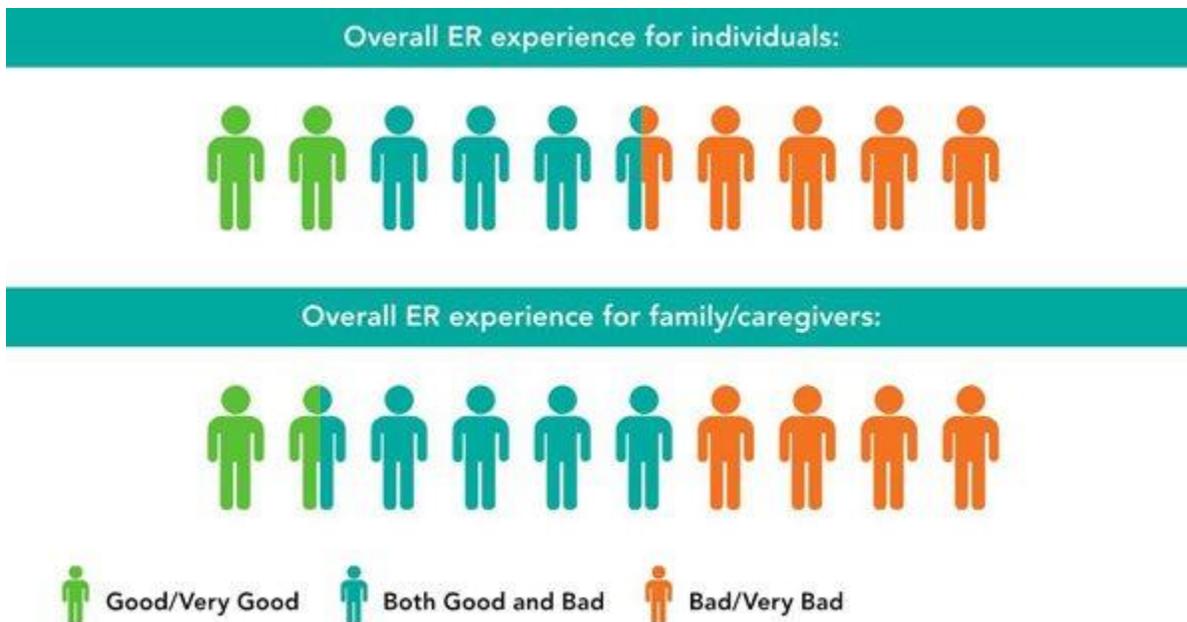


Compassionate Care in the Emergency Room



The Agency for Healthcare Research and Quality reported that mental health and substance abuse cases accounted for 1 in 8 Emergency Room (ER) visits in the United States in 2010. However, ER nurses and doctors have less training in psychiatric emergencies than they do in broken legs and chest pain. [In the ER](#) an individual in distress often experiences a long wait time without mental health treatment. One person said, "[sitting in] the waiting area [when you are in crisis](#) is the most difficult part. Until you are taken back to a

room, it can be very difficult to cope with all of the things happening [around you]."

In the fall of 2014, NAMI released a survey asking families and individuals who had a psychiatric emergency to share their experiences from the ER. With over 1,000 individuals responding, 2 out of 5 rated their experience as "Bad" or "Very Bad." Regardless of things like race, household salary and education level, the survey showed the following four factors from staff treatment influenced a positive experience:

- Staff communicated effectively and listened to my concerns
- Staff treated me with respect
- Staff did not make me feel ashamed as a result of my mental illness
- Staff provided me with community education and support groups like NAMI

<http://www.nami.org/Blogs/NAMI-Blog/June-2015/Compassionate-Care-in-the-Emergency-Room#sthash.Zjgluafw.dpuf>

1-7 News from the World

8 Support Groups – Education Programs

An Opportunity for Comprehensive Mental Health Reform -

Representatives Tim Murphy (R-Pa.) and Eddie Bernice Johnson (D-Texas) have introduced HR 2646, the "Helping Families in Mental Health Crisis Act of 2015." This introduction begins a legislative process toward mental health reform, which is long overdue. NAMI has submitted [a letter of support](#) to Representatives Murphy and Johnson indicating our appreciation of their leadership and our commitment to work with them to pass comprehensive mental health legislation.

[HR 2646](#) has many positive aspects, including provisions to improve integration of mental healthcare and physical healthcare in Medicaid, spur early intervention in the treatment of psychosis, improve the use of health information technology in mental health care and provide resources for suicide prevention. HR 2646 also contains provisions designed to improve data collection and outcomes measurement and expand the availability of evidence-based services. It contains provisions to remove discriminatory barriers to acute inpatient treatment in Medicaid and Medicare and it advances enforcement of the mental health insurance parity law as well.

HR 2646 also addresses issues that have generated much discussion within NAMI and other organizations, such as the Health Insurance Portability and Accountability Act (HIPAA) and access to information for caregivers, the role of the Substance Abuse and Mental Health Services Administration (SAMHSA), the Protection and Advocacy System and Assisted Outpatient Treatment (AOT). We have carefully reviewed the bill and believe it takes a more thoughtful approach to these complex issues. However, we have heard from many of you and are very aware that there are strong, diverse opinions about these issues and some questions about the new provisions. For example, members and leaders have asked questions about the scope of the Protection and Advocacy systems' jurisdiction under the new "abuse and neglect" standard and whether that includes advocacy for housing and recovery supports, which is an important question that we will seek to clarify as the bill moves forward. Some of you know the process on Capitol Hill well, but for those who do not, here are next steps. The next stage of the legislative process is a mark-up in committee where the bill gets careful consideration and sometimes amendments are offered. Then, it would go to the floor of the House for a vote. We also understand that Senators Chris Murphy (D-Conn.) and Bill Cassidy (R-La.) are working on a Senate version of the bill. It is not likely to be identical, but it will address many of the same issues to improve the mental health system for people with serious mental illness. The Senate will also need to carefully consider their bill in committee and then it would be voted on by the Senate. Often the next step is a Conference Committee to reconcile differences between the House and Senate versions of legislation before it goes to both Houses for a final vote. Although it may seem like a long process, NAMI is very hopeful regarding legislative action given that the efforts in both Houses are bipartisan. This year, we have an unprecedented opportunity to pass legislation to improve mental health services. It is very important that NAMI is at the table as this process ensues. We look forward to continuing our dialogue together because NAMI, more than any other organization, understands that the status quo is unacceptable and needs to change. As the bills work their way through this process, we would like to continue hearing from all of you. If you have thoughts about the bill or mental health reform in general, please email us at MHPolicy@nami.org. I can't promise you we will have the time to respond to each

Continued on page 4



MENTAL HEALTH
AND RECOVERY
SERVICES BOARD
of Stark County

ENRICHING LIVES THROUGH WELLNESS AND RECOVERY

Thank you to the Mental Health
& Recovery Services Board for
assisting with this newsletter.

***If you need assistance
for mental health
emergency call 911
and request a CIT
Officer***

YOU CAN PREVENT HEAT RELATED ILLNESS!

There are ways to stay cool when the things get hot, such as when the temperature is 85 degrees and above, especially with high humidity:

In General:

- Try to stay in cool places.
- Eat regular light meals.
- Drink plenty of fluids.
- Avoid coffee, tea and alcohol.

When indoors:

- Spend time in cooler rooms or air-conditioned areas. A shopping mall or library provides a cool place.
- Keep windows shut and drapes closed during the day.
- Open windows in the evening when the air outside is cooler.
- Avoid outdoor activity during the warmest parts of the day.
- Take a cool shower or bath.

When outside:

- Apply sunscreen.
- Avoid prolonged exposure to direct sunlight.
- Wear loose-fitting and light-colored clothing.
- Wear a hat and sunglasses.
- Be aware of your environment (For Example, asphalt may be warmer than surrounding air temperature).



Common Psychotropic Medications That May Impair the Heat Response

<u>Trade Name</u>	<u>Generic Name</u>
Abilify	aripiprazole
Asendin	amoxapine
Artane	trihexyphenidyl
Aventyl, Pamelor	nortriptyline
Brintellix	vortioxetine
Celexa	citalopram
Clozaril, Fazaclo, Versacloz	clozapine
Cogentin	benztropine
Cymbalta	duloxetine
Desyrel, Oleptro	trazodone
Elavil	amitriptyline
Effexor	venlafaxine
Eskalith, Lithobid, Lithonate	lithium
Fanapt	iloperidone
Fetzima	levomilnacipran
Geodon	ziprasidone
Haldol	haloperidol
Invega	paliperidone
Lexapro	escitalopram
Loxitane	loxapine
Latuda	lurasidone
Navane	thiothixene
Norpramin	desipramine
Paxil	paroxetine
Phenergan	promethazine
Pristiq	desvenlafaxine
Prolixin	fluphenazine
Prozac	fluoxetine
Risperdal	risperidone
Saphris	asenapine
Seroquel	quetiapine
Sinequan, Silenor	doxepin
Stelazine	trifluoperazine
Thorazine	chlorpromazine
Tofranil	imipramine
Trilafon	perphenazine
Wellbutrin, Zyban	bupropion
Viibryd	vilazodone
Zoloft	sertraline
Zyprexa	olanzapine

*Note: This is not an all-inclusive list

www.mha.ohio.gov

1-877-275-6364

Ohio Department of Mental Health and Addiction Services

30 E. Broad St., 36th Floor

Columbus, Ohio 43215

John R. Kasich

, Governor •

CALENDAR OF EVENTS

VOLUNTEER/EDUCATION OPPORTUNITIES

HEARTLAND COLLABORATIVE PARTNERSHIP MEETING

DATE: TBA 10:00 A.M. - 12:00 P.M.

LOCATION: HEARTLAND BEHAVIORAL HEALTHCARE

HEARTLAND BEHAVIORAL HEALTHCARE –

DISCHARGE BAGS

DATES: SEPTEMBER 18 AND DECEMBER 18

LOCATION: HEARTLAND BEHAVIORAL HEALTHCARE

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email but I can promise you that we will read and consider every one carefully.

The hallmark of NAMI is an inclusive community of individuals, families and friends whose lives have been changed by the experience of mental illness. These experiences make us very passionate about these issues. Passion will be important because we will not get mental health reform without it. But passion cannot get in the way of respectful dialogue, understanding and listening to the perspectives of others. Only by talking together and reviewing information with an open mind and in recognition of the ongoing process will we achieve reform that promotes recovery and wellness for all people with mental illness, including those with the most serious conditions.

It is unlikely that all NAMI supporters will agree with all provisions or all changes that have been made to the bill already and those that may be made in the future. But hopefully, we all can get behind the need for comprehensive reform and by working and talking together, we can achieve final legislation that will significantly improve lives.

Before Congressman Murphy focused on these issues, there was little discussion in Congress. Now there is momentum and bipartisan support. NAMI will continue to listen to our members and leaders as the legislative process continues and we will tirelessly work for a

MENTAL HEALTH AND RECOVERY SERVICES BOARD STARK COUNTY MENTAL HEALTH FIRST AID

DATES: SEPTEMBER 23 - 24

LOCATION: CANTON, OH

REGISTRATION REQUIRED:

WWW.STARKMHRBSB.ORG

better system for those affected by mental illness. We will also continue to communicate regularly with you about the bill and the issues it addresses.

Thank you for your leadership and advocacy!

Comments - [See more at:](#)

<http://www.nami.org/Blogs/From-the-Executive-Director/June-2015/An-Opportunity-for-Comprehensive-Mental-Health-Ref#sthash.vdtPjOgy.dpuf>

SAVE THE DATE



Date: Saturday October 24, 2015

The Moving Forward for Mental Health event will take place rain or shine!!

Place: Hoover Park Connector Trail (East Maple Street, North Canton) & Hoover Park Pavilion (1875 East Maple Street, North Canton, Ohio 44720).

Check-in Time: 9:00am at the Hoover Park Pavilion
Walk Start: 10:00am

All participants must register for the event. There is no fee for registration.

Community Innovations Strengthen interface of Behavioral Health, Criminal Justice

Utilizing administrative savings achieved from the July 2013 consolidation of state-funded agencies for mental health and addiction services under a single umbrella, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) is funding a Community Innovations initiative. OhioMHAS invested \$1.5 million in State Fiscal Year 2014 toward 12 projects, which help link non-violent offenders with community-based behavioral healthcare services. During 2015, a second round of funding will push \$1.5 million toward 17 projects, serving 31 counties. All told, the state's \$3 million in funding over the biennium will reach 53 counties through the Community Innovations projects.

The Community Innovations initiative encourages communities in Ohio to forge collaborative relationships between the behavioral health and criminal justice systems so that individuals with mental illness and/or alcohol and other drug addiction receive the care they need. This, in turn, helps to reduce recidivism, increase public safety and minimize harm to those who come in contact with law enforcement.

According to the National Institute of Corrections, 17 percent of the jail population in the United States has a serious mental illness and 68 percent has a substance use disorder. An estimated 72 percent of the jail population has a co-occurring substance use disorder when serious mental illness is diagnosed.

By diverting appropriate individuals from county jails and prisons to treatment and preventing recidivism, communities could see a significant reduction in spending. In Ohio, the average cost of addiction treatment in the community is \$1,600 (without medication-

assisted treatment), and the average cost of mental health treatment including two medications is \$7,500 per year; whereas, it costs \$25,269 a year to incarcerate an adult in prison. On a daily basis, the cost of incarcerating an offender in prison is \$69.23; a day in jail is about \$75, while the cost of parole for one day is only \$11.54.

Refusing to Accept the Way Things Are: Making a Difference With Schizophrenia

As many as half of those ill with schizophrenia do not receive any treatment, at all (1,2). Yet schizophrenia is a serious and persistent mental illness affecting millions of Americans, and impairing their functioning, diminishing their quality of life and -- if untreated -- contributing to disability, suicide, homelessness and violence.

Schizophrenia was named over 100 years ago; its Greek roots mean "split mind." At the time, the term meant to convey a mind battered by ambivalence and besieged by hallucinations and delusions. For centuries, people with this illness were separated from their families and communities. Many spent their lives in mental hospitals where they were subject to inhumane conditions. Phillipe Pinel, a French psychiatrist, famously let those with this (and other forms of) mental illness out of their chains in Parisian hospitals over 200 years ago.

As I described in a recent Opinion column ([A Secret Worth Sharing](#)), considerable attention and money is being invested to identify schizophrenia at its early stages and intervene with a set of treatments that can reduce disability over the lifetime of those affected. But this focus on the beginning of psychotic illness, as critical and welcome as it is, does not help those already ill and their families. Nor does it address the social and financial consequences of an illness that goes unabated as a result of not obtaining effective treatments and social supports.

That was the reason for calling together some 25 scientists, clinicians, researchers, patient and family advocates and government representatives to address the question: *What Really Makes a Difference in the Lives of People with Schizophrenia?*

With the support of an Ohio philanthropy dedicated to psychiatry, an often unattended area of medical and social philanthropy (the Margaret Clark Morgan Foundation), this invited group was cloistered at a meeting site at the Cold Springs Harbor Lab in Long Island, NY. We were asked to try to answer this fundamental question and offer realistic direction for making a difference (I was a participant at the meeting).

Solving complex problems that have eluded remedy for ages is not for the faint-hearted. It means finding both capable people and the will to refuse to accept the status quo. It means not looking for single or simple answers, since if those existed they would have emerged long ago. It means expecting participants (and those they influence) to rise above their respective disciplines and ideologies to identify what can be done, despite however hard that might be. It might mean a certain degree of professional risk to go where others have not. It means fashioning alliances among diverse groups of professionals and lay groups, including experts in GSD (Getting Sut Done). It means making consumers (people with the illness) and their families central to the problem solving.

Siddhartha Mukherjee's *The Emperor of All Maladies* (and its recent 3 part PBS documentary rendering) is an extraordinary tale. It is a heartening story of the struggle that underlies both discovery and implementation in science and policy. Yet with all due respect, if cancer is the Emperor, then mental illness may be the Zeus of disorders, the otherworldly power that also comes from within and, generation after generation, can destroy body and soul, because of its great prevalence, variation, profound suffering, mortality (from early death and suicide), family, social and financial burden, and long history of prejudice and discrimination.

After two and a half days of early morning to early evening unbroken discussion about what really matters some consensus emerged. These ideas below reflect my views, not necessarily those of the group:

- First episode psychosis work has taught us that what works is serving people in their natural environments, attending closely to their personal recovery goals,

rigorously involving families (whenever possible), helping individuals go/return to work or school, reducing their use of legal and illegal substances, addressing their general healthcare needs, and the prudent use of medications (not too many or too much). We need to find ways to take those principles of good practice and apply them in the care of people with schizophrenia throughout their lifetime, regardless of their background or location.

- Measurement-based care, the use of clear and understandable (to the person affected) measures of illness and functioning needs to become a standard for psychiatric practice. In general medicine we routinely measure blood pressure, HgA1c, lipids, the size and shape of tumors, cardiac artery flow, etc. That same standard of care must be applied to mental health and addiction conditions. While the field does not yet have blood or imaging tests worthy of prime time, it has many self- and clinician reports that are highly valid and reliable. How else will we turn impressions about whether care is working into actual, quantitative measures by which to judge improvement?

- Make technology our friend. The growing shortages of mental health professional staff, especially psychiatrists, and reaching people in rural areas insists that we use technology. And not just telepsychiatry but wearable and portable devices by which people are aided to manage their conditions and follow treatments (e.g., reminders, scripts for handling triggers, cues that they are beginning to relapse, personalized graphs and messages that chart progress and instill hope).

- Grow the use of what are called "peer" services, namely people with illness well into their recovery who are trained to help others with similar illnesses. Peer services are critical in engaging and retaining people with schizophrenia in care; if they don't show up, and don't follow their recovery plan they are not apt to get better.

- Combine treatments (and deliver them in a continuous manner). Use treatments with good proof (evidence) but allow for innovation. Skill building in social and work areas, combined with cognitive techniques to manage paranoia, combined with medications, combined with family education and support, combined with outreach to help people stay engaged are more effective than any one approach alone. The fields of infectious disease and cancer have learned that combined treatments work better, particularly when they are tailored to the person's unique circumstances and preferences. Mental health (and addiction services) need to make that approach

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Mike Rembert, Newsletter Editor

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universal, not accidental. Let's find out more by trying, and learning, not by waiting and making excuses.

- Find and recruit people, centers, groups who will pursue implementation way beyond being "champions." The degree of difficulty and vested interests in the status quo calls for (reasonable) zealots to succeed.

- Insist on goals for patients, families and clinicians. Develop goals with those whose lives are at stake, namely patients and families. Humans have a great tendency to do what is needed to get what they want, so let's capitalize on that.

Providing (and sustaining) hope and believing in human resilience underlay all these approaches. Unless caregivers believe that a life can be lived with illness -- and one with dignity, relationships and contribution -- then the battle is lost from the start. But hope, insistence, persistence, and doing more of what we know works are the embers to fan if we are to make a difference in the lives of people with schizophrenia.

http://www.huffingtonpost.com/lloyd-i-sederer-md/refusing-to-accept-the-wa_b_7636324.html?utm_source=Banbury+Center+Article&utm_campaign=Banbury&utm_medium=email

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2. *The Prevalence and Correlates of Untreated Serious Mental Illness*, Ronald C. Kessler, Patricia A. Berglund, Martha L. Bruce, et. al., *Health Services Research* 36:6 (December 2001)

http://www.huffingtonpost.com/lloyd-i-sederer-md/refusing-to-accept-the-wa_b_7636324.html?utm_source=Banbury+Center+Article&utm_campaign=Banbury&utm_medium=email

Support Groups: For Those Impacted by Mental Illness; Family Members/ Natural Supports

Canton Open Support Group Sunday Evenings @ 7:00 pm Family Members or Peers

St. Michael's Catholic Church 3430 St Michael Dr. NW Canton, OH 44718
(corner of Whipple & Fulton) Lower level parking lot: Look for sign on door

FaithNet Program Discuss Mental Health from Biblical Perspective

Sundays, 5:30pm @ Wendy's on 3320 Whipple Ave. NW, Canton OH 44718

Refuge of Hope Monday Evening @ 5:00 pm Peers

405 Third Street, NE Canton, Ohio 44702

Alliance Open Support Group 1st & 3rd Thursday Evenings @ 7:00 pm Family Members or Peers

Science Hill Community Church 12316 Beeson St. NE, Alliance, Oh 44601

NAMI Connection Thursday Afternoons @ 2:00 pm Adults with Mental Illness Only

Coleman Behavioral Health, 400 W. Tuscarawas St., Suite 200, N.E., Canton, OH 44702

N Canton Family Support Group 1st & 3rd Wednesday Evenings @ 6:00pm Family Members Only.

Holy Trinity Lutheran Church, 2551 55th St., NE, Canton, OH 44721

Vet to Vet Monday @ 4:30 pm Veterans committed to Recovery

Community Services 625 Cleveland Ave., N.W., Canton, OH 44702

DRA Dual Recovery Anonymous Wednesday at 11:30 am

Holy Trinity Lutheran Church, 2551 55th St., NE, Canton, OH 44721

DRA Dual Recovery Anonymous Mondays at 10:00 am

Hunter House 1114 Gonder Ave., S.W., Canton, OH 44707

Post Peer to Peer Program Recovery Groups For Graduates of Peer to Peer Education Program

The Support groups below are for current psychiatric **In-patients** and /or their loved ones:

Monday Evenings @ 6:00 pm

Aultman Hospital

Psychiatric Unit, 6th Floor

Tuesday @ 10:00 am

Crisis Intervention & Recovery Center

Crisis Stabilization Unit

Monday - Friday

Heartland Behavioral Healthcare

HBH Family Involvement Program
330 833-3135 Extension 1223

FREE Education Programs – Call 330 455-6264 to Register



12-week course is for family members and friends of adults with serious mental illness.

It is taught by trained NAMI family members.

- Thursday August 6, 2:00 pm to 4:30 pm, Holy Trinity Lutheran Church, 2551 55th St NE, Canton, OH 44721
- Wednesday September 9, 6:00 pm to 8:30 pm, Holy Trinity Lutheran Church, 2551 55th St NE, Canton, OH 44721
- Monday September 14, 6, 6:00 pm to 8:30 pm, Science Hill Community Church, 12316 Beeson St., N.E., Alliance, OH 44601



10-week course is for adults who have been diagnosed with a mental illness.

- Thursday August 13, 6:00 pm to 8:00 pm, Holy Trinity Lutheran Church, 2551 55th St NE, Canton, OH 44721
- Thursday August 13, 11:30 am to 1:30 pm, Hunter House 1114 Gonder Ave, S.E, Canton, OH 44710
- Wednesday October 14, 6:00 pm to 8:00 pm, Make A Way, 227 Third Street SE, Massillon, OH 44648



6 week course is for parents of children with emotional/mental/neurobiological disorders

- Wednesday September 23, 6:00 pm to 8:00 pm, Early Childhood Resource Center, 1718 Cleveland Ave. NW Canton, OH 44703