

STATE DHR EXECS VISIT ATHENS



Skinner, Tellefson and Kidd

A small but mighty group of local citizens turned out on Monday, September 11th, to meet with state Department of Human Resources Commissioner, B. J. Walker and Mental Health Division Director, Gwen Skinner at the Central Presbyterian Church in Athens. The local chapter of the National Alliance on Mental Illness (NAMI), at the request of State DHR Representatives, coordinated the meeting, which was the third in a series of town meetings around the state.

Advocate groups from NAMI and the Mental Health Association of Northeast Georgia (MHA), staff from Advantage Behavioral Health System (ABHS), including CEO, Terry Tellefson, board members from the Community Service Board (CSB), as well as, several consumers of mental health services and consumer family members asked questions for almost two hours. Jane Kidd, from District 115, represented her constituents.

The tone of the meeting was friendly enough, but the greatest concern of the group, as always, is state budget cuts for mental health programs. The state contends that the budget has not been cut; the dollars have merely been rearranged. Since these were the same answers provided to a similar group that met in Warner Robins on September 3rd, one has to wonder, who DID receive these rearranged dollars, and were the clients rearranged with those dollars? The audience queried about Governor Perdue's claim to have a budget surplus of \$500 million dollars, but was advised that those dollars were part of a political campaign and this team of bureaucrats is not involved in politics. True enough, I'm sure, but one wonders, if our DHR public servants should not be asking our legislators for additional dollars instead of "rearranging" the dollars that appear to have been inadequate in the first place.

Two hours flew by with discussions about the budget and comments from the audience regarding the lack of public assistance to help with pharmaceutical expenses and long term care for chronically mentally ill. The directors did not address these important topics, nor did they address the mentally ill in jails, and the elimination of day treatment programs.

While we all applaud the efforts of these women to try to utilize the dollars more efficiently and move Georgia from the bottom of the list to the top, many of us left the meeting feeling that our concerns were not addressed. But then again, the current administration at least listens to us and appears to be trying to help. I guess we could do a lot worse.



McLean and Walker

MENTAL HEALTH COURT VS. INCARCERATION.... SOME INTERESTING FACTS

We reported in our Summer newsletter that Athens–Clarke County applied for a federal grant to fund the planning and implementation of a Mental Health Court for our Superior Court District. The grant was awarded to the city of Savannah and our court officials and mental health professionals are pursuing other avenues to find ways to fund this endeavor. In light of a recently released report for the U. S. Department of Justice (DOJ), it seems more important than ever.

The DOJ study found that persons with mental illness were incarcerated at the following rates:

Local Jails	64%
State Prisons	56%
Federal Prisons	45%

These percentages, once estimated at 20% of the prison population have been climbing steadily when people with mental illness were released from state institutions in the 1960s with the promise of receiving community treatment instead. Unfortunately, our community facilities do not have nearly enough resources from the federal and state governments to provide services to these individuals. Hence, the mentally ill wind up back in the criminal justice system instead of receiving treatment in the communities from which they come.

Georgia received a grade of “D” and was ranked 43rd out of 50 states in the nation for the lowest state funding allocated to Mental Health. Perhaps this is something we should be talking with our legislators and would-be legislators prior to elections in November.

THINGS YOU DIDN'T KNOW ABOUT MENTAL ILLNESS AWARENESS WEEK.

Mental Illness Awareness Week is an annual, national observance that was created by a Presidential proclamation in 1990 to focus attention on the high incidence of mental illness in America. This year’s theme, “Building Community/Taking Action,” reflects the goals to increase awareness, decrease stigma and provide stronger community support for Mental Health. This annual observance, sponsored by The National Alliance on Mental Illness, provides an opportunity for evoking change in the Nation’s mental health service delivery system through grassroots commitment and action. Activities during Mental Illness Awareness Week reach out to the media, schools, libraries, houses of worship, and State Capitols. The purpose of the observance is to educate the public about mental illness and to reduce the stigma that motivates society to discriminate against people with mental illness. As underscored by the U.S. Surgeon General’s 1999 landmark report on mental health, the stigma that surrounds mental illness often prevents people from seeking treatment, due to fear of ridicule and rejection. This observance encourages people with mental illness and their families to seek treatment for mental health problems with the same urgency as they seek treatment for physical health problems. It also provides a national platform to educate health care providers and the general public about the stigma and resulting negative consequences that surround mental illness. The Peer Support Group of Advantage Behavioral Health Systems planned a number of activities for the week. Inserts were mailed to the local churches for inclusion in their weekly programs. Several people were present at local libraries to answer questions and pass out material and news releases were sent out to all the local papers. The week’s events concluded with a candlelight vigil at Memorial Park in Athens on Friday October 6th.

AND YOU THOUGHT BRANDING WAS JUST FOR COWS!

We're changing our brand on November 16, 2006!

The National Mental Health Association (NMHA) has embarked on an initiative that will make our organization more visible to the public, donors and other key stakeholders. This initiative is referred to as 'branding' as it entails changing the name of the organization and obtaining a trademark for that name. The new name will be Mental Health America, retaining the MHA acronym and the Bell symbol as the key elements of the new logo.

When the name "National Mental Health Association" was adopted, and copyrighted, in 1979, the name Mental Health Association was not. Consequently, there are many groups using the name Mental Health Association that have dropped their affiliation with the national organization, or never were affiliated. At present, the NMHA can do nothing to prevent any group from using MHA.

Adding to the confusion, existing affiliates of NMHA use a variety of names such as Mental Health Association of XYZ, Mental Health Association in XYZ, XYZ Association of Mental Health, XYZ Mental Health Association, Mental Health Alliance of XYZ, and XYZ Advocacy and Mental Health Association.

The branding initiative is aimed at uniting the organization with its affiliates, and strengthening our collective impact by rectifying some unintended issues, such as:

- Currently, it is perfectly legal for ANY group to use the name Mental Health Association, whether the philosophy of our organization concurs with that group or not. Outside parties understandably can not distinguish a difference, which can attach any number of undesirable perspectives to our organization.
- While NMHA is extremely successful in gaining media coverage (13 billion media impressions annually), the benefit of this exposure is not fully realized by affiliates because they use a different name. Similarly, the general public does not intuitively connect the public policy and programmatic successes of the national office with its affiliates, and vice versa.
- Inconsistent names impede our ability to be perceived as a national movement. (Contrast, for example, the national recognition of American Red Cross and Salvation Army, which use a uniform name nationwide.)

Understandably, the most frequently registered concern about changing our name is the possibility of losing the history associated with the MHA and the bell. It has been argued that NMHA has a long and storied "tradition" to uphold. The reality is, that over the years, NMHA has gone by many names. When Clifford Beers began the organization in 1909, it was called the Committee for Mental Hygiene. In 1950, we became the National Association for Mental Health, and since 1979, the organization has used the name National Mental Health Association, with affiliates using multiple variations already mentioned.

The Board of Directors of MHA of NEGA has voted to adopt the new name and make the transition with the national organization on November 16, 2006. We believe that the rollout of our new 'brand' will make us more visible in our local communities and help us achieve our goal of greater visibility nationwide. We believe it's time for a change, while retaining our impressive history and the powerful image of our Bell. We believe our name should fully represent the unity and cohesive force our organization brings to the mental health movement.

WE WANT YOU BACK!

What does it take to get someone inspired to participate with an organization? This is the question our Board of Directors and Executive Director have been asking since our last membership drive. Very few of our established members renewed their memberships and we received only one new member. Those of us who've been around awhile can remember when the general public used to whisper about cancer, and now causes supporting cures and research abound. We long for mental illness to reach that point! Meanwhile, the MHA needs your help. We need your membership. We need your advocacy.

The branding initiative discussed earlier in this publication is the first step in reinventing ourselves and starting the journey to Make Mental Health Matter. Not just to those who have a mental illness or a family member or loved one with an illness but the community at large needs to get involved. If our programs are not successful and state and federal funding continues to be cut, services provided to the indigent population will cease and those with an illness will wind up on the streets for local government to deal with. These individuals will not get the treatment they need and will become yet another burden on society. The saddest part of all is that mental illnesses are treatable. The treatments are available, now.

Won't you please consider contributing to the betterment of our community's mental health? Some of the volunteer opportunities available in our area now at Advantage Behavioral Health Systems and MHA of NEGA are featured on page 5.

(See **VOLUNTEERING** page 5)

REMODELING NOT ENOUGH FOR THE MENTALLY ILL

The following article was submitted to the Macon Telegraph on September 26, 2006 following the town meeting with Commissioner Walker and Director Skinner. While it pertains to Middle Georgia, the information applies to all counties in Georgia.

DHR Commissioner B. J. Walker in a recent article to The Telegraph likened the changes taking place in the public mental health care system to a house being remodeled, with predictions that the finished product will be better than what we have now, despite the interim dust and mess that the changes will bring about.

The mainstay of the public mental health care system now rests with 26 Community Service Boards (CSBs) located around our state. These agencies provide care to the uninsured and Medicaid population. Funds to pay for this care come from the federal and state governments in the form of grant-in-aid and Medicaid payments. Now these community-based services are facing a gathering tide of negative forces, which are adversely impacting this system of care delivery, and perhaps its very existence.

Twenty percent of the grant-in-aid monies were taken from the CSBs last fiscal year and made available to other potential providers to create competition and patient's choice. However, this course ignores the reason this system was put in place initially: To make services available where there were none to a population that private providers did not seek to treat.

Now comes Care Management Organizations, better known as managed care communities that are publicly traded companies expected to make a profit for their shareholders. The CMOs have contracted with the state of Georgia for a defined amount of money to manage this health care. The way to do that is to deny or ration services, or reduce the amount paid to providers who already are paid low fees for their services. (Continued on page 5)

VOLUNTEERING OPPORTUNITIES

ADULT MENTAL HEALTH SERVICES

- Serving as a client advocate in the Clarke County Mental Health Clinic. This individual sits at a desk in the client lobby and serves as the contact person when clients have questions. Responsibilities include assisting clients with paperwork, keeping clients informed as to wait time for their clinician/psychiatrist, providing verbal and written information on various ABHS services and informing staff if assistance is needed. A minimum commitment of two hours a week is required and the schedule is flexible.
- Greeting clients and assisting them with paperwork in Barrow, Walton, and Jackson Counties.

CHILD AND ADOLESCENT SERVICES

- Overseeing children in waiting room while parents see clinicians at the Clarke County Clinic.
- There are office management needs such as shredding, filing, and putting together charts. The Child and Adolescent Department often has projects such as quarterly meetings or big meetings such as a Spring Fling that involve organizing materials and carrying out tasks related to these projects.

ADDICTIVE DISEASE SERVICES

- Sitting in on groups and assisting leader at the Women's Intensive Outpatient Program. Groups are run Monday through Friday from 8:30 – 3:00. The volunteer will sit in on the group and help by letting the group leader know the needs of the group members. Group topics include self-worth, self-esteem, stress management, anger management, and 12-step book study.

- Accompanying clients to various activities in afternoon. This might include going to the park, to the movies, to the library, or shopping among other activities.
- Providing assistance to clients teaching them how to interact with their children and how to perform activities of daily living such as preparing a healthy meal.
- Bringing client to see our physician and staying with the client until the visit is complete. Answering the phone.

WOMEN'S SERVICES

- Watching children from 1pm - 2:30pm and 7pm - 8:30pm
- Organizing client charts in residence.
- Helping children with homework.

DEVELOPMENTAL DISABILITIES

DD Residential Services serves individuals who live in their own homes and who live with paid caregivers. Many times, the only people that “hang out” with the people we serve are paid caregivers. We would enjoy working with volunteers who just wanted to make new friends and have a good time enjoying their communities. Evenings and weekends are preferred.

MHA SOCIAL CLUB

Volunteering on Tuesday evenings to the planned activity for that program which may include cooking, mentoring, helping with refreshments, accompanying clients to movies, and assisting with positive interactions.

If you are interested in any of these opportunities, please email Betsy Stewart at estewart@advantagebhs.org or Erin Barton at office@fightthestigma.com

(MACON TELEGRAPH *continued*)

State hospitals are being closed and the public is being told the money is following the consumer to the community. The CSB of Middle Georgia has closed four adult group homes and will close the remaining two adolescent group homes on Dec. 30 because the funding for the facilities was taken from the budget. What will happen to the chronically mentally ill when all hospitals and community residential programs are gone?

The house, Commissioner Walker, is not being remodeled. It is slowly crashing around our collective heads. The patients who have been receiving these services will reappear as inmates in prison, homeless on the streets, or worse. This will be catastrophic for families and their loved ones who now receive care and function very well in our society.

Article submitted by Louis Jacobs, MD, a resident of Milledgeville and Karen Core from Dublin.

WWW.FIGHTTHESTIGMA.COM

- NAMI Athens Family Support Group meets the 2nd Monday of each month at 7:30 pm at Central Presbyterian Church in Athens.

NAMI

- Social Club Christmas Party
December 12, 2006

- Social Club Thanksgiving Party
November 21, 2006

Social Club

- Regular Board meetings are held the 3rd Monday of each month.
Mental Health Benefit
February 3-10, 2007

Mental Health Association

UP COMING EVENTS

NEW MEMBER/MEMBER RENEWAL FORM

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

\$10.00 Student

\$20.00 Individual

\$30.00 Family

\$100.00 Associate

\$250.00 Corporate

\$500.00 Lifetime Individual

\$ _____ Charitable Contribution

Please fill out the attached
renewal form, enclose
check or money order, and
mail to the Mental Health
Association of Northeast
Georgia, PO Box 6384
Athens, GA 30604 or call
706-549-7888



THE MENTAL HEALTH ASSOCIATION OF NORTHEAST GEORGIA

“Cast from the shackles which bound them, the bell shall ring out hope for the mentally ill and victory over mental illness.”

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