

# Mississippi Profile

FALL 2010

Information Publication from the Mississippi Department of Mental Health

## Mental Health Budget Concerns

On September 21, DMH Executive Director Ed LeGrand presented the agency's FY12 budget to the Legislative Budget Committee. Two plans were presented – a best-case scenario and a worst-case scenario. In order for DMH to continue providing existing services, in FY12 the agency will need \$20 million to pay its expected share of Medicaid match for Community Mental Health Center (CMHC) programs, and \$17 million to replace the loss of the enhanced federal share of Medicaid.

DMH has closed early intervention programs across the state, more than 200 beds at Mississippi State Hospital, and a dorm at the Mississippi Adolescent Center. In addition, the agency has implemented a redesign of the Crisis Intervention Centers, reduced grants provided to non-profits, and delayed funding for building renovation projects and equipment. Similar reductions have occurred elsewhere, including many non-Medicaid services at facilities that serve individuals with intellectual and developmental disabilities. But, DMH is now at the point where only an increase in general funds will allow existing programs and services to continue.

If the Legislature expects DMH to fund \$20 million to pay its expected share of Medicaid match for CMHC programs, and \$17 million to replace the loss of the enhanced federal share of Medicaid from the agency's existing budget, the impact will be:

The closure of four facilities - North MS State Hospital, South MS State Hospital, Central MS Residential Center and the MS Adolescent Center - which served more than 1,000 individuals last year. This will result in lengthy waiting periods for admissions, and more individuals waiting in jail.

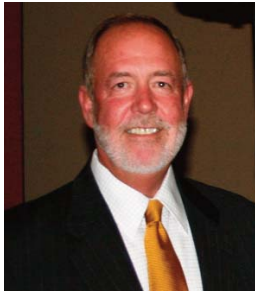
Hundreds of long-term care beds for individuals with mental retardation will be closed. Since many of these individuals don't have a home to go to, they will need community living arrangements, nursing services and other life-long supports and services without available resources. The majority of these individuals require around-the-clock care, and are medically fragile.

More than 15,000 individuals have been and will continue to be impacted by reduction or loss of services such as medication purchases, group homes, case management, halfway houses, crisis intervention, physician services, child development programs, and work activity programs if funds are not restored.

Supporting a Better Tomorrow... Today



# Executive Director's Message



As fall arrives, it is hard to believe 2010 is almost over. This year has brought many opportunities and challenges. As Stephen Covey says, "Opposition is a natural part of life. Just as we develop our physical muscles through overcoming opposition - such as lifting weights - we develop our character muscles by overcoming challenges and adversity."

Over the past several months, DMH and Friends of Mississippi State Hospital had the opportunity to team up with the National Guard to develop the mental health awareness and suicide prevention campaign, *Operation Resiliency*. You can read more about *Operation Resiliency* in this edition of *Mississippi Profile*. Our hope is that the campaign will be a shining light to members of the military statewide. Our goal is to encourage our service men and women to talk about their mental health problems and seek help if needed.

*Mississippi Profile's* cover story is about the budget crisis the public mental health system is facing for FY12. The public mental health system is made up of programs operated by DMH, the 15 Community Mental Health Centers, and non-profit community mental health providers who receive funding from the state. If DMH is forced to eliminate and/or reduce existing services, the impact will affect the entire public mental health system and thousands of Mississippians. The results will be far-reaching and devastating for many of the people depending on the public mental health system for services.

DMH may be forced to close programs for the mentally ill and hundreds of long-term care beds for individuals with intellectual and developmental disabilities. You can help by contacting your local legislator and ask them to support funding for the public mental health system.

I appreciate your continued support for the public mental health system. I hope you have a wonderful Thanksgiving.

Sincerely yours,

Edwin C. LeGrand III  
Executive Director

# Mississippi Profile



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Fall 2010

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Executive Director

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The Mississippi Profile is devoted to providing the public with information about services provided or administered by the Mississippi Department of Mental Health. It also strives to increase public awareness and knowledge about mental illness, mental retardation/developmental disabilities, substance abuse, and Alzheimer's disease and other dementia to improve health and quality of life.

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This publication is free of charge to persons interested in mental health, mental retardation/developmental disabilities, substance abuse, Alzheimer's disease and other dementia, the Mississippi Department of Mental Health, or the individuals it serves. It is the policy of the Mississippi Department of Mental Health to comply with federal and state laws assuring equal opportunities of employment and services.

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The editor reserves the right to edit all materials printed in this publication. Send requests for items to be included in the newsletter and other inquiries to:

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## **B** P Gives \$12 Million to Mississippi for MH Services

BP awarded \$12 million to the Mississippi Department of Mental Health (DMH) to support its efforts to help Mississippi residents in the coastal communities access appropriate behavioral health services. The funding will help residents link up with support that is available through providers in their communities.

BP also announced funding for a special toll free phone line established by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) where people can turn for information on available services. Mississippians who need help dealing with the oil spill crisis can now contact the Oil Spill Distress Helpline at 1-800-985-5990. DMH's Office of Constituency Services is serving as the call center for Mississippi.

"We appreciate that there is a great deal of stress and anxiety across the region," said Lamar McKay, President of BP America and incoming leader of the Gulf Coast Restoration Organization. "As part of our determination to make things right for the people of this region, we are providing this assistance now to help make sure people who need help know where to turn."

"We are pleased to accept on behalf of our citizens this initial contribution to establish a partnership between BP and Mississippi to facilitate long-term recovery on the Mississippi Gulf Coast," said Ed LeGrand, DMH Executive Director. "Many of the individuals affected do not typically take the initiative to seek mental health services. It is vital for us to take a proactive approach. This funding will invest in individuals' mental health through early intervention which may impact long-term physical and mental health needs."

DMH intends that these funds be used to supplement clinical mental health services in the affected areas. The Mississippi Department of Mental Health will administer grants to public and private mental health providers in the areas impacted by the oil spill.

## **D** MH Begins None for Nine Campaign at Symposium

In September, DMH launched the *None for Nine* campaign to help prevent Fetal Alcohol Spectrum Disorders (FASD) in Mississippi. The awareness and prevention campaign will target mental health providers during the first year.



"We believe that education and awareness are our best tools for decreasing the number of alcohol-exposed births in Mississippi and our new *None for Nine* campaign is designed to help make this possible," said Trisha Hinson, DMH FASD Coordinator.

FASD is the leading known cause of preventable mental retardation. It can also cause birth defects and learning and behavioral disorders. In Mississippi, more than 450 babies are born each year with FASD.

An umbrella term used to describe the range of effects or disorders that can occur in an individual whose mother drank alcohol during pregnancy. It can include vision and hearing problems, respiratory problems, heart problems, low birth weight, and learning disabilities. There is only one cause of FASD – drinking alcohol. This includes beer and wine. The only way to prevent FASD is to completely abstain from alcohol during pregnancy.

Rates of frequent drinking and binge drinking remain at high levels among pregnant women. It's estimated that at least 55% of women are drinking at the time they become pregnant and some of them continue to drink heavily throughout their pregnancy.

Women appear to be drinking alcohol more than in the past and drinking in a similar amount and pattern to men. Alcohol and tobacco continue to be used by pregnant women despite health warnings.

For more information about *None for Nine*, receive copies of the educational materials or arrange for a speaker, contact Trisha Hinson at 601-359-6291.

# Shatter the Silence Expanded to Elderly



For many people, depression and thoughts of suicide aren't necessarily thought of as problems older adults may be facing. Adults just don't think that their parents or that their spouse of four or five

decades could consider suicide. But the statistics prove those commonly-held notions wrong. The highest suicide rate of any age group occurs among those aged 65 and older. There is an average of one suicide among the elderly every 90 minutes.

To combat this growing problem, the Mississippi Department of Mental Health (DMH) is expanding its' statewide suicide prevention and awareness campaign, *Shatter the Silence*, to target the elderly and their caregivers. Often times, senior adults don't want to admit they are having problems with depression or even thoughts of suicide. It is important for caregivers to watch for warning signs such as changes in eating or sleeping, increased prescription drug use or stockpiling medications, and elaborate good-byes or social withdrawal. Other signs include a rush to complete or revise a will and statements about hopelessness such as "I don't know if I can go on."

"The main thing we want people to do is to begin to recognize warning signs, and build that support network," said Kathy Van Cleave, Director of DMH's Division of Alzheimer's Disease and Other Dementia. "The challenge you have with this age group is this is a 'hush-hush' generation. They typically don't seek help for mental health issues because of the stigma associated with mental health issues. Having to look at suicide prevention in the elderly is something that we, in mainstream mental health, typically haven't focused on before."

Though depression, stress, and suicide are often talked about in conjunction with mental health, not many people have specifically focused on those factors and how they affect the older population. While some individuals think depression is just a

common part of growing older, that is not the case. Feelings of sadness and grief are normal; however persistent depression that affects your ability to function is not.

One significant difference between elderly populations and younger age groups is something that is inherent with aging: loss. As people age, retirements bring the loss of jobs, good health can be lost, and friends and family members pass away. Those who have recently lost a spouse or loved one, been diagnosed with a life-threatening illness, have been experiencing financial difficulties, or who have lost their independence or mobility may be at specific risk for suicidal thoughts. Younger individuals in similar circumstances could be at risk as well, but many people simply don't expect older adults to take their own lives.

"People have got to realize depression is not a normal part of aging," Van Cleave said. "Alzheimer's and dementia patients can be at a specific risk of depression and attempting suicide. Facing a disease that could rob them of their memories of the past, ability to live in the present, and hope for the future, some people may decide to attempt to end their own life."

Depression among the elderly can be treated. In some cases, certain diseases and physical problems or medications can also lead to depression. Asking for help is not a sign of weakness; it is a sign of strength. If you or your loved one is having thoughts of suicide, it is important to share this information with your physician. According to the Department of Health and Human Services, it is estimated that 20% of elderly persons who commit suicide visited a physician within 24 hours of their act, 41% visited within a week of their suicide and 75% have been seen by a physician within one month of their suicide.

As part of the campaign, DMH will incorporate suicide prevention messages in presentations and information provided by the Division of Alzheimer's Disease and Other Dementia to caregivers across the state.



# Friends of MSH and DMH Team Up with National Guard for Operation Resiliency

While our military and its members are strong, there are times when they too struggle with stress, anxiety, depression and even thoughts of suicide. Sometimes military men and women feel embarrassed or ashamed to seek help and others may not know what help is available.

Members of the military make a promise to protect our country. Mississippians are now making a promise to support them when they are on and off the field of battle.

The Mississippi Department of Mental Health (DMH) and Friends of Mississippi State Hospital has teamed up with the Mississippi National Guard to launch a mental health awareness campaign for the military and their families. The campaign, *Operation Resiliency*, will reach all National Guard units across the state. *Operation Resiliency* aims to dispel the stigma associated with mental illness, educate about mental health and stress, recognize signs of duress and share knowledge about available resources.

“We are proud of our relationship with the National Guard and hope through our combined efforts we can encourage individuals to seek help early on,” said Ed LeGrand, DMH Executive Director. “Stress, fear, sadness and depression aren’t the kinds of



wounds everyone may see, but they’re wounds nonetheless and need treatment.”

Stress can be a part of everyday life for many people. However, members of the military can face a constant and severe stress that many civilians may never know. It can lead to depression, anxiety, relationship problems, aggression, thoughts of suicide, financial problems, accidents, alcohol and drug abuse, domestic violence and hopelessness.

Warning signs that you may need to seek help are:

- Increase in alcohol or other substance use
- Depression
- Changes in sleeping or eating habits
- Withdrawal from friends and family
- Irritability and anger
- Problems concentrating
- Feelings of isolation
- Anxiety and/or fear
- Feelings of helplessness or hopelessness
- Thoughts of suicide

It is important for members of the military to understand when you may need to seek help to prevent further problems down the road. Stress, depression and thoughts of suicide are REAL issues that do not need to be hidden. Talking to someone, whether it is a fellow serviceman, chaplain, family member, friend or physician can help.

DMH’s Helpline is also available 24 hours a day at 1-877-210-8513. DMH’s Helpline has recently added a new feature to its statewide services. You can now send an anonymous text or online message to a member of the Helpline staff. Staff are available to provide help with mental health issues and suicide intervention around the clock. Go to [www.dmh.ms.gov](http://www.dmh.ms.gov) and click on the “Talk About It” logo on the home page.

# Mississippi Develops Silver Alert System

Family members and friends will soon have a new system in place to notify the public if a loved one who is believed to have dementia or other cognitive impairments is missing.

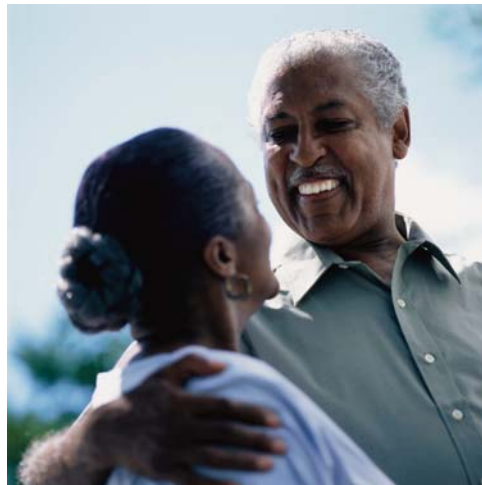
When a loved one is missing, fear and anxiety can take over. The Silver Alert System, which is similar to the Amber Alert System for children, is designed to help spread the message about a missing person in hopes to locate the person as quickly as possible. The Silver Alert System is a product of House Bill 664 which provided for the creation of a statewide rapid response system.

“Only about one-half of the states have a system similar to Silver Alert in place,” said Kathy Van-Cleave, Mississippi Department of Mental Health’s Division of Alzheimer’s Disease and Other Dementia. “We are excited that Mississippi has developed a system which will help protect our state’s most vulnerable adults. The goal is to increase public awareness on preparation, prevention and response to wandering behaviors.”

After a family member or caregiver files a missing persons report with local law enforcement, information will be entered into the National Crime Information Center and the Bureau of Investigation of the Department of Public Safety. After evaluation, an activation of the statewide Silver Alert can be done. If the person missing is believed to be in a vehicle, information and photos can be sent to statewide communication systems, news media and other public communication resources.

“In the same way we have the Amber Alert for missing or abducted children, the Mississippi Department of Public Safety and the MBI believed it is important that we have a notification in place to help find missing seniors in this state,” said Stephen B. Simpson, Commissioner, Mississippi Department of Public Safety. “I believe the Silver Alert will be successful in returning family members back to their loved ones safely.”

The Silver Alert Training Initiative is collaborative effort between the Mississippi Department of Public Safety (DPS), Mississippi Department of



Mental Health (DMH), Alzheimer’s Association Mississippi Chapter and Mississippi Nurses Association (MNA). “We are proud to work with the DPS, the MNA and DMH on the Silver Alert Training initiative as it addresses the needs of persons with dementia, their families and friends and the needs of the communities,” said Patty Dunn, Alzheimer’s Association MS Chapter Executive Director.

Training about prevention, preparation and response will be conducted across the state to educate the public about wandering and Silver Alert. There are several measures that can be taken to decrease wandering such as encouraging regular exercise to reduce anxiety and restlessness and reassuring the person if they feel lost or disoriented. It is important not to leave a person with dementia unsupervised in new surroundings.

If you are concerned that your loved one may wander there are several steps you can take. First, make sure you provide easy identification such as labeling clothing with contact information or wearing ID jewelry. Second, secure the environment by using deadbolts and controlling access to car keys. Third, have vital information available such as a recent photo, accurate description and a lock of hair if possible.

For more information about wandering or the Silver Alert System, contact the Alzheimer’s Association MS Chapter at 601-987-0020 or the MS Department of Mental Health at 601-359-1288.

# 11th Annual Alzheimer's Conference Awards



Edward Raper of Tupelo was presented with the Dorris Award for Caregiving at the 11th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly hosted by DMH. The award is given to someone who demonstrates commitment, compassion, competence, and leadership in dementia care. Pictured (l to r) are Diana Mikula, DMH Director of the Bureau of Mental Health; Mary Nell Dorris, Director of First Friends Respite Center and for whom the Award is named after; Edward Raper; and Kathy Van Cleave, Director of the Division of Alzheimer's Disease and Other Dementia.



Bill Arnold of Oxford was presented with the Volunteer of the Year Award at the 11th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly hosted by the Mississippi Department of Mental Health (DMH). The award is designed to honor individuals who demonstrate commitment, compassion, competence, and leadership in the field of dementia care and volunteerism. Pictured (l to r) are Diana Mikula, DMH Director of the Bureau of Mental Health; Diane Arnold; Bill Arnold; and Kathy Van Cleave, Director of the Division of Alzheimer's Disease and Other Dementia.



Aretha Hardy of Lucedale was presented with the Direct Care Worker of the Year Award at the 11th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly hosted by DMH. The award is designed to honor someone who demonstrates commitment, compassion, competence, and leadership in the field of dementia care. Pictured are Diana Mikula, DMH Director of the Bureau of Mental Health; Aretha Hardy; and Kathy Van Cleave, Director of the DMH Division of Alzheimer's Disease and Other Dementia.

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## ***DMH MISSION***

***Supporting a better tomorrow  
by making a difference  
in the lives of Mississippians  
with mental illness,  
substance abuse problems  
and intellectual or  
developmental disabilities one  
person at a time.***



# News & Updates

- DMH and the Think Again Network received three awards from the Southern Public Relations Federation for the mental health awareness campaign, *Think Again*.
- DMH, the Mississippi State Department of Health's Office of Epidemiology (DOH) and the Centers for Disease Control (CDC) conducted a behavioral health needs assessment in Jackson, Harrison and Hancock counties on Oct. 12-13. The survey measured how Gulf Coast residents are reacting to the Deepwater Horizon Gulf Coast oil spill.
- This year's Serendipity art show and silent auction at Mississippi State Hospital had a record 542 visitors and raised almost \$6,000 for the patients, residents and those served in the community.
- Cary Walt has been asked to serve on Mississippi State University's .... Advisory Board.

## Focus Named 'Bright Idea'

The Mississippi Department of Mental Health's (DMH) accelerated leadership development program, Focus, has been selected as a Bright Ideas program by the Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government, Harvard University. Only two Mississippi programs were among the 173 government programs selected for the newly-created Bright Ideas program.



Offering opportunities for employees to expand their knowledge and skills is one of DMH's priorities. In 2007, DMH developed the Focus program to offer employees a unique opportunity to hone their skills to greater and higher personal performance and self-awareness. The program is designed to develop leaders from within. There is a critical need to develop a pipeline of leaders in DMH to create bench strength with depth. Within DMH, 38% of employees in management positions are currently eligible for retirement and an additional 35% will be eligible within three to five years. The goal of this program is to have the right people, with the right skills, in the right place, at the right time.

"Focus is one of our agency's accomplishments that I am most proud of and being selected as a Bright Ideas program is an honor," said Ed LeGrand, DMH Executive Director. "Our goal is to develop each and every Department employee to maximum capacity and to deploy that very talented team to the service of our fellow Mississippians. We are dedicated to the mission of enhancing the knowledge of our employees to build future leaders to help support a better tomorrow."

Throughout the program, participants learn about conflict management, team effectiveness, individual development, and other topics. To date, 120 individuals have participated in the program. Participants are selected from a blind, competitive process.

Bright Ideas is an initiative that recognizes creative and promising government programs and partnerships. The initiative is offered through the Innovations in Government Program, a program of the Ash Center for Democratic Governance and Innovation at Harvard Kennedy School. For more information, visit <http://innovation-saward.harvard.edu/BrightIdeas.cfm>.