



THE BELL

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The newsletter of the National Mental Health Association

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- Ticket to Work
- Battle for Parity
- Healthcare Reform Advocacy Trainings

Bush Budget Leaves Mental Health System in Peril

For the second consecutive year, the Bush administration has proposed a disappointing federal budget. In an era of underfunded, severely strained state and local mental health systems, the administration has proposed to freeze or cut most federal mental health programs.

"Our public mental health treatment systems have a long way to go to meet existing mental health needs, let alone be prepared for extraordinary demands such as last year's terrorist attack," said NMHA President and CEO Michael Faenza. "While needs for mental health services are increasing, the budget to meet those needs keeps decreasing."

The proposal for next year's Center for Mental Health Services (CMHS) budget is particularly troubling. The budget not only calls for freezing the funding for many programs and a \$17 million cut in CMHS's "Programs of Regional and National Significance," it would actually eliminate a number of proven, evidence-based

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A Mother's Story

by Denise Pazur

"I don't care. What don't you understand about this, mom? I DON'T CARE."

My son Stephen spewed those disturbing words to me just months before he took his life with one shot of a rifle. He had reached his 18th birthday just seven weeks before that ill-fated day.

It was late September 2000, a robust early autumn day. The picture-perfect kind of day when a deep blue sky hovers above, scattered with streaks of white. It was a day such as this that was my son's last.

Over and over since that day, I've played a mental tape of those hopeless words he shared before his death. And I've learned since his suicide that an absence of hope that things will get better, that it is possible to have a future with some meaning

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From the President

At a time when mental health needs are on the rise, the Bush

Administration's troubling decision to slash and freeze funding for mental health could not come at a worse time.

Reports show that the psychological fallout from the Sept. 11 attacks is mounting. Mental health and substance abuse counselors say they are seeing more serious mental health issues and widespread anxiety than they have at any time since the attacks.

Hundreds of New York City firefighters have been placed on light duty. Thousands of firefighters and emergency medical workers have seen therapists, the first step on a road to emotional recovery that mental health experts say could take up to five years.

NMHA and its affiliates have been on the frontlines during this time, determined to ensure help for people affected by the attacks while continuing to support the millions of Americans who needed care before Sept. 11. But we are plainly holding together the seams of an already strained public mental health system.

We as advocates must make policymakers aware of the problem and urge them to act. Let Congress know that any group of illnesses that affects one in five Americans must be viewed as an urgent public health issue.

Let them know that cutting mental health funding in the face of increasing demand is not only unreasonable but also discriminatory.

Tell them that we will continue our fight until the administration reprioritizes the needs of people with mental illness and the agencies that serve them.

Sincerely,



Michael M. Faenza
President and CEO



NMHA's Annual Conference To Explore Prevention, Resilience and Recovery

In these uncertain times-and at all times-it is important to examine the factors that protect some people from experiencing mental illness and that help those who have mental disorders to recover.

NMHA's 2002 Annual Conference, "Prevention, Resilience and Recovery: United for Mental Health," to be held June 5-8 in Washington, D.C., will give consumers, advocates, mental health professionals, policymakers and other stakeholders an opportunity to explore these issues in detail.

Conference highlights include three plenary sessions on prevention, recovery and mental health. The sessions will feature speakers such as Charles Curie, administrator of the Substance Abuse and Mental Health Services Administration;

Bill Anthony, Ph.D., director of the Center for Psychiatric Rehabilitation; and Jacki McKinney, co-founder of the National People of Color Consumer/Survivor Network.



Through a variety of workshops, conference participants will examine and discuss programs that emphasize prevention, and those that focus on risk and protective factors in the onset of mental health disorders. Workshops will also offer proven efforts to promote resilience and recovery in children and adults. Some scheduled workshops include "A Crash Course in Prevention Science and Practice for the 21st Century" and "Employment: Building Bridges Toward Recovery."

In addition, on June 6, participants will travel to nearby Capitol Hill to meet with their congressional representatives about the mental health priorities affecting their communities.

As always, the conference will also offer opportunities to consider other critical issues, including best practices in advocacy, community organizing, fund-raising, community services, public education, children's mental health, and the business of running an MHA. NMHA will also unveil its new "Dialogue for Recovery" public education program designed to help improve communication between people with severe mental illness and their healthcare providers.

For more information about NMHA's 2002 Annual Conference, call 800-969-NMHA (6642) or visit <http://www.nmha.org>.

MHA in North Carolina Doubles Local Affiliate Field

Working with communities to determine their mental health needs and to help them develop services and programs is one formula for building a successful affiliate field, says John Tote, III, executive director of the MHA in North Carolina. After more than doubling its 16 chapters in 1995 to the current 34, there must be something to the MHA's formula.

"We focus on areas of need as opposed to trying to build an administrative structure. That can come later," says Tote. "The question is: How can we positively improve what's going on out there?"

Tote believes the answer comes from people "in the trenches," the volunteers and those working on a local level. "In most cases, we're approached by folks who are currently working in the community and who need the presence of an MHA locally," said Tote. Advocates in Halifax County, for example, enlisted the MHA in North Carolina to help organize a strong, comprehensive advocacy group in its community. The advocates stressed their county's need for support groups, educational opportunities and training, all of which Tote and his staff are trying to help bring about.

Tote sees his MHA's greatest strength as being able to unite the chapters, which range from large, formally organized affiliates with numerous programs and staff in urban areas to smaller, volunteer-only affiliates in more rural areas.

"We keep all of our chapters informed through regular updates, so they are able to effect change in the public policy arena," says Tote. "When an issue comes up, we're able to galvanize our affiliates to work together."

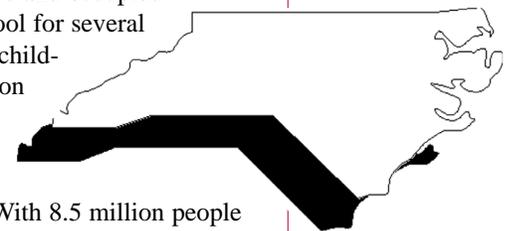
For example, the North Carolina MHAs are fighting for full mental health parity, which the state offers only as part of its state employees' health plan. Consumers and family members also play a role in influencing legislators by meeting with them to voice their needs, says Tote.

The largest initiative that the affiliates are involved in is a statewide residential services program. "We have 1,500 housing beds for adults and children. It is probably the best success story that our affiliates have ever had," says Tote. "Our state sees it as one of the best public/private partnerships in North Carolina." Affiliates have been advocating for HUD and service dollars at the state level. Since the residential services program began in 1986, the MHAs have successfully developed group homes and rental apartments for people with persistent mental illness. Affiliates have also launched housing programs for adults who are homeless, and for children and adolescents who suffer from mental illnesses, developmental disabilities or substance abuse problems.

"Our affiliates meet the needs of their communities by knowing what the needs are. It is our greatest lesson learned. They know where the gaps are so they know which services need to be provided," explains Tote.

Providing disaster related services has been a particular focus of the MHAs in North Carolina. "North Carolina has had its share of natural disasters from hurricanes to floods," says Tote. "Several of our affiliates have been active in providing information about disaster follow-up." From the terrorist attacks to a recent spate of snowstorms, affiliates have gotten information on mental health to families and schools. For example, they have provided materials to parents on how to keep kids active and occupied when they are out of school for several days, and to schools and child-related service providers on children's mental health.

Plans for growing the affiliate field continue. "With 8.5 million people and 100 counties, our aim is to have an MHA in every county," says Tote. "We all seek to win a victory over the stigma that surrounds mental illness—and to win a victory for mental health in our country." 📖



MHA in North Carolina

Contact Information

John Tote, III
Executive Director
3820 Bland Road
Raleigh, NC
27609

Phone

919-981-0740

Fax

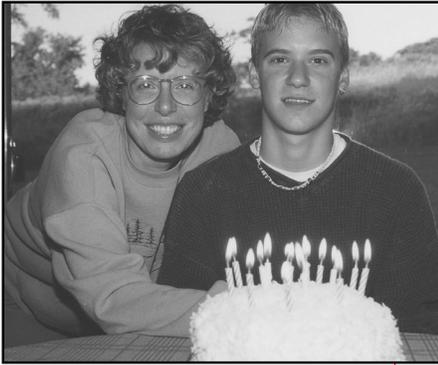
919-954-7238

E-mail

JohnTote3@aol.com

Web site

www.mha-nc.org



Denise Pazur with her son, Stephen, on his 17th birthday.

Originally from Cleveland, Ohio, Denise Leisz Pazur and husband, Bud, have lived in Plymouth, Wis., since 1997. She works in marketing and public relations at a Wisconsin ad agency. Denise and Bud have created a Web site in tribute to their son's life at <http://www.stevepazur.net>.

How to Help Suicidal Teens

- Offer help and listen. Encourage depressed teens to talk about their feelings.
- Trust your instincts. If it seems that the situation may be serious, seek prompt help.
- Pay attention to talk about suicide. Ask direct questions and don't be afraid of frank discussions.
- Seek expert advice from a mental health professional who has experience with depressed teens. Alert key adults in the teen's life.

Suicide Prevention and Survivor Resources

- NMHA
<http://www.nmha.org>
800-969-NMHA (6642)
- 800-SUICIDE (crisis hotline)
- American Association of Suicidology
<http://www.suicidology.org>
202-237-2280
- Suicide Prevention Advocacy Network
<http://www.spanusa.org>
888-649-1366
- Suicide Awareness Voice of Education
<http://www.save.org>
888-511-SAVE

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and promise, is a profound indicator for suicide.

It certainly makes good sense. At least in hindsight, as most things do when you consider them with the clear-headed thinking that follows a crisis.

If Steve couldn't see the potential for a future with at least some measure of contentment, how could he continue to steel himself to face the future and all its blackness?

There was a time in my son's life when he was hopeful. Those were the days when he was in grade school, an "A" student, innocent, full of vigor and energy. That energy played out in the classroom where Steve started to act out. We had him tested for ADD when he was 11. When the diagnosis came back as severe clinical depression, we placed Steve in treatment, both psychotherapy and psychiatric. Meds were not too successful; therapy helped stabilize his moods.

But as Steve approached the tumultuous teen years, it was as if a spigot had been turned on, draining his positive outlook. At first a drop at a time. Then a trickle that became a steady stream as he plunged deeper into adolescence.

Just prior to Steve's sophomore year in high school, we discovered that he was using marijuana to self-medicate his depression. He threatened suicide and was hospitalized for 10 days. Although he attended a drug/alcohol support group and received therapy, Steve refused to take meds.

His failing sense of hope was mirrored in some philosophical musings Steve composed late one night when he was 15:

"... Life is a wordless book of many pages...Life is hope, despair and

nothingness...Life is pretending to live...Life is the opposite of its own definition..."

Why is it that a seemingly well adjusted child from a stable two-parent home would think such bleak thoughts? It's chilling to consider where this black hole of hopelessness originates in the psyche of one so young. And it's even more terrifying when that young person is your only child.

Despite these hopeless thoughts Steve remained loving and communicative for the most part. But that was intermingled with a slowly escalating defiance and rebelliousness—one we attributed in part to adolescence. Steve was outgoing and had lots of friends, a stable support network that we thought would see him through.

At the time of his death, Steve was still using marijuana and dabbled in other drugs but told friends of his resolve to "stay clean." He shared with family and friends that he was under enormous stress. In an audio tape Steve left in the hours just prior to his death, he said his life had reached a dead end.

Steve left us many messages of love in this tape, in a journal and in letters he wrote to those closest to him just before his death. He was so concerned with how we would cope, but was confident that our pain would be less than the "agony of daily life" that he had endured for so long. These loving messages have helped us to continue to live.

Yet it's hard to find a message of hope in this struggle. Maybe that hope is present in the profound impression Steve left behind, and in our breaking the silence and fighting the stigma of mental illness. Through Steve's interminable pain, and ours, perhaps we shine a light on the stark reality of suicide and somehow aid in its prevention. At least, that's my hope. 📖

Treatment for Depression Soars

But Too Many Still Receive No Treatment

The number of Americans treated for depression jumped from 1.7 million to 6.3 million between 1987 and 1997, according to a recent article in the *Journal of the American Medical Association*.

Author Mark Olfson and his colleagues attribute the threefold increase in treatment mainly to a rise in the use of medications for depression—which doubled in the 10-year period—particularly the selective serotonin reuptake inhibitors (SSRIs). Such medications have proved effective for many people and have few serious side effects.

Despite these improvements, however, two-thirds of people with depression still receive no treatment. And the study showed that African Americans and Hispanics were far less likely than Caucasians to receive appropriate treatment or any treatment, as were the uninsured.

The article also revealed that the number of psychotherapy visits and the proportion of people receiving therapy actually decreased during the 10-year period. The researchers derived the survey results from two large national surveys, each containing more than 30,000 respondents from around the country.

Two important messages emerge from these findings. First, the public is becoming more aware of the reality of depression as an illness that is treatable. Second, there is a clear and urgent need for mental health insurance parity in both private and public sector health plans to help guarantee access to appropriate mental health care.

There are three caveats to this story, however, which should not go unnoticed. The first caveat relates to the quality of treatment people are receiving. The Agency for Health Care Policy and Research and the American Psychiatric Association guidelines for "minimally

adequate" or "guideline-concordant" treatment of depression and anxiety are: (1) medication that is appropriate for the disorder, plus at least four follow-up visits with the same type of provider, or (2) psychotherapy that includes at least eight visits to a mental health specialist. In 1996, approximately 58 percent of people experiencing major depression received some form of treatment from either medical or non-medical healthcare sectors, but only 17 percent received minimally adequate treatment, according to a 2000 article in the *Journal of General Internal Medicine (JGIM)*.

The second caveat concerns those who were not included in the researcher's surveys, such as people who are institutionalized (in hospitals, residential treatment centers, prisons, or jails) or who are homeless. Mental illnesses are over-represented and often quite serious in these groups and their access to treatment and services is unlikely to be improving.

Although the majority of people received care from their primary care physician, treatment tended to be better when provided by a mental health expert, according to the *JGIM* study. This study also showed that people with more severe illnesses, co-morbid physical illnesses, and insurance coverage for mental health visits tended to be treated in the medical sector. In addition, factors that led to receiving "guideline-concordant" treatment were being white, being female, and again, having insurance coverage for mental health needs.

The third caveat for all of this research is that outcomes were not measured. So, even when minimally adequate treatment was provided, the rate or degree of recovery remains unknown, as do the factors that predicted successful outcomes. Future research is needed to resolve these questions. 

From the Field

News from NMHA's Affiliates

Colorado

The **MHA of Colorado** in December and January cosponsored "Childhood Revealed: Art Expressing Pain, Discovery and Hope," an exhibition of art created by children with mental health disorders. The exhibit, which is part of a national tour by New York University's Child Study Center, emphasizes the importance of mental health education. More info: contact the MHA at 303-377-3040.

New York

The **MHA of Dutchess County** is sponsoring a series of workshops on "Parenting 'The Explosive Child.'" The free education program, being held Feb. 25 - April 8, aims to help parents improve interactions with their 2- to 11-year-old children, anticipate troublesome situations, and establish realistic expectations. More info: call Stephanie Speer, the MHA's coordinator of Community Education, at 845-473-2500, ext. 309.

Spread the Word This May That Mental Health Matters

Mental Health Month 2002 is right around the corner. This year's theme, *Mental Health Matters—Now More Than Ever*, aims to help people recognize the central role that mental health plays in their lives during these troubled times and in all times. This year's theme sends the message that caring for our mental health is key to living an enjoyable and productive life.



For 50 years, NMHA and its affiliates have used the month of May to educate the American public about the importance of mental health and the reality of mental illness. The observance offers a unique opportunity for advocates to raise awareness about key mental health issues, and to help reduce the stigma that keeps so many people from seeking and receiving care.

NMHA's comprehensive 2002 Mental Health Month planning guide will be available soon. It offers public education messages for a variety of target audiences, mental health statistics and tips for working with the media. It also describes a wide range of innovative activities sponsored by local and national organizations that MHAs and like-minded groups can organize for their communities this May.

All MHAs receive a planning guide. To download materials online or to order extra copies of the guide and other Mental Health Month materials, visit our Web site at <http://www.nmha.org/may/info.cfm>, or contact the NMHA Resource Center by phone at 800-969-NMHA (6642) or by e-mail at publicationsales@nmha.org. Together, we can spread the word that *Mental Health Matters!* 

Bush Budget Leaves Mental Health System in Peril

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programs. These cuts include ending all funding for the five national technical assistance centers that support mental health consumers throughout the country in their recovery from mental illness. The total amount of funding these centers require comes to less than 1 percent of the Substance Abuse and Mental Health Services Administration's discretionary budget for its "Programs of Regional and National Significance."

Also proposed for elimination is all funding in the next fiscal year for CMHS's community action grant program, which provides local organizations with funding to implement proven, evidence-based programs to improve local mental health services to children and adults.

The budget proposal also slashes \$43 million from the Center for Substance Abuse Treatment's program for implementing best practices in substance abuse treatment, and \$45 million in funding for the Center for Substance Abuse Prevention. Bush does propose increased funding for the National Institute of Mental Health, but by only about half as much as he recommends for other institutes of the National Institutes of Health.

The problems in the proposed budget extend beyond the federal agencies dedicated to mental health and substance abuse prevention and treatment programs. For example, the administration proposes to cut funding for the Department of Justice's Special Emphasis Prevention and Treatment Programs from nearly \$60 million to \$10 million.

The budget also cuts programs within the Departments of Education, Housing and Urban Development, and Veterans Affairs that benefit people with mental illnesses and substance abuse treatment needs.

"By ignoring the growing strains on an underfunded public mental health system," Faenza said, "the administration has sent Congress a spending plan that not only cuts the already austere federal support for community mental health, it shrinks funding for other key federal programs that provide support for people with or at risk of mental disorders."

For details of the federal budget and other policy information, visit <http://www.nmha.org>. 

NMHA Joins CMHS to Promote "15+" Campaign

NMHA was awarded a contract from the federal Center for Mental Health Services (CMHS) to bring CMHS' new *15+ Make Time to Listen, Take Time to Talk* campaign to NMHA's affiliate field and its communities. This public education initiative aims to promote healthy child development and combat youth violence by encouraging parents to spend time with their children on a daily basis. Research suggests that parents can strengthen relationships with their children by spending just 15 minutes or more a day talking to them.

Resources for the program, which is part of the federal Safe Schools/Healthy Students initiative, are available from CMHS and NMHA. NMHA is also offering free technical assistance to all MHAs that use the campaign materials. Resources include a user's guide, camera-ready print ads, educational materials and an interactive conversation-starter card set. Parents can use the card set to initiate meaningful talks with their kids. Sample questions include, "What makes you angry?" "Have you ever laughed so hard you couldn't breathe? What was so funny?"

NMHA encourages all MHAs to help get the word out about the 15+ program to parents and caregivers in their communities. NMHA will also select one local MHA to pilot a three-tiered family strengthening intervention program

For a free 15+ resource bag (which includes the card set), call the CMHS Knowledge Exchange Network at 800-789-2647. For more information on how to access and use all the 15+ materials, visit the NMHA Web site at <http://www.nmha.org>.

Partners in CARE Sites Produce Recovery-Based Outcomes

A recent survey of NMHA's Partners in CARE (Community Access to Recovery and Empowerment) program sites reveals the success of the initiative, which is designed to help NMHA affiliates promote and replicate state-of-the-art community-based mental health services.

Celebrating a four-year anniversary this year, the Partners in CARE sites sponsor model housing, employment and other community-based services. The 18 MHAs that participate in the program set out with small starter grants from NMHA and have raised an additional \$3 million since 1998. The program's results demonstrate that with appropriate community supports in place, people with mental illness can live fulfilling, productive, independent lives as integrated members of their communities.

Following are just a few examples of the ways in which Partners in CARE sites have improved the lives of people with mental illness in their communities:

- The **MHA of Northern Kentucky** Recovery Network has helped 23 people with serious mental illness find meaningful jobs through the replication of a model employment services program, Fast Track to Employment.
- The **MHA of South Central Kansas** also found employment for people with serious mental illness through replication of the Village Program, a fully integrated service agency. The MHA also moved 77 percent of the program participants who lived in group homes to more independent living settings.
- The **MHA of the Heartland** (Kansas City, Kan.) opened up an eight-unit apartment complex in November for people with serious mental illness using a model housing program developed by the Massachusetts nonprofit organization, Vinfen. The MHA recently received funding to construct an additional building.

Other Updates . . .

Healthcare Reform

In February, NMHA launched a series of regional trainings for advocates and state officials to ensure that state Medicaid agencies make behavioral health a priority in this era of fiscal austerity.

Justice

NMHA has released "When Your Child Is Behind Bars: A Family Guide to Surviving the Juvenile Justice System,"

a resource designed to help parents and guardians with children in the juvenile justice system understand their rights and the rights of their children, and ensure that the children receive the care they need. ... NMHA has also created an online death penalty resource center on its Web site at <http://www.nmha.org/position/deathpenalty/index.cfm>.



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

Phone 703-684-7722
Fax 703-684-5969
Information 800-969-NMHA (6642)
TTY 800-433-5959
Web site <www.nmha.org>

The Bell is published 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.

To join NMHA and receive *The Bell*, visit NMHA's Web site at <http://www.nmha.org> or call 800-969-NMHA (6642).

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PREVENTION
RESILIENCE
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UNITED FOR MENTAL HEALTH

NMHA 2002 ANNUAL CONFERENCE

NMHA's 2002 Annual Conference, "Prevention, Resilience and Recovery: United for Mental Health," will be held June 5-8 at Washington, D.C.'s Hyatt Regency Washington on Capitol Hill.

In uncertain times—and at all times—it is important to examine the factors that protect some people from experiencing mental illness and that help those with a mental illness to recover. This conference will explore strategies for promoting mental health and recovery from mental illness.

SAVE THE DATE!

NMHA's Annual Conference

June 5-8, 2002
in Washington, D.C.

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