NAMI Stark County
National Alliance on Mental Illness

Building Hope For Recovery Through Education Support and Advocacy

The County's Voice on Mental Illness

June 2015

Prisons Now Largest Mental Health Provider In Ohio

Ohio's prison system has become the state's largest mental health provider, and the state is hoping to work with advocates in the mental health community to figure out how to deal with that.

Director of Rehabilitation and Corrections Gary Mohr started in the prison system in 1976. He says in those almost 40 years, the growth in the number of inmates coming into the system with mental health issues has shocked him.

"We take in 20,000 people a year," Mohr said. "And over 20 percent of those people are, have a diagnosis of being mentally ill and require treatment."

In other words, one in five of the people who enter the system each year have mental health issues. And Mohr estimates at quarter of those people, or around a thousand people a year, have never been in trouble with the legal system before.

"We try to run the best prison system we can—we're proud of it—but it's not place for those folks," Mohr said.

That's why the state says it's trying to help keep some of those people out of the prison system, or to get them help while they're behind bars so they don't return. There's a state program to send experts in to prisons to start working with mentally ill inmates 90 days before they're released. The state also put $1.5 million in the last budget to link up county jails and local alcohol, drug addiction and mental health boards, to help connect people with treatment before they're released.

At the Ohio statewide conference for the National Alliance on Mental Illness, or NAMI, stakeholders at all levels saw demonstrations of mental health training in action in a series of performances on five small stages meant to look like a courtroom, a jail cell, and the site of an arrest. The first scene featured actors performing a scene not including someone who'd had mental health training, which involved lots of violent shouting, and a second scene to show the change when someone has been taught some crisis intervention techniques, in which the mentally ill person is spoken to calmly. The organizers of the conference say those scenarios are based on real cases.

Dodie Melvin of NAMI of Knox/Licking County has been involved in advocacy for mentally ill people for years, and said the performances were helpful to her.

"These people have behaviors that we may not understand, but they're people and they are due our respect," Melvin said. "We should treat them with dignity as we would with any other illness."

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Mental Health Still Getting Short Shrift Despite Laws

Under federal law, insurance plans that cover mental health must offer benefits that are on par with medical and surgical benefits. Twenty-three states also require some level of parity.

The federal law, approved in 2008, and most of the state ones bar insurers from charging higher copayments and deductibles for mental health services. Insurers must pay for mental health treatment of the same scope and duration as other covered treatments; they can't require people to get additional authorizations for mental health services; and they must offer an equally extensive selection of mental health providers and approved drugs.

Federal and state regulators have an easy time keeping track of copayments and deductibles, and insurers typically follow those rules. Compliance with parity requirements for the actual delivery of medical services is another story.

The responsibility for enforcing parity laws is divided between the federal government and the states. Under the federal parity law, states are supposed to police commercial insurance plans and Medicaid, although the federal government can step in if it determines states aren't doing enough. The federal government is responsible for overseeing self-insured plans.

But among states, only California and New York consistently enforce the rules, mental health experts say. As a result, Americans with mental illness and addictions "don't have a right to mental health and addiction treatment that the law promises," said Emily Feinstein of CASAColumbia, a nonprofit organization focused on drug addiction.

In a report released last month, the National Alliance on Mental Illness found that patients seeking mental health services from private insurers were denied coverage at a rate double that of those seeking medical services. The report also found that patients encountered more barriers in getting psychiatric and substance use medications.

One major roadblock is that health insurers usually do not disclose policies for determining if a treatment is medically necessary. Without that information, it is difficult for regulators and consumers to determine whether the denial of coverage is warranted. Although the federal parity law requires insurers to divulge that information to patients and doctors upon request, critics and plaintiff attorneys say insurers are still keeping too much hidden and states aren't diligent in forcing disclosure.

"The fact that health plans have not been transparent about approving or denying care means that providers are flying blind and consumers are losing out," said Sita Diehl, director of state policy and advocacy for the National Alliance on Mental Illness.

Another problem has been the federal government's long delay in coming up with regulations to implement the 2008 parity law. The U.S. Department of Health and Human Services finally issued rules

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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

A Prescription for Mental Health

The future for the next 10 years of mental health in America will not derive from sudden breakthroughs in decoding our DNA or fashioning designer drugs that are categorically different from what we have now -- though either or both would of course be welcome. A sanguine future is possible if we do what we know now a lot better (quality) and deliver what we know now to a lot more people (access).

The greatest gains we can achieve in the next 10 years in public mental health will derive from closing the gap between what we know and what we do in both mental health and the addictions. The "science to practice" gap, as it has been called, is the (hard to imagine but real) fact that advances in medical practice (in general medicine as well as psychiatry) are typically years in going from "bench (lab) to bedside."

I offer this prescription for the future of mental health in America, in David Letterman style:

10. Intervene early, with family skill building and trauma-based treatment, for youth from 3-7 years of age who show evidence of **Adverse Childhood Experiences** (ACEs). (1)

9. Detect signs and symptoms of serious mental illness, psychotic illnesses like schizophrenia and bipolar disorder, in adolescence and deliver accessible, age-friendly **First Episode Psychosis** (FEP) services to alter the trajectory of illness and prevent disability, long-term suffering and social burden. (2)

8. Deliver mental health and addiction screening and clinical management in **primary medical care**, including internal medicine, family practice, pediatrics, and OB-GYN, as standard practices like we see diabetes, asthma, hypertension, and other common, chronic medical conditions now treated and managed. (3,4)

7. Add evidence-based treatments, including **Medication Assisted Treatment (MAT) and cognitive therapies**, to complement the 12-step programs that heretofore have underpinned the vast majority of addiction treatment programs delivered throughout the country. (5)

6. **End an era of criminalizing people** with mental (and substance use) disorders and of using jails and prisons as institutions thought -- falsely -- to control illness and protect the public. (6)

5. Establish **Measurement-Based Care** as a quality standard in mental health and substance use programs; we know our "numbers" for blood pressure, lipids, blood glucose/HgA1c, weight, and a host of other measurements of health and illness. We all monitor these numbers and fashion treatments that aim to normalize them. Measurement-based care can equally be used with mental and substance use disorders; until we do, we will merely be divining responses not actually determining them. (7)

4. Discoveries in cancer treatment, for example, have made for more targeted, and effective, treatments. We are just beginning to see biological markers in psychiatry and the addictions that will tell us which patients are most at risk, and which treatments can improve their likelihood of success. **Personalized (or Precision) Medicine**, as this is called, used in mental health and substance use disorders will sharpen our approaches and improve rates of response. (8)

3. Deliver mental health and addiction services that **serve the patients first**, not the convenience of practitioners or institutional bureaucracies. Offer hope and believe that people can recover, because they do -- building lives with relationships, purpose and contribution with illness. Engage patients in true shared decision-making, not as a slogan but as the essence of practice. We all are most prone to do what we want to do, not what the doctor says, so let's get to what the patient wants and leverage the powerful forces of individual choice and desire. (9)

For more on this topic please go to http://www.askdrlloyd.com.

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Calendar of Events

Volunteer/Education Opportunities

Heartland Collaborative Partnership Meeting
Date: June 2 10:00 a.m. - 12:00 p.m.
Location: Heartland Behavioral Healthcare

Heartland Behavioral Healthcare – Discharge Bags
Dates:, June 19, September 18 and December 18
Location: Heartland Behavioral Healthcare

Mental Health and Recovery Services Board Stark County Mental Health First Aid
Dates: June 24 – 25 and September 23 - 24
Location: Canton, OH
Registration Required:
www.starkmhrsb.org

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for most commercial insurance plans at the end of 2013, and they took effect last July. The final rules for Medicaid managed care plans won't be in place before the end of 2016—at the earliest. (Medicaid fee-for-service plans and Medicare remain exempt from the federal parity law.)

Mental health advocates are hopeful that as the federal rules take effect for insurance plans issued after July 1, 2014, they will give regulators a stronger hand in enforcing parity. The Affordable Care Act also has complicated matters, according to advocates. Implementing the extensive new health care law so overwhelmed the states and federal government that ensuring compliance with parity laws simply got pushed aside.

But some believe the main barrier to enforcement is the same one that led to inferior mental health benefits in the first place: the stigma associated with mental illness and addictions.

"I can't help but feel that the stigma associated with having a mental health or developmental disability impacts the zeal with which regulators want to get in on this issue," said Ele Hamburger, a Seattle attorney who said she has won more than a half-dozen settlements against insurers on parity grounds. "That stigma is so widespread."

Huff Post Politics Stateline | By Michael Ollove
http://www.huffingtonpost.com/2015/05/07/mental-health-funding_n_7232906.html

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Former Ohio Supreme Court Justice Evelyn Stratton has been working on mental illness issues since she left the bench. She says with 180 specialized dockets such as drug, mental health and veterans courts around the state, Ohio is doing better than many other states. But she says one recent action has really helped.

"Most of these people had no coverage and no mental health coverage until we got Medicaid expansion," Stratton said. "And I don't care what the legislature and what Republicans—and I'm a Republican—say about it. It's the best thing that's ever happened to us in terms of treating mental illness in this state."

And prisons director Gary Mohr says the other thing that will help is funding in the budget for alternative sentencing and community based programs outside prisons. "Whether it's residential or non-residential, whether it's mental health or other behavioral health programs, community based programs are twice as effective as prison programs, even if it's the exact same program just delivered in a community setting. Twice as effective at one-third the cost," Mohr said.

Mohr says the problem has to be dealt with now, especially in light of the huge numbers of women in the justice system. Mohr says forty years ago, there were 291 women behind bars in Ohio. Now there are 4,200. He says they are less violent than men but have higher rates of addiction and higher levels of mental illness.

http://wyso.org/post/prisons-now-largest-mental-health-provider-ohio

Lawmakers want to exclude mentally ill from death penalty

Killers diagnosed as "seriously mentally ill" at the time of the crime could not be executed in Ohio under proposed legislation expected to be introduced in May in the Ohio Senate.

If passed, the bill sponsored by Sens. Bill Seitz, R-Cincinnati, and Sandra Williams, D-Cleveland, would be a major change in Ohio, which now prohibits the execution of mentally disabled people but not the mentally ill.

Seitz and Williams have been jointly developing legislation based on recommendations from the Ohio Supreme Court Death Penalty Task Force, released in April 2014. About a dozen task force recommendations are expected to be introduced in the General Assembly.

The bill would bar execution of people who, when they committed the crime, suffered from a serious mental illness that impaired their ability to "exercise rational judgment in relation to their conduct, conform their conduct to the requirements of the law, or appreciate the nature, consequences or wrongfulness of their conduct," according to the National Alliance on Mental Illness Ohio, which supports the legislation.

While the Seitz-Williams bill would forbid their execution, seriously mentally ill defendants could still be prosecuted and sent to prison for murder.

Several of the 53 inmates executed in Ohio since 1999 could possibly have been excluded under the proposed change. Wilford Berry, the first person to be executed when Ohio resumed capital punishment on Feb. 19, 1999, was considered to have mental illness with delusions. At one point, Berry said he saw the angel of death sitting with him in his prison cell.

NAMI and the Ohio Psychiatric Physicians Association wrote a letter to lawmakers seek support for the legislation. "We believe that those who commit violent crimes while in the grip of a psychotic delusion, hallucination or other disabling psychological condition lack judgment, understanding or self-control. Until such time as the U.S. Supreme Court decides on this question, the responsibility for prohibiting the execution of such individuals in Ohio rests with the Ohio General Assembly."

"The death penalty is not the answer to the problem of violence committed by persons with severe mental disorders," the letter continued. "The better policy is access to appropriate mental health care — ideally before such a tragedy occurs — and, most definitely, in place of executing some of Ohio's most critically ill individuals."

Seitz's office said in addition to he and Williams, the bill has 12 co-sponsors so far, six Republicans and six Democrats.

Other task force proposals to be unveiled in the legislature in the future are establishing a statewide indigent death-penalty litigation fund in the Ohio Public Defender's office; requiring certification for coroner's offices and crime labs; and prohibiting convictions based solely on uncorroborated information from a jailhouse informant.

ajohnson@dispatch.com

http://www.dispatch.com/content/stories/local/2015/05/11/lawmakers-want-to-exlcude-mentally-ill-from-death-penalty.html

Memorial Day is a time to pay tribute to America's heroes whose lives have been lost in service to this country. As we remember and pause to appreciate and celebrate the sacrifices of these heroes, it is important to be mindful that not all lives lost in defense of our country were lost on the battlefield. Sadly, many lives have been lost to suicide. The statistics are staggering, 22 veterans and 1 service member take their lives each day – while the number of suicides among their family members go uncounted.

-Many of these individuals have suffered wounds of war that are psychological in nature and not always easily seen. Such "invisible" wounds can be severe and life threatening. They can also be healed, given the proper care.

-Symptoms of traumatic brain injuries (TBI), and posttraumatic stress disorder (PTSD) – the signature wounds of the wars in Afghanistan and Iraq, may not surface for months or even years; and are often undiagnosed, misdiagnosed or untreated.

-In fact, some Veterans are dying while awaiting treatment, while the Veterans Administration continues to struggle to meet veterans' mental health care needs, in areas including:

·Ensuring adequate coordination, monitoring, and staffing for oversight of contracted mental health patient care

·Implementing adequate facility and program policies to address patient care safety, monitoring patients and providing program oversight at inpatient mental health care facilities and

·Complying with VA requirements for effective, safe medication management program; sufficiently documenting patients' care in a timely manner; and providing adequate professional support for professional staff at post traumatic stress disorder mental health residential rehabilitation program sites.

See more at: http://www.nami.org/Blogs/NAMI-Blog/May-2014/Honoring-Our-Nation%E2%80%99s-Heroes#sthash.Pz0bsl1X.dpuf May. 23, 2014

The Sequential Intercept Model

The Sequential Intercept Model is a framework for understanding how people with mental illness interact with the criminal justice system. The model, which was described by Mark Munetz and Patricia Griffin in 2006 in Psychiatric Services, presents this interaction as a series of points where interventions can be made to prevent a person from entering the justice system or becoming further entangled.

The points of interception include law enforcement and emergency services; initial detention and hearing; jails, courts, forensic evaluation and forensic hospitalizations; reentry from jails, prisons and hospitalization; and community supervision and community support services. According to the model, at each of these points, there are unique opportunities to assist a person in getting appropriate services and preventing further justice involvement.

Without intervention, these stages can become a revolving door – with individuals encountering law enforcement during a crisis, and progressing through the various stages of involvement, until they are released from jail or prison. Without support or intervention during this process, there's a high likelihood that the individual will ultimately come back into contact with law enforcement during another crisis and repeat the cycle.

Ideally, the best point of intervention is in the community, before law enforcement becomes involved, and treatment needs can best be met through community mental health services. Unfortunately, if these services do not adequately address the needs, a person in crisis may be drawn into the criminal justice system. Even with adequate community services, a few people may slip through the cracks and encounter police. In a system with appropriate interventions at each intercept, fewer and fewer people will slip through the cracks, so by the time of release from jail and prison, most people should be connected with services to help them recover and prevent further contact with the justice system.

While many communities have successfully implemented some response to the crisis of criminalization, such as police-based diversions (like CIT) or mental health courts, most communities do not have comprehensive plans that address the entire spectrum of criminal justice involvement. Few communities now meet the ideal, but many are striving to become more responsive and effective by using the model for planning. According to leaders in many communities, the Sequential Intercept Model has helped them move forward in planning a systematic response to the criminalization of mental illness in their communities. www.nami.org

Mentally Ill Routinely Abused in Prisons

Mentally ill inmates in prisons and jails across the United States are subjected to routine physical abuse by guards, including being doused with chemical sprays, shocked with electronic stun guns and strapped for hours to chairs or beds, according to a report by Human Rights Watch to be released on Tuesday.

The mistreatment, the study says, has led to deaths, though the number of casualties is unclear in part because jails and prisons classify them in various ways. Also, jails and prisons are not uniformly required to report the use of force by guards, the study found.

Jamie Fellner, a senior adviser at Human Rights Watch and the report's author, said the study was the first to take a comprehensive look at use of force by guards against mentally ill prisoners, to try to understand the dynamics behind the violence. Ms. Fellner said she spent more than a year interviewing some 125 officials and mental health experts and reviewing hundreds of cases across the country.
http://www.nytimes.com/2015/05/12/us/mentally-ill-prison-inmates-are-routinely-physically-abused-study-says.html?_r=0

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Mike Rembert. Newsletter Editor

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2. Chip away at the **Social Determinants of Mental Illness**. We know that only 10 percent of our health is determined by the health care we receive. The vast predominance of our health is determined by our environment and our habits. Where we live, income, access to good education, what we eat, what we don't do (like smoke or eat well or exercise), and the human supports in our lives that guide and sustain us are *the principal determinants of all health*, including mental health. (10, 11, 12)

1. **Stop paying hospitals and doctors for volume** and reward them for humane, effective care that is prudently delivered. The GDP for the USA industry of health care exceeds the entire GDP for France; the USA pays far more per patient served than any other country -- without evidence that we are getting our money's worth. We don't need to spend more, we need to spend smarter. (13)

Dr. David Satcher (former US Surgeon General) is famously known for saying "There is no health without mental health." Mental health disorders, including the addictions, are eclipsing all other disorders in terms of the global burden of disease and disability. We can try to run from these conditions, a historic proclivity and a perennially unsuccessful tack. Or we can build on the considerable work to date in introducing quality, effective mental health treatments and services, and spread these widely and deeply into every community and for every family in need. That would be a future to be proud of.

For more information on these topics, please go to my website http://www.askdrlloyd.com
http://www.huffingtonpost.com/lloyd-i-sederer-md/a-prescription-for-mental-health-in-america_b_7156966.html

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	Tuesday @10:00 am	Monday - Friday
Aultman Hospital	**Crisis Intervention & Recovery Center**	**Heartland Behavioral Healthcare**
Psychiatric Unit, 6th Floor	Crisis Stabilization Unit	HBH Family Involvement Program 330 833-3135 Extension 1223

FREE Education Programs – Call 330 455-6264 to Register

NAMI Family-to-Family **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

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

- Wednesday June 3, 6:00 pm to 8:00 pm, Make A Way, 227 Third Street SE, Massillon, OH 44648
- 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

NAMI Basics **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