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National Recovery Month

Prevention Works • Treatment is Effective • People Recover

september 2012

The Office of Consumer Affairs *focus*

PROMOTING CONSUMER INCLUSION AND NETWORKING
SUMMER 2012

Recovery Month & Wellness Week

September is National Recovery Month and National Wellness Week! The month is a great time to remember the importance of both in our lives-

In Recovery: "The goal is a high-quality, self-directed, satisfying life in the community for everyone. This life in the community includes health, a home, a purpose and community." (SAMHSA, 2012).

"Wellness is not a popular or exotic fad, but rather a philosophy of living that can help people live a more satisfying, productive, and happy life. Wellness offers a person a philosophy that supports healthy lifestyle habits that have positive effects on quality of life." (Swarbrick, 2012)

Read More on Page 4.



Photos from the National Botanical Gardens by Carol Coussons de Reyes



David Miller of the National Association of State Mental Health Program Directors (right)



Deborah Baldwin of Centers for Mental Health Services at the Substance Abuse Mental Health Service Administration (middle)



Justin Harding of the National Association of State Mental Health Program Directors (left)

Transformation Transfer Initiative from NASMHPD

Rights for Institutionalized Person's Act (CRIPA) suit.

Thom Bornemann, Director of the Carter Center Mental Health Program, addressed the states at the Transformation Transfer Initiative in Washington, DC, on July 9th, 2012. Nebraska was one of the states in attendance. He said that the Carter Center is known for its health projects around the world, like working to eradicate Guinea worm in other countries.

August 2008: Carter Center Mental Health Program gets involved in case against the state of Georgia

January 2009: Conditional Settlement reached between DOJ and Georgia

January 2010: A second suit addressing community services/Olmstead was filed.

October 2010: Settlement addressing second suite and finalize first suit

Rosalyn Carter leads a center dedicated to mental health at the Carter Center and it has given journalism fellowships to 125 mental health journalists so far. The folks at the Carter Center are working on the agenda of Integrated Care nationally. In Liberia, the Center is developing a mental health system and has trained 63 psychiatric nurses with the hope of training 21 more.

He said keys to the solution were Supportive Housing and Supportive Employment, Case Management and Care Coordination, Crisis Care and Transportation, Best and Promising Practice Treatments & Services, Public Information and Linkages, HOPE and Political will.

Thom shared details of the current Department of Justice (DOJ) Investigation into Georgia's Behavioral Health System. This is an outline of what he described:

By Carol Coussons de Reyes

January 2007: The Atlanta Journal and Constitution released news reports that revealed over 100 suspicious deaths in GA State Hospitals.

Fall 2007: DOJ investigates GA Hospitals and files Civil

Carol Coussons de Reyes (right) of the OCA and **Thom Bornemann (left)** of the Carter Center Mental Health Program (below)





Marla Augustine is a public information officer with the Nebraska Department of Health and Human Services, a consumer and mother of a consumer. She is standing next to a square of the quilt on display in the Division of Behavioral Health from 2012 Children's Mental Health Month sponsored by the Federation of Families.

National Alliance on Mental Illness Conference

The Supreme Court's decision on health care reform set the tone for the 2012 NAMI annual conference in Seattle in June. The decision mostly was met with jubilation by the 1700 people who attended. Now, nearly 50 million people have no health care coverage. Under health care reform, about 30 million people will gain access to health and mental health care through Medicaid or private insurance obtained through health insurance exchanges. NAMI said in a statement, "The Supreme Court's decision means that the American people can continue to move forward to build a health care system that covers everyone."

In a session called "Mental Health on the Campaign Trail," speakers urged individuals to be politically active when it comes to mental health. It's important to convey these messages to policy-makers: Protect mental health funding ("what's funded gets done"), expand access to mental health coverage (something that will happen with health care reform if resources are available), and ensure the effectiveness of mental health services. Darcy Gruttadaro from the NAMI Child and Adolescent Action Center said there is a critical shortage of children's mental health professionals, resulting in an increasing reliance on providers of primary care who aren't equipped to handle children's needs. Politicians should be made aware of this need so that financial incentives can be created, she said. There are several laws on the federal level that are pending and need support, like the Keeping All Students Safe Act (which would address restraint and seclusion at schools) and the Children's Mental Health Accessibility Act (which would provide a Medicaid waiver so that services can be provided to children at risk of residential treatment facility placement).

During the convention NAMI released its "Parity for Patriots" report on the mental health needs of military personnel, veterans and their families. It calls for military leadership to be held accountable for stigma and sui-

cide among the ranks and for Purple Hearts to be awarded for psychological wounds, like post-traumatic stress and other mental health injuries that result from hostile action during service. It said that "investment in the mental health of the active duty military, veterans and their families is integral to the cost of war. Early identification and military-informed care... can successfully return those who have served to full civilian life—and prevent escalating long-term costs of untreated mental disorders." The report called on federal and state leaders to ensure mental health parity for warriors and their families so that they can access mental health treatment when and where needed.

Retired Gen. Peter Chiarelli received the Distinguished Service Award from NAMI for his work in combatting suicides among soldiers. He established a study that will be long-term, looking at risk factors among suicides in the military. He said reducing suicides was his biggest challenge in his 40 years of service. Now he works for One Mind to establish a global network of partners to increase research on brain disease and promote the development of new drugs that can improve treatment.

In a session on how to get your loved one to get help, Dr. Mark Komrad, an assistant professor of psychiatry at the University of Maryland, said the first goal is an initial evaluation. He said choose the right time and place. Don't choose in the middle of the night, when someone is intoxicated, at a family gathering or special event, or during an argument or right afterward.

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Kathleen Sebelius (right) is the National Secretary of Health and Human Services. Her body guard generously snapped this photo for us at the airport in DC. Carol Cousins de Reyes (left).



Wellness Celebrates Your Success

Wellness can be defined by each person differently. We all have an idea of what it feels like to be “well” and can develop a wellness plan no matter how detailed the plan. It takes great courage to address all eight dimensions of wellness: Physical, Spiritual, Social, Intellectual, Emotional/Mental, Occupational, Environmental, and Financial. There are few people who can make progress on all eight dimensions at the same time. If we try to work on all eight at the same time we typically make progress on a couple of dimensions while we fall behind on one or two others. A trick that helps me is to work on one aspect that can be determined to fit in at least two dimensions of wellness at the same time. An example would be to take a college course. That class helps me work on: Socialization – I meet new people, Intellectual – I learn new skills, and Occupational – I improve my job skills. Sometimes we need to start smaller. When I am not feeling well I tend to isolate so one of the first things I do is call a friend or go to garage sales with my husband. Both of those things get me to Socialize so I can then work on other dimensions of wellness. What ideas can you think of? You are the only one who can build your wellness plan. Nobody can do it for you but they can assist you in utilizing your tools just like I mentioned my friend and my husband. Who are the people in your life that you can count on? No matter where you are at with your wellness plan you have achieved success by even starting the process. Celebrate your success!

By Marie Pyzer

Marie Pyzer is a Program Manager for Voices 4 Families in North Platte.

8 Dimensions of Wellness

According to SAMHSA Wellness has Eight Dimensions:

- Emotional– coping effectively with life and creating satisfying relationships
- Financial– satisfaction with current and future financial obligations
- Social– developing a sense of connection, belonging, and a well-developed support system
- Spiritual– expanding our sense of purpose and meaning in life
- Occupational– personal satisfaction and enrichment derived from one’s work
- Physical– recognizing one’s need for physical activity, diet, sleep, and nutrition
- Intellectual- recognizing creative abilities and finding ways to expand knowledge and skills
- Environmental– good health by occupying pleasant, stimulating environments that support well-being



To learn more visit: www.samhsa.gov/wellness



Brad Hoefs (left) new member of the State Mental Health Advisory Group and Sheri Dawson (right), Administrator of the Community Services Section of Nebraska's DBH.

The Hope Factor

One can easily lose hope when dealing with a mental health issue. Feeling hopeless is a common experience not only for those of us who have experienced mental health difficulties but also for our loved ones. Losing hope strikes right at the core of our will to live. And this "thief of hope" leaves us "feeling" empty and void of any reason for moving forward.

Not only have I experienced this myself, but also as a group facilitator I have seen it over and over. It has brought me to this conclusion: hope is not a feeling. Rather, hope is a decision. And when we choose to have hope, in spite of how we "feel", our feelings will follow. Therefore, there are times I choose to have hope despite what my circumstances look like, much less how hopeless I might feel.

Each of us must decide in whom or what we place our hope. For me, my hope is in the Lord. I see him as loving, kind, gracious and merciful. He has never let me down and is always with me. So, I choose hope because of his faithfulness, not because of my circumstances or my feelings. For me, I know I can count on him working all things out for my good.

If you are feeling hopeless I encourage you to make a decision of your will on have hope in spite of your feelings or circumstances. Place your hope in someone or something outside of yourself and your feelings will follow. I call it the "hope factor"; having hope no matter what! By Brad Hoefs

National Alliance on Mental Illness Conference (Continued from Page 3)

Do prepare the way by designating a special time in advance, ask to be listened to and taken seriously, and find a place that is emotionally neutral. In an empathetic way acknowledge that the situation is uncomfortable, state that it is important to you to preserve your relationship, and then listen uncritically. Be prepared to tolerate anger without getting defensive, allow for mixed feelings, recognize the pain or dysfunction involved, and deploy love and concern up front. Describe thoughts, feelings and behaviors by using "I" and "me" statements. You can ask for an evaluation as a gift to you. You could pitch the evaluation as a one-time event, offer to make an appointment, ask if you can go along, even just to sit in the waiting room, and offer to pay. Use all the allies you have—family, friends, primary care provider, clergy, support group, a mental health provider. Although a mental health care provider can't talk to you about your loved one, you can tell him/her about the situation. Dr. Komrad provides more information in a book released in August called "You Need Help!"

The NAMI conference was worth the trip. The next one will be held next year June 27-30 in San Antonio.

Marla Augustine



Scott Weinstein (left) of the Office of the National Coordinator, Jodi Daniel (middle) of the Office of the National Coordinator, and Michael Lariere (right) of the National Council.

The BHIT Roundtable

The Behavioral Health Information Technology (BHIT) Roundtable took place at the Humphrey Building of the US Department of Health and Human Services in Washington, DC on July 24, 2012 and Nebraska was in attendance. There were several presentations delivered and the group then commented on a series of questions presented by the **Office of the National Coordinator for Health Information Technology (ONC)**. **Jodi Daniel**, Director of the Office of Policy and Planning at the ONC facilitated much of the meeting. **Michael Lariere** presented on Behavioral Health Organizations Adoption of Health Information Technology and Readiness for Meaningful Use, a 2012 survey. **Scott Weinstein** presented on BH Data Segmentation for Privacy.

The group was charged to answer the following questions:

- Identify Priorities for: Care Coordination, Patient and Family Engagement, and Medication Management and other categories not mentioned.
- What Health Information Technology (HIT) capabilities do behavioral health providers need to better support integration across care settings?
- What HIT capabilities do behavioral health care providers need in order to support current care practices? To support person-centered approaches to

care?

- How do proposed State 2 Meaningful Use (MU) Criteria, and related standards align with the range of behavioral health and primary care provider's needs?
- What else might behavioral health providers need that is not covered by current criteria and standards?

It was a day of robust dialogue. I mostly remember the comments that I made-

First, individual people need to have full access to their medical record. Currently, if a person is being withheld access to their behavioral health records the only recourse they have is to contact the Office for Civil Rights with the Department of Health and Human Services. We need rapid, speedy, timely access to records.

Second, people in the community need to have education on topics related to health information technology so that they are able to access the information and understand the decisions currently being made in the US for them on topics they may not even understand. The comments from the day will be placed into a white paper or summary document.

By Carol Coussons de Reyes

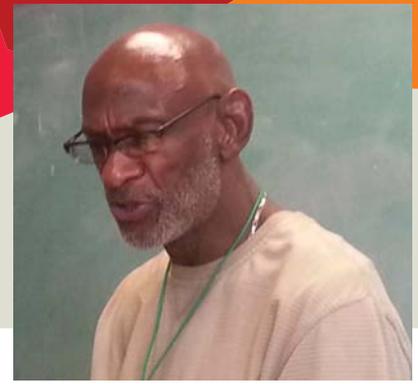


Tree Dedication at Lincoln Regional Center by Dan Powers

The Lincoln Regional Center dedicated a tree in my honor on Arbor Day because of my work on a National Memorial to those who have been buried at state hospitals in unmarked or numbered graves. First diagnosed with bipolar illness in 1979, I spent many years in denial, but eventually came to accept that I had a mental illness. I have had the benefit of strong family support and the services of many skilled professionals. The keys to my recovery were the insight given by those professionals and the love of my family. In 1991 I was hired as a consumer liaison in the Department of Public Institutions which later became the Department of Health and Human Services, Division of Behavioral Health. I have worked in the Office of Consumer Affairs since it was created by LB1083 in 2004.



Larry Fricks of Appalachian Consulting and Mark Baker, Consumer Advocate of DBHDD (left), Charles Willis (right) delivering whole health presentation.



2012 Working Towards Wellness Through Coaching Conference

Larry Fricks gave a presentation at the 2012 Working Towards Wellness Through Coaching in St. Simons, GA on Whole Health Action Management. He reported 10 Whole Health and Resiliency Factors:

- Stress Management
- Healthy Eating
- Physical Exercise
- Restful Sleep
- Service to Others
- Support Network
- Optimism Based on Positive Expectations
- Cognitive Skills to Avoid Negative Thinking
- Spiritual Beliefs and Practices
- A Sense of Meaning and Purpose



These are the factors that the Whole Health Action Management (WHAM) Training is based on. After the training a person will understand how to engage in person centered planning to identify strengths and supports in the 10 whole health resiliency factors, write a whole health goal, create a weekly action plan, participate in WHAM peer support groups, elicit the relaxation response to manage stress, and engage in cognitive skills to avoid negative thinking.

Lori Hack of Magellan is planning a Whole Health Training in Nebraska on October 9th and 10th. To learn more-contact her at 402-437-4220.

Recovery, more than just treatment

When we think of recovery what do we think of? Is it medication, therapy, or even residential care? Are these just small pieces of the puzzle? Recovery is about wellness, the well-being of the person or family. While medications and therapy can be a piece of the recovery process, they do not create the well-being of the person.

Often when I have done clinical consultation, I hear a long list of treatments and therapies that a child or family has been through. I then will ask, "What else do they have to help them feel good about themselves. What are they besides their treatment?"

Each person needs to identify for themselves what recovery is for them. It may be the ability to work again, or attend school. For a child it may mean returning home from foster care. Helping someone identify what recovery looks like for them can be helpful. What are their dreams, what steps can they take to achieve them? Does a parent need respite so they can be rested and not stressed? What activities can help develop coping skills and help someone feel good about themselves? For children it can be normal experiences so they can feel like a kid. Recovery can be all of those things, sometimes more, some times less. It's just not all about treatment, it's about the pieces of life and how that can help heal and make life better and richer. WRAP (Wellness Recovery Action Plan) plans are a great plan to work with individuals and families to identify those wellness pieces. Recovery can and does happen, one piece at a time.

By Cathy M. Johnson, LMHP. Cathy has worked as a Consumer and Family Advocate, helping to insure consumers received services and access to needed resources. In addition, she has work in private practice, and in the Child Welfare system. She is currently a Program Specialist with the Protection and Safety Division with the Department of Health and Human Services. Her most rewarding experience is as a wife and parenting her 6 children, including a child with special needs.

