

MENTAL HEALTH AMERICA OF NORTHEAST GEORGIA presents

The 17th Annual Mental Health Benefit



SUPPORT THE 17TH MENTAL HEALTH BENEFIT 2007 • FEB 3-10, 2007 • FIGHTTHESTIGMA.COM
MUSIC AT 40 WATT • ART SHOW AT FRAMEWORKS • ART AUCTION AT MICHAEL BROS BUILDING

DONATE ART FOR SHOW & AUCTION



'Ring the Bell' artwork, shown above, generously designed and donated by Michael Lachowski at Candy.

The Board of Directors and Staff of Mental Health America of NE Georgia have been preparing for the 17th Annual Benefit to be held February 3 - February 10, 2007.

The opening reception will be held at Clayton Street Gallery located upstairs from **Frameworks** at 351 E. Clayton Street on Saturday evening (February 3) from 6:00 - 8:00 pm. You are invited to join us for refreshments while previewing the art.

The art will be auctioned the following Saturday evening (February 10) across the street on the third floor of the old Michael Brothers building at 320 E. Clayton Street. Admission is free and refreshments will be sold at the event.

This years music venue at the **40 Watt Club** is planned for Friday night (February 9). Details will be provided closer to the event on our website, and in the newspaper.

Thank You in advance for your support!!
For more information call our office (706) 549-7888.

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MCKILLIP SHOWS UP!

Rep. Doug McKillip (District 115) attended a mental health press conference on the steps of the Capitol on Tuesday, January 26, 2007. The conference focused on the recent controversy that the Atlanta Journal Constitution highlighted during a series of investigative reports. The Mental Health Services Coalition, an advocacy group which sponsored the press conference, wanted to impress upon the legislators that these issues are pertaining to funding or rather, the lack of it, that created these crisis situations. Mental health care has been the victim of budget slashes for years as the federal and state governments continue to try and make this a problem of local communities and the criminal justice system. Kudos to our newest representative for showing up!



REP. MCKILLIP

OPERATION HEALTHY REUNIONS

MHA is proud to champion Operation Healthy Reunions, a first-of-its-kind program that provides education and helps to bust the stigma of mental health issues among soldiers, their families, and medical staff to ensure that a greater number of military families receive the prompt and high-quality care they deserve.

In partnership with the leading military organizations, MHA distributes educational materials on such topics as reuniting with your spouse and children, adjusting after war, depression, and post-traumatic stress disorder (PTSD).

THE FACTS

- Mental disorders reported in more than 26% of returning soldiers from Iraq and Afghanistan (Government Accountability Office)
- 1 in 6 troops from Iraq met the screening criteria for major depression, generalized anxiety disorder or PTSD (Department of Defense)
- There is a sharp rise in divorce rates for military personnel: a 28% increase last year, and a 53% increase since 2000 (USA Today)
- About 1/3 of the adult homeless population has served their country in the Armed Services (Department of Veterans Affairs)
- The Army National Guard, Army Reserve and Marine Corps Reserve accounted for more than half of all U.S. deaths in August and in September of 2005, according to Pentagon figures. In sum, reservists have accounted for one-quarter of all U.S. deaths since the Iraq war began, and the proportion has grown over time.
- At present, of the approximately 152,000 U.S. troops in Iraq, about half are reservists.
- More than one in four U.S. troops have come home from the Iraq war with health problems that require medical or mental health treatment, according to the Pentagon's first detailed screening of servicemembers leaving a war zone.
- Almost 1,700 servicemembers returning from the war this year said they harbored thoughts of hurting themselves or that they would be better off dead. More than 250 said they had such thoughts "a lot."

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In Italy doctors are using soccer as a treatment for schizophrenia & depression.

Contact us @ 706-549-7888 or office@fightthestigma.com

Do you or someone you know have a story or idea they would like to share? We'd love to hear about it!

we want to hear from you



(OPERATION HEALTHY REUNION... CONTINUED)

- Nearly 20,000 reported nightmares or unwanted war recollections; more than 3,700 said they had concerns that they might "hurt or lose control" with someone else. (Army Center for Health Promotion and Preventive Medicine)

MORE INFORMATION

Mental Health America has several resources available to help you and your family deal with a military homecoming.

For more information, contact **Mental Health America** at 800-969-6642, or go online:

<http://www.mentalhealthamerica.net/reunions/resources.cfm>

Help us help others by helping us: Spread The Word!

WE ARE LOOKING FOR INPUT FROM YOU, OUR MEMBERS.....

- DO YOU LIKE THE INFORMATION PROVIDED IN OUR NEWSLETTER?**
- WOULD YOU LIKE TO SEE ANYTHING DIFFERENT?**
- ARE THERE ANY TOPICS WHICH YOU WOULD LIKE TO SEE COVERED IN MORE DEPTH?**
- ALL COMMENTS ARE WELCOME!!**



We want real life stories from consumers, family members, mental healthcare providers, and friends.

Together we can fight the stigma by putting a face, or story, to the name, that name being mental illness. With each story we circulate we are reducing the stigma by humanizing the victims of mental illness.

Stories can be mailed to MHANEGA, PO Box 6384, Athens GA 30604, or by email: office@fightthestigma.com

OUR MENTAL HEALTH SYSTEM HAS FAILED GEORGIA'S MENTAL HEALTH CONSUMERS AND WITH A NEW CONGRESSIONAL SESSION JUST BEGINNING.....

NOW is the time to **ACT!!**

Go online and let your representatives know how you feel:

Go to the following link to find your Senator:

http://www.legis.state.ga.us/legis/2007_08/senate/metromap.htm

Click on the map where you live in the county.

Go to the following link to find your Representative:

<http://www.congress.org/congressorg/state/main/?state=GA>

Enter your zip code and click the arrow.

LEGISLATIVE ALERTS!

Mental Health 2007 Legislative Priorities

FEDERAL SUPPORT

Mental Health Parity

Millions of Americans with mental illnesses do not have equal access to health insurance. Plans discriminate against these people by limiting mental health and substance abuse healthcare by imposing lower annual and lifetime spending caps.

This year in the Senate, Senators Pete Domenici, (R), and Edward Kennedy, (D), who sponsored parity legislation in the last Congress, continue to work on this issue. Both Senators plan to reintroduce a new parity bill to this year's agenda.

Please continue to follow this issue. MHA of Georgia will update our organization on any parity bills that are introduced.

STATE SUPPORT

Mental Health Parity for State Employees

To date, 34 states have made some form of mental health parity into law. This includes the state of Georgia. However, several of these bills failed to bring full parity and still discriminate against a number of mental health diagnoses for both children and adults.

This year a new bill for mental health parity will be introduced. This will be a comprehensive bill, but is limited to the state employees.

Support of this bill will allow the state to collect data and compare the results of state employees who can seek mental health treatment without restrictions. This is a positive step in bringing comprehensive mental health parity to all Georgians, not just state employees.

Advance Directives for Mental Health

All people need and want to take responsibility for their own health care needs and this includes mental health. Consumers want their choices to be heard and respected. Advanced Directives will allow mental health consumers to make these choices before they become too ill and need others to step in and become responsible. Developing a crisis plan is the way to ensure your voice is heard.

(Continued on page 5)

Mental Health Ombudsman

In 1990, a mental health ombudsman bill passed both the House and the Senate and was signed into law. However, this bill was passed without the funding necessary to allow the bill to implement the program.

Mental health consumers, families, and advocates have continued to look at how to bring a mental health ombudsman program into Georgia. Many states across the country have recognized this important need, and many states have mental health ombudsman programs in place. Each state is unique in how the program was started and implemented. What is consistent is the growing need to have a special program to address the needs of mental health consumers, of all ages, and in all settings, to ensure each concern/complaint is addressed on an individual basis.

Financial support of this program is essential. To ensure its success and continued growth this program needs to start as a pilot project, in a limited region. This will allow the program to gather the data needed to grow the Mental Health Ombudsman across Georgia. To avoid any perceived conflict of interest, this program needs to be housed outside of any state agency.

Contributed by Ellyn Jeager, [Mental Health America of Georgia](#)

Return Dignity To Failed System

(published in Atlanta Journal Constitution on January 16, 2007)

By MICHAEL J. FITZPATRICK

Only one nurse or attendant for 50 patients. One hundred fifteen deaths in five years. The scandal that is today rocking Georgia and its seven state hospitals is unfortunately part of a national tragedy, in which a presidential commission has called our mental health care system a "system in shambles." But Georgia can do better and bring dignity to those lost lives by taking specific, immediate actions.

Conditions in Georgia's state hospitals are part of broader deficiencies in the state. In 2006, the first comprehensive surveys of state mental health care in 15 years gave the state a D overall. By comparison, South Carolina received a B and Tennessee a C. Georgia ranks only 44th in the nation in per capita spending on mental health care.

Change is needed. That includes smarter, better investment by the state Legislature. As Georgians have learned, it is a matter of life and death. As a first step, the state must immediately ensure the safety of every person in the state hospital system. That includes focused case evaluations, effective monitoring, and more staff with better training. Hospitals are an essential part of the continuum of care for people with serious mental illnesses and they must deliver humane, high quality treatment.

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MY NAME IS KATHY

Written by Kathy Consumer

(Edited by Jean Hornbuckle)

I will try to make this long story as short as possible. I was diagnosed with Bi-Polar Disorder at the age of twenty-nine. I had been a regular person in society at one time. Then I had jobs, lost jobs, had jobs, and been fired from jobs. I have been hospitalized at least eleven times. I have gone through denial and even thought I was an alcoholic.

I did not come to realize how sick I really could be until age forty-one, after the birth of my son, when I had post-partum psychosis. I had severe hallucinations and heard voices. At one time, I thought there were witches downtown. A lot of people failed me when I needed them most. My OB/GYN failed me, and the state failed me. The case workers failed me in another town. DFCS took my child from me. I lost a lot of possessions, my credit, my clothes (my landlady was ready to burn what was left of them), and my cars, but the two most important things I lost were my son and my beloved Kitty.

The state hospitals I was in were horrible. The methods they use are archaic. I was let out on the street, sick and without a home, with pills in unmarked containers, riding a Greyhound/Trailways bus to Athens. The hospital did not even mention

(continued on page 7)

“Return Dignity...” continued from page 5)

Second, a permanent, independent oversight body must be created with broad powers to investigate mental health facilities and take action on abuse, neglect or other allegations of harm. “Ombudsman” programs of this nature already protect many older Americans in long-term care facilities and nursing homes. People with serious mental illnesses deserve the same.

Third, Georgia must invest in community-based services that can prevent or reduce the number of hospitalizations. At minimum, they must include assertive community treatment, crisis stabilization, and supported housing programs. With ACT, for example, psychiatrists and other professionals reach out to individuals where they live, whether on the streets or in isolated apartments. Supported housing provides stable home environments that also avoid repeated hospitalizations or homelessness.

Fourth, Georgia must pass a mental health parity law, such as those now enacted in more than 40 other states — in which private insurance plans are required to cover mental illness equally as other medical illnesses.

Call it “Sarah’s Law,” in memory of Sarah Crider, the 14-year-old girl who died, neglected in a state hospital because her family’s private insurance had run out. The failure of private insurance to cover mental illness ultimately costs taxpayer dollars and is unfair to everyone.

Ironically, Georgia has the potential to become a national leader in mental health care, if only it marshals its resources. The Carter Center in Atlanta is already a force for change nationally. Former U.S. Surgeon General David Satcher, who issued the landmark Surgeon General’s report on mental health, teaches at Morehouse College of Medicine, continuing to serve as a beacon to underserved communities.

Despite its faults, Georgia also has been a pioneer in providing statewide training to police who often respond to people in psychiatric crisis. It also was the first state to provide Medicaid funding for peer support for people in treatment for serious mental illnesses.

The question now is whether the state will move forward and eliminate conditions that have led to tragic loss of life. With the General Assembly opening last week, now is the time to respond.

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Mental Health America
of Northeast Georgia

a Special Thanks to

**WAYNE
PUGH**

*for his years of
dedication and
service.*

DiD YOU kNOW?

WE'RE MOVING!

Our new office will be in the Advantage building at 250 North Avenue.

UPCOMING EVENTS

Benefit & Art Auction

FEB. 3RD **OPENING RECEPTION @ CLAYTON STREET GALLERIES 6-8PM**

FEB. 9TH **MUSIC EVENT @ 40WATT**

FEB. 10TH **ART AUCTION @ MICHAEL BROTHERS BUILDING 6PM-UNTIL...**

legislative

FEB. 15TH **MENTAL HEALTH DAY @ THE CAPITOL**

(MY NAME IS KATHY... continued from page 5)

Advantage to me. I did not even know what had just transpired in the four different hospitals I was in after my child was born.

On New Year's Eve of 2002, I hadn't seen my son since September. The next thing I knew I was in the Salvation Army church, crying my eyes out. The year ahead proved just how sick I was. I went through being in jail for stealing, trespassing, and simple assault because voices were telling me what to do. Then I was again hospitalized yet another few months because I didn't have any idea what I was supposed to do. I was in jail for three months and in the hospital for at least four months. While I was in jail and in the hospital, I missed my son's first birthday, his first Christmas, bathing him, bonding with him, and his first tooth. I was on probation for two years, thanks to a great public defender, and I was sick and scared. I was also barred from downtown and from Wal-Mart and the Waffle Houses. Even Advantage didn't realize at first how sick I really was.

Unfortunately, my son is still not in my custody, but I have learned to cope with the skills I have learned. The state hospitals are scary to people because we get treated without dignity and respect and the people that attend to us are really not qualified to take care of the needs of the mentally ill, when all it takes sometimes are kindness and respect. Yet funding is being cut. Mentally ill people are living under bridges, and we feel helpless. We think we can't help, but we can. I am now at the point in my life to do some real advocacy work. I see my son, but not as much as I'd like to, and he's growing. I try to dismiss the past and look forward, but really I can't because I'd be unable to help others. It's hard, though, and without the grace of the Lord and Jesus and the help of some truly wonderful counselors at day treatment, I don't know what I would have done.

Please don't let others suffer; they may not be as strong as I am. And please get involved, even if it's just for an hour or two once or twice a month. We can do great things for some really great people, who perhaps, are not as lucky and may not have been blessed, as we are, with good jobs, nice homes, children, families, and friends. We never know what tomorrow may bring our way. Help us do the best for the mentally ill; they deserve it.

Thank You To Our New And Renewing Members In 3rd and 4th Quarter 2006

Mr. Ira Aaron
Dr. Charles Bracher, Sr.
Ms. Marva Cheapoo
Ms. April Coombs
Dr. and Mrs. John Davis
Dr. and Mrs. William Edwards
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Dr. Mary Erlanger, Ph. D.
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Mrs. Shirley Segars
Ms. Lois Shenkel
Mr. Terry Tellefson
Dr. and Mrs. Arvid Vasenden
Mr. Hubert Whitlow
Ms. Laurie Wilburn



MENTAL HEALTH AMERICA OF NORTHEAST GEORGIA
(formerly 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."

www.fightthestigma.com

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