000, group members met monthly to help shape the program, and raise awareness about childhood and teen depression by distributing to their constituents packets filled with brochures, fact sheets, signs and symptoms cards. In turn, they distributed the packets to families and children in their communities.

The whole is far greater than the sum of its parts. Each group not only informed its constituencies but also provided technical assistance, connected the MHA to other organizations and increased our opportunities to display materials at annual events. Each group also helped support the MHA by copying and distributing materials, spreading the word and collaborating on public relations efforts.

One year later, our collaborative has cast a wide net and planned a variety of activities for CDAD 2001. Our local libraries displayed books for children and families. A fact sheet mailed to PTA presidents was published in local parent newsletters, and

professional organization and institution newsletters also featured our articles. We distributed information packets to school nurses, social workers and counselors at annual conferences. "Claire's Story," an educational video developed by the MHA of Summit County (Ohio), aired in public school classrooms. New activities for this year included speaking on a local TV program, translating selected materials into Spanish and reaching out to the primary care community—a good fit with our priorities as part of NMHA's Campaign for America's Mental Health.

We learned some important lessons during this process. First, we learned that working on a task with a specific and time-limited agenda motivates all involved. It is also imperative to provide group members with updates to keep everyone task-oriented and connected to the project. Some members may be less active in ensuing years, but they may still contribute, so keep them in the loop. It is also helpful to evaluate your activities for future planning, and to focus or build on your most effective efforts. Finally, it is exciting to see how collaborative membership influences state agency agendas. For example, our new state library Web site on parenting has a major focus on childhood and adolescent depression as a result of the library's participation in our group.

The MHA of Connecticut strives to reach its goals with limited resources. Building partnerships has allowed us to reach more people and meet tough challenges. We are building on the success of our collaborative efforts by exploring ways to partner with education and healthcare leaders to bring mental health education and depression screening into our schools. We look forward to expanding our collaborative to integrate system-wide changes throughout the state. 

## At a Glance

### MHA of Connecticut, Inc.

#### Contact Information

President and CEO  
Beverly A. Walton  
20-30 Beaver Road  
Wethersfield, CT 06109  
Phone: 860-529-1970  
Fax: 860-529-6833  
E-mail: mental.health.assoc@snet.net

#### Other Programs

- **Coalition for Mental Health and Substance Abuse Health Care Reform** comprises more than 50 agencies working together on issues such as the definition of medical necessity, confidentiality/privacy of medical records, and implementation of state parity law.
- **Residential support services, psychosocial rehabilitation center and supported employment programs** help adults with prolonged and severe mental illnesses.
- **The Robinson House** is a group home for people who are deaf and have a mental illness.
- **The Respite Care Program** serves the families of children with severe emotional disturbances.



## Common Ground

by Charles G. Ray, president and CEO,  
National Council for Community Behavioral  
Healthcare

Each year, our work with NMHA on the production and distribution of the "May Is Mental Health Month" kit reminds me of how a vigorous partnership can accomplish so much. The kit and its messages underscore the importance of collaboration, cooperation and coordination in bringing the message "Mental Health Matters!" to the community.

Much can be accomplished in a community when consumers, their families and loved ones, mental healthcare providers, civic leaders and committed citizens focus on the importance of promoting the mental health needs of all. In an age of sophisticated technology, high-speed Internet access and round-the-world links, it still boils down to neighbors reaching out to neighbors.

Today, access to and delivery of comprehensive mental health services has never been more difficult. National Council member organizations—community providers across the country—report diminished funding, reduced staffs and the elimination of key services, all of which directly affect the number of consumers they may assist. In too many areas, only those with persistent and serious mental illness are receiving care, and that treatment is available only to those least able to afford it.

But there are some bright spots, communities where people have found common ground in their commitment to build and sustain healthy and safe communities. Providers there may not be fully funded or offer all the programs and services the community needs, but their ability to deliver care has been greatly supported by communities that value the important role they play in helping people lead lives of dignity and self-respect.

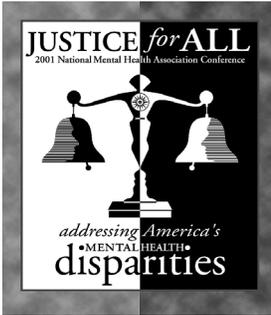
Our "May Is Mental Health Month" kit is a tool, a reminder of what we can do together and how we can raise the public profile on a subject dear to us all. To me, it also articulates a spirit I believe we must celebrate year round—"Mental Health Matters!" 

## MHAs Raise Awareness During Mental Health Month

Several Mental Health Associations held special activities to raise awareness during Mental Health Month. Here are just a few of the activities that took place around the country this May:

- The **MHA of Central Virginia** hosted its first annual VIP Walk for Mental Health May 5. Local VIPs participated, including Lynchburg Mayor Carl Hutcherson and Virginia Delegate Preston Bryant. The event raised more than \$18,000 for the MHA.
- The **MHA of Westchester** (N.Y.) teamed up with the Masters School and the rock band Dakona to host a benefit concert May 26 to raise awareness about teen depression and suicide. Concert proceeds will be donated to the MHA.
- **MHA of Franklin County** (Ohio) worked with the local NBC affiliate news program to raise awareness about National Anxiety Disorders Screening Day. The MHA was featured on the 5 o'clock news May 2, and sponsored a phone bank to answer questions about the observance and conduct screenings.
- The **MHA of Louisiana** hosted various Childhood Depression Awareness Day activities through local elementary schools to educate students, teachers and counselors about depression. Among its programs, the MHA held birthday parties for Eeyore, the melancholy "Winnie-the-Pooh" character.
- The **MHA in Lancaster County** (Penn.) promoted awareness of Mental Health Month through its Artwalk Weekend April 28-29, a walking tour of local galleries that display the work of community artists. Galleries included artwork created by people with mental illness.
- **MHA of Hawai'i** will raise awareness about Childhood Awareness Day by making 8,000 green ribbons available at public events throughout the month of May, including proclamation signings, legislative hearings and mall displays.
- The **MHA of Rhode Island** partnered with more than 20 organizations to publish a May is Mental Health Month calendar of events that details the local educational and advocacy activities planned for May. In June, the National Mental Health Bell will tour the state.
- The **NMHA of Georgia** led the Georgia affiliates in raising awareness about Mental Health Month by writing letters to the editors of local newspapers across the state, as well as reaching out to metro-area Atlanta newspapers and radio stations to increase media coverage of National Anxiety Disorder Screening Day. 

## NMHA Annual Meeting to Address Healthcare Disparities



Top-notch speakers, a parity hearing on Capitol Hill and a full schedule of educational activities will highlight the 2001 NMHA Annual Meeting June 6-9 in Washington, D.C. Under the theme "Justice for All: Addressing America's Mental Health Disparities," the meeting program will bring into focus the complex issues related to disparities in care and explore strategies for building a fair mental health system. Workshop and plenary sessions will highlight the latest mental health research, and the barriers to treatment that ethnic and minority groups face each day.

Invited speaker Health and Human Services Secretary Tommy Thompson will help kick off the conference at the opening night dinner. Other speakers include Center for Mental Health Services Deputy Director Camille Barry, Ph.D., James Jackson, Ph.D., of the Institute for Social Research Center, and Jerome Hanley, Ph.D., of the South Carolina Center for Innovation. These nationally known mental health authorities will discuss at the opening plenary session the history of mental health disparities in America and its impact on our system today.

Other plenaries will cover how race and poverty affect access to quality care, and introduce the concept of cultural competency, with a special emphasis on meeting NMHA's new cultural competency reaffiliation requirement.

*see Annual Meeting on next page*

## California Judge Dismisses ADHD Class-Action Lawsuit

A California judge in March dismissed a legal attempt to discredit the diagnosis of attention deficit/hyperactivity disorder (ADHD). The class action suit proclaimed that an ADHD diagnosis is not grounded in medical science and that the use of medication to treat this disorder is the result of a "conspiracy" between the pharmaceutical company that manufactures the product and the doctors who prescribe it.

U.S. District Judge Rudi M. Brewster found that the complaint was vague and unclear. Judge Brewster also held that if defects in the complaint are not rectified, he will dismiss the case entirely under a statute that provides for the dismissal of lawsuits that attack defendants for speaking out on an issue of public interest.

Allegations that disorders such as ADHD do not exist or are uncommon fly in the face of extensive scientific research and risk jeopardizing the health of our nation's youth. Clinical experts agree that ADHD is a valid psychiatric disorder and that criteria for diagnosis are appropriate and effective in helping to identify children in need of care. 

## A Moment in Mental Health History

Dorothea Dix was a schoolteacher who became one of the nation's first mental health advocates. Dix was asked in 1841 to teach a Sunday school class in a Boston-area prison where she was horrified to find people with mental illnesses suffering inhumane treatment. They were jailed with the criminals, regardless of age or gender; many were chained and flogged, or left ignored in dark corners without heat or clothes. Dix found similar conditions in prisons throughout Massachusetts and convinced the state legislature to increase funding for the state psychiatric hospital to accommodate additional residents. During the next 40 years, Dix persuaded legislatures in 15 states as well as in Canada and Europe to establish 32 public psychiatric hospitals and stop imprisoning people with mental illnesses.



*For additional information on Dorothea Dix, read Heart's Work: Civil War Heroine and Champion of the Mentally Ill; Dorothea Lynde Dix (Paragon House Publishers, 1991).*

*Annual Meeting from previous page*

Several caucuses will give attendees a chance to participate in discussions with mental health experts and researchers. One special caucus, "Risks and Benefits of Participation in Research," will survey the pros and cons of consumer participation in research, and discuss how participants and researchers can build a mutually beneficial relationship.

Meeting participants will also have an opportunity to take their legislative priorities directly to lawmakers on Capitol Hill and attend a Senate hearing on the Mental Health Equitable Treatment Act of 2001, a bipartisan parity bill (see the April issue of *The Bell*). A briefing beforehand will prepare the troops for a full day of advocacy and finalize strategies for visits with their members of Congress.

In addition, more than 50 educational workshops will cover the gamut of mental health issues, including sessions on juvenile justice, suicide, media outreach, public education for minority populations, employment of consumers as providers and other good business practices.

Between sessions, attendees can stop by poster presentations to learn from colleagues and bring home ideas for innovative mental health programs and activities. At the nearby exhibit hall, representatives from research, advocacy and mental health organizations across the country will be on hand to visit with conference participants.

The meeting will also offer plenty of time to relax at evening receptions that feature musical entertainment from around the world, network and exchange ideas with colleagues, and take in the city's rich heritage. Advocates and consumers should not miss this unique opportunity to meet with hundreds of their colleagues from across the country, and work together to create a fair and equitable mental health system for all Americans. 

*Suicide continued from front page*

promote "interconnectedness for individuals, families and communities," he said.

To confront this crisis, the NMHA and the Jed Foundation convened a group of experts May 24 in Washington, D.C., to begin outlining successful suicide prevention strategies. The plan will focus on college-age adults. One recent study found that 10 percent of college students report having been suicidal at some point in their lives.

The NMHA survey was funded by an unrestricted educational grant from Wyeth-Ayerst Laboratories. 

**FROM THE MHA FIELD****Michigan**

With the help of the **MHA of Michigan**, state Sen. Bev Hammerstrom, R-Temperance, introduced two parity bills in February to provide insurance benefits for both inpatient and outpatient mental health and substance abuse services. More info: call the MHA at 248-557-6777 or visit <http://www.mha-mi.org/mpp>.

**New York**

The **MHA of Erie County** held an organizational meeting in March to discuss forming a separate nonprofit organization to provide alternative therapies for people with mental illnesses. More info: call the MHA at 716-886-1242.

**North Dakota**

The **South Valley Mental Health Association** in March held a black-tie fundraiser in Fargo that featured a silent auction and swing music. Funds raised at the dinner will be used to support many of the MHA's programs, including free depression screenings, self-help and support groups, and children's school programs. More info: call the MHA at 701-237-5871.

**RESEARCH UPDATE****Supportive Housing**

Researchers at the University of Pennsylvania Health Systems have found that it costs only slightly more to provide supportive housing to people with mental illnesses than it does for them to remain homeless and fend for themselves. People left to fend for themselves wind up costing taxpayers about \$40,500 a year in emergency room, psychiatric hospital, shelter and prison expenses; it costs just \$994 more a year to provide supported housing. The Fannie Mae Foundation funded the study. More info: <http://www.fanniemaefoundation.org>.

**Bullying**

A National Institute of Child Health and Human Development study to determine the extent and effects of bullying among school-aged children has found that 10.6 percent of children reported they had been bullied in the last week, 13 percent said that they had bullied others, and 6.3 percent claimed that they had been the perpetrator and victim of bullying. The study was published in the April 25 edition of the *Journal of the American Medical Association*. More info: <http://www.nichd.nih.gov>.



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>

The Bell is published monthly by the National Mental Health Association, which works with more than 340 affiliates nationwide to promote mental health, prevent mental disorders and achieve victory over mental illnesses through advocacy, education, research and service.

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.

Gary Tauscher, Chair of the Board  
Michael M. Faenza, President and CEO  
Patrick Cody, Vice President of Communications  
James Radack, Senior Director of Communications  
Holly Seltzer, Director of Publications  
Ken Chamberlain, Publications Manager  
Becky Roser, Communications Technical Specialist



Presorted  
First Class  
U.S. Postage  
PAID  
Merrifield, VA  
Permit # 6418

[www.nmha.org](http://www.nmha.org)

## Upcoming Events

### JUNE

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

### JULY

**22-28:** World Federation for Mental Health Biennial Congress in Vancouver, B.C.

### AUGUST

**9-10:** Idaho Healthcare Reform Advocacy Training.

**23-26:** NMHA is a proud sponsor of the Alternatives 2001 Conference. .... →

### SEPTEMBER

**20-21:** Rhode Island Healthcare Reform Training.

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

## ALTERNATIVES 2001

August 23-26, 2001  
Philadelphia, Pennsylvania

*Freedom to Remember  
Freedom to Choose  
Freedom to Dream*

Join the National Mental Health Consumers' Self-Help Clearinghouse in Philadelphia for Alternatives 2001, the 17th annual conference organized by and for mental health consumers and survivors.

For more information, call 800-553-4539, ext. 293,  
or visit <http://www.mhselfhelp.org>.