

## Consumer Advisory Committee Needs You !

Come share your thoughts about LCMHA, its services and role in the community!

Right now we particularly need someone to represent parents of children with mental illness. For more information, call Cindi Kennedy at (517) 263 - 8905. n

## Conversation With A Consumer

- by Jackie Johnson

According to Joyce, "Support Groups Help." Joyce is a support group advocate, and reports that sharing with people who have a common bond has been very important in her life. One of the places she has found this common bond is at the Anxiety Support Group that meets every Thursday afternoon at 1:00 p.m. at LCMHA. The group is free and you don't have to have a referral or be an LCMHA consumer to attend.

Joyce reports that support groups have helped her to be

more accepting of herself and to become a stronger, more complete person. "I have learned a lot of positive information about my medications and I have more hope," says Joyce. "People are sometimes ashamed to come and they shouldn't be. If you had a broken arm, you would get it fixed. This is just like that."

Two support groups are currently meeting at LCMHA. The Anxiety Support Group meets every Thursday from 1:00 - 2:30 p.m. A Depression Support Group meets every Thursday

from 3:30 - 5:00 p.m. at the LCMHA offices in the Human Services Building, 1040 S. Winter Street. We'd love to see you there. n

## Good Job!

Benny's Team!  
 • Best Team Spirit  
 • Most Money Raised (\$10,000+) in our division. We helped put Lenawee Relay for Life well over the "Half-Million Mark." Watch for a Team picture in the next Grapevine! To purchase your own Relay Bear, call Gratia Karmes at 1-800-664-5005. n

1040 S. Winter Street  
 Suite 1022  
 Adrian, MI 49221

Lenawee  
 Community  
 Mental Health  
 Authority



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# GRAPEVINE

Volume II, Issue 3  
 Summer, 2001

## Ain't No Such Thing As A Schizophrenic

Practitioners of all disciplines who provide care and treatment to persons with mental illnesses, along with the recipients of these services and their families, unwittingly contribute to stigmatizing the very individuals we are trying to free from the myths and stereotypes of psychiatric disorders. Like a skin-borne pathogen, stigma passes among us with no more than a handshake, a hug, or a graze. We all keep this stigma alive by using the names of disorders to designate people.

Let me give you some examples. In June 1999 at the White House Conference

on Mental Health - a remarkable event focused in part on ending stigma - a person with bipolar affective disorder was referred to as "a manic depressive." In an article in the *New York Times* magazine on May 23, 1999 - an exposé focused on inadequate care of people with serious mental illness - Michael Winerip, an insightful and careful writer, labeled an individual with a diagnosis of schizophrenia as "a schizophrenic." Officially distributed materials for intensive training in dialectical behavior therapy refer to patients with diagnoses of borderline personality disorder as "borderlines."

Among physicians, psychiatrists are unique in their use of such terminology. Whereas referring to a person with a psychiatric disorder by the name of the disorder is common in psychiatry, it is uncommon in other branches of medicine. How often do you hear an individual being called "a lymphoma," "a fibroid uterus," or "an AIDS"? (Of course, a patient may be referred to as "a pain in the neck," but still this term does not refer to the individual's pain but to the effect of that individual on others!)

Medicine does have some significant exceptions, such as "she's a diabetic" and

"he's a hypertensive." But even in these cases, the label does not refer to the person in the same way that "he's a schizophrenic" does. "Schizophrenic" provides the necessary structure from which to hang stigmatized images of a person - a lonely person with inadequate social skills and poor hygiene in one language, and a person who is bizarre, grubby, smelly, a street person, or a zombie in another language.

If we want to end stigma we need to start with ourselves. That's not to say that we should be quiet about the visual and verbal misrepresentations of persons with mental illnesses in highly visible media, such as cinema, advertisements, comic books, and video games. But others won't hear what we say until we ourselves hear it. Ain't no such thing as a schizophrenic. n

--JEFFREY L. GELLER, M.D., M.P.H.,  
 professor of psychiatry and director of public-sector psychiatry at the University of Massachusetts Medical School in Worcester; used by permission, PSYCHIATRIC SERVICES, June 2001 Vol. 52 No. 6

### Inside this Issue

- n Big Brothers Big Sisters Makes a Difference
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## Events Calendar

**LEH-NAH'-WEH NATIVE AMERICAN POW-WOW**, September 29 and 30, 2001 at Siena Heights University Fieldhouse, Adrian. Doors open 11AM - 10PM Saturday, and 11AM - 6PM Sunday. Advanced tickets available: (517) 264 - 1690 or (517) 263 - 1659.

**B.A.S.I.C. DIVERSITY WORKSHOP**, Mon and Tues, October 29 and 30, from 8:00AM - 5:00 PM, at Weber Center, Adrian. For information and registration contact Dionardo Pizaña at 264 - 5304 or Ann Hinsdale-Knisel at 264 - 5300.

**SAVE THIS DATE !**

## My Sister's Sister

A SPECIAL THEATER EVENT  
A Loving Family's Struggle with Mental Illness

**Thursday, October 11, 2001 at 7:00 p.m.**

### Tecumseh Civic Auditorium

Hosted by Lenawee Community Mental Health Authority & Touchstone / Innovaré Clubhouse

**Note:** to purchase ads for the program, contact Amanda Reef at 263 - 6508.

## A Word With The Director

My column in this edition of the GRAPEVINE will focus on some of the critical current events facing this and virtually all community mental health boards across the state. It will also serve as an early snapshot of the coming fiscal year budget.

The budget figures for our current fiscal year have finally arrived and it is confirmed that due, in part, to un-funded economic cost increases and state facility utilization we will suffer a significant loss in General Fund revenue. We expect a fractional gain in a few other revenue sources, but we will have to reduce spending as much as possible in the brief period remaining in this year. We expect that our risk reserve will be seriously impacted in order to complete the year with a balanced budget.

For the fiscal year beginning October 1, 2001, the picture is not expected to improve. The appropriations process is not complete without guarantee of full restoration of reductions imposed on the system this year. There is no boilerplate language assuring us that partial

*Executive Director  
Roger Myers*

received in the field. We are continuing our affiliation efforts as required by DCH and are pleased with the progress made thus far.

Finally, we learned recently that negotiations have been initiated between the State of Michigan and the federal Department of Health and Human Services with regard to a "Super Waiver" for Medicaid in this state. We do not know a lot about the status of those negotiations, but we do understand that if approved, the entire state Medicaid program (physical health, behavioral health, long-term care, etc.) could be radically altered. We are watching this issue very closely and have asked our state and federal legislators to look into the matter as well.

It continues to be a period of change and uncertainty, and the financial picture is not particularly positive. However, the Lenawee Community Mental Health Authority Board and its administration remain committed to providing quality services to this community and, with the support of our community partners, we will see our way through this difficult period.

We also continue to anticipate the release of the Application for Participation (AFP) by the Department of Community Health (DCH). A concept paper outlining the essential elements of the AFP was promised by June, but has not yet been

received in the field. We are continuing our affiliation efforts as required by DCH and are pleased with the progress made thus far.

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Are you interested in furthering your education? Customer Services has a new brochure available which provides information on Scholarships and Training. Call 517.263.8905

## Provider Profile

Suitable cars for needy Lenawee families is the goal of *Partners in Transportation*, a program involving the cooperation of Family Independence Agency, Community Action Agency, the Adrian Dominican Sisters, Lenawee Community Mental Health Authority, the United Way, Lenawee Intermediate School District, and TLC Community Credit Union.

When a Dominican Sister is ready to purchase a new car, her old car is made available for purchase. These cars are well maintained, quality vehicles. Families receiving assistance from FIA (FIP, FS, Medicaid, Day Care) who are employed or have a promise of a job are eligible to purchase a Dominican car when transportation is a barrier to accepting or keeping employment.

Families should contact their FIA caseworker or Work First case manager when a car is needed for employment. LCMHA consumers should call Customer Service at 1-800-664-5005 for more information. If a family or

individual is eligible, a one-time payment of \$1200 may be used as a down payment.

A referral is made to TLC Community Credit Union, where loan applications are completed to finance the balance of the purchase price. Loans are low interest and allow the opportunity to establish a healthy credit rating.

Each car approved for sale through the *Partners in Transportation* program is checked for problems by the LISD and receives an oil change.

Each family or individual who purchases a vehicle through the *Partners in Transportation* program is a winner! They will own a quality, roadworthy car as well as have a good credit history, which will help in future business dealings. Lenawee County is also a winner as families work towards self-sufficiency.

*LCMHA is gearing up for another United Way campaign. Last year, we tripled our donations.*

## Juvenile Justice Task Force

Senator Beverly Hammerstrom and representatives of the Senate/House Juvenile Justice Task Force held a hearing on August 15 at the Adrian Training School. This was one of a series of hearings being held by this Task Force, which is chaired by Senators Hammerstrom and Goschka, and Representatives Hart and Jansen.

Participants at the hearing included representatives of Lenawee Community Mental Health Authority, Lenawee Intermediate School District, private agencies, the police and sheriff departments, Probate Court, and others. Parents, foster parents, and concerned citizens also came to share their viewpoints on keeping children out of the correctional system.

## HOSTS

Employees at LCMHA were recognized recently for volunteering in the HOSTS (Helping One Student To Succeed) program.

Employees use their lunch hours once a week to read and do schoolwork with children who need a little

People reported on the success of programs such as Boys and Girls Club, Big Brothers Big Sisters, mentoring, and various substance abuse prevention programs. Collaborative approaches such as Wraparound and Multi Systems Therapy were described and recommended as most effective.

Many people expressed concern about cuts in mental health funding, and difficulties encountered in a "Managed Care" system. This concern is especially timely, as approximately 25% of the State's budget soon will be spent on corrections. LCMHA is seeking ways to divert youth with mental health problems from long term placement in the corrections system, via a grant received from the Department of Community Health.

*Stephanie Albright, Robyn McKenzie, Billie Brocht, and Wendy Cadieux*

Interested in volunteering with HOSTS, call the L.I.S.D. at 517/265-2119.

## Staff Spotlight

- by Jackie Johnson

This newsletter features Peggy Ryder - an essential member of the staff here at LCMHA. Peggy is just starting her eighth year with the agency, and has held the positions of Family Preservation Specialist, Outpatient Therapist, Supports Coordinator, and her current position of Access Clinician.

After teaching for eight years, she decided to return to study for a Masters of Social Work. Her experience in education and human services has certainly been beneficial to LCMHA and to the consumers Peggy serves.

The proud mother of Kyle (15) and Kimberly (18), Peggy reports a busy schedule including attending plays at school and the Ann Arbor Civic Theater to see Kimberly, who plans a career in drama, perform or coordinate the lighting. She is also supportive of Kyle's sports activities which include hockey and rowing. Between working and parenting, it is amazing that she still finds time to act as Deacon in her church, and to read and cross-stitch. n

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

## Survey: Most with Depression, Anxiety Fail to Seek Treatment

A survey commissioned by the National Mental Health Association (NMHA) and conducted by Roper Starch Worldwide Inc. has found that most Americans with depression and/or generalized anxiety disorder refrain from seeking treatment.

According to the survey, only 18 percent of adults who appear to have met the diagnostic criteria for clinical depression and/or generalized anxiety disorder at some point in their lives have ever received an official diagnosis or treatment. According to NMHA, more than 19 million Americans are affected by depression annually, with another 4 million affected by generalized anxiety disorder.

The survey suggests that the following beliefs account for the gap between illness prevalence and diagnosis/treatment:

- **Symptoms are not associated with a disorder:** 93 percent of undiagnosed people do not associate their symptoms with a mental health disorder, even though 44 percent of those undiagnosed say their

symptoms cause significant emotional pain and restricted functioning in their daily lives.

- **Symptoms can be self-treated:** 44 percent of people who are not diagnosed and would not go to a health care professional believe their symptoms are self-manageable. Rather than seek professional treatment, many utilize self-help techniques such as prayer (41 percent), exercise (37 percent), sleep (31 percent) or emotional support from family and friends (31 percent).

- **Stigma:** 42 percent of people with a formal diagnosis say they are embarrassed or ashamed by their symptoms (compared to 17 percent of those undiagnosed), and twice as many people with a formal diagnosis (16 percent compared to 8 percent who are undiagnosed) say they are afraid to talk to their friends about their mental health problems. Only two out of five people with a formal diagnosis believe their symptoms mean they have a mental health disorder.

"It's clear we need to remove the stigma

associated with a diagnosis of mental illness, and educate all people about depression and generalized anxiety disorder so they can recognize symptoms and distinguish transient, circumstantial moods or feelings from a more serious mental health problem," said NMHA president and chief executive Michael M. Faenza, M.S.W. n

- excerpted by permission, *Mental Health Weekly*, Vol. 11, No. 23, June 2001

## Stop By, Say "Hi!"

Summer and fall mean festivals, expos, and health fairs. Look for our booth and all the helpful material we have to share. Here we are (Gratia and Kay)

at the Lenawee County Fair. We'll be at the Eastside Community Coalition Fair in August, the Hudson Health Fair in September, and the Clinton Fall Festival in October. 'See ya there! n

## Undetected Disorders Affect Pregnancy Outcomes

Undetected psychiatric and substance use disorders in pregnant women may adversely affect maternal and infant health outcomes, according to a study published in the February issue of the *American Journal of Psychiatry*.

The study, which looked at 186 women, involved reviewing medical records for evidence of obstetricians' recognition of behavioral health symptoms and diagnoses. Researchers found that women who screened positive for psychiatric and substance use

disorders were significantly undertreated during prenatal care and delivery hospitalization.

Maternal depression after delivery has a detrimental impact on infants' cognitive, social and emotional development, according to the study. "Prior research suggests that antenatal substance use disorders are associated with poor pregnancy outcomes and increased costs of care," said lead author Rosemary H. Kelly, M.D., a research fellow at the University of Washington. n

- excerpts by permission, *Mental Health Weekly*, Vol. 11, No. 8, February 2001

## Community Collaboration

Lenawee Community Mental Health Authority is proud to have helped support the NYPUM (National Youth Program Using Minibikes) project, in collaboration with the YMCA of Lenawee County.

The NYPUM youth program focuses on behavior change. Minibikes are used as a tool to motivate the change. The parent and child establish goals with the NYPUM

leader at the beginning of the class/group. Each week progress on the goals is evaluated and the child earns extra riding time on the bike based on his or her behavior.

Other NYPUM sites in Michigan include Grand Rapids YMCA and Grand Traverse Youth for Christ. For more information, call Chris Cornak at (517) 263 - 2151. n

## Support Groups

LCMHA is continuing to offer the **Anxiety Support Group**, Thursdays from 1:00 - 2:30 p.m., and **Depression Support Group** on Thursdays from 3:30 - 5:00 p.m. Groups meet at the LCMHA offices and are open to the public. There is no cost for these groups.

Is there a support group you would like to see LCMHA provide? Let Kay Ross, Customer Service Representative, know about it. Give her a call at 517/263 - 8905, or e-mail her at [kross@lcmha.org](mailto:kross@lcmha.org). n

## In-Service

Laura Manzey of Pfizer, and M. Hassan, MD of LCMHA, will present a medication in-service geared toward children and adolescents who are taking mental health medications. They will answer questions from the audience related to issues surrounding this topic.

Come join us in the River Raisin Room, 2nd floor of the Human Services Building, Sept. 5 at 12:30 p.m. Please R.S.V.P. to Kay Ross, Customer Service Rep. at 517 / 263 - 8905 or [kross@lcmha.org](mailto:kross@lcmha.org). n



The National Alliance for the Mentally Ill (NAMI), the nation's Voice on Mental Illness, recently announced the availability of the NAMI Legal Letter on the NAMI website. Published twice a year, the NAMI legal letter is an excellent resource designed to keep readers informed about legal developments impacting persons with severe mental illnesses and their families.

Published by the NAMI Legal Department, the legal letter reports on recent U.S. Supreme Court and lower court decisions and analyzes their potential impact on persons with mental disabilities. Additionally, it features articles that highlight current trends in mental health law. The Spring 2001 issue and previous issues can also be accessed at <http://www.nami.org/legal/legal.html> n

Happiness does not depend on outward things, but on the way we see them.

- Leo Tolstoy

## Ten Steps to Cool Down

- Take a deep breath. And another. Then remember, you are the adult.
- Close your eyes and imagine you're hearing what your child is about to hear.
- Press your lips together and count to ten. Or better yet, to 20.
- Exercise to release tension.
- Phone a friend.
- If someone can watch your child, go outside and take a walk.
- Take a hot bath or splash cold water on your face.
- Turn on some music, maybe even sing along.
- Drink a glass of cold water.

## APA Survey Identifies Critical Risk Factors For Suicide

A survey of psychologists published in the December issue of the American Psychological Association (APA) journal *Professional Psychology: Research and Practice* identifies eight critical risk factors for suicide in people diagnosed with major depression.

Researchers surveyed 500 psychologists across the country and asked them to rate 48 risk factors for suicide based on low, high or critical importance. Psychologists identified the

following eight risk factors as the most critical, in order of seriousness:

- The medical seriousness of previous suicide attempts.
- History of suicide attempts.
- Acute suicidal ideation.
- Severe hopelessness.
- Attraction to death.
- Family history of suicide.
- Acute overuse of alcohol.
- Loss / separations.

The APA cites figures showing that suicide is the second-leading cause of death for American women ages 15 to 44 and the fourth-

leading cause of death for men in the same age group. In addition, a report from the U.S. Surgeon General estimates that 4.5 million Americans are survivors of attempted suicide. Accurately evaluating suicide risk has continued to elude mental health experts, however.

Of the total 48 risk factors listed in the survey, none were identified as being of low importance. For more information about the survey, visit the APA Web site at [www.apa.org](http://www.apa.org) n  
- excerpts by permission, *Mental Health Weekly*, December 6, 1999

## Disaster Relief

LCMHA sent Gratia Karmes to West Virginia recently to assist in Disaster Relief efforts due to extensive floods.

Gratia is a volunteer with the Lenawee Chapter of the American Red Cross. For a full account of her work in West Virginia, please go to the agency's website at [www.lcmha.org](http://www.lcmha.org) n

*Emergency Relief Vehicle (ERV) being loaded with food and supplies*

*A small sample of the damage seen throughout southern West Virginia*

## Big Brothers / Big Sisters Makes A Difference

- by Jackie Johnson

Two years ago I volunteered with Big Brothers Big Sisters. It has been the most rewarding thing I have ever done. When it came time to feature a Lenawee County Human Services Provider in this issue of GRAPEVINE, the Big Brothers Big Sisters program was a natural choice.

*Big Jennifer Vorhes  
Little Chelsea Proudfoot*

Lenawee's BBBS Program is operated through Catholic Social Services of Lenawee County. The program mission is to provide caring adult role models that nurture and reinforce the uniqueness of each young person served. The program involves matching children from single parent families with adult volunteers who agree to spend an average of 4 hours a week with the child. Goals for each match differ but may include improving grades, becoming more physically active, or practicing respectful behavior towards adults.

Prospective volunteers must go through a "screening in" process by agency staff. This includes a criminal records check as well as personal

references. "Bigs" are asked to spend two to three hours weekly with a child for a commitment of one year. Once a child is matched with the volunteer, professional caseworkers are there to provide advice and support to help the match grow.

Kathye Phelps-Herrera is the Program Director and has been with the program for 3 years. She is also a "Big". Amanda Gruber, with the

Program Director and has been with the program for 3 years. She is also a "Big". Amanda Gruber, with the program for 2 years, is the Case Manager, and she is also a "Big". These ladies have much of which to be proud. Under their leadership, Lenawee's BBBS program is ahead of national averages in matches and commitment levels. The national average commitment to a match is 1 year. The local program boasts 50% of their current matches in their second year. Ten percent of the matches

*Big Steve Herron  
Little James Guyton*

Catholic Social Services of Lenawee County offers many other beneficial programs such as counseling and youth companion services. To learn more call (517) 263 - 2191. n

have entered their fourth year.

Kathye sees at first hand a tremendous impact on the children served. Both "Bigs" and "Littles" are interviewed monthly for supervision. The "Bigs" often talk about the activities they are trying with the kids but aren't sure how much impact they are having. The "Littles" often talk non-stop about how much they are learning and enjoying their time together. They usually can't wait to see their "Bigs".

Children are basically looking for someone to care. Instead of finding special time to include a child in your life, why not include that special child in the things you already do? If you are interested in making a difference in the lives of children, or if you know of a child who could benefit from BBBS, call Kathye or Amanda at (517) 263 - 8777. You'll be glad you did.

Catholic Social Services of Lenawee County offers many other beneficial programs such as counseling and youth companion services. To learn more call (517) 263 - 2191. n

## Why Be A "Big"?

Becoming involved with a child in the Big Brothers Big Sisters Program enables a volunteer to:

- become reconnected with youth
- have the sense of giving back
- have an opportunity to grow and learn
- have an opportunity to make a good life even better
- be able to provide a positive role model
- share a family life with a child that might not have one
- give a child self-confidence to become independent and self-reliant

**Does being a "Big" really make a difference in the life of a child?** Statistics from a documented survey of 967 matched children in eight states for a period of one year show:

- 46% less likely to begin using drugs
- 27% less likely to begin using alcohol
- 52% less likely to skip school and 37% less likely to skip a class
- one third less likely to hit someone
- all more confident in school performance
- all getting along better with families