

The Key Update

The free monthly e-newsletter of the National Mental Health Consumers' Self-Help Clearinghouse

Volume 1 No. 10 March 2005

<http://www.mhselfhelp.org>

The Key Update Volume 1 No. 10 - March 28, 2005

SPECIAL ANNOUNCEMENTS...

****Alternatives 2005 Update****

Last Call for Proposals-- April 6, 2005.

The National Empowerment Center invites proposals for workshops for Alternatives 2005, to be held October 26-30, 2005 at the Hyatt Regency Hotel, Phoenix, Arizona. Information and Call for Papers is available at

<http://www.power2u.org/alternatives2005.html> or by calling 800-POWER2U. Proposals for workshops and institutes may be completed online or mailed and are due by April 6, 2005.

Express Yourself! is a new self-determination tool from the UIC (University of Illinois at Chicago) National Research and Training Center on Psychiatric Disability. Users can pinpoint areas of their lives (such as money or relationships) where they'd like to have more control and decision-making power, and then learn how to get started by using action-planning and Web-based resources. Areas covered in this self-assessment include finances, housing, transportation, employment, community integration, medical treatment, and mental health care. Download this tool by visiting www.psych.uic.edu/uicnrtc/self-determination.htm or obtain a copy by contacting the Center.

\$18.8 Million Available for State Grants to Transform Mental Health

SAMHSA has announced the availability of FY 2005 funds for cooperative agreements with states to support infrastructure and service delivery improvements that will help build a solid foundation for delivering and sustaining effective mental health and related services. It is expected that approximately \$18.8 million will be available to fund six to 13 cooperative agreements to support an array of infrastructure and service delivery activities. The average annual award will range from \$1.5 million to \$3 million per year for up to five years. The actual award may vary, depending on the availability of funds.

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Eligibility and application information for this grant, No. SM 05-009, is available by calling SAMHSA's clearinghouse at 1-800-789-2647 or from the SAMHSA Web site at www.samhsa.gov (click on "Grants"). Applicants are also encouraged to download an application or apply online through a new service at www.grants.gov.

APPLICATION DUE DATE: June 1, 2005

MENTAL HEALTH TREATMENT AND SERVICES...

Senate Vote Defeats Cuts; Medicaid Funding Still Uncertain

On March 17, the Senate passed the Smith-Bingaman Amendment, thereby agreeing to restore about \$14 billion in Medicaid cuts over five years to its budget resolution and establish a one-year, bipartisan commission to recommend changes in Medicaid, a federal-state healthcare program that serves people with disabilities as well as poor people and older adults.

However, the House budget resolution - which passed on March 17 by a vote of 218-214 - requires that the Energy and Commerce Committee make \$20 billion in cuts over the next five years in the programs it oversees, and most of these cuts are expected to come from Medicaid. In fact, it is estimated that the Medicaid cuts would be more than double the \$7.6 billion over five years that President Bush proposed.

When Congress returns from its recess on April 4, a House-Senate Conference Committee will hammer out the final proposal.

Sources: The New York Times, 3/18/05

www.nytimes.com/2005/03/18/politics/18budget.html?hp&ex=1111208400&en=c96047e287de3ed7&ei=5094&partner=homepage;

Center on Budget and Policy Priorities: www.cbpp.org/3-9-05bud.htm

Cities Ranked on Depression Quota

According to a report in the April edition of Men's Health magazine, Philadelphia is the most depressed city in the United

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States of 101 cities that are ranked; Laredo, Texas, is the least depressed city. The results of this survey are based on information that included antidepressant sales, suicide rates from the Centers for Disease Control and Prevention (CDC), and information gathered by the CDC's Behavioral Risk Factor Surveillance System. The four other least-depressed cities in the top five are El Paso, Texas (Number 2); Jersey City, N.J. (3); Corpus Christi, Texas (4); and Baton Rouge, La. (5). The four other cities that joined Philadelphia at the bottom of the list are Detroit, Mich. (100), St. Petersburg, Fla. (99), St. Louis, Mo. (98), and Tampa, Fla. (97).

Editor's note: A survey of this kind may not reflect the real picture. For example, it may be that cities at the bottom of the list, such as Philadelphia and Detroit, have better treatment systems and/or a better set of measurement and reporting procedures than those at the top of the list. Another possibility is that the stigma associated with mental illness may be less in the cities at the bottom than at the top, resulting in more people seeking treatment.

Source: www.menshealth.com/cda/article/0,2823,s1-3-124-138-2358,00.html

COMMUNITY INTEGRATION...

State Olmstead Plans Slow to Implement

Community integration means that all people with disabilities have the right to receive services within their community in the least restrictive setting possible. The U.S. Supreme Court, in *Olmstead v. L.C.* (the "Olmstead decision"), upheld this right when it ruled that unjustified isolation based on disability is equivalent to discrimination. But community integration is a long way off for many mental health consumers whose only resource for treatment is restrictive hospital settings, or who find themselves without access to services where they live.

Since the 1999 *Olmstead* decision, by which all states were mandated to develop a plan for community integration, consumer advocates have participated in planning to bolster community-based services and supports so that people with mental illnesses

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can return to living in the communities of their choice. However, implementation has lagged significantly behind planning, and many consumers feel their input to these "Olmstead plans" has been minimally recognized.

In order to make community integration a reality, consumers, social scientists and advocates are working together to educate legislators on what it means for a person with mental illness to be integrated into the community, and how appropriate supports can reduce mental health costs. Mark Salzer, Ph.D., director of the UPenn Collaborative on Community Integration, has pointed out that "community integration is the roadmap to recovery" and can provide the best framework to support people in recovery from mental illnesses, where and when they most need such support.

For more information: www.upennrrtc.org;
www.olmsteadcommunity.org.

SELF-ADVOCACY AND SELF-CARE RESOURCES...

New Resources to Help Navigate Medicare and Medicaid

Medicare and Medicaid affect the lives of many people with disabilities. Yet these complex programs are confusing, leaving many people frustrated and without the care for which they are eligible.

New resources from The Kaiser Foundation aim to help people with disabilities and their families get the most out of both programs. "Navigating Medicare and Medicaid" addresses questions of eligibility, coverage, grievance processes and the interaction between Medicare and Medicaid. Another guide, "Keeping Medicare and Medicaid When You Work," explains important details of benefits and employment. These guides are not meant to be encyclopedic descriptions of Medicare and Medicaid, but instead focus on methods and resources that people can use to acquire and keep benefits. Both publications are available free online from The Kaiser Foundation:
www.kff.org/medicare/med020705pkg.cfm

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RESOURCES FOR CONSUMER-RUN ORGANIZATIONS & SELF-HELP GROUPS...

State Mental Health Systems Beginning to Respond to Deaf People

Mental illnesses affect deaf people at the same rate as the hearing population, but there is a serious shortage of services that are linguistically and culturally appropriate to the unique needs of deaf consumers. According to Robert Pollard, associate professor of psychiatry and director of the Deaf Wellness Center at the University of Rochester, this oversight translates into a higher rate of misdiagnosis and under-diagnosis of mental illness among the hard-of-hearing and deaf population.

The recently launched ACCESS program, funded by a grant from the New Jersey Division of Mental Health Services, is one of two community-based mental health service providers in New Jersey geared toward serving hearing-impaired individuals and their families. However, mental health services across the country are still largely unprepared to help deaf consumers. The National Association of the Deaf has described the national status of mental health services for deaf and hard-of-hearing people as "woefully inadequate."

For more information, go to:

www.nad.org/site/pp.asp?c=foINKQMBF&b=99550

www.bergen.com/page.php?qstr=eXJpcnk3ZjczN2Y3dnFlZUVFeXk2MTAmZmdizWw3Zjd2cWVlRUV5eTY2NTk5MTkmeXJpcnk3ZjcxN2Y3dnFlZUVFeXkz

HUMAN RIGHTS...

Woman Whose Lawsuit Sparked Changes in State Policy Dies

Opal Petty, whose 51-year incarceration in Texas mental institutions resulted in changes in state policy, died on March 10 at age 86. In 1934, when she was 16, Petty had been committed by her parents. When her nephew's wife, Linda Kauffman, discovered this, she was able to obtain Petty's release with the help of the Texas Civil Rights Project. A 1989 trial resulted in a judgment against the Texas Department of Mental Health and Mental Retardation for negligence. Ms. Petty was awarded

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\$505,000, reduced to \$350,000 due to a Texas law limiting damages caused by state employees.

According to Petty's lawyer, quoted in The New York Times, "Being fundamentalist Baptists her family didn't approve of her wanting to go out dancing and such things. A church exorcism didn't work, so the family made the decision to commit her." A psychiatrist testified that she had been evaluated as psychotic upon her admission but that her symptoms soon disappeared and she should have been released. He added that her long incarceration "left her withdrawn and unable to express emotion," the Times reported.

Following her release, Petty lived with her nephew's family for nearly 20 years, until her death. She was employed by a workshop for people with mental disabilities, and her main interest was doll collecting. Petty's relatives buried her with her dolls, who were "her family," Kauffman said.

Source: The New York Times, 3/17/05

www.nytimes.com/2005/03/17/national/17petty.html?ex=1111726800&en=4381c4ed2b9cd190&ei=5070

PARC Corner

Older adults with medical or psychiatric illnesses can face many losses: health, employment, economic security and, sometimes, the support of family and friends. A pet can be an invaluable companion for older adults with a chronic illness or mental health problems. Numerous scientific studies have demonstrated that animal companionship can improve human cardiovascular health; reduce stress; decrease loneliness, depression, anxiety, and fear; facilitate social interactions; and play many other positive roles. PAWS (Pets Are Wonderful Support) is an organization that specializes in the benefits of animal companionship, and it is hosting a conference June 2-4 on "The Healing Power of the Human-Animal Bond: Companion Animals and Society." To learn more, visit www.pawssf.org/conference/2005/

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