



# THE BELL

The newsletter of the National Mental Health Association

July 2005

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## Study Shows Mental Illness Often Begins in Youth, Treatment Delays Worsen Issues

One-half of all lifetime cases of mental illness begin by age 14, and despite effective treatments for the disorders, there are long delays between the onset of symptoms and seeking treatment, according to the largest survey ever of the nation's mental health, published in the June 6 issue of the *Archives of General Psychiatry*.

These treatment delays—which can span decades—lead to more severe and difficult-to-treat illnesses and to co-occurring disorders. And, once people do get treatment, few receive care that meets “minimally accepted standard” for mental health treatment, researchers say.

The landmark study, called the “National Comorbidity Survey Replication,” was led by Harvard University, the National Institute of Mental Health (NIMH) Intramural Research Program and the University of Michigan. Based on interviews with 9,282 randomly selected American adults, this survey is an expanded follow-up to the 1990 “National Comorbidity Survey,” designed to measure the severity and prevalence of mental illness, and the quality of treatment.

“There are many important messages from this study,” said NIMH Director Thomas Insel, M.D. “But perhaps none as important as the recognition that mental disorders are the chronic disorders of young people in the U.S.”

In fact, anxiety disorders often begin in late childhood, mood disorders in late adolescence and substance abuse in the early 20s, with three-quarters of all lifetime cases beginning by age 24.

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## Advocacy Improves Grim Earlier Federal Outlook

With Congress nearing its summer recess, it's time to consider the challenges we've faced this year on federal policy issues, our hard-won progress and the advocacy work that's still ahead. Those challenges include:

- The threat that implementation of a Medicare prescription drug law could actually harm many consumers.
- Proposals for fundamentally altering and deeply cutting the Medicaid program.
- The Bush Administration's discretionary budget proposal, which would slash key federal housing programs that support consumers, mental health spending through the Center for Mental Health Services, youth programming through the Department of Justice and many other federal social services programs.

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**Journalist Jane Pauley accepted NMHA's 2005 William Styron Award at the Association's 2005 Annual Conference. See page 6.**

## Advocacy Improves Earlier Grim Federal Outlook

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Our extensive national and grassroots advocacy has made a tremendous impact on these issues—by either reversing entire proposals or removing components that would have jeopardized the health of consumers.

- Although the Medicare prescription drug law initially raised the threat that consumers would face very restrictive formularies, advocacy has diminished that threat. On June 10, the Centers for Medicare and Medicaid Services (CMS) released written guidance that “all or substantially all” of the drugs in the antidepressant, antipsychotic and anticonvulsant categories should be included on Medicare prescription drug formularies. The guidance also called for special protections for people who have been stabilized on medication in these categories and who should be able to continue using them without interruption.

These policies will provide important protections for people using these medications and demonstrate that NMHA’s ongoing talks with CMS staff have improved critical aspects of the Medicare drug benefit. The guidance also stated that plans should not use management techniques such as step therapy or prior authorization for people already using these drugs, except in extraordinary circumstances. This marks a significant improvement in policy and shows a more sophisticated understanding of the complexities involved in treating people who have mental disorders.

- In the arena of federal program funding, the House and Senate have made progress toward restoring much of the funding that was slated for deep cuts and rejecting some damaging programmatic changes advanced by the administration. For example, our joint grassroots-national advocacy work with Congress is successfully working toward restoring CMHS funding for youth violence-prevention efforts (earlier slated for a 33 percent cut) and other CMHS programs that were targeted for cuts, and juvenile justice and supportive housing programs, each of which faced cuts of nearly 50 percent. Substantial differences between competing House and Senate funding bills will need to be reconciled over the coming months, but aggressive advocacy work gives us reason to hope that we will avert deep funding cuts.
- Although the threat of Medicaid cuts still looms, broad-based advocacy helped sustain bipartisan efforts in both the House and Senate and contain the size of future cuts. In addition, the budget plan that Congress ultimately adopted does not specify that these cuts must be taken from the Medicaid program; the cuts can be taken from elsewhere in the budget.

With the fight over Medicaid cuts likely to heat up in the weeks ahead, watch your e-mail for NMHA’s *Federal Legislative Updates* and *Alerts*, and take action on this critical issue when appropriate. August also presents an opportunity to schedule visits with legislators who will likely be back in their home states during at least part of that month, an important time to discuss the dangers that Medicaid cuts pose for consumers. Keep up the good the fight!

## NMHA Hosts Meetings on New Medicare Part D Benefit


### New Medicare Resources Available

Medicare Part D, to take effect Jan. 1, 2006, will radically change the way Medicare beneficiaries receive their medications. Because MHAs are a vital source of community information about the benefit, NMHA has organized two meetings to help clarify the changes for advocates. The meetings explain how the changes will affect people who have mental health disorders and offer strategies that advocates can use to best educate their communities about the benefit. So far, 25 MHAs have registered for each meeting, for a total of 25 states represented. The first meeting was held July 12-13 in St. Louis, Mo., and the next will be held Aug. 2-3 in Atlanta. The meetings cover:

- Benefit design, coverage, enrollment, subsidies, appeals and exceptions processes, and consumer-focused assistance
- Skills and tools advocates can use to train other MHAs, community organizations and consumers
- Ideas for educational and enrollment activities that MHAs and partner organizations can implement

### More Resources

- NMHA has updated its Medicare Part D “Frequently Asked Questions” fact sheet series. Topics include “Eligibility and Enrollment,” “Benefit Design,” “Exceptions and Appeals,” and “Administrative Issues.” Download at <http://www.nmha.org/federal/MedicarePrescriptionDrugBenefit.cfm>.
- The federal Centers for Medicare and Medicaid Services (CMS) has mailed notices to those automatically eligible for financial assistance with Medicare prescription drug plans to inform them that they will receive help without having to apply for this benefit. View this notice at <http://www.cms.hhs.gov/medicarereform/lir.asp>.
- Posters designed to help educate Medicare beneficiaries who have limited income and resources about a new low-income subsidy are available free of charge from CMS at <http://www.cms.hhs.gov/medlearn/drugcoverage.asp>.
- Plans are underway at CMS to distribute \$31.7 million through State Health Insurance Counseling Programs for Medicare Part D education and enrollment initiatives. Contact your state’s assistance programs to make sure outreach efforts include eligible people who have mental health treatment needs. For information, visit <http://www.shiptalk.org>.

For additional information on this topic, contact NMHA’s Sarabeth Zemel at [szemel@nmha.org](mailto:szemel@nmha.org). Stay tuned for more coverage of this topic in future issues—including details on NMHA’s plans for a national enrollment campaign. 

## What's the Mission of the Mental Health System?

by Pat Risser, advocate and activist

If I had to pick the single most pressing problem in the mental health system today, it would be the great confusion about mission and goals within the system.

What is the system's purpose? Perhaps the purpose is to produce treatment hours? Or, maybe it's increased tenure in the community (fewer hospitalizations or longer time in between stays). Maybe it's quality of life. Recovery? Normalization? Compliance? We can't have a system that "works" unless we know what it is that we want that system to do.

We also can't effectively measure outcomes unless we're clear about the system's mission and goals. Absence of clarity about what our mission is precludes evaluation and effective management. Quality Improvement Committees evaluate how long it takes staff to answer the phone or to see a person for the first intake appointment. Is that really what we want to measure—how well staff members answer the phone? Or, do we want to measure the outcomes of recovery for the clients we serve?

Why this confusion? Well, first of all, it's not a mental health system at all—it's a mental illness system. The system seldom teaches people how to be healthy. Instead, the system labels people as ill. It informs the public, family, friends and others that it exists to help the "mentally ill." As people enter the system, they can actually lose their identity as a person as the "ill" persona becomes primary.

For example, we all have many roles in life—husband, father, worker, student, teacher, grandpa, friend, etc. One of the real tragedies of "mental illness" occurs when someone's primary identity or role becomes that of "mental patient." Sadly, I've known too many people who introduce themselves by their psychiatric diagnosis. Too often, the focus of conversation is on the current label or what drugs someone is taking. I often wonder where the rest of the person is hiding and how to connect with that person. We are all so much more than "mental patients," but clients are actually trained to be "mentally ill" and not mentally healthy.

This occurs because most of the efforts by the system are focused on disability instead of strengths and abilities. In this way, dependency is maintained under the guise of good care. People in the system tend to believe that "mental illness" is all-pervasive. Staff members believe that severe and persistent disabilities associated with mental illness are grounds for assuming clients are incapable of choice. They believe that impairment in one life area affects all abilities.

The system's biological approach reduces human distress to a brain disease, and recovery to taking a pill. The focus on drugs obscures issues such as housing and income support, vocational training, rehabilitation and empowerment, all of which play a role in recovery.

What about those staff who are doing a good job? Too often, major advances are accomplished by those considered rebels in the mental health community, yet the system rewards conformity and punishes non-conformity. Life as a mental patient revolves around the "Cs" of Control, Confinement, Containment, Conformity and Compliance.

Symptoms must be controlled in order to make people conform to some undefined social standard. Otherwise, they must be confined in a hospital where those symptoms will be contained by assuring compliance with a regimen of drugs and treatment. The "C" that is missing is Connection. What's needed is the human connection to help people to recover and heal. Instead, many mental health clinicians tend to equate subduing the person with treatment; a quiet client who causes no community disturbance is deemed "improved" no matter how miserable or incapacitated that person may feel as a result of the treatment.

As a father, I taught my kids to ride a bicycle in the usual fashion. I held onto the back of the seat and ran alongside, holding up the bicycle until sufficient momentum had been achieved. And then, I let go. I let go knowing that my kids would almost certainly fall and skin their knees. I let go because I loved my kids and I knew that if I didn't let go, they would never know the joy and independence of accomplishing it on their own.

I feel that too often, the system (and family, friends and others) holds on too long and too tightly. The system's safety net can become part of the problem. People can get stuck in the system for too many years, and never get to know freedom and independence.

Yes, there are risks, but life is full of risks, and it is through taking chances that we learn and grow. If I try something one way and it doesn't work, I try something else. If that doesn't



*Risser at NMHA's 2005 Annual Meeting*

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# Study Shows Mental Illness Often Begins in Youth, Treatment Delays Worsen Issues

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## Treatment Delays Harm the Public Health

But possibly the two most alarming findings are the lag between the onset of an illness and the start of treatment, and the effect of these delays on the public health. The median treatment delay for all disorders is about a decade, but delays vary among different disorders. For example, the longest delays—20-23 years—are for social phobia and separation anxiety disorder. Researchers found shorter delays in treatment among people with mood disorders at a still much-prolonged six to eight years.

They also found that disorders that emerge in childhood are associated with the longest delays in treatment, even though childhood disorders are often more serious than those that strike later in life.

Researchers say children are less likely to receive timely treatment because they rely on parents or other adults to recognize symptoms, but adults often miss the signs unless they are extreme. The authors also found long delays in treatment among minorities compared to non-Hispanic whites.

These findings suggest a need for increased awareness and outreach efforts—especially considering the dangers associated with untreated disorders that strike at a young age: school failure, teenage childbearing, unstable employment, early marriage, and marital instability and violence.

According to the researchers, early treatment is simpler and could prevent “enormous disability” later. It also halts the development of co-occurring disorders, which are particularly difficult to get under control, especially as they accumulate.

“The pattern appears to be that the earlier in life the disorder begins, the slower an individual is to seek therapy,”

said Ronald Kessler, Ph.D., the leader of the study and professor of health care policy at Harvard Medical School. “It’s unfortunate that those who most need treatment are the least likely to get it.”

*“The pattern appears to be that the earlier in life the disorder begins, the slower an individual is to seek therapy.”*

## Disorders Common in U.S.

The survey also found that mental disorders overall are common in the United States—more than one-quarter of the general population surveyed reported having symptoms within the past year that would meet the criteria for a diagnosable mental disorder.

Researchers point out, however, that many of these cases are mild or resolve themselves without treatment.

The “main burden of illness,” they said, falls on those with severe disorders, which is about 6 percent of the population. NIMH and its partners in the study define a “severe disorder” as one that limits daily activities, or involves work disability, a suicide attempt with “serious lethal intent,” or psychosis. Survey respondents with severe disorders reported a mean of nearly three months a year during which they could not perform normal daily activities.

Although eight out of 10 people who have a mental disorder will eventually seek care, according to the survey, the episodes can increase in severity and frequency, and grow resistant to treatment when left untreated for extended periods.

Unfortunately, nearly half of those who have one mental disorder have one or more additional disorders, the researchers found. And the severity of each illness is “strongly” related to comorbidity—meaning that the more disorders you have, the more severe each may be. This striking finding supports a growing belief among some researchers that the distinctions between professionally recognized diagnoses are actually fuzzier than originally believed.

## Prevalence by Disorder

The survey was described in four papers and focused on four major categories of mental illness: anxiety disorders, mood disorders, impulse control disorders and substance abuse.

Anxiety disorders have the earliest onset and are also the most prevalent class of disorders, affecting nearly 30 percent of the population, closely followed by impulse control disorders at about 25 percent, mood disorders at close to 21 percent and substance use at about 15 percent.

However, the most prevalent lifetime disorders are major depressive disorder at about 17 percent, followed by alcohol abuse at 13 percent, specific phobia at 12.5 percent and social phobia at 12 percent.

In terms of severity, over a year-long period, 22 percent of all reported cases were serious, more than one-third were moderate and 40 percent were mild.

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For more information about the study and its results, click here:

- NIMH press release
- Harvard press release
- Abstract of study

### Researchers Recommend Early Intervention


The study overall illustrates that our nation's mental health care system is not keeping pace with consumer needs. For example, over a one-year period, 60 percent of those who have mental disorders received no treatment at all, the study showed. And only 12.7 percent of the patients seen for mental health problems by general medical providers—the most popular choice for such care—received minimally adequate treatment.

The good news is that a higher proportion of people who received mental health treatment increased to 17 percent—from 13 percent a decade ago—which some attribute to public awareness campaigns, direct-to-consumer advertising and a decrease in stigma.

The study's lead researchers are also calling for a focus on early interventions for children and prevention efforts that concentrate on halting the onset of multiple disorders.

"Widespread failure to disseminate proven interventions may, in fact, explain why the large unmet need for treatment of mental disorders persists in the U.S. despite earlier efforts to address this problem," said Kessler.

Researchers also see a need for increased outreach efforts, including "voluntary screening programs to detect early onset of mental disorders," a recommendation made by Kathleen Merikangas, a lead NIMH collaborator in the study.

Similar studies are being performed in 28 other countries, as part of a global initiative on examining the prevalence of mental disorders. 


## Journalists Attend NMHA Teleconference to Get Real Story on Children's Mental Health

Journalists throughout the country joined an NMHA teleconference in May to get beyond the recent controversies surrounding children's mental health care and get accurate guidance parents can use to ensure the health and safety of their kids.

Many misleading reports, especially about the safety of antidepressants and school-based mental health screenings of students, have stirred confusion among parents whose children have, or may have, mental health disorders.

The event, "What Parents Need to Know: Treating Depression in Children and Teens," featured Michael Faenza, NMHA's president and CEO; David Fassler, M.D., a child and adolescent psychiatrist; Jessica Norman, a teen who has depression; and Jessica's mother, Tara.

The panel shared with journalists a list of tips for parents, and provided advice on how to seek help and avoid the extremism of those who advocate against mental health care for children. The list also suggests ways parents can empower themselves to get their children the care that they need. (Click here to see the full list of tips.)

"If a child has a headache for two weeks, parents take them to get checked out by a doctor—parents need to do the same if their child feels depressed," said Faenza. "We must arm parents with the questions to ask, the facts to know, and the factors to consider to make the best decisions for their child and family." 

## Cruise's "War of the Words" Fuels Stigma, Misinformation

Actor Tom Cruise's recent comments attacking the mental health care field and criticizing actress Brook Shields for seeking treatment for post-partum depression, "could have very damaging consequences for Americans who have mental health disorders," said NMHA President and CEO Michael Faenza.

Cruise called psychiatry a "pseudo-science" and said that people who seek professional mental health care, such as Shields, are being duped. In response, Shields wrote in an opinion article in *The New York Times* that "comments like those made by Tom Cruise are a disservice to mothers everywhere. To suggest that I was wrong to take drugs to deal with my depression, and that instead I should have taken vitamins and exercised, shows an utter lack of understanding about postpartum depression and childbirth in general."

Comments such as Cruise's are "dangerous," Faenza said. He noted that such remarks can lead people who have mental health treatment needs to go without care by increasing stigma and shame. As a celebrity, Cruise has a platform to "share [his] talents and [his] viewpoints," Faenza said. "However, this opportunity comes hand-in-hand with a responsibility to not mislead the American public with unfounded rhetoric."

NMHA joined with the American Psychiatric Association and the National Alliance for the Mentally Ill in issuing a statement, noting that "it is irresponsible for Mr. Cruise to use his movie publicity tour to promote his own ideological views and deter people with mental illness from getting the care they need."

## NMHA's 2005 Meeting Promotes Justice, System Changes

Advocates from across the country convened last month in Washington, D.C., for NMHA's 2005 Annual Conference, under the theme "Justice for All," to discuss new ways to put an end to inequities in the mental health system, raise awareness and increase access to care.

An expansive cross-section of plenary sessions, more than 30 workshops and a series of special events and networking opportunities provided attendees with tools they can put to use in the field to make a difference in their communities.

A major highlight of the conference was journalist Jane Pauley's acceptance of NMHA's **William Styron Award**. The award "helped give my life meaning," said Pauley, who was recognized for speaking out about her bipolar disorder in her book *SKYWRITING: A Life Out of the Blue*.

Attendees also had a chance to screen the critically-acclaimed documentary "Juvies," which follows the lives of children who've been prosecuted and imprisoned as adult criminals. The film's director, Leslie Neale, was on hand to accept NMHA's **President's Award** on behalf of actor Mark Wahlberg, the film's producer.

Other award winners honored at the meeting include:

- **Clifford Beers Award:** Pat Risser, advocate and mental health consultant, for pioneering the inclusion of consumers as service providers, and other achievements.
- **Sandy Brandt Volunteer Service Award:** Sharon Speer, a University of Utah graduate student and former Miss Davis County (Utah), for her tireless service on behalf of the MHA of Utah.
- **Tipper Gore Remember the Children Award:** Ira Lourie, M.D., for reforming the way in which children with complex behavioral and mental health treatment needs and their families get care.
- **mpower Youth Awards:** Rebecca Jones, 19, of Melborne, Fla.; Lori Pede, 17, and Emily Rose, 17, of Broken Arrow, Okla.; Angela Rossi, 23, of La Grange Park, Ill.; and Jordon Walton, 16, and Katie Walton, 14, of Paradise Valley, Ariz., for speaking out to help change youth attitudes about mental illness, and to fight stigma and prejudice.
- **Lela Rowland Prevention Award:** Beverly Long, M.S., M.P.H., former president of the MHA of Metropolitan Atlanta, MHA of Georgia, NMHA and the World Federation of Mental Health, for her 30 years of work as a leader and visionary in global mental illness prevention.
- **Innovation in Programming:** MHA of Middle Tennessee for its "I.C. Hope—Don't Duck Mental Health" public education campaign.



*Top: Award winners (l-r) Reese Butler, Ira Lourie, Jordan Walton, Katie Walton, Pat Risser, Emily Rose, Lori Pede and Angela Rossi.*

*Bottom: MHA of South Central Kansas staff and volunteers (left) meet with the staff of Sen. Pat Roberts, R-Kan.*

- **Betty Humphrey Cultural Competence Award:** NMHA of Georgia for programs that reach out to African Americans; Latinos; and the Gay, Lesbian, Bisexual, Transgender and Questioning communities.
- **Special Honors:** Reese Butler, president of the Kristin Brooks Hope Center, Inc., for his groundbreaking work in launching the center and the 1-800-SUICIDE crisis line.

NMHA's 2005 Annual Conference was made possible through the generous support of Bristol-Myers Squibb Company/Otsuka America Pharmaceutical, Inc.; Eli Lilly and Company; ABILITY magazine; AstraZeneca Pharmaceuticals LP; GlaxoSmithKline PLC; Janssen Pharmaceutical Products, L.P.; and Wyeth Pharmaceuticals. Additional generous support was made possible by the Center for Mental Health Services, the National Institute of Mental Health, and the Association of Maternal and Child Health Programs.

NMHA's 2006 Annual Conference will be held June 8-10 in Washington, D.C. Stay tuned to this newsletter and to [www.nmha.org](http://www.nmha.org) for updates. 📧

## What's the Mission of the Mental Health System?

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work, I try something else. That's part of being human, but too often "mental patients" aren't allowed the right to explore and make mistakes without it being labeled negatively as a failure. One mental patient can help another mental patient with this because we've "been there, done that." We understand each other.

In the drug and alcohol system, it's almost a prerequisite that you be a recovering alcoholic or addict to help others with their dependency issues. Alcoholics Anonymous has been successfully helping people for over 70 years. Yet our mental health system seldom recognizes that recovery is possible and even more seldom realizes that one of the best ways to achieve recovery is through self-help peer support. The system tends to be deaf, dumb and blind to research and ignores its implications in practice.

The system needs to be clear about its mission and goals. It needs to become a system of mental health and not a system of mental illness. It needs to hire people who are well on their road to recovery to help guide others down a similar path. It needs to focus on recovery and stop promoting a negative self-fulfilling prophecy by labeling people as "ill." The system can change, but it must do so with purpose and focus, and with the help of current and former service recipients. Nothing about me, without me! 🇺🇸

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*Pat Risser received NMHA's 2005 Clifford Beers Award, the association's highest honor, for his invaluable contributions to the areas of case management, recovery and empowerment. He's served as president of the MHA of Contra Costa County (Calif.) and the National Association for Rights Protection and Advocacy, and has worked with many other organizations, advisory groups, boards and commissions. For more information, visit his Web site at <http://home.att.net/~LetFreedomRing>.*



**Top:** NMHA of Los Angeles County President and CEO Richard Van Horn and Lela Rowland Prevention Award Winner Beverly Long at the opening night dinner.

**Middle:** NMHA of Georgia Executive Director Cheryl Josephson and NMHAG's Rainbow Brigade Co-chair Terrance McPhaul, accepts the NMHA Betty Humphrey Cultural Competence Award on behalf of the NMHAG.

**Bottom:** Rep. Ileana Ros-Lehtinen, R-Fla., receives a 2005 Legislator of the Year Award from NMHA Board Chair Cynthia Wainscott. Rep. Ted Strickland, D-Ohio, also received a 2005 Legislator of the Year Award.



[mpoweryouth.org](http://mpoweryouth.org)



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*The Bell* is published by the National Mental Health Association, which works with its 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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## Research Notes . . .

### Sept. 11 Attacks Increased Kids' Predisposition to Psychiatric Disorders

Nearly one-third of New York City children in 4th through 12th grades had one or more of six anxiety or depressive disorders during the six months after the 2001 terrorist attacks on the World Trade Center. These illnesses have made them more prone to psychiatric disorders later in life, said Columbia University Medical Center and New York State Psychiatric Institute researchers earlier this year.

### Psychiatrists Approve Statement in Support of Gay Marriage

The American Psychiatric Association approved a statement in support of gay marriage earlier this year at its annual conference in Atlanta. Marriage promotes a "positive influence of a stable, adult partnership on the health of all family members," according to the resolution.

### PTSD Rate Unexpectedly Low Among Wounded Soldiers

Soldiers who were wounded in Iraq or Afghanistan are no more likely to develop post-traumatic stress disorder within a few months of returning home than soldiers who were not wounded, a Uniformed Services University Health Sciences study released earlier this year indicates. The unexpected, relatively low PTSD rate may be due in part to misdiagnosis and to wounded soldiers' lack of the realization of the seriousness of their injuries, which will become apparent in time.

### Violent Deaths More Likely for Teens in the Juvenile Justice System

Young people who enter the juvenile justice system are four times more likely to experience early violent deaths than teens not involved in the system, a study in the journal *Pediatrics* indicates.

## NMHA Tools You Can Use

### NMHA's 2005 "Back to Campus" & "Back to School" Campaigns Focuses on Dorm Leaders and Parents

This year's "Back to Campus" kits offer college dorm residential assistants (RAs) ways to help students—particularly incoming freshmen—deal with college life. The "Back to School" kits, which are geared toward elementary and secondary schools, will include tools parents can use to help assess their child's emotional health and sample questions for physicians. These kits also include drop-in articles, radio PSAs and more. Materials will be available for download at [www.nmha.org](http://www.nmha.org).

### What's Hot!

- **Download** the Spring/Summer 2005 *State Advocacy Update* at <http://www.nmha.org/sau/spring-summer2005/index.cfm>.
- **Get your "MIND Your Health" T-Shirt** featuring the popular MIND Your Health logo from this year's Mental Health Month campaign. To order, visit <https://secured.nmha.org/secure/store>.
- **A must-see!** From filmmaker Leslie Neale and actor/producer Mark Wahlberg comes the stirring documentary "Juvies"—a riveting look at the world of juvenile offenders who are prosecuted as adults. Chance Films is donating a portion of the sales of "Juvies" to NMHA! To order a copy, visit <http://www.juvies.net> and mention NMHA in the "Comments" section of your order.
- **See page 2** for a list of great resources on the new Medicare Part D benefit.

## Now On Sale

# Check Your Head glowband

NMHA's **mpower: musicians for mental health program** and the Kristin Brooks Hope Center are excited to announce our new, blue **glowband** wristbands—now on sale! These glow in the dark bands feature the words "Check Your Head" and include the *mpower* Web site address and 1-800-SUICIDE crisis phone number. To order, just visit [www.mpoweryouth.org](http://www.mpoweryouth.org) and click on the glowband image.

**Glowbands** come in packs of 10 for \$25.00 (\$17.50 for MHAs), with the proceeds benefiting NMHA's **mpower** program, a youth awareness program that harnesses the power of music to change youth attitudes about mental health and to fight stigma.

