



THE BELL

The newsletter of the National Mental Health Association ■ June 2001

Advocates Make Hill Visit to Support Parity Bill and Other Priorities

NMHA Annual Meeting Attendees to Push Needed Legislation

Participants of NMHA's upcoming Annual Meeting will head to Capitol Hill June 7 to show support for parity legislation, mental health appropriations and other policy priorities with their members of Congress. The parity bill, the Mental Health Equitable Treatment Act of 2001 (S. 543), would require group health plans that offer mental health benefits to ensure that the coverage is on par with medical and surgical benefits (see the April issue of *The Bell*). The Hill visit is part of NMHA's Annual Meeting "Advocacy Day," during which participants traditionally meet with their senators and representatives to communicate their positions on national and state mental health issues.

Introduced by Sens. Pete Domenici, R-N.M., and Paul Wellstone, D-Minn., the parity bill would replace a 1996 federal parity law that is set to expire at the end of September. The current 1996 law falls short of full parity, however, and loopholes allow employers to comply with the letter of the law while violating it in spirit by limiting hospital stays and outpatient visits, and imposing higher copayments and deductibles. The Mental Health Equitable Treatment Act of 2001 would close those loopholes.

"We've followed a multipronged strategy to win introduction of strong federal parity legislation, building on

see Parity on page 3

NMHA Legislators of the Year

Awards to be Presented June 7 at Annual Meeting



Sen. Pete Domenici
A sponsor of the parity bill, Domenici displayed extraordinary leadership in introducing and winning enactment of major provisions of the Mental Health Early Intervention, Treatment and Prevention Act.



Rep. Patrick Kennedy
An outstanding advocate, Kennedy has championed increased federal funding for mental health programs and spoken out about his own experience with depression.



Sen. Paul Wellstone
In addition to cosponsoring the parity bill, Wellstone developed legislation to modernize the Medicare mental health program, establish substance abuse parity and reform juvenile justice programs. He also helped establish a suicide prevention program.

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FROM THE PRESIDENT

An honest discussion about race, poverty and mental health is long overdue in this country. Racism, socioeconomic factors and cultural differences are among the many issues that impact mental health and contribute to disparities in care, yet they receive scant attention from our nation's leaders. With our annual conference this month, we will tackle the topic head-on.



Through our conference theme, "Justice for All: Addressing America's Mental Health Disparities," we will come together to look inward at our capacity for change and outward at necessary changes in the mental health system.

This focus reflects our broad vision for an American society in which all people are accorded respect, dignity and the opportunity to achieve their full potential free from stigma and prejudice. It also reaffirms our steadfast mission to address the diverse societal challenges facing individuals and communities.

By confronting this issue together, we can help more people in our nation reach their potential and enjoy fuller lives.

Sincerely,

Michael M. Faenza
President and CEO

FIRST PERSON

Written by consumers, this monthly feature highlights the personal struggles and public achievements of people with mental illness.

Stuck Out There

by Bill Compton

From April 1990 until February 1991, I lived on the streets in West Hollywood, California. You probably have seen people like me. I had matted long hair and a beard. I was extremely dirty. I was constantly walking and talking out loud to unseen persons. The whole time I was in a three-mile radius of where I had lived for years in a completely other life, where I had worked for one of Los Angeles' most successful theatre companies and had been president of a neighborhood park organization.

In March 1989, I first started hearing voices, which led to several hospitalizations. A year later, I had lost everything and was living in a board and care group home. The voices continued. After the health department closed the board and care, my conservator moved me into a hotel, where I obeyed my voices, left all my belongings and moved to the streets where they promised they would go away. After a couple of days finding the voices weren't leaving, I returned to the hotel to find out that my belongings were gone. I had no money. Over the months, I would try to reach family and friends by telephone. Unwanted obscenities would pour from my lips. When I was able to connect with friends, the meetings never happened, because I had lost my watch and didn't know the time, or the voices would distract me and I would wander from the meeting spot.

The shelter wouldn't house me because I would talk all the time. The mental health clinics were miles away and were always closed when I arrived. The private hospitals wouldn't take me, since I didn't have insurance. The public hospital would only take me if the police brought me in. The police wouldn't help me since I had no record. I went to the police stations on numerous occasions only to be turned away. All this time I was under conservatorship and had a missing persons report filed on me, but the police did nothing. In other words, I was stuck out there.

I would like to say the situation is better now. In a few areas in California, it is better because Assembly member Darrell Steinberg's legislation has advanced voluntary, nonthreatening consumer-friendly assessable services in the community, such as those provided by the MHA in Los

Angeles County in Long Beach and Lancaster, California. But in my old neighborhood of West Hollywood, things are much the same. There is a bill before our state legislature to start outpatient commitment and force the homeless into treatment. I feel that when there are not enough voluntary services in the community to help people like me who were seeking help, we should not be spending our money elsewhere.



Bill Compton

In conclusion, you are probably wondering how I got off the streets. During one of my later attempts to get in the public hospital (I was refused but stayed in the waiting room for a day and a half), I connected with a man who ran an unlicensed board and care. I stayed there long enough for my conservator to come and get me. He placed me in a hospital where they gave me medication that worked, and soon after I began my long involvement with Project Return: The Next Step, a program of the MHA in Los Angeles County. The project is a consumer-run network of 80 self-help clubs that give people with serious mental illness a chance to be active participants in their communities. I have been better ever since I began with the project, and I am on a mission to make life better for other consumers, so that they do not have to be stuck out there, too. 📖

2001 Clifford W. Beers Award Winner

Presented to a person with a mental illness who has made a major contribution in improving the lives of people with mental illnesses and educating the public about mental health issues.

Bill Compton is a dedicated consumer advocate and public educator, and serves as the program director for Project Return: The Next Step at the MHA in Los Angeles County. He will be awarded the 2001 Clifford W. Beers Award at NMHA's Annual Meeting this month in Washington, D.C. He holds a master's degree in theater arts, and managed theaters in New York, Boston and Los Angeles before his illness.

NMHA considers submissions to The Bell from consumers who wish to share their stories on recovery or efforts in advocacy and public education. Stories should be 350-400 words. For more information or to submit a story for consideration, write to The Bell, National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314-2971; thebell@nmha.org. Please include your name, full mailing address and telephone number.

Parity from front page

our successes in pursuing parity legislation in the states. Our MHAs have been key partners in this effort," NMHA Vice President of Government Affairs Ralph Ibson said, adding that the struggle for parity will not end with the passage of this legislation. "The bill would have enormous precedential and symbolic significance. Achieving this legislation will be important for fighting the battles that lie ahead."

Also on Advocacy Day at the Annual Meeting, NMHA will present Legislators of the Year awards to Domenici and Wellstone, sponsors of the parity bill, and Rep. Patrick Kennedy, D-R.I., for championing access to mental health care and introducing important policy changes. These key legislators will share their commitment to mental health with conference participants, and speak about their experiences as politicians and leaders in the mental health movement. 📖

A Moment in Mental Health History: Fulton State Hospital

The Missouri State Archives opened an exhibit last month on the history of mental health care in the state to recognize the 150th anniversary of Fulton State Hospital — the oldest state psychiatric hospital west of the Mississippi River.

The exhibit, "Quest for a Cure: Care and Treatment in Missouri's First State Mental Hospital," includes historical items, such as the straight jacket pictured to the right and a 1913 photograph taken inside the hospital.



The exhibit will be on display at the Kirkpatrick State Information Center in Jefferson City for one year and then will travel throughout the state.



Bullying Takes Toll on School Communities

by Kevin Dwyer, Ph.D., NMHA senior adviser for Prevention and Children's Mental Health Services

Bullying in American schools is an escalating problem. Although the extent of the increase is unclear, it appears that bullying has become more vicious and, as a result, more dangerous. Implementing proven programs to reduce bullying in elementary and middle schools is a cost-effective way to make schools safer.

What Is Bullying?

Bullying is aggressive behavior that is intended to harm and intimidate others, and it is carried out repeatedly in situations in which an imbalance of power favors the bully. Childhood bullying has occurred for as long as recorded history. It has been seen as a "boys-will-be-boys" rite of passage in literature and children's nursery rhymes but remains a form of

violence — one that is also practiced by girls, although to a lesser extent. In the adult world, many bullying behaviors would be classified as assault, battery, robbery, sexual assault or harassment and extortion, behaviors that subject adults to prosecution.

Bullying in school has always been hurtful and damaging to individual children and interferes with their education. It leaves its victims preoccupied with fear and blocks concentration and learning. It leaves the bullies feeling that using ridicule and pain increases their respect and power. In some schools, there are no negative consequences for bullying, yet it should be addressed as violence.

What Behaviors Define Bullying?

A child is bullied when, repeatedly and over time, one or more children intentionally inflict or attempt to inflict injury or discomfort on that child. Bullying includes physical hitting, kicking, pushing, choking, verbal name-calling, threatening, taunting, malicious teasing, spreading rumors or other behaviors such as making faces or obscene gestures, or excluding a child from a group. Children who are bullied usually feel they lack the strength to defend themselves.

What Can Families and Schools Do?

Work through organized groups such as PTAs and local Mental Health Associations to ensure that schools address bullying as violence, and develop programs to prevent

see *Bullying* on page 6

MHA Staff Recognized for Advocacy and Public Education



Cynthia Wainscott and Michael Faenza

Two Mental Health Association staff members were recognized last month at the 2001 Welcome Back Awards ceremony in New Orleans.

NMHA President and CEO Michael Faenza presented the 2001 Welcome Back Award for Community Service to Cynthia Wainscott, executive director of the National Mental Health Association in Georgia (NMHAG). Wainscott, who also serves on NMHA's board of directors and the Georgia Mental Health Planning and Advisory Council, received the award for her association's

efforts in educating state residents about mental health disorders. She was also recognized for helping people in Georgia who have mental illnesses advocate for better services. Wainscott, who recently announced her retirement from the NMHAG, has served as the association's director since 1990.

Ka'anoi Ka'apona, a public education assistant at the MHA of Hawaii, received the Welcome Back Award for Lifetime Achievement. The editor of the association's newsletter, Ka'apona also travels to public and private high schools throughout the state to educate teenagers about mental health and suicide prevention. "When a teenager comes up to me and says, 'I just wanted to kill myself but because of what you said today I'm going to get help,' well that's the biggest reward of all," she said at the ceremony.

The annual Welcome Back Awards are sponsored by Eli Lilly and Company. For information on the 2002 Welcome Back Awards, visit http://www.lilly.com/about/excellence/we_honor/awards.html.

LESSONS LEARNED

In this monthly column, MHAs offer a close-up look at an outstanding local activity and reveal important "lessons learned" about its development and performance.

Tulsa MHA Partners With Students to Build Culture of Safety

by Laurie Friedl, SafeTeam Development Coordinator, MHA in Tulsa

The barrage of gruesome school shootings, suicides and violence over the past decade has served as a wake-up call to educators, administrators, parents and, most of all, students themselves. Tragic school shootings have shown us that violence prevention programs are necessary. Research such as the Surgeon General's report on Children's Mental Health, however, reports that extreme and violent acts represent only a small percentage of youth problems.

Each day, students face anxiety, depression, stress and feelings of isolation that can lead to suicide and acting out in school. A lack of community and family involvement leaves many adolescents with little or no adult guidance. Putting into action our ideas about how to prevent such violence is no easy task, because prevention programs vary so markedly from one community to another in scope, aim and need. Many administrators and teachers feel unsure about which program would work best in their schools. The Mental Health Association of Tulsa (Okla.) believes SafeTeam is the answer.

2001 Innovation in Programming Award Winner

Presented to recognize innovative and effective Mental Health Association programs.

SafeTeam is a school-based communication and prevention program that provides students with a mental health professional to assist them with intellectual, physical and emotional health needs. SafeTeam gives students an outlet for their fears and confusion by providing a caring mental health advocate. And it trains teachers to recognize warning signs of dangerous behavior and to be more aware of changes in students' behavior, all of which helps prevent violence.

The three SafeTeam components — a licensed professional counselor (called the "coordinator"), a staff committee, and a student committee — work actively to observe and attend to the developing emotional problems of any students. Any individual in the school community who has information concerning at-risk students or potential violent situations would tell the coordinator. The coordinator then works with the students to create a plan for their well-being.

Typical preventive actions include making mental health assessments, referring students to outside counseling, working with the school to better serve students' needs, and involving students' families in the problem-solving process whenever possible. SafeTeam members attempt to create a "culture of safety," within their school, transforming the way the whole school community thinks about safety and emotional health.

One of the most important lessons SafeTeam creators have learned is that the effort to decrease school violence must rely on students' ideas and opinions, and involve them as

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At a Glance MHA in Tulsa

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Other Programs


- **Consumer-to-Consumer Outreach Services** offers friendship, support and social activities for mental health consumers in Tulsa.
- **Columbia Teen Screen** offers large-scale screening in local schools to help identify warning signs of suicide in teenagers. Treatment is made available for those who need it.
- **The Work Incentive Training Program** aims to enhance quality of life for mental health consumers by giving them opportunities to work while they receive all or most of their disability benefits.
- **SafeHaven, Baltimore Apartments, Treepoint, and Walker Hall** are four affordable residences that offer varying levels of care for mental health consumers, ranging from highly monitored care to independent living.
- **Zarrow Mental Health Symposium** is a two-day annual conference featuring renowned speakers and breakout sessions that address emerging topics in mental health care.

Bullying from page 4

bullying, and improve caring and safe school environments.

The following three proven programs have been shown to effect positive changes in school climates, and help reduce fighting and bullying behaviors in elementary and middle schools. Many other programs exist.

- **The Bullying Prevention Program** has been shown to reduce bullying in elementary and middle schools by as much as 60 percent. This school-wide program, developed by Dan Olweus, Ph.D., of the University of Bergen in Norway, secures the support of all staff and connects with families. Once the problems are identified, students and staff are trained to combat bullying in all environments, particularly where the problems are common. For more information, contact Dr. Olweus at olweus@psych.uib.no or visit <http://www.colorado.edu/cspv/blueprints/model>.
- **Bullyproofing Your Elementary School** was developed by the Cherry Creek School District in Colorado, and is designed to address the overall school climate and provide skills to students to ward off bullies. The program book can be ordered online for \$35 from Sopris West Publishing at sopriswest.com.
- **Project ACHIEVE** and the **Stop-and-Think Program** are recommended by the federal Center for Substance Abuse Prevention to help prevent many risk behaviors, including bullying and fighting in elementary and middle schools with high poverty rates. Project ACHIEVE was developed by Howard Knoff, Ph.D., and George Batsche, Ph.D., of the University of South Florida, and is a comprehensive program that incorporates components of other interventions. For more information, call the university at 813-974-3246.

Several school-wide programs for preventing school violence are also provided in *Safeguarding our Children: An Action Guide*, written by this author and David Osher, Ph.D., of the American Institutes for Research. The guide is available free of charge from the federal government by calling 877-4ED-PUBS or downloading it from <http://www.cecp.air.org>. For additional information on bullying, visit NMHA's Web site at <http://www.nmha.org> and the National Association of School Psychologists site at <http://www.naspsweb.org>. 

STIGMA WATCH

Newspapers Can Mislead About Mental Illness

by Otto Wahl, Ph.D.

Millions of people rely on daily newspapers to keep them informed about a wide variety of topics — including mental illness. It is important to consider, then, what is being communicated in daily papers about mental health problems. That is why researchers at George Mason University recently conducted a study of 300 articles from six different 1999 U.S. newspapers that contain references to mental illness. The study results suggest that what readers absorb from news stories is not what mental health advocates might hope for.

NMHA Recognizes Positive Coverage

NMHA will recognize 15 journalists who have produced balanced and powerful stories on mental illness with its Mental Health Media Awards. This year's awards, to be presented at NMHA's annual meeting this month in Washington, D.C., will go to:

- Margaret Downing and Brian Wallstin, "Catch Us If You Can," *Houston Press*
- Pat Bellinghausen, "A Frontier Mindset," *The Billings Gazette* (Mont.)
- Joshua Kendall, "It's Your Problem, Too," *Business Week*
- Deborah Katz, Janet Tobias, Terri Lichstein, Ted Koppel and Tom Bettag, "Crime & Punishment — Kids in Court," ABC's "Nightline"
- Dempsey Rice, "Daughter by Suicide," HBO
- Marion Brooks, "Obsessive Compulsive Disorder," NBC Channel 5 in Chicago
- Marcia Franklin, "Hearts & Minds: Teens & Mental Illness," Idaho Public Television
- Joanne Silberner, "Voter Registration," National Public Radio
- Bill Lichtenstein, "The Infinite Mind: The Bipolar Child," Public Radio Satellite System
- Daryl Perch, "Lives Interrupted," *Hartford Courant* (Conn.)
- Abigail Trafford, "Second Opinion," *The Washington Post*
- Melissa Fletcher Stoeltje, "A Way Out," *Houston Chronicle*
- Liz Spikol, "Fighting for Life," *The Philadelphia Inquirer*
- Marina Pisano, "Mariah's Story," *San Antonio Express-News*
- Jennifer Castle, "In the Mix," <http://www.inthemix.org>, PBS

First, readers find few stories about appealing or productive people who happen to have mental illnesses. Negative stories depicting people with psychiatric disorders as unemployed, homeless, helpless and even dangerous outnumber positive ones more than two to one. Newspaper readers might easily conclude that people with mental illnesses are primarily burdens to society and incapable of contributing in positive ways to their communities.

The most common type of newspaper story about mental illness involves crime and violence. More than one quarter (26 percent) of all stories from the newspapers studied involve themes of danger; these are stories mainly about criminal acts committed by people with psychiatric diagnoses or treatment histories. So, newspaper coverage may strengthen the common tendency of lay readers to incorrectly associate mental illness with violence and crime.

Readers also seldom encounter people with mental illnesses speaking for themselves. Mental health consumers' opinions are included in only 7 percent of all stories about mental illness. This limits the perspectives available to readers and conveys the impression that people with mental illnesses are incapable of developing opinions and speaking on their own behalf.

It is clear that news coverage of mental illness needs improvement. Often, however, the news media are unaware of the skewed nature of their coverage or the damage it can do. It is necessary for individuals to communicate with reporters and editors when they encounter stories about mental illnesses that reinforce misconceptions. Reporters, it has been said, want to get it right. Let's help them to do so by informing them of our concerns and ideas.

Otto Wahl is a professor of psychology at George Mason University in Fairfax, Va., a member of NMHA's Public Affairs Committee, and author of Media Madness: Public Images of Mental Illness and Telling is Risky Business: Mental Health Consumers Confront Stigma.

This column is a regular feature of NMHA's Stigma Watch program. To learn more about the program or to report instances of stigma in the media, call 800-969-NMHA. To subscribe to NMHA's Stigma Watch Alerts, visit NMHA's web site at <http://www.nmha.org> and click on the Online Community.

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partners in the program. When students help design, plan and implement a prevention program, they are empowered to accept their own responsibility to take part in improving school safety. Another important lesson gained from the SafeTeam program is how well students respond to the coordinators — nondisciplinary mental health professionals whose sole function is to attend to students' emotional and mental health needs.

As one SafeTeam coordinator said, "I am very involved in the school community. I know individuals, and then I'll get to know other students through them. I see and hear and know things because I'm always available. If someone couldn't devote their full-time energy to this, they wouldn't be able to pick up knowledge about students, and really be immersed in the school."

Preliminary data from an independent evaluation has shown that students frequently use SafeTeam's resources, and that the coordinator frequently spends several hours securing needed services and care for individual students. SafeTeam works because it actively involves students, parents and staff in creating a healthier school environment for everyone. 📖

RESEARCH UPDATE

Co-occurring Disorders

Yale University researchers have found that 40 percent of people on dialysis exhibit symptoms of depression and concluded that detecting depression should become part of standard treatment. The study was published in the May issue of the *American Journal of Kidney Diseases*.

A study by researchers at the Washington University School of Medicine in St. Louis, which analyzed previous studies on depression and diabetes, found that people with diabetes are twice as likely to have depression as people without diabetes.

Children

Children with attention deficit hyperactivity disorder are nearly 80 percent more likely to be involved in a serious accident that results in a child's hospitalization for trauma, according to researchers from Ohio's Columbus Children's Hospital, which presented its findings at a recent meeting of the Pediatric Academic Societies.

Children whose mothers do not have work benefits, such as paid leave and flexible work hours, are two to three times more likely than their peers to experience reading, math and behavioral problems, according to researchers at Harvard's School of Public Health. 📖



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Upcoming Events

JUNE

- 6-9:** 2001 NMHA Annual Meeting in Washington, D.C.
- 12:** National Health Council Board Meeting hosted by NMHA in Alexandria, Va.

JULY

- 22-28:** World Federation for Mental Health Biennial Congress in Vancouver, B.C.

AUGUST

- 9-10:** Idaho Healthcare Reform Advocacy Training.
- 23-26:** NMHA is a proud sponsor of the Alternatives 2001 Conference.

SEPTEMBER

- 20-21:** Rhode Island Healthcare Reform Training.

For more information about these upcoming events, call 800-969-NMHA (6642) or visit <http://www.nmha.org>.

NMHA will mail copies of *The Day the Voices Stopped: A Memoir of Madness and Hope* by the late consumer advocate Ken Steele, to MHAs, consumers, policymakers and other stakeholders in the field. In this recently released book, Steele chronicles his long struggle with schizophrenia and hard-won recovery, and tells how activism helped him heal as he gave hope to others.