

# CHANGES...

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BEHAVIORAL HEALTH SERVICES NETWORK

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## Mental Health Awareness Month: an opportunity for change

Those in the field know the importance of this month and many have scheduled events to increase public understanding of the importance of mental wellness. While change in attitude is evident, much remains to be done. In anticipation of this, Affiliated Santé Mobile Crisis has reached out to partner with the BHSN Defeating Stigma Coalition to produce a weekly radio show in hope of raising awareness about behavioral health needs including treatment options, service providers, events and community supports to link Mid-Shore residents to person- and family-specific services, among other things.

Affiliated Santé aims to get the show up and running during the first several months. Once all of the wrinkles are ironed out, it and the Defeating Stigma Coalition may invite other partners to participate. Those interested in participating in interviews or whom have ideas for topics and/or speakers, are asked to contact Carol Masden at [cmasden@santegroup.org](mailto:cmasden@santegroup.org) or Kathy Stevens at [kstevens@msmhs.org](mailto:kstevens@msmhs.org).

Additional awareness-raising efforts include the Defeating Stigma Coalition's purchase of the award-winning nine-part Maple Avenue film series that focuses on teen issues including suicide, cutting, bullying, depression and body image. The coalition hopes to partner with educators to include films in curricula at schools in the five-county Mid-Shore region. Contact [kstevens@msmhs.org](mailto:kstevens@msmhs.org) to learn more.

### Films educate, raise awareness

**I**n April, Lifetime Television premiered *Call Me Crazy*, a series of interconnected short films that deal with the subject of mental illness. Through five short stories named after each title character—Lucy, Eddie, Allison, Grace and Maggie—powerful relationships built on hope and triumph give viewers a new understanding of what happens when a loved one struggles with mental illness.

The two-hour movie event aired on television Saturday April 20. NAMI attended the premiere on April 16 in Los Angeles and was honored by the network for its work on behalf of individuals and families affected by mental illness. In addition, Lifetime presented NAMI with a generous contribution and a public service announcement titled *It's Time*. The PSA features testimonials by many of the film's talent, including Brittany Snow, Jennifer Hudson, Octavia Spencer, Ernie Hudson, Jean Smart, Melissa Leo and others, who all joined together to urge action and support for NAMI.

Other stars associated with the film included Jennifer Aniston, who served as one of the film's executive producers, and Ashley Judd, who directed *Maggie*.

One of the shorts, *Lucy*, which was written by Deirdre O'Connor and directed by Bryce Dallas Howard, follows the film's title character, a law student living with schizophrenia. Through the support of a new friend she meets in the hospital, medication and her psychotherapist, she begins her path to not only healing, but a promising future. Lucy is played by singer and actress Brittany Snow (*Hairspray*, *Pitch Perfect*). Read NAMI's interview with Snow online at [http://www.nami.org/Template.cfm?Section=Top\\_Story&template=/contentmanagement/contentdisplay.cfm&ContentID=154123](http://www.nami.org/Template.cfm?Section=Top_Story&template=/contentmanagement/contentdisplay.cfm&ContentID=154123)



Brittany Snow and Jason Ritter in *Call Me Crazy*, which premiered on Lifetime Television on April 20. (Photo: Lifetime Television)

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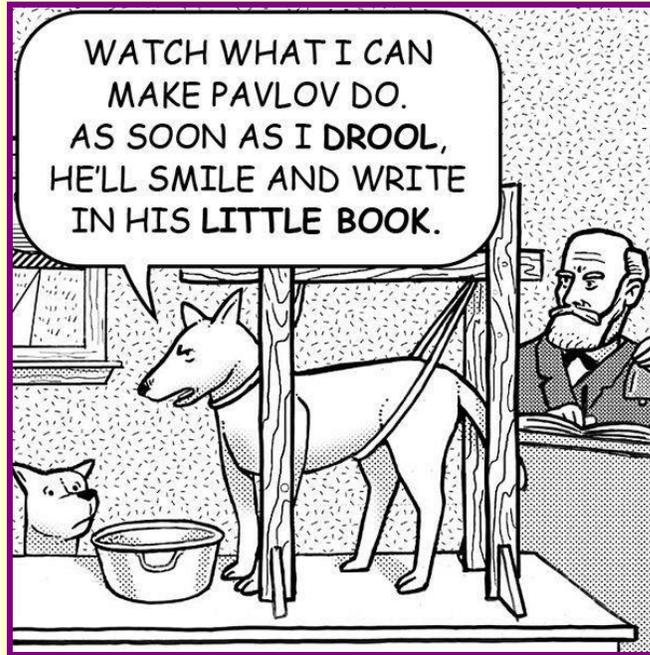
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*Once upon a time I dreamed of great things and places and love and adventure. Years later, I smiled in memory of fulfilled once-upon dreams.*

—K. L. Stevens

**Our Mission**

To continually improve the provision of mental health services for residents of Caroline, Dorchester, Kent, Queen Anne’s and Talbot Counties through

effective coordination of services in collaboration with consumers, family members, providers and community leaders. We believe that the mental health system should assure quality, cost-effective services that meet the needs of our consumers. Consumers are the focus of MSMHS, and it is our goal through partnership with other agencies to develop a full array of easily accessible services for the consumer. We strongly believe in the empowerment of individuals, consumers, and family members to help develop their fullest potential.

**Our Vision**

To develop a model rural mental health delivery system with a continuum of mental health services that are culturally diverse. These services assure consumer empowerment, have a community focus, are cost-effective for the system and are integrated to serve the community as a whole, private and public sector, regardless

**Help us serve others**

Changes to healthcare systems affect numerous people in our region. To effectively plan and execute system improvements, the five MSMHS Behavioral Health Services

Network groups meet throughout the year.

We encourage participation in these groups from consumers, family members, providers and other residents of the five-county Mid-Shore region. The workgroups address long term, chronic aging; child and adolescents; stigma associated with mental illness; co-occurring disorders and integration; and crisis response.

Please see the calendar on page 5 for meeting times in May. Contact Kathy Stevens at 410-770-4801 or [kstevens@msmhs.org](mailto:kstevens@msmhs.org) for information or to sign up.

**Psychiatrists waste 1 million hours on phone annually awaiting authorization from insurers, Harvard study finds**

One form of cost-cutting measures private insurers have put into place, research indicates, includes lengthy waits for authorizations.

“Private insurers are obstructing care by requiring authorizations before a qualified psychiatrist can hospitalize a dangerously ill patient. With doctors, nurses and emergency departments already overburdened, adding a time consuming bureaucratic task that doesn't help patients is unconscionable,” said Dr. J. Wesley Boyd, attending psychiatrist at Cambridge Health Alliance and assistant clinical professor of psychiatry at Harvard Medical School and senior author of the study.

“Insurers hope that clinicians will be so hassled by authorization procedures that they won't seek admission for their patients, saving insurance companies money.” he said. “Placing profits ahead of the health of patients when mental illness makes them vulnerable is immoral. A single-payer Medicare-for-all health care system would represent a great leap forward for patients and providers alike.” With approximately 1.6 million psychiatric admissions among people with private insurance nationwide each year, 38 minutes of phone time to obtain authorization translates into about 1 million hours of wasted psychiatrist time. Read excerpts from the study online at <http://www.medicalnewstoday.com/releases/259465.php>.



## Tolerance, empathy, communication, key in successful relationships involving mental health

Two in three—63 percent—of respondents with a mental health diagnosis who tell their partners about their condition said their partners ‘weren’t fazed’ and were ‘really understanding’ when they first heard the news.

Mind, a London-based advocacy agency, released in recent days a study that shows that 77 percent of people with a mental health diagnosis surveyed actively tell their partners about their mental health, and 5 percent of those people said their partners broke up with them when they heard about their condition.

Seventy-four percent of a random sample of people who are or have been a partner of someone with a mental health diagnosis surveyed said they wanted to understand the other person’s situation when they were told, and 4 percent of those people said they felt afraid.

Researchers surveyed 1,000 people with an experience of mental health issues in romantic relationships and asked a range of questions about communication and commitment. The majority of people in such relationships said they communicate openly about the issue. Romantic relationships can have a major positive impact on people’s mental health, and the majority of partners report they are understanding about the situation.

Additionally, the survey found:

- Some 74 percent of survey respondents said they regularly talk about their mental health with their partner, and three in five—60 percent— of these people said communication ‘made the relationship easier to manage’

- Three in five said being in a relationship has had a ‘positive impact’ on their mental health

- Half of partners surveyed said dating someone with a mental health diagnosis wasn’t as daunting as they thought it might be; of these people, 47 percent said they felt the mental health problem does not define the person

However, people with mental health problems and partners revealed, among other pressures such as money and work, that the mental health issue did put the most strain on relationships. Four in five people said it had affected their sex life, with loss of libido and feeling unattractive or self-conscious as main issues, in comparison to three in five partners who said it affected their sex life.

*"Homogeneity makes for healthy milk but anemic friendships.*

*We need relationships that cross culturally imposed lines to enlarge our hearts and expand our vistas."*

*—Dan Schmidt*

*"It's surprising how many persons go through life without ever recognizing that their feelings toward other people are largely determined by their feelings toward themselves, and if you're not comfortable within yourself, you can't be comfortable with others."*

*—Sydney J. Harris*

## Students discouraged by “professional” behavior

True merit,  
is like a river,  
the deeper it is,  
the less  
noise it makes.

—Edward Frederick  
Halifax

The 2nd Annual Across the Lifespan training at Chesapeake College was well-received by 63 attendees who ranked speakers and content of the one-day conference favorably.

Attendees said they weren't fond of theatre seating but overall they confirmed they'd garnered useful knowledge and had adequate opportunities to pose questions and interact with others, according to completed surveys.

One problem: more than 10 percent of attendees said they were discouraged and saddened by the lack of professionalism in their would-be mentors already working in the fields of social work and human services. Most of these not-so-flattering comments were made by college students who'd attended the training not only for free CEUs but for the opportunity to meet and talk

with clinicians and other human services professionals.

What they described might encourage those in these fields to examine personal standards of professional behavior whether at work, in meetings or at conferences such as this.

These are some of their comments:

—As a college student, I found the other members of the audience were very unprofessional with side conversations, texting, Facebooking, sleeping, and passing notes. They did not set a very good example at all.

—There were several people on Facebook during presentations. This was very distracting and rude.

—It was distracting to have professionals texting and sharing online photos during the conference.

—As a college student I expect that behavior from younger students, not from adult professionals. This was very discouraging for someone who is energized and optimistic about breaking into this field.

Granted, conferences and other out-of-office events may be viewed as a less stringent environment where attendees relax as they're away from employers, colleagues and clients. But catching up on sleep, disrupting instruction and passing notes, well, it's something one might expect from elementary, middle and high school students, most of whom risk punishment from teachers and parents for disrupting class —they don't get to text or play on Facebook, either.

## May 2013 — BHSN Calendar and Events

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3 2nd Annual Youthpalooza YMCA Easton	4
5	6	7 BHSN Long Term 11-12	8 Film "I Am" 6-8:30 p.m. KC Library	9 BHSN Co-occurring 10:30-11:30 BHSN C & A 3-4	10	11
12	13 Defeating Stigma 10-11	14 Housing RT 1-3 Consumer Council 3-4	15	16	17 Caliber 11:30-2 Caroline Country Club	18
19	20	21	22 Suicide Prevention QAC BOE 9:30-11	23	24	25
26	27	28	29	30	31	

### Save the date

—**May 11:** Eastern Shore Hospital Center Auxiliary's 10th Annual 10k Race/3k Family Walk fund-raiser benefits ESCH patients. Registration is 7:30 a.m.; the walk and race begin at 8 a.m. at the River Marsh Golf Course in Cambridge. ESHC also hosts a Mental health awareness information exhibit. To register, volunteer, or become a sponsor, please contact the ESHC Auxiliary at 410-221-2358 or toll free at 888-216-8110, ext. 2358 or fax 410-221-2356 or [Judith.slaughter@maryland.gov](mailto:Judith.slaughter@maryland.gov).

—**June 9:** Quarter Auction Fund-raiser to benefit Chesapeake Voyagers, Inc., a nonprofit peer support organization. Co-sponsored by The Lily Pad Café & Catering. Doors open at 2 p.m. Sunday June 9; the auction begins at 2:30 p.m. at 104 S. Second St., Denton. Paddles cost \$5 for the first and \$2 for each additional. Call 410-822-1601 for additional information.

### Transition to Independence Process (TIP)

A free informational session for agencies interested in implementing or learning about the TIP Model are invited to attend an introductory seminar from 1 to 4:30 p.m. Thursday, June 6 at Talbot County Department of Social Services, 301 Bay St. Unit 5, Easton.

This 4.5-hour introduction to this process for working with Transitional Age Youth is open to outpatient mental health providers and community partners that work with the TAY population. A formal training will be held at a later date; those interested in being considered for the formal training session must attend this seminar.

This event is sponsored by the Mental Hygiene Administration, Mid-Shore Mental Health Systems and Maryland Healthy Transitions Initiative.

Information about the TIP Model may be found at <http://www.tipstars.org/OverviewofTIPModel.aspx>.

Contact Rebecca Hutchison, LCSW-C via fax or email at 410-770-4809 or [rhutchison@msmhs.org](mailto:rhutchison@msmhs.org).

Common sense and a sense of humor  
are the same thing,  
moving at different speeds.  
A sense of humor is  
just common sense, dancing.

—William James

**Annual Point in Time Survey**

The Mid-Shore Roundtable on Homelessness, a collaborative group focused on the issues of homelessness for the five Mid-Shore counties (Caroline, Dorchester, Kent, Queen Anne's and Talbot), conducted its annual Point In Time Survey for 2013. Surveyors worked Wednesday, Jan. 30, gathering demographic information on individuals and families who are homeless.

The survey is conducted just one night to obtain the most accurate count. Information gathered is reported to the Department of Housing and Urban Development where it is then examined at a national level. The data illustrates the growing need for services for those affected by homelessness in our region. Service providers, faith-based organizations, county offices, and volunteers administered brief surveys to people who are homeless. Most surveys were collected by those in our area's Cold Weather Emergency Shelters and by community service providers. Through the survey, individuals and families affected by homelessness are counted and linked to services that may help them overcome homelessness.

It is the hope of the Mid-Shore Roundtable on Homelessness that this process raises community awareness about the ever growing need of services for those affected by homelessness. Obtain additional information about the survey or the Roundtable on Homelessness, contact Jeanine Beasley, Special Grants Administrator, at 410-770-4801 or email at [jbea](mailto:jbea)

**2013 Point in Time Survey, a measure of homelessness**

**Persons in Households with at least one Adult and one Child**

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Number of Households	2	5	2	9
Total Number of persons (Adults & Children)	5	11	5	21
Number of Persons	2	6	3	11
Number of Persons (18 - 24)	0	1	0	1
Number of Persons (over age 24)	3	4	2	9
Average Household Size				2.3

**Persons in Households with only Children (Under Age 18)**

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	0	0	0	0
Number of one-child Households	0	0	0	0
Number of multi-child Households	0	0	0	0
Total number of persons (under age 18)	0	0	0	0
Number of children in multi-child households	0	0	0	0
Average Household Size				n.a.

**Persons in Households without Children**

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	45	6	0	15	66
Total Number of Persons (Adults)	45	6	0	15	66
Number of Persons (age 18 - 24)	6	0	0	2	8
Number of Persons (over age 24)	39	6	0	13	58
Average Household Size					1.0

### Total Households and Persons

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	47	11	0	17	75
Total Number of Persons	50	17	0	20	87
Number of Children (under age 18)	2	6		3	11
Number of Persons (18 to 24)	6	1	0	2	9
Number of Persons (over age 24)	42	10	0	15	67
Average Household Size					1.2

### Chronically Homeless Subpopulations

	Sheltered		Unsheltered	Total
	Emergency Shelters	Safe Havens		
Chronically Homeless Individuals	9	0	5	14
Chronically Homeless Families (Total Number of Families)	0		2	2
Chronically Homeless Families (Total Persons in Household)	0		5	5

### Other Homeless Subpopulations

	Sheltered	Unsheltered	Total
	Persons in emergency shelters, transitional housing and safe havens		
Total Number of Veterans (including female Veterans)	2	0	2
Number of Female Veterans (subset of all Veterans)	0	0	0
Severely Mentally Ill	13	7	20
Chronic Substance Abuse	10	6	16
Persons with HIV/AIDS	2	0	2
Victims of Domestic Violence			0