



THE BELL

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NMHA Responds to Hurricane Katrina Aftermath

Hurricane Katrina changed the lives of millions of people who live along the Gulf Coast. Many residents of Louisiana, Mississippi and Alabama lost their homes and jobs, were separated from loved ones, and suffered through inhumane conditions for days without food and water while surrounded by death and destruction. Other states are also struggling with the influx of evacuees.

The psychological implications are yet unknown, but are guaranteed to be tremendous, now and in the months and years to come.

NMHA has personally felt the effects of this tragedy, as our affiliates in these regions were severely impacted. To our knowledge, fortunately, no MHA staff members or relatives were physically harmed by the hurricane, though some employees and families did lose their homes. As of September 13th:

- The Mental Health Associations (MHAs) in Louisiana are experiencing the full impact of the hurricane’s aftermath. However, all—except the MHA of New Orleans—are up and running. While the state Mental Health Association of Louisiana in Baton Rouge was initially limited in its ability to respond, having been evacuated from their building due to street violence, it is now providing assistance to evacuee shelters. Other MHAs are also helping out at shelters and connecting mental health consumers with needed services.
- Our affiliate in Mississippi has survived. The Gulfport office is operational and will soon staff case managers/counselors and will begin providing mental health

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What Does Systems Transformation Look Like?

by Dianne Dorlester, NMHA’s director of Consumer Advocacy

In 2003, the President’s New Freedom Commission on Mental Health called America’s attention to the need to transform our mental health system to one that is consumer-driven and recovery-oriented. As consumers and consumer-run organizations play an increasingly prominent role in revamping the system, innovative approaches to meaningful consumer involvement are emerging nationwide.

With support from NMHA’s National Consumer Supporter Technical Assistance Center (NCSTAC), new consumer-run organizations are organizing all over the country, and many existing consumer groups are leading transformation initiatives in their communities. One such consumer-run nonprofit is the Albuquerque Drop-In Center in New Mexico.

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www.nmha.org

NMHA, Other Groups Release “Roadmap” for Transforming the Mental Health System

About 20 million adults and 6 million children and teenagers in America have serious mental illnesses. And, despite the recommendations of the President’s New Freedom Commission on Mental Health in 2003 to reform the current system, too many people remain untreated, stigmatized, and incarcerated instead of in treatment programs, and are suffering needlessly.

This is the conclusion of the new report “Emergency Response: A Roadmap for Federal Action on America’s Mental Health Crisis,” released last month by the Campaign for Mental Health Reform. The Campaign is a coalition of 16 national organizations, including NMHA, that are united in an effort to transform the country’s ailing mental healthcare system.

In finding the nation’s mental healthcare system in “disarray,” the President’s New Freedom Commission report called for a “fundamental transformation of the nation’s approach to mental health care.”

“Yet, since the release of the Commission’s report,” said Michael Faenza, NMHA’s president and CEO, “63,000 Americans have died by suicide; more than 200,000 Americans with mental illnesses have been incarcerated; more than 25,000 families have given up custody of their children in order to get mental health services; \$200 million has been spent ‘warehousing’ youth in

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National Consumer Supporter Technical Assistance Center Resources

Be sure to visit the Web site of NMHA’s National Consumer Supporter Technical Assistance Center (NCSTAC) at

www.ncstac.org.

Here, you can find many resources on how to establish and run a successful consumer-supporter nonprofit organization.

The resources range from how to file for 501(c)(3) status and a guide to proposal writing to developing a strategic plan and working with volunteers.

Congress to Act on Bills That Would Undermine Rights, Cut Medicaid

Bills That Would Undermine Consumer Rights Progress in Congress

The House of Representatives passed legislation that would undermine consumer insurance protections. The bill, the Association Health Plans/Small Business Fairness Act (H.R. 525), would allow small businesses to form association health plans that would only be subject to federal regulations. These plans would be exempt from state laws and regulations, including those that guarantee parity. Research indicates that such association plans will eventually require that small businesses pay more for health insurance than they are paying now.

Although another bill, the Health Care Choice Act, is still being considered in the House, if passed, it could prove to be as damaging as H.R. 525. The Health Care Choice Act, H.R. 2355, would allow insurance companies that offer plans to individuals to only need to meet the legal requirements for insurance in the state that the company is located. This would be true regardless of where their plan members’ live. Such a law would allow insurance companies to “race to the bottom” in locating to states with the fewest insurance regulations so that they can offer the least benefits.

Congress Set to Act on Medicaid Cuts After Recess

When members of Congress return from their month-long recess in September, one of the main issues that they will be considering proposals to severely cut funding to Medicaid, which plays a key role in funding mental health services throughout the nation. Among these proposals are those made by the National Governors’ Association (NGA) that would limit Medicaid beneficiaries’ access to mental health services, including dramatically increasing cost-sharing requirements, such as copayments and deductibles. The NGA also proposes to limit the benefits Medicaid offers, restrict federal oversight of the Medicaid program to allow states some room to experiment with cost-saving measures, and restrict beneficiaries’ ability to seek redress of service denials in court. 📖

Q&A: The Making of the MHAMT's I.C. Hope Campaign

An interview with Angie Thompson, executive director, MHA of Middle Tennessee

In 2000 the Mental Health Association of Middle Tennessee created the I.C. HOPE®—Don't Duck Mental Health® campaign to dispel the negative perceptions and images associated with mental illness and mental health issues. The program aims at bringing mental health education and awareness into the mainstream in a non-threatening manner. MHAMT's Executive Director Angie Thompson shared with The Bell her thoughts and some lessons learned about the program, winner of NMHA's 2005 Innovation in Programming Award.

How does I.C. HOPE deliver its message?

I.C. HOPE's anti-stigma message—"Don't Duck Mental Health®"-appeals to all ages and ethnic groups while bridging socioeconomic divides. With its friendly face and healing bandage, I.C. HOPE® shows that mental illness of any kind is neither shameful, nor unusual, and that when individuals receive appropriate intervention, they can lead full and meaningful lives.

The slogan "Don't Duck Mental Health®" coupled with the I.C. HOPE® duck wearing a bandage indicates both the hurt and healing components of mental illness. The life preserver sends the powerful message of the value of every life. The bandage carries the message that there are some "hurts" you can't see, but they are real none the less. Using these to promote prevention reduces the "preaching" and increases the "teaching." Our educational curriculum teaches that mental illnesses are real and treatable medical conditions, and promotes mental wellness.

How long did it take to devise this project?

The I.C. HOPE® project was conceptualized in November of 1999. Over the past five years, we developed additional campaign components, including the Public Awareness Kiosk Campaign, curriculum development, a Web site, the life-size character, broadcast and plush puppets, and replication sites. We continue to add new elements to the program based on feedback from educators, teachers and mental health advocates.

Who had a hand in developing the project?

The I.C. HOPE® project was developed in-house. A task force of board members and MHAMT staff members took the core elements of the project and created the public awareness and educational packages for replication. When we approached the local NBC-TV affiliate requesting that they broadcast PSAs, they encouraged us to have the life-

size character and puppet created.

What were the biggest hurdles you faced in implementing I.C. HOPE®?

The I.C. HOPE® project required a lot of patience and faith in its goals. Thinking of an innovative approach to programming and implementation took energy, staff time and a commitment by not only the staff and board members but also by funding partners. Balancing these things with our already existing programs was the biggest hurdle we faced.

What do you think are the keys to your program's success?

It provides an engaging, tangible image that both children and adults can easily relate to. And our emphasis on both prevention and education, especially the focus on caring for our own mental health, helps to provide relevance for the audiences. The tools of the I.C. HOPE® program are easy to use and readily adapted to many settings. The materials are customized for the replication sites, and training and technical assistance is provided to them. In addition, I.C. HOPE's presence and understandable messages appeal to local funding sources, which help to sustain the program.

Tell us a bit about your approach to busting stigma and how it's succeeded for you.

Our approach is unique and sound from an anti-stigma marketing perspective. Our message replaces the word stigma with hope. A basic concept of marketing is that people see what they hear; therefore, using the word stigma to erase stigma is counterproductive. Changing the emphasis to hope helps people see that there's hope relative to issues surrounding mental illness.

Tell us how your program has achieved a balance between health promotion and educating people about mental illness.

I.C. HOPE's bandage is a universal symbol that indicates that there is a wound but that it is in the process of healing. It sends the message that mental illnesses are real and that



I.C. Hope®-
Don't Duck Mental Health®

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What Does Systems Transformation Look Like?

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The Albuquerque Drop-In Center (ADIC), which offers support and assistance to people with serious mental illnesses working toward recovery, has embarked on a three-year project to transform mental health services in Bernalillo County. With input from a variety of stakeholders, ADIC will soon conduct a comprehensive community assessment to identify the county’s existing service needs based on the recovery model. The assessment will include both quantitative and qualitative measures by including data collection, focus groups and dialogue groups.

ADIC will use the community assessment as the foundation for creating and implementing a strategic plan to transform the current fragmented mental health services system into a comprehensive holistic system of services that will support people in recovery. The project’s primary participants will be those in recovery and their families. The project will produce not only a transformed system of care in the Bernalillo County area but also a cohesive network of stakeholders that will work together to improve the mental health services system throughout New Mexico.

NCSTAC is proud to support groups like the Albuquerque Drop-In Center. For more information about technical assistance available to consumer-/peer-run organizations, visit www.ncstac.org.

Nominate a Local Hero for a Welcome Back Award

Be sure to nominate your local hero for a 2004 Welcome Back Award, which is sponsored by Eli Lilly and Company. Award categories include Lifetime Achievement, Destigmatization, Community Service, Primary Care, and Psychiatry. The nomination deadline is **Nov. 15, 2005**. Visit www.welcomebackawards.com.

The Making of the MHAT’s I.C. Hope Campaign

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treatment is effective. By focusing on health, as opposed to illness, we can also reach a broader audience. Children as young as 5 years old can understand the concept of being healthy and teachers aren’t afraid to have a presentation about health. On the other hand, schools would not welcome a speaker to a kindergarten class to talk about depression, and even adults tend to steer away from a community presentation on an “illness.” Our approach allows us to reach all ages at a level we can all understand. Good health is a goal everyone shares.

How is the project funded?

The initial grant we received was from the HCA Healthcare Foundation. This was coupled with funding from Vanderbilt Psychiatric Hospital, corporate foundations and unrestricted educational grants. Once the initial grant was secured we had substantial subsequent funding within one month. Continuation funding has been secured through grants from corporate foundations, private foundations, grants from the Tennessee Department of Mental Health and Developmental Disabilities to provide mental health education, private donations, unrestricted educational grants, and fees from replication sites. We have secured funding for discrete components such as the Kisok Campaign or the plush puppets, so the funding was generated on a component by component basis. As we experienced success with each component, we were able to build on this success to obtain subsequent funding.

What organizations has the campaign partnered with?

We partnered with the Cumberland Valley Girl Scout Council to create a Girl Scout Patch. Partnerships with the Tennessee School Guidance Counselors Association and School Nurses Association have led to countless referrals and requests. We’ve also secured additional funding through United Way for a partnership with the Bethlehem Family Resource Center, which supports programming for children and adults in low-income areas. Additional partnerships include universities such as the Middle Tennessee State University and David Lipscomb University, who have provided interns to help support the I.C. HOPE® program and offer assistance with the DUCK LINE.

How is the I.C. Hope educational curriculum organized? What does it cover?

We designed two curriculums: one geared toward younger children and the other for middle and high school students. We wanted to keep it at a level that anyone could understand, this allowed staff to use the curriculum in any setting, not just educational institutions. We also wanted to include information that would assist the presentation facilitator in approaching an individual with concerns. The curriculum not only includes the educational module but also information on how a diagnosis is made, what treatment might consist of and suggestions for local resources. It’s designed so that anyone could pick it up and pull one module out without having to use the entire curriculum.

When researching the curriculum for younger children, we wanted to use children’s books that weren’t specifically about mental health, but could be related to mental health. We felt it was important to use books found in the

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library and readily accessible. We contacted publishing companies to get permission to use a picture of the book in the module as well as permission to specifically reference the book and characters in the book through-out the module. Each module includes a story, discussion and art activity.

When researching the curriculum for older students, we included topics that people deal with daily. Each module includes a science based lesson, discussion and individual or group activities to reinforce information learned.

Did educators have a hand in the curriculum's development?

We interviewed teachers and counselors to determine what would fit into their curriculum. A meeting with the Tennessee Guidance Counselors Director also assisted in the development of the curriculum. We presented and tested our materials at various sites, made changes based on audience feedback, and distributed the final to teachers and counselors across the state.

How do you train teachers to use the curriculum?

We developed a "train-the-trainer" program to train teachers and guidance counselors on implementing the curriculum. The MHAMT provides materials to teachers and counselors across the state who are interested in presenting the program independently, but agency staff is also available to go to the schools and conduct the lessons. We offer technical assistance on an ongoing basis to any individuals presenting the materials.

What outcomes have you observed?

In the past we had difficulty scheduling mental health education programs in schools. Now we have teachers and counselors calling the first week of school to get their class on the calendar. The children now recognize I.C. HOPE® and look forward to visits from MHAMT staff. Counselors, teachers and principals call us for other general mental health information. In the past year 87 percent of the students surveyed indicated they increased their knowledge about mental health and knew where to seek help for services.

How do you evaluate the results of the program?

We use pre- and post-test surveys, monitor requests for additional programming, track Web site hits, calls generated, and requests for information and referrals. Teacher evaluations are also a valuable tool.

Where would you like to take the program from here?

We would like to add an assembly show that could take I.C. HOPE's messages to larger school audiences, health fairs, day

cares, camps and other public venues. We have had requests from some schools specifically for an assembly style presentation as they cannot accommodate a classroom presentation but are interested in mental health programming. We would also like to create children's books featuring I.C. HOPE® and an I.C. HOPE® activity/coloring book.

Can other MHA's use the I.C. HOPE program?

The MHAMT has developed licensing packages that allow other MHA's to secure the I.C. HOPE® program materials with customization to their MHA. This customization is appealing to local foundations, businesses and other funders in the MHA's local community. So far, the program has been licensed for use by MHA's in Illinois, Ohio, Alabama and Kansas. All have reported their success in securing funding, providing programming and engaging the community in numerous ways to spread their mental health messages. 📖

The public can seek help through the MHAMT's free information/referral DUCK LINE at 615-777-DUCK, toll-free at 866-535-DUCK and online at <http://www.ichope.com>.

From the MHA Field

News from NMHA's Affiliates

As a result of a 2003 MHA in Milwaukee County (Wis.) symposium, the state is implementing a quality improvement program for psychotropic medications for the Wisconsin Medicaid program. Recipients of Wisconsin Medicaid now look forward to improved clinical care as well as having some of the projected increase in pharmacy costs held down. For more information, contact the MHA in Milwaukee County at 414-276-3122, or at www.mhamilw.org.

The MHA of Alameda County (Calif.) and the Family Alliance for the Mentally Ill have banded together with representatives of family groups in the county to form the Alameda County Family Coalition on Mental Health. The Coalition seeks to assure family participation in the planning and implementation of new programs funded by the MHA. For more information, contact the MHA at 510-835-5010.

NMHA Responds to the Aftermath of Hurricane Katrina

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services. The Biloxi office, though still standing, did sustain some damage and will remain closed at this time.

- The MHAs in Alabama weathered the storm and are actively providing mental health services in their communities.

NMHA has reactivated its Mental Health Crisis Response Fund—which was established in 2001 to provide mental health assistance in the wake of the Sept. 11, 2001, terrorist attacks in New York City and Washington, D.C.—to support our national and local work on behalf of the millions of Americans impacted by Hurricane Katrina.

The Fund will enable NMHA to continue to provide mental health information and resources to Katrina’s victims and responders, help affiliate staff in the affected regions cope with the aftermath and assist their communities, and respond to requests for mental health information and referrals through our National Resource Center. Donate online at www.nmha.org or contact NMHA’s Gift Office directly at 800-969-6642 or giftoffice@nmha.org.

Organizations Release “Roadmap”

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juvenile justice facilities instead of providing treatment; and the American economy has lost more than \$150 billion in productivity due to unaddressed mental health needs.”

The report provides 28 action steps as a mental healthcare reform “roadmap” for Congress and the administration to follow in transforming the system. These steps reflect the Campaign’s goals to make mental health a national priority, and to ensure that early access, recovery and quality in mental health services are the hallmarks of our nation’s mental health system.

Among the 28 steps are proposals to end discrimination by health insurance plans through enactment of parity legislation this year; to provide early identification and effective treatment for returning veterans at risk of post-traumatic stress disorders and their families; and to fund programs to divert people with mental illnesses who have committed nonviolent crimes into treatment programs instead of jails or prisons.

To download a copy of “Emergency Response: A Roadmap for Federal Action on America’s Mental Health Crisis,” visit www.nmha.org.

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

Cited reproductions, comments and suggestions are encouraged.

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Research Notes . . .

Researchers Link Malnutrition to Schizophrenia

Children born to severely malnourished women are twice as likely to develop schizophrenia, according to a study of a famine in China that occurred more than 40 years ago. The findings, published in the *Journal of the American Medical Association*, support evidence that environmental factors can trigger the illness. The study also supports the theory that schizophrenia is caused by a genetic predisposition influenced by environmental triggers that disturb the developing fetal brain - in this case, nutritional deficiencies. (*The Wall Street Journal/AP*, Aug. 3, 2005)

Talk Therapy Succeeds in Reducing Suicide Risk

A new study finds that talk therapy cut the risk of suicide attempts by almost half among 120 extremely suicidal patients, many of whom were already taking drugs for depression, according to a study published in the Aug. 3 issue of *The Journal*

of the American Medical Association. Over all, those who received cognitive therapy scored significantly lower on measures of depressive mood and hopelessness. (*The New York Times*, Aug. 9, 2005)

One Dose of Meth Can Cause Lasting Damage in Developing Fetuses

Just one dose of methamphetamine taken by a pregnant woman may induce fetal brain damage and increase the risk of long-term motor development problems, a study indicates. (Reuters Health, July 29, 2005)

Motivation to Succeed in Alcoholism Treatment Found Essential

In reviewing past clinical data related to alcoholism, researchers have concluded that the approach to treating alcoholism will not do much good unless the person in treatment is motivated to quit drinking. Researchers suggest that the therapeutic process should address motivation. The study was published in *BMC Public Health*. (Reuters Health, July 22, 2005)

NMHA "MIND Your Health" T-Shirts Now Available

National Mental Health Association



www.nmha.org

This 100% cotton t-shirt is screen printed with an original **National Mental Health Association** design and is available in both adult and youth sizes.

Pick up one for your team at your next fundraiser, or just one for yourself to wear proudly and show your support for mental health.

To order, visit
www.wearyourcause.com