

THE VOICE

Volume 3, Issue 1

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Melvin's Story: Striving for Independence

by Tom Johnson,
Client Advocate

MHAM works with people living with mental illnesses. While mental illnesses are our focus, it is very common to work with people who also have another significant health issue in their lives. When there is co-morbidity of a mental illness and another condition, they can blend together and magnify the problems posed by either one of the ailments.

Melvin, a young man from Greater Minnesota, is an individual who deals with significant health problems that interfere with his ability to live independently in the community. He is diagnosed with Generalized Anxiety Disorder and Panic Disorder, which complicate his day-to-day activities substantially, and these are in addition to nearly complete blindness.

Melvin has many skills and can be very articulate when he is calm and fully able to utilize those skills. However, all too often, his high levels of anxiety and the frequent onset of panic attacks place the skills outside his reach. When he becomes very anxious, he will speak very fast and quite loud. These characteristics are often not understood and can be perceived as threatening by the individuals who provide him assistance with his shopping, finances, and transportation to appointments.

The MHAM Advocacy program works with Melvin and encourages him to give health

service providers a chance to assist him. Melvin has a commendable, fiercely independent streak and wants to do everything for himself, but sometimes help is needed. Advocates encourage clients to do what they can for themselves because they will benefit from the empowerment

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Reflections on Mental Health

by Ronald Groat, MD, former MHAM
Board Member, 1998 – 2010

As I reflected on my 12 years on the board of MHAM, terrible recent events in Tucson, Arizona took place. I actually happened to be there; one of my favorite places on the planet. The disturbing situation has led to dialogue and debate which appears to me clearly relative to the MHAM mission to enhance mental health, promote individual empowerment and increase access to treatment and services for persons with mental illnesses.

As I write, it is not clear if the perpetrator of this violence had ever been professionally diagnosed with a mental illness, despite being noted as a disturbed person by some with whom he had contact. He may very well suffer from a mental illness, but the speculation resulted in concerns about warning signs of illnesses and ways to force people to get "help" that could have potentially averted this tragedy.

I frequently watch families struggle with getting help for relatives they are concerned about, and I frequently share frustration with the process. Yet there is a tension that needs to be appreciated

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Day on the Hill

The Mental Health Legislative Network, co-chaired by MHAM and NAMI Minnesota, will host its annual Mental Health Day on the Hill on **Tuesday, March 8th, 2011**. With so many new legislators this session, it is critical that we educate the legislature on what matters to us. Day on the Hill is a great opportunity to join voices with others who care about mental health.

- 10 a.m. Briefing at Christ Lutheran Church, 105 University Avenue, Saint Paul
- Noon Rally in the Capitol Rotunda
- 1 p.m. Visit with your legislators (Make sure to make an appointment soon!)

Check our website or call us for information on parking, getting a ride to the Capitol, and information on who represents you in the Minnesota Legislature. Democracy works best when everyone gets heard, so please consider joining us for Day on the Hill!

The 2011 Minnesota Legislative Session

by Ben Ashley-Wurtmann, Outreach and Policy Associate

By slim margins, Minnesota has elected Republican majorities to the House and Senate and a DFL Governor. The election results may have the appearance of a landslide, but the truth is that many legislators on each side won by a handful of votes. It is our hope that this will mean a greater power for citizen voices as the legislature deliberates on how to move forward in these tough times.

One bright spot is Medical Assistance. Governor Dayton has taken the opportunity to expand eligibility for low-income single adults. This will help cover many former GAMC recipients who could not access services under the compromised system that came out of last year's session.

The most important fact of this session is that the state is expecting a 6.2 billion dollar shortfall between expected spending and expected revenue. Governor Dayton has proposed some cuts along with new revenues in order to maintain services. Representative Zellers and Senator Koch, who lead the House and Senate, have proposed an "all cuts" model. No solution to a problem of this size is easy or perfect. However, we are strongly concerned about what further reductions will mean for the mental health system.

For those of us who are well-acquainted with these issues, it makes perfect sense that spending on mental health is an investment. When people are healthy they require less expensive services, can connect with employment and their communities, and experience greater quality of life. However, we find ourselves once again justifying the basic need for mental health services in Minnesota. In this session, we will need both patience and energy. For new lawmakers who may not have a background in these issues, we want to be very clear when we explain why these services matter.

This will not be over quickly: with a split between the legislature and the governor's office, we expect several rounds of negotiation. The number of changes can

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of Minnesota **mham**

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Nancy Paul, Editor.*

Mental Health Association of Minnesota

475 Cleveland Avenue N, Suite 222
Saint Paul, MN 55104-5589
651-493-6634
800-862-1799
www.mentalhealthmn.org
info@mentalhealthmn.org

Letter from the Executive Director



We've moved! Please see the invitation to our House Warming on page 5. The move presents a cost-saving measure to better utilize our financial resources for services and a fresh start for the new year.

As we enter our 72nd year of service to Minnesota, we continue to see attacks on services to people with mental illnesses. Tragic events throughout the country lead to blaming mental illnesses as the root cause. We never hear about the millions of American's with a mental illness showing up and excelling at their place of work.

Each day as I speak to people I hear, "Oh, my brother has bipolar disorder," or "My grandmother was treated for depression." We need to share stories about people who are successfully living with their mental illnesses and not fall into the trap of finding fault.

As we moved to our new location and went through old files and boxes and scanned historical documents into our archives, we realized we need new approaches to our mission. We need to look at transformational services for people. We need new methods of educating people about mental illnesses. We cannot stand by and lose services people have fought for years to develop and fund.

People with mental illnesses want to live normal lives, raise families, have a job, take a vacation, etc. They do not want to be defined by their illness. The same goes for people who have cancer, yet we do not define them in the same manner. While stigma associated with a mental illness has lessened, it still exists, and in fact could increase if we do not work hard.

We are hearing the word "reform" at the legislature. What does it mean? It should mean better services for the buck, evidence-based practices being implemented, and results being monitored. It shouldn't mean cutting services to simply balance the budget.

We have a shared responsibility to improve people's lives. Won't you help us keep our current mental health services in Minnesota?

Follow our legislative work and keep people informed about services that work and fund them. Help reduce stigma by educating people about mental illnesses. Talk with decision-makers about programs that reduce hospitalizations and therefore costs.

A handwritten signature in black ink, appearing to be "Ed".

Take action to save lives.

be confusing and disheartening, but we need to stay focused. The more we are involved along the way, the more likely it is that the final budget will reflect mental health services as a priority for Minnesota.

To get involved, visit our website to read about new developments on our blog, sign-up to receive email updates, or call us for information. We also invite you to join us for Day on the Hill on Tuesday, March 8.

Mental Illnesses and the Lesbian/ Gay/Bisexual/Transgender Community: Fighting Stigma and Getting Your Needs Met

by Melissa A. Hensley, PhD, Assistant Professor of Social Work, Augsburg College

Mental health and mental illnesses are topics of major concern among people in lesbian, gay, bisexual, and transgender (LGBT) communities. Though LGBT people experience serious mental illnesses at the same rates as the general population, LGBT people may be more susceptible to stress-related mental health problems such as depression, anxiety, or substance use. Lesbian and gay individuals who were surveyed at the Millenium March on Washington mentioned that depression and substance use were major health concerns in their communities.

It's important to remember that being LGBT does not equate with having a mental illness. In past decades, homosexuality was considered a mental illness according to the Diagnostic and Statistical Manual (DSM), but in the present day, all of the major U.S. mental health professional groups have issued statements saying that being lesbian, gay, or bisexual does not mean that a person is mentally ill. For transgender individuals, the issue is more complicated, because gender identity disorder is listed in the DSM. People who identify as transgendered usually don't think of themselves as having a mental illness, but they may need documentation of gender identity disorder in order to obtain medical interventions such as hormone treatments or surgery.

Unfortunately, LGBT people who have a mental illness may experience "dual stigma." The LGBT community may not be accepting of mental illnesses, and the mental health community may not be accepting of an LGBT identity. There are things you can do to make sure your needs are met:

- **Ask questions.** Shop around when you are looking for mental health care. Ask about experience with and perspectives on sexual orientation and gender identity.
- **Fight stigma.** When people make derogatory comments, challenge them and tell them that their language is disrespectful.
- **Seek support.** There are online and in-person support groups for LGBT people who have mental illnesses. Accepting faith communities are another good source of support.
- **Explore self-help options.** Some self-help groups advertise themselves as welcoming LGBT people.

Remember, recovery is possible for everyone!

MHAM Has a New Home!

Over the winter holidays, MHAM moved its offices from Northeast Minneapolis to Saint Paul. Please join the staff and Board at a House Warming for our new office! You'll get the chance to see the new space, chat with friends, enjoy cookies and cider, and tell your stories about MHAM.

MHAM House Warming

When: Thursday, February 17, 2011, 3 – 6 p.m.
Where: Mental Health Association of Minnesota
475 Cleveland Avenue N, Suite 222
Saint Paul, MN 55104

Directions from I-94:

- Take the Cretin/Vandalia exit and follow Vandalia to University.
- Turn right on University and follow University to Cleveland.
- Turn right on Cleveland and follow Cleveland to the I-94 overpass.
- Our building is the red brick building on the right just before you cross over I-94.
- Go slightly past the building and turn right into the parking lot to access the front door.

No RSVP required – stop by when you can, and leave when you need to!

MHAM's recent move was a cost-saving measure which will help us save \$14,000 per year in rent. You can help us save more resources by receiving this newsletter via email. Please contact us at info@mentalhealthmn.org with your name, your preferred email address, and a request to no longer receive the newsletter by mail.

Reflections continued from page 1

between forcing treatment on someone and being careful so as not to limit a person's freedom simply because someone thinks they need help. At times there is an obvious answer and solution, yet at other times there is not clarity. We have used a dangerousness standard for years that appears to not be the most effective, humane, or safest process. The debate needs to continue but the solutions are not simple. The answers will ebb and flow as our society matures and becomes wiser, but individual rights should not be removed in a cavalier fashion. We tried this decades ago resulting in many cautionary tales and untold human suffering.

Sometimes fear and disturbed thinking results in terrible decisions and situations. Most frequently, however, fear results in avoiding situations, shrinking from others, and existing in a tormented, anxiety ridden state. Defining a person's behavior or thinking to be undesirable, or even dangerous, does not infer a conclusion that the person is necessarily ill. Improving awareness of mental illnesses to hopefully reduce the barriers to seeking help for all involved, along with improving access to treatment, is clearly desirable and remains a necessary goal of our efforts.

Many of the challenges of 12 years ago are unfortunately still here. Much progress has been made: parity in mental health care in Federal programs and in many workplace settings; increased public knowledge; reduced stigma; and growth in services and effective treatments. There remains much to be improved, however, and advocacy in situations where the path to the right help is not clear or easily obtainable, leadership in public dialogue, and championing persons with mental illnesses are required. These concerns that have been the focus of MHAM for decades, remain as important today as they have in the past. Recent events simply underscore the importance of continued leadership in the discussion and debate of issues related to persons with mental illnesses and those that love them, so we can find solutions that allow us all to live in a safer, kinder, and healthier America.

2010 Memorial and Honor Gifts to MHAM

In Memory

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Martin Segal's 90th Birthday

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This list is current as of January 21, 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 651-756-8584, ext. 9.



Community Partner

MHAM and the National Institute of Mental Health (NIMH) Outreach Partnership Program

MHAM is proud to be one of 55 NIMH Outreach Partner organizations selected from each state, the District of Columbia, and Puerto Rico. As an Outreach Partner, MHAM is responsible for conducting statewide mental health outreach and education to deliver science-based messages to the public, health professionals, and underserved populations. As part of the program, MHAM also promotes opportunities for volunteer participation in NIMH and the National Institutes of Health (NIH) clinical studies.

The objectives of the program are to:

- Increase understanding about mental disorders, the brain, and behavior;
- Increase awareness of the role of basic, translational, and clinical research to the development of treatment and prevention interventions and ultimately recovery and cure;
- Reduce myths and misperceptions about mental disorders that contribute to mental health stigma and discrimination; and
- Increase access to science-based mental health information, particularly among populations that experience mental health disparities.

To meet these objectives, we have several outreach initiatives – the MHAM newsletter being just one of them. In past MHAM newsletters, we have highlighted some of the latest news and research from NIMH. With upcoming issues of *The Voice*, there will be a section dedicated to our partnership with NIMH that will continue to inform our readers with the latest science-based information.

For more information about the National Institute of Mental Health and its Outreach Partnership Program, please visit www.nimh.nih.gov.

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of exercising substantial control over their life. However, we also emphasize that it is not shameful to access a service or support when it is needed. Because of his low vision, Melvin needs assistance in the selection of groceries at the store, help with his mail, and rides to appointments.

Requiring help in these activities is very hard for Melvin to accept, and it often spurs his anxiety and contributes to the onset of a panic attack. He may get very upset at his worker for helping him too much or not enough. This can place his ongoing services in jeopardy, because his workers become frustrated and find it difficult to work with Melvin. There are times when Melvin's anxiety and panic result in statements and interactions where his workers may take the highly pressured loud speech as a personal attack on themselves, and that is not usually the case. When this happens, the MHAM advocate and Melvin's worker talk about Melvin's anxiety and work on strategies to minimize the anxiety, making the interactions better for all. Melvin works with some good people in the low vision/blind network, and they benefit by better understanding symptoms related to his mental health condition.

Melvin sometimes calls his advocate to ask for feedback on his efforts. They talk about his strategies to lower stress and reduce his anxiety. He tries hard, and it seems to help when he hears others appreciate his efforts. There is no doubt that he has made progress in the last two years. He knows there is still work to do and there will be further challenges ahead in his effort to remain independent, but he also knows that if he can work with his supporters, he can make it happen.

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.*

REACH FAMILY SUPPORT GROUPS (ALL IN GREATER MINNESOTA)

Albert Lea	4th Thursday, 7 pm	Nancy Heidal	507-373-8090
Alexandria	1st Monday, 7 pm	Linda Fahlin	320-763-3466
Bemidji	3rd Tuesday, 7 pm	Robin Wold	218-444-6748
Milaca	1st Tuesday, 6:30 pm	Mary Fehring	320-983-6724
St. Cloud	1st Tuesday, 6 pm	Dale Anderson	320-240-3327



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
Eden Prairie	1st, 3rd, and 5th Monday, 7pm	Jonathan Moerschall	612-210-1704
Maple Grove	1st and 3rd Thursday, 7-9 pm	Beth Bell	612-722-4185
Mounds View	2nd and 4th Tuesday, 7 pm	Steve	763-425-6505, ext. 515
St. Louis Park	2nd and 4th Thursday, 7 pm	Pam Karls	612-867-6863
St. Paul	1st, 3rd and 5th Wednesday, 7 pm	Bobby Nemer	952-938-8941
Woodbury	2nd and 4th Wednesday, 7 pm	Mary Richards	651-636-4012
		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	Beverly Brown	218-547-3905