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. 

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.

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 expose 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.

--James 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

• Big Brothers Big Sisters Makes a Difference
• Critical Risk Factors For Suicide
• Provider Profile: Partners in Transportation
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 5:00PM - 5:00PM, at Weber Center, Adrian. For information and registration contact Dianora Pizaña at 264 - 5304 or Ann Hindsdale-Knisel at 264 - 5300.

SAVE THIS DATE!

My Sister's Sister
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 / Innovati Clubhouse

Note: to purchase ads for the program, contact Amanda Reed 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 funding restoration in the appropriations legislation will ever be allocated. In addition, the 2% economic increase that had been promised was deleted in the appropriations bill. Compounding the problem, the community mental health system has not been granted an economic increase in several years. Changes in Medicaid "spend down" and retro-eligibility rules have resulted in significant revenue losses to community mental health statewide. The state has also issued a number of "un-funded mandates" which has only served to raise the service expectations of our consumers and our community. We believe this is an unfair practice that results in alienating us from our consumers, our community partners and our community at large.

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.

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 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.

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.

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.

H O S T S

Extra help. They are given time off for travel to and from the schools. If you are interested in volunteering call H.O.S.T.S, call the L.I.S.D. at 517/265-2119.

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 System 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.

317/265-2119.
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:** 44 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.

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)

Community Collaboration

Lenawee Community Mental Health Authority is proud to have supported 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.

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@lcma.org.

Stigma can 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 undetected 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.

- excerpts by permission, Mental Health Weekly, Vol. 11, No. 2, June 2001

Faenza, M.S.W.  n

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In-Service

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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 overdose 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.

Disaster Relief

CMHA sent Gratia Karmen 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.cmlma.org.

Big Brothers / Big Sisters Makes A Difference

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.

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, 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 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.

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 their self-esteem
- all more confident in their self-confidence
- one third less likely to use 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 their school performance
- all getting along better with families

Why Be A "Big"?