

THE VOICE

Volume 3, Issue 2

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Kevin's Story: Rebuilding Trust

by Anna Raudenbush, Client Advocate

Kevin lives in a group home in the Twin Cities. His physical health is very important to him. Maintaining a proper balance of nutrients in his diet is the way he takes charge of his complicated health conditions. Yogurt is an essential component of his diet, and he makes sure to have three servings each day to meet his nutritional goals.

Recently, Kevin's yogurt consumption outpaced yogurt purchases at his group home. This prevented Kevin from meeting his nutritional goals and upset his personal wellness plan. By not having enough yogurt on hand to meet his needs, he felt the group home was purposely denying him adequate nourishment. He was suspicious that they had a financial interest in keeping him unwell, and his trust plummeted. Without trust, his mental health deteriorated and he feared for his safety. When the yogurt ran out for a third time, Kevin contacted a MHAM advocate for help.

The advocate listened to Kevin's concerns and learned how important his nutritional goals are to him. Meeting the goals gives him an element of control in his relatively powerless position as a vulnerable adult. His nutrition is a source of pride for him – it's something he does well to manage his health.

Since Kevin is a private person and pretty independent, he did not share his nutritional

goals with staff at the group home. The advocate suggested that informing the group home staff might help them better understand his needs. Kevin and his advocate spoke with the group home

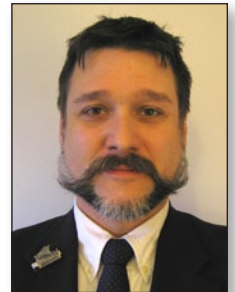
Kevin's Story continued on page 5

Getting the Treatment: My First Twenty-Four Hours

by Walter Tørrisen

March 17, 2011

One spring day out of nowhere came a mind-blowing and phenomenal 10-day-long mystical journey into madness. Then, not surprisingly, came hospitalization. Several hours after being transferred from the ER of a large Minnesota hospital to their psychiatric ward, I was strapped down to a table. It was midnight on Monday morning, and it was my very first night ever of inpatient psychiatric care.



The whole time I was restrained I knew there was a code of ethics, and I knew it was being broken. I share the story now that it might be useful in the pursuit of more compassionate and effective healthcare for the disabled and those struggling with mental illness.

After my transfer from the emergency room to a locked ward, having exchanged my clothing

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LEGISLATIVE UPDATE

by Ben Ashley-Wurtmann,
Outreach and Policy Associate

2011 has been a difficult session so far at the Capitol. As the House and Senate majority leadership release more details for their budget, the conflict will come into even sharper focus. Governor Dayton has proposed a budget that makes most of its cuts in Health and Human Services (HHS is the budget category that most mental health spending comes from), but also raises some revenue. Leaders in the legislature have vowed to use an all cuts model, cutting 1.3 billion more than the Governor out of HHS.


Nobody is talking about a perfect budget: these are undeniably hard times. But the question comes down to who bears the cost of these cuts? Many times, HHS is the only major item that politicians are willing to cut. There are many who will rally to the defense of nursing homes and schools and say they should not face reductions. So it's up to us to demonstrate the value of mental health services. For every category in the budget that is exempted from cuts, the rest face even deeper ones.

While it is hard to guarantee what will happen next, the following are serious concerns as we go to print. A bill (HF 1119) has been introduced that will effectively keep more individuals under guardianship from voting. We believe the current system works: a court has the power to review the capability of the ward to vote. This bill is unnecessary and hurtful.

Other concerns include a bill that will eliminate a minimum spending requirement for counties. If maintenance of effort (MOE) is abandoned, we are likely to lose a great deal of basic services. We are also working to try to change a new Minnesota Care model that would provide vouchers to buy insurance on the private market. Many recipients will have deductibles they cannot afford, and some will be pushed into plans that have no mental health care at all (HF 8/SF 32).

Across the board, we have seen so many ideas come forward that will reduce independence and a focus on recovery. Community Support Programs (CSPs) have been suggested for cuts several times, but a bill would allow adults with a serious mental illness to be placed in adult foster care (SF 254/HF 584).

Wouldn't it be better if we connected more people with job skills training, supportive peers, and meaningful engagement?



Remember that every voice matters. We are not taking anything for granted this session. Our past allies need to be encouraged, and those who have not voted for us yet need to hear more about why mental health services are cost effective and the right thing to do. To get more information about getting involved, please sign up for our weekly updates. Each update is a short and concise summary of the week's action with a step you can take to make a difference. You can receive the update by email, or find them on our website. For questions call 651-493-6634 or 800-862-1799 or email us at info@mentalhealthmn.org.

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of Minnesota **mham**

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Letter from the Executive Director



A news article in the March 16 edition of the StarTribune said “Bill aims to cut spending on health care for poor.” How many times in recent weeks have we read or heard comments like this? Too many!

There appears to be an attack on the rights of the poor and disabled. There is a proposal to take away the right to vote from people who have a guardian. Instead of habilitation services for people to find and keep jobs, we expect them to spend their days in a foster care setting.

MHAM spends time each week helping people who have lost their job and their health care look for alternatives. People asking for a minor accommodation in order to keep their jobs call us for assistance. People who have worked all of their lives, but now find themselves with questions about their newly diagnosed illness, seek options from us.

All of these people wonder what their future will look like.

Don't we all wonder? Our past has relied on the premise that we are all equal. We have fought for years to understand that illnesses do not define us. It feels lately that some decision-makers look at people as those who are deserving and those who are not deserving.

Accepting proposals that limit access, health plans that exclude mental health and substance abuse coverage, and health plans that price people out of coverage hurts us all. These are not simply cost savings, they are steps backward in keeping Minnesotans healthy.

The limiting of service availability forces people to more costly alternatives. Prevention and intervention services reduce costly hospitalizations and keep people healthy.

We know budgets need to be balanced. But we also know that effective services save money in the long term. If we are ALL in this together, we are ALL in this together; not just some.

We need your help to keep services in place to allow people to be independent. Life with a disability should not be limited, but full. Support us in the mission of a high quality of life and help us in the fight for high quality services for everyone. If we view others as “less than,” what does that say about us?

A handwritten signature in black ink that reads "Ed".

A Record Turnout for Mental Health Day on the Hill!

On March 8th, over 600 people rallied at the Capitol for better mental health services. We believe we had a record turnout, packing the church where we met to discuss the issues and then the rotunda where we made our voices heard. MHAM is grateful to everyone who participated and made it such a powerful day.

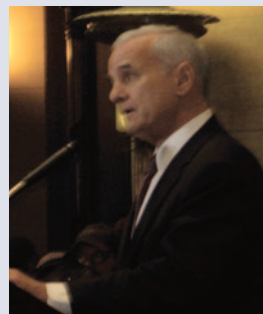


Governor Dayton spoke and was warmly received by attendees. As has been his position on the budget all along, he highlighted the need to balance cuts with raising revenue. He also spoke about the importance of maintaining the mental health infrastructure.

Representative Abeler, who leads the House Health and Human Services Finance Committee spoke about the difficult choices ahead. However, he reminded us that his proposal will be negotiable, and that “we are all in this together.” As we go to print, the first outlines of his budget are coming out. We will all need to be engaged and offer constructive input on what needs to be a priority in this difficult time.

We want to thank all the organizations and people who contributed. Every story was moving and highlighted a different way in which mental health services can make a real difference in people’s lives. Each of us can do more when we have the resources to stay healthy and take care of ourselves. It can be the difference that makes it possible to stay employed, live in the community, and stay connected with our families.

Legislators needed to hear this, and it’s up to all of us to keep bringing that message to them. For ways to be involved, check out our story on the 2011 legislative session on page 2.



First-of-Its-Kind Recovery Center in Minnesota Opens Doors for Adults Suffering from Co-Occurring Chemical Dependency and Mental Illness

After raising nearly \$2 million in start-up funds, People Incorporated Mental Health Services has announced the opening of its innovative new facility, Huss Center for Recovery and Stark Mental Health Clinic, at 2120 Park Avenue in Minneapolis.

Program Distinction. Using elements of the “harm reduction” model – rather than the Twelve Step approach – the Huss Center will provide treatment for metro area residents who are diagnosed with chemical dependency (CD), many of whom also have an underlying mental illness (MI). The abstinence-based Twelve Step approach has generally not worked well for people with CD and underlying MI, who need a setting where relapse is not viewed as total failure. The center provides residential treatment, a day program, and aftercare. The clinic offers psychiatric, nursing, and counseling services. Together, the center and clinic will treat approximately 400 people annually.



The “New Norm.” Dr. Tim Burkett, CEO of People Incorporated, says the new facility is a milestone. “This is a significant leap forward for those who cycle in and out of CD programs due to underlying mental illness. We’ve been using the harm reduction model for over 12 years in other programs, and its success points to it becoming the new norm for treating people with co-occurring CD and MI.”

Funding. In early 2009, Hennepin County asked People Incorporated to open a harm reduction CD/MI program. After raising nearly \$2 million and investing approximately \$500,000 of its own capital, People Incorporated purchased the Crosby mansion on Park Avenue in the summer of 2010. Renovations were completed in early March 2011, and the first clients took up residence on March 7. Fees for residential and outpatient services will cover anticipated expenses moving forward.

Kevin’s Story continued from page 1

director, who explained the staff had not intentionally denied Kevin yogurt. She acknowledged that the yogurt was relatively expensive and that staff believed Kevin was consuming too much of it. However, she also shared that the staff was not aware of Kevin’s personal goals, nor that the yogurt was running out so quickly.

Kevin explained his goals to the director and shared some of his beliefs. After listening, the director was willing to change protocol and spend more money on yogurt. Kevin agreed to let staff members know when the yogurt ran low so they could purchase more.

The director apologized and promised to speak with staff that day. Kevin felt that the director heard his concerns, but he wasn’t hopeful that the compromise would be respected. However, when the advocate followed up a week later, Kevin was pleased. The yogurt had run low again. Instead of keeping to himself, he told the staff. The staff then made a trip to the store to purchase more. Kevin was heartened by this concern for his health and no longer felt unsafe or distrustful.

2011 Memorial and Honor Gifts to MHAM

In Memory

Jan Bienhoff

Raymond and Audrey Gay Geist
Jean Grams

Susan Gall

Frank and Janet O'Neill

Gerald (Jerry) Krieger

Steven and Karen Crouch

Mendon F. Schutt Family

Mendon F. Schutt Family Fund

In Honor

Mr. and Mrs. Alt

Gregg Towley

Ellen Joseph

Lisa Weisman

This list is current as of March 25, 2011. Every effort has been made to ensure accuracy. If you note an error or omission, please accept our apologies. You can notify us of changes by calling Nancy Paul at 651-746-8584, ext. 9.



Getting the Treatment continued from page 1

for ill-fitting patient garb, I was asked to go to bed. I was shown to my room, but when I opened the door there was such a strong smell of body odor and dead air inside that all I wanted to do was air it out. When I propped the door open with a chair — which, I learned, was not allowed — nursing assistants ordered me into the room, door closed! I admittedly stood slightly taller and insisted that there could not possibly be anything wrong with airing out a room. When I folded my admission docs and jammed them under the door to prop it open, the men became agitated. Four of them then took me to an isolation cell, placed me on a vinyl mattress and bound me in leather cuffs and straps. Why? Because of a dispute about clean air and a door.

For 14 hours I was alone in that small, bright room, under thin sheets, tied down and tripping out. My mind was reeling, taking me to places I may never be able to describe. The bright lights and white walls blinded me. I was in a panic — confused, afraid, unable to move freely, pulling at the straps. My adrenaline surged, my instincts ignited, my vigilance crouched and waited. Until dawn, there was no sense for the passing of time. A camera watched, unblinking.

When the attending physician walked through the door late that morning, I knew instantly that things would not go well. Some 30 minutes later my fears were realized when three nursing assistants and two security guards walked in with syringes. I felt the effects immediately. By that time I didn't know whether I would live or die — the restraints became more uncomfortable, my body was weak and in pain from struggling, my brain was whipped. I was exhausted on every level and begging for help, shaking, terrified of losing consciousness.

Three hours after the injections, I was released and shown back to the ward. Few there seemed to have the slightest knowledge of what I had just endured. It was 2:30 p.m. on Monday afternoon, I had been drugged, I was ravished, I was surrounded by strangers, and it was the end of my first 24 hours in psychiatric care. Life would not be the same.

I am on a much brighter path now, but those 14 hours destroyed my trust in services and left me intensely resistant to treatment. It thrust me into a dangerous depression and led eventually to disturbing symptoms of PTSD.

Is there a code of silence where there ought to be a code of ethics? Are laws more important than practices? Why is there still ignorance and fear? Why is there still indifference and shame? Politicians, providers, consumers, families and concerned parties should look not solely to illness or policy for the answers, but also to treatment.

Gchi Miigwetch!

NIMH Outreach Partnership Updates

The following are some brief excerpts of the latest science news from the National Institute of Mental Health. You can view these and other science articles in their entirety at <http://www.nimh.nih.gov/science-news/index.shtml>.

INTERNATIONAL IMPACT OF BIPOLAR DISORDER HIGHLIGHTS NEED FOR RECOGNITION AND BETTER TREATMENT AVAILABILITY

The severity and impact of bipolar disorder and bipolar-like symptoms are similar across international boundaries, according to a study partially funded by NIMH. The results were published in the March 2011 issue of the Archives of General Psychiatry. <http://www.nimh.nih.gov/science-news/2011/international-impact-of-bipolar-disorder-highlights-need-for-recognition-and-better-treatment-availability.shtml>

NIMH: BRAIN ACTIVITY PATTERNS IN ANXIETY-PRONE PEOPLE SUGGEST DEFICITS IN HANDLING FEAR

Anxiety as a personality trait appears to be linked to the functioning of two key brain regions involved in fear and its suppression, according to a study funded by the National Institute of Mental Health (NIMH). Differences in how these two regions function and interact may help explain the wide range of symptoms seen in people who have anxiety disorders. The study was published February 10, 2011, in the journal, Neuron.

<http://www.nimh.nih.gov/science-news/2011/brain-activity-patterns-in-anxiety-prone-people-suggest-deficits-in-handling-fear.shtml>

For additional information on bipolar disorder and anxiety disorders please visit the MHAM website at www.mentalhealthmn.org.



MHAM is now on Facebook!

Become a fan by clicking Like on our Page. We're posting information about the legislative session and upcoming mental health events, as well as news about mental health in Minnesota.

OCTOBER 18, 2011 – SAVE THE DATE!

MHAM is happy to announce the 2nd annual Celebrating Recovery Education Event. Please save Tuesday, October 18 and join us for an event to help you and your loved ones take control of your health and independence. Further details will be posted on our website. Location: Ramada Plaza, 1330 Industrial Boulevard, Minneapolis.

Support Groups

DULUTH SUPPORT GROUP FOR PEOPLE WITH MENTAL ILLNESSES

1st and 3rd Thursday of each month, 5 – 7 pm, Miller Dwan Medical Center, Meeting Room 1 – 3, Lobby Level, East Side, *For more information, call MHAM at 1-800-862-1799.*



DBSA SUPPORT GROUPS

For people living with depression or bipolar disorder and their family members and friends

TWIN CITIES

Dakota County/Eagan	1st and 3rd Tuesday, 7pm	Audrey Weiner	651-454-8329
		Jonathan Moerschall	612-210-1704
Eden Prairie	1st, 3rd, and 5th Monday, 7pm	Beth Bell	612-722-4185
Maple Grove	1st and 3rd Thursday, 7-9 pm	Steve	763-425-6505, ext. 515
Mounds View	2nd and 4th Tuesday, 7 pm	Pam Karls	612-867-6863
St. Louis Park	2nd and 4th Thursday, 7 pm	Bobby Nemer	952-938-8941
St. Paul	1st, 3rd and 5th Wednesday, 7 pm	Mary Richards	651-636-4012
Woodbury	2nd and 4th Wednesday, 7 pm	Carol Treague	651-735-2345

GREATER MINNESOTA

Albany	Every Monday, 6:30pm		320-845-6104
Rochester	1st and 3rd Monday, 5:30 pm	Sandy (daytime)	507-282-8372
	2nd, 4th and 5th Monday, 7 pm	Jonathan (evenings)	507-292-9679
St. Cloud	Every Thursday, 6 pm	Lynn Keller	320-240-3324
Walker	Every Friday, 7 pm	Beverley Brown	218-547-3905