

Holiday Survival

TIPS FOR FIGHTING "THE BLUES" AND SURVIVING THE HOLIDAYS



l e n a w e e
**Community
Mental Health**
a u t h o r i t y

GRAPPEVINE

Take Time For Yourself

Around the holidays, we expect a time of joy, parties, and family gatherings. But for most of us, it can also be a time of stress, anxiety, and depression. Some things that can cause depression and stress during the holiday season include financial limitations, unrealistic expectations, fatigue, loneliness, and comparing ourselves with the idealized images we see in the media. Remember to take time for yourself!

Set Realistic Goals

To cope with stress and depression during the holidays, try setting realistic goals. Don't get stuck in the past. Make plans for after the holidays. Enjoy "freebies" such as window shopping, Christmas caroling, or driving around looking at decorations. Limit your expectations

regarding the "perfect celebration". If you find yourself becoming "stressed out" - make a list of what you are planning to do and cut it in half!

Help Someone Else

How do you support a loved one who is depressed? This can be particularly difficult during the holiday season. Do not avoid them. Encourage them to do activities they used to enjoy. Give them the opportunity to talk about their feelings. Offer to help them find outside help such as a pastor or a doctor.



Stay In Touch With Your Friends and Family

Once the holiday celebrations are over, the "blues" can set in. The adjustment of getting back to normal routines after the season of glitter, parties, and family get-togethers can be sad and depressing. If the "post-holiday blues" have set in, try to look to the future. Get involved with hobbies or other activities you put aside during the holidays. Stay in contact with your friends and family.

If you have questions about how you can help someone suffering from depression, or if you find you cannot shake your own feelings of sadness or depression, seek help from your doctor or mental health professional. Give us a call at Lenawee Community Mental Health Authority at (517) 263 - 8905, and ask to speak to Customer Services. ■



On The Bulletin Board

■ Dual Recovery

Anonymous: This new ongoing Support Group meets every Friday at noon in the demo kitchen of the Human Services Building. Lunch is provided. More information may be obtained by contacting Linda Monroe at New Focus Clubhouse, (517) 263 - 3577.

■ A Co-occurring

Disorders weekly inservice for staff, community members, and consumers to learn more about substance use disorders and mental illness is held in the training room at LCMHA. These inservices are presented by Dr. Lucia Nerenberg and are free of charge.

■ Anxiety Support Group

meets every Thursday from 1:00 - 2:30 p.m. at LCMHA in the Human Services Building.

■ Depression Support

Group meets every Thursday from 3:30 - 5:00 p.m. at LCMHA in the Human Services Building.

For more information on any of these inservices or support groups, please call Customer Service at (517) 263 - 8905 or 1-800-664-5005.

A Word With The Director

At this writing, we are putting finishing touches on our agency headquarters remodeling project. Pictures are going up, new furniture has been delivered, and for the most part we are very pleased with the results. I know we are all glad it's over!



*Executive Director
Roger Myers*

Featured in this issue of the *Grapevine*, are the many Lenawee participants in the Sharing Hope Conference, which was held at Eastern Michigan University on October 14. As someone who was in the audience, I can tell you that it was a very inspiring day. Nothing quite captures the "partnership" aspect of our work as well as this conference, where community members, consumers, staff, and administrators come together to share their stories. There were over 200 attendees, and the evaluations were overwhelmingly positive.

Here at home, we recently reviewed our strategic plan at the October LCMHA Board meeting. We were pleased to see how many of the items set forth almost a year ago have actually been accomplished. The remaining local goals will be further discussed in management team, the local Quality Improvement

Committee, and at many other meetings. If you would like a copy of our final report, due in January, please call our Customer Services Department.

During this past year, we have focused a lot of effort on working together as an affiliation to accomplish specific goals, such as the implementation of the Encompass Information System throughout all four counties. We are now launching an affiliation wide "Performance Improvement" system which represents a very significant change in the way we collect, aggregate, and report data to each other (our affiliation partners), the State, the Joint Commission on Accreditation of Health Care Organizations, and various Federal entities. We truly

hope this will streamline our operations and make improvements in the service our consumers receive.

Finally, please note the opportunity provided in these pages to enter a contest simply by giving us feedback on our phone and web-based systems. We always want to hear from you on how these are (or are not) working; but this time we offer a prize! Please take a few minutes and send the entry sheet back to us with your comments and ideas.

Best wishes to all of you this Holiday Season. We truly appreciate the support of the Lenawee community in our efforts to improve the lives of persons with mental illness, developmental disabilities . . . and the community as a whole. ■

LCMHA Christmas Tree

This year Lenawee Community Mental Health Authority will have a Christmas Tree in our lobby. Decorations will be available for people who are waiting for appointments to decorate and place on the tree.



decorated Christmas Tree. Next time you are at LCMHA, ask for a ticket to win the Christmas tree, fill it out and drop it in the suggestion box. Happy Holidays from LCMHA! ■

On December 16, 2005 one lucky person will win a

Board Notes

The Lenawee Community Mental Health Authority Board is made up of a variety of people, including consumers, who care about the Public Mental Health system. We deeply appreciate their hard work and commitment.



Nate Smith has been a member of the Board of LCMHA for six years, and has chaired the Board for the past two years. He is Vice President, Business

Development at United Bank and Trust. Nate is a familiar presence at many Lenawee musical productions because of his excellent singing voice.

Of his work with the LCMHA Board he says, "My wife and I are very involved in the life of a family member who is developmentally disabled. This personal connection has



Pictured are: (Back row) Richard Bailey, Linda Feeney, Larry Gould, Howard Keller, Grace Miley, and Emily Martinez (Front row) Bob Wilson, Judy Ackley, Nate Smith (Chair), Roger Myers (Executive Director) Not Pictured: Mark Jackson, William Zimmerman, and Reverend Bob Brown

Lenawee Community Mental Health Authority continues to provide the best services possible."

The LCMHA Board meets monthly, usually the last Thursday of every month, at 3:00 p.m. Meetings take place in the Human Services Building at 1040 S.

strengthened my commitment to the public mental health system, especially at this time when there is so much pressure to take away needed services. I want to make sure that

Winter Street, Adrian. The public is always encouraged to attend. Call Customer Services at (517) 263 - 8905 for more information. ■

What Is The Michigan Quitline?

The Michigan Tobacco Cessation Quitline began operations in October 2003. The Department of Community Health has contracted with Leade Health, Inc. (LHI), an Ann Arbor based disease prevention company, to provide tobacco cessation services for Michigan residents. The Quitline provides information to callers and proactive telephone counseling to Michiganders who would like to quit using tobacco products.

The Quitline also offers free nicotine replacement therapy (patches) to the uninsured. 4,105 Michigan tobacco users have received free NRT from the Quitline and 92% of participants use medication during their enrollment in the program. Long term quit rates increase significantly when

pharmacotherapy is combined with cessation counseling. 27% of Quitline participants are tobacco free 12 months post enrollment, and another 15% have reduced their consumption of tobacco by 50%.

More than 5,133 tobacco-using residents have enrolled in the telephonic tobacco cessation program. Participant demographics include:

- 43% screen positive for symptoms of depression
- 65% report at least one chronic disease condition: 31% are obese, 30% have depression, 21% have high blood pressure, 16% have asthma, and 7% have diabetes
- 81% are uninsured and 12% are covered by Medicaid. ■

You can Quit!

We can help!

Free!
Michigan
TOBACCO
QuitLine

1-800-480-QUIT

1-800-480-7848

Funded by the Michigan Department of Community Health

Fourth Annual Sharing Hope Conference

Memory Album

LCMHA staff, consumers, and community partners took part in the fourth annual Sharing Hope Conference, held on the Eastern Michigan University campus on October 18. Co-sponsored by the Community Mental Health Partnership of Southeast Michigan and Eastern Michigan University, Sharing Hope is a one-day conference of mental health services, families, friends and professionals, coming together as a community to learn of and share experiences of HOPE. ■



Jim Thompson gave the morning Keynote Address - and moved everyone to tears! Jim shared his personal story; his life prior to becoming a mental health consumer, his "journey back", and where he is now in his recovery process.



Mark Roman received the Sharing Hope Award, presented to him by LCMHA Executive Director, Roger Myers. Mark was honored for his many accomplishments and his ability to inspire others with his story of recovery.



Kathy Tripp presented on Physical Health and the Lenawee Wellness Group. This workshop was one of the best attended at the conference.

Judy Leutz (second from right) was a member of the Panel of Experts that answered questions from the audience. This panel is a regular feature and also a favorite of conference attendees.





Members of the Regional Events Planning Commission who coordinated the Sharing Hope Conference include: (left to right, back row) Cathy Dustin, Donna Orrin, Kay Ross, Kathy Illenden, Stephanie Morich, (front row) Chelsey Boylan, Rani Dronamraju, and Bob Pattullo. Kay and Kathy are from LCMHA.



Alisha Cottrell from Michigan International Speedway was the afternoon keynote speaker. She shared her own story of battling Post Traumatic Stress Disorder, and her many accomplishments. (She is now Community Relations Manager for MIS and a former runner-up in the Miss Michigan contest.)

checking our email for . . .

Message from Congressman Sander Levin's Office

From: Dave LaLumia (Michigan Association of Community Mental Health Boards)
Sent: Thursday, October 6, 2005 2:59 PM
To: CMH Directors
Subject: Medicare Drug Benefit

Just wanted to give you a heads up about a problem we've just discovered that will surely affect people in your system. The Medicare handbook being mailed to all beneficiaries this month is supposed to provide them with a complete, accurate list of all the prescription drug plans available to them. As you know, low-income beneficiaries are eligible to have Medicare pay their premiums, but only if they choose a plan with a premium at or below the average.

In the handbook, it incorrectly states that all Michigan plans are OK for low-income beneficiaries, when in fact, fewer than half have low enough premiums to be free. It won't be a problem for people who are auto-enrolled (CMS will enroll them in plans covered by the subsidy), but for any dual or low-income beneficiary who chooses his or her own plan based on the Medicare handbook, there could be a rude surprise when the first month's premium bill arrives.

CMS is apparently not planning to send a correction, but correct information about which plans qualify for the subsidy will be on their website later this month.

Thought you might be able to help spread the word to those who are helping people make these choices . . . thanks!



If you do not wish to have future newsletters mailed to your home, please notify:
Customer Service
1-800-664-5005

Stamping Out Stigma

TEN THINGS YOU CAN DO TO FIGHT STIGMA AND DISCRIMINATION:

1. Learn more about mental illnesses. Become more informed.
2. Listen to people who have experienced mental illness - how they have been stigmatized, how it has affected their lives. Watch your language - avoid terms and expressions that can perpetuate stereotypes, such as 'lunatics', 'nuts' or 'schizophrenic'.
3. Monitor media and report stigmatizing material to groups such as the National Alliance for the Mentally Ill.
4. Respond to stigmatizing material in the media. Protest such material to those responsible - journalists, editors, advertisers, movie producers - and provide more appropriate information.
5. Speak up about stigma. When someone misuses a psychiatric term (such as 'schizophrenic'), tells a joke that ridicules mental illness or makes disrespectful terms, let them know you find it hurtful and unacceptable.
6. Talk openly about mental illness. The more mental illness remains hidden, the more people will continue to believe it is shameful.
7. Demand change from your elected representatives. Speak up on issues such as insurance

STIGMA HURTS

Discrimination • Stereotypes • Myths • Ignorance • Shame • Isolation

What is Stigma?

Stigma means a mark or sign of shame, disgrace or disapproval, of being shunned or rejected by others. It emerges when people feel uneasy or embarrassed to talk about behavior they perceive as different.

Stigma surrounding mental illness is so strong that it places a wall of silence around the issue.

- People with mental illness and their families often say that being stigmatized is harder to bear than the illness.
- Stigma causes people to fear and to discriminate against the mentally ill.
- Stigma causes the mentally ill to refuse to acknowledge that they are sick.
- Stigma causes siblings and offspring to feel too ashamed to talk about their problem or ask for help.
- Stigma can cause parental denial of the seriousness of the illness - with horrifying results.
- Stigma hurts all levels of society.

The definition of Stigma printed above was taken from the National Alliance for the Mentally Ill (NAMI) Affiliates Newsletter and was compiled by NAMI Genesee County.

If you would like to see a Lenawee Chapter of NAMI restarted, please contact Kay Ross at (517) 263 - 8905.

Discrimination • Stereotypes • Myths • Ignorance • Shame • Isolation

parity, limited funding for research and inadequate budgets for mental health services.

8. Support organizations that fight stigma and discrimination.

9. Join them, donate money to them and volunteer for them.

10. Contribute to research related to mental illness and stigma. ■

- adapted from *Telling is Risky Business: Mental Health Consumers Confront Stigma*, by Otto Wahl, Rutgers University Press, 1999

Collaboration Communiqué

NEWS FROM LENAWEE COMMUNITY COLLABORATIVE BODY (FORMERLY MPCB)

Michigan Surgeon General Dr. Kimberly Dawn Wisdom debuted a new state policy blueprint designed to prevent suicides and reduce the number of citizens that attempt suicides annually. The Michigan Suicide Prevention Plan, developed by the Michigan Suicide Prevention Coalition (MiSPC), represents a comprehensive effort to engage critical stakeholders and address suicide at a state and local level.

"Suicide crosses all race, age,

gender, and socio-economic boundaries, and it deserves our undivided attention," Dr. Wisdom said, while speaking in the Capitol Rotunda to more than 100 suicide prevention advocates on September 12. "For the first time, Michigan has a comprehensive, long-term strategy to address suicide that is fully supported by stakeholders who are daily engaged in this critical work."

"The plan, available at www.michigan.gov/injuryprevention, aligns with

the National Strategy for Suicide Prevention, and addresses this increasingly prevalent public health problem with an integrated approach to suicide prevention over the entire life-span," Wisdom said. Other goals of the Suicide Prevention Plan include:

- Increase awareness that suicide is preventable and reduce the stigma associated with mental illness.
- Reduce the number of suicide attempts among Michigan youth.

- Promote efforts to reduce access to lethal means and methods of suicide, including creating public information campaigns designed to reduce the accessibility of lethal means in the home.
- Enhance the recognition of high risk individuals within communities, and improve response times to people that are identified as high risk.
- Support and promote research on suicide and suicide prevention.
- Develop and implement community-based prevention programs.
- Improve access to community mental health and substance abuse services.

Feedback Requested

ATTENTION ALL CONSUMERS, PROVIDERS, STAFF AND COMMUNITY PARTNERS

We want to know how easy it is to reach us! If you have any difficulty with either our phone system or our website, would you please document the date, time, and nature of your problem, and let us know! Our goal is for you to be able to reach us easily when you call, to not be lost in transfer, and to

not get bounced into cyberspace when you email us . . . but we can't fix problems unless they are brought to our attention.

To encourage your feedback, we are having a contest! The first 25 people to use the form below to let us know how "user-friendly" our phone

system and/or our website is will be entered into a drawing. One lucky winner will get a \$25 gift certificate from Meijers.

Thank you for your help in improving our systems. ■

In 2003, suicide deaths in Michigan (1,018) topped deaths related to homicide (644) and HIV/AIDS (237) combined. If you have questions regarding this plan, contact Pat Smith at smithpat@michigan.gov, (517) 335-9703 and/or Larry Lewis at spanmich@comcast.net. If you need general information on Community Collaboratives, go to www.michigan.gov/mdch and click on Community Collaboratives. ■

I used the telephone website to contact LCMHA on _____ (date) _____ (time).

Please describe any problems you had (or if it worked well, let us know!) _____

Name _____ Telephone () _____

Address _____

Staff Recognition

Lenawee Community Mental Health Authority would like to recognize the following staff for their continued service to our organization.

September:

Stephanie Albright - 10 years
Jason Allen - 5 years
Melinda Perez - 20 years

November:

Judy Leutz - 15 years

Your years of dedication help ensure that LCMHA provides the best possible care for our community. Thank You. ■

Social Worker Licensing


- by Peggy Ryder, LMSW

In April 2004, Michigan became the last state in the nation to pass a bill requiring licensure for social workers. This new law took effect on July 1, 2005. Public Act 61 creates two levels of social work licenses: Licensed Master Social Worker (LMSW); and Licensed Bachelor's Social Worker (LBSW). The licenses will have to be renewed every three years, and during the three-year licensure period a social worker will have to undergo a minimum of 45 hours of continuing education. The first group that will have to verify completion of the 45 hours will be those who renew in 2009.

While the title changes went into effect on July 1, 2005, the new three-year cycle does not take effect until the April 2006 renewal. Any social worker who has a current registration with the State prior to July 1, 2005, will be automatically transferred without any action required by the individual. A new document issued in July 2005 indicates the appropriate level of licensure. The current permanent ID number does not change.

The State Board of Social Work is in the process of developing the rules that will delineate what courses or activities would be considered

acceptable for continuing education. For more information, contact the Department of Community Health, Bureau of Health Professions, at (517) 335 - 0918 or view their website at www.michigan.gov.healthlicense. ■

 ne of the things I keep learning is that the secret of being happy is doing things for other people.

- Dick Gregory



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