

Mississippi Profile

SPRING/SUMMER 2012

Information Publication from the Mississippi Department of Mental Health

Barry Reappointed to Board of MH



The Board of Mental Health Senate Confirmation Hearing for Hon. J. Richard Barry of Meridian was held at the State Capitol on May 2, 2012. Barry was first appointed to the Board in 2005.

“We are very excited to have the opportunity to work with Mr. Barry again,” said Ed LeGrand, Mississippi Department of Mental Health Executive Director. “We appreciate the Governor reappointing such a talented and upstanding individual to the Board. Mr. Barry will continue to bring his unique experiences and vast knowledge to the Board.”

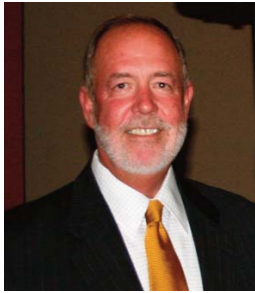
Barry is partner in the law firm of Hammock, Barry, Thaggard and May, LLP in Meridian. Barry received his law degree from the University of Mississippi. He is a member of the American Bar Association, Mississippi Bar Association, Lauderdale County Bar Association and the American Health Lawyers Association. Barry was appointed to the State Board of Mental Health by Governor Haley Barbour in June 2005. In 2010, he was appointed Chair of the Board of Mental Health.

Pictured (l to r) Merritt Barry, East Mississippi State Hospital Nursing Home Administrator in training; Charles Carlisle, Director of East Mississippi State Hospital; Sen. Videt Carmichael; Hon. J. Richard Barry of Meridian; Grenaye Sullivan, Mississippi Department of Mental Health; Ed LeGrand, Executive Director of the Mississippi Department of Mental Health; and Thad Williams, Mississippi Department of Mental Health.

Supporting a Better
Tomorrow... Today



Executive Director's Message



As the summer quickly approaches, we have been diligently making plans for the new fiscal year. In addition to the budget, we have been updating our Strategic Plan.

When the Mississippi Board of Mental Health and the Department of Mental Health set out to develop a Strategic Plan four years ago, our main goal was to create a living, breathing document. We envisioned a road map, developed with the help of partners across the state, to guide the future of the agency.

With the assistance of our dedicated staff and partners, we have been able to achieve much even during difficult budget times. The economic climate has changed since the first Strategic Plan was crafted. During such a serious budget crisis, it continues to be a difficult task to transform the public mental health system to a more community-based, recovery-driven system. But we will continue to move forward to the best of our ability.

Now is the time to push forward to help the thousands of Mississippians in need of our services. It is important not only to have a Strategic Plan, but to stay the course and continue the Plan's actions. The five goals within this Plan reflect the future course of DMH and the public mental health system. My hope is that you will continue to work with us in 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.

You can view the FY13 - FY17 Board of Mental Health and DMH Strategic Plan on our web site at www.dmh.ms.gov. I encourage you to become involved in the Strategic Planning process and help us achieve a better tomorrow.

I hope you and your family have a safe and exciting summer.

Sincerely yours,

Edwin C. LeGrand III
Executive Director

Mississippi Profile



Spring/Summer 2012

Mississippi Department of Mental Health
Board Members
Robert Landrum, Chairperson
Rose Roberts, LCSW, Vice Chairperson
J. Richard Barry
Margaret Ogden Cassada, M.D.
George Harrison
Jim Herzog, Ph.D.
John Perkins
Sampat Shivangi, M.D.
Manda Griffin

Edwin C. LeGrand III
Executive Director

Wendy D. Bailey, Editor

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.

This publication is free of charge to persons interested in mental health, intellectual and 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.

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:

Director of Public Information
ATTN: Wendy Bailey
MS Department of Mental Health
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201
Phone: (601) 359-1288
TDD: (601) 359-6230
FAX: (601) 359-6295
wendy.bailey@dmh.state.ms.us

Underage Drinking Townhall Meetings

Victoria Mathias, a senior at Northwest Rankin High School, understands the significance of teenagers speaking out against alcohol consumption. She has made it her goal to help in the fight against underage drinking in Mississippi.

“This issue is important to me because I know teens that have been hurt physically and emotionally by themselves being under the influence of alcohol or by others who were under the influence of alcohol,” said Mathias. “It’s scary and unnerving to know that someone is not in control and could potentially pose a threat to themselves or others.”

Some teenagers think it is a rite of passage. Some teenagers do it because they think everyone else is. Underage drinking is a major problem in Mississippi. Youth violence and traffic crashes related to alcohol use by underage youth in Mississippi represent the largest costs for the State. In 2010, underage drinking cost the citizens of Mississippi \$632 million. This translates into a cost of \$2,043 per youth in the state. On average, youth start drinking alcohol in Mississippi at age 12, or the 6th grade. This is lower than the national average, which stands at 13.

The Mississippi Department of Mental Health (DMH); Division of Public Safety Planning, Office of Justice Programs; and DREAM, Inc. are partnering to help spread the message about the risks of underage drinking from a state perspective. A series of Town Hall Meetings across the state began on March 22 and will continue throughout the month of April to coincide with Alcohol Awareness Month.

“We want parents, teenagers and members of the community to come together to combat this problem because its effects are felt in all corners of the state,” said Karen West, DMH Bureau of Alcohol and Drug Services.

According to West, the goal is to change attitudes about underage drinking and its consequences while increasing community awareness and showing communities how they can make a difference.

“To watch people you love and care for act completely different and strange because they’re under the influence is a changing experience and hard to get past,” said Mathias. “I don’t think I have ever witnessed a positive outcome result from the use of drugs or alcohol by my peers. There are so many things that can happen that could be harmful to a teen’s life and health. And when something is so detrimental and negative to one’s life, why partake?”

Alcohol threatens the safe and healthy development of Mississippi’s youth more than any other substance including tobacco and illicit drugs. Underage drinking contributes to teen pregnancy, violence, high school dropout rates, HIV, property damage and death. Educating teenagers is extremely important to curb drinking.

Continued on page 6



Focusing on Exploring Options



The Mississippi Department of Mental Health (DMH) knows that providing more options for supporting those with mental illnesses and intellectual and developmental disabilities is a good thing.

“Good decisions start with good information,”

said Ed LeGrand, DMH Executive Director. “Offering more community supports has been a part of DMH’s Strategic Plan for some time, and with the urging and support of the Department of Justice, we are closer to that goal than ever before.”

Developing a wider array of support options starts with gathering information. Teams consisting of employees from each of the regional centers, DMH leadership, and an advocacy group representative traveled to other states to explore options for supports for people served in Mississippi. Meeting with state IDD officials, advocacy agencies, individuals receiving supports and their families, and visiting individuals’ homes has helped DMH learn first-hand what works well and what may not be as successful in order to guide the Department in expanding its service array in the best way possible.

As a result of the team’s visits and the discussions that followed, a presentation titled “Exploring Options: Services and Supports for Individuals with Intellectual and Developmental Disabilities in Mississippi” was developed. The team, led by Dr. Craig Escude, Medical Director of Hudspeth Regional Center, prepared the 45 minute presentation which presents two main reasons to move toward providing more community supports for individuals.

The first reason, “Because we have to?”- cites information such as the national trend showing that supports have moved toward community-based care and recent findings of the Department of Justice

strongly urging us to provide more community support options.

The second reason, “Because it’s best for the individual,” explores questions such as, “Could there be any benefits to a more community-focused approach to supporting those with intellectual and developmental disabilities?”

The presentation has been used in a variety of settings to help viewers gain an understanding of the recent requests of the Department of Justice, as well as open minds to the potential benefits of community supports. It has been presented to a majority of employees at the State’s Regional Centers, leaders of several advocacy agencies, Board Members of the Department of Mental Health, members of the Department of Education, as well as families of those currently served by the Department of Mental Health.

If you would like to learn more about the presentation or know of a group that might be interested in viewing it, please contact Dr. Craig Escude at 601-664-6320 or cescude@hrc.state.ms.us.



Need Help...

Visit DMH’s web site
at www.dmh.ms.gov and
click on *Talk About It*.

NFusion Tackles Stigma

Stigma occurs anytime a youth feels that someone else sees them as inadequate. Let's take a minute to remember what it was like when we belonged to the 16-21 age category. For most of us, it was difficult. There were constant pressures to "fit in" and meet the expectations of our peers.

Times are changing, but stigma still exists. Our youth continue to experience stigma and its side effects that come with it. The Mississippi Department of Mental Health has been vigorously working to reduce stigma in Mississippi for quite some time. Joining this effort is Mississippi Transitional Outreach Project (MTOPT).



Through MTOPT, NFusion has been created. NFusion is an innovative project with sites existing in Louisville, Meridian, Olive Branch and Corinth, Mississippi. Youth who visit these sites have the privilege of utilizing the services without experiencing the stigma of mental illness.

NFusion acts as a smoke screen for MTOPT and does not market itself as being connected to mental health. Through the smoke screen, youth are able to receive the help they need without stigma from their peers.

NFUSION

The sites are serving as a single point of entry for services and referrals focusing on youth at-risk for a serious emotional disorder between the ages of 16–21 seeking advisement on education, mental wellness, employment, housing, and social needs. These sites will also offer support and guidance to parents and caregivers of at-risk youth and young adults, while assisting the enhancement of collaboration and coordination between community partners and agencies.

NFusion sites operate under the "Never Say No" mantra. This means that staff members will do whatever they can to help meet the needs of the youth that they serve and move forward with the DMH vision of supporting a better tomorrow.

News & Updates

- Mark Your Calendars for the MH/IDD Annual Conference on October 24 - 26 at the IP Casino in Biloxi. More information to follow.
- Mark Your Calendars for the 13th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly in Olive Branch on August 15 - 17.
- DMH was presented with two awards at the Public Relations Association of Mississippi annual conference in March. The agency received a Prism for a budget impact flyer and an Award of Excellence for the Think Again web site.
- Dorothy McEwen, Director of South Mississippi Regional Center, was recently inducted into the William Carey University Alumni Association Hall of Fame.

Strategic Plan Revised for FY13 - FY17

When the Mississippi Board of Mental Health and the Department of Mental Health set out to develop a Strategic Plan four years ago, the agency's main goal was to create a living, breathing document.

"We envisioned a road map, developed with the help of partners across the state, to guide the future of the agency," said Ed LeGrand, DMH Executive Director.

The Department wanted to ensure that strategic planning was an open process with input from consumers, family members, advocates, community mental health centers, service providers, professional associations, individual communities, DMH staff, and other agencies.

Since the creation of the Plan, DMH has made strides toward developing a community-based service system which focuses on evidence-based practices and improves access to care.

Now is the time to push forward to help the thousands of Mississippians in need of our services. It is important not only to have a Strategic Plan, but to stay the course and continue the Plan's actions. The five goals within this Plan reflect the future course of DMH and the public mental health system.

GOAL 1

Maximize efficient and effective use of human, fiscal, and material resources

GOAL 2

Continue transformation to a person-driven, community-based service system

GOAL 3

Improve access to care by providing services through a coordinated mental health system and in partnership with other community service providers

GOAL 4

Implement evidence-based or best practice models and service outcome measures

GOAL 5

Utilize information/data management to enhance decision making and service delivery

If you are interested in becoming a team member for one of the five goals, please contact Wendy Bailey at wendy.bailey@dmh.state.ms.us or 601-359-1288.

Underage Town Hall Meetings

Continued from page 3

"While it's true that underage drinking is a social norm, this in no way makes it okay," said Caroline Newkirk, Underage Drinking Coordinator for DREAM, Inc. "The adolescent's brain is in a constant state of critical development, and alcohol consumption – of any amount – during this time can impede healthy and normal brain development. This in turn leads to irreparable brain damage - like poor attention, cognitive deficits and the like. It's time for us to really take a stand against underage drinking from a statewide perspective."

According to a report by SmartTrack, 32 percent of eighth grade students in Mississippi reported drinking alcohol in the past 30 days. Nationally, 17 percent of eighth grade students reported drinking alcohol in the past 30 days. By the 12th grade, 47 percent of students

reported drinking alcohol in the past 30 days. Substance Abuse and Mental Health Services Administration research shows more than 95 percent of adults in the United States who are alcohol-dependent started drinking before they were 21 years of age.

"Where's the logic in underage drinking when you know you'll get there eventually? Just enjoy the time you have now just to be young," said Mathias. "That's what I would tell the youth of today. Don't rush; fifty years from now, you'll be begging for someone to card you."

DMH, in conjunction with the Mississippi Department of Education, has developed a web site, www.snapshots.ms.gov, to show county, state and local data on substance abuse. For more information on alcohol and drug services, contact the DMH Helpline at 1-866-210-8513.

IDD Day at the Capitol



The Mississippi Department of Mental Health (DMH) and groups across the State partnered to recognize March as Intellectual and Developmental Disabilities (IDD) Awareness Month during the annual IDD “Day at the Capitol” on March 14. The goal of the event was to increase the public’s knowledge and awareness of individuals with IDD and how they participate in their communities.

DMH and partners are supporting a better tomorrow for individuals with an intellectual or developmental disability by enhancing the public’s knowledge of individuals with IDD and how they are members of communities throughout our state. More than 41,000 fellow Mississippians are affected by an intellectual or developmental disability such as mental retardation, Cerebral Palsey, Down’s syndrome, etc.

An intellectual disability is characterized by limitations in intellectual functioning and difficulties in a variety of everyday social and practical skills. A developmental disability is attributed to a cognitive or physical impairment that results in limitations in areas such as self-care, language, and mobility.

Pictured are representatives from the Mississippi Department of Mental Health, Mississippi Board of Mental Health, Prime Care, Oxford Healthcare, Ellisville State School, Hudspeth Regional Center, Boswell Regional Center, South Mississippi Regional Center, North Mississippi Regional Center, ComforCare, Millcreek, Brandi’s Hope, The Arc of Mississippi, APSE (Association for Persons in Supported Employment), and Life Help.

Johnson Retires from Boswell Regional Center



Raymond Johnson, Director of Boswell Regional Center, has announced his retirement following decades of public service in Mississippi in the field of mental health. During his years at DMH, Johnson held several administrative positions.

“Boswell Regional Center is a testament to Mr. Johnson’s vision and leadership,” said Ed LeGrand, DMH Executive Director. “He has always treated his staff and the individuals he served with dignity and respect. For many years he has constantly sought knowledge to make their lives better, without regard for any recognition.”

After serving as Personnel Officer, he was promoted to Staff Education Director at Mississippi State Hospital, serving there from January 1, 1989 until November 30, 1994; he transferred to South Mississippi Regional Center as Bureau Director I, where he served until July 1, 1995.

In July of 1995, Johnson joined the Boswell Regional Center family as Assistant Director and was later promoted to Director in 2000. He recently announced that he will retire on June 30, 2012.

“Thank you to everyone for all the great opportunities you have given me as an employee,” said Johnson. “I have enjoyed working with and learning from my colleagues for many years, and am ready to move on to the next phase in my life.”

Allen Named Director of Boswell Regional Center



Steven Allen was appointed Director of Boswell Regional Center at the April Board of Mental Health meeting. Allen began his career with DMH in July 1989 at East Mississippi State Hospital. He transferred to Boswell Regional Center in June 1993. During his career at Boswell, Allen has served in the following capacities: Vocational

Training Instructor, Physical Plant Director, Bureau Director for Support Services, and Assistant Director of Residential Programs.

“For many years, Mr. Allen has proven his dedication to the Department and most importantly to the people we serve,” said Ed LeGrand, DMH Executive Director. “He has innovative ideas and understands the importance of improving care and offering options for the people we serve. He will make an excellent Director.”

Allen received his Bachelor’s Degree in Business Administration at Belhaven College and his Masters of Education Degree in Leadership at William Carey

College. He is the recipient of the James W. Park Award for Academic Achievement.

“I am pleased that Steven Allen has been selected as the new director of Boswell Regional Center,” said Raymond Johnson, Director of Boswell Regional Center. “Steven has years of experience in the health care field and is intelligent, dedicated, and hardworking. I am confident that, under his leadership, the dedicated staff of BRC will continue to provide outstanding services to Mississippians in the future.”

Professionally, Allen is a Licensed Mental Health Administrator and Licensed Nursing Home Administrator. He is a graduate of the Certified Public Manager program, the John C. Stennis Institute of Government, and Leadership Simpson County. He previously served on the Simpson County Development Foundation Board of Directors as Secretary/Treasurer, President Elect and is now the current President of the Foundation.

Allen will begin serving as Director of Boswell Regional Center in July 2012.

Mental Health Month Focuses on Trauma

It could be a rape or bullying or poverty or neglect or a hurricane or mass tragedy. Whatever the cause, a traumatic event has a devastating impact on physical, emotional and mental well-being. Communities can be traumatized, as well.

This May as part of the annual Mental Health Month activities, the Mississippi Department of Mental Health is raising awareness of trauma, the human and societal costs, and how therapeutic techniques based in neuroscience can mitigate these effects and create dramatic changes in people's lives.

Most people think that "trauma" refers to physical trauma that occurs as a result of a car accident or assault. But it's much more than that.

Trauma includes interpersonal violence just as abuse and bullying; social violence such as war and terrorism; natural disasters and accidents; serving in combat; stressors such as poverty and humiliation; and childhood trauma, which includes physical, emotional and sexual abuse, and difficult family relationships.

Trauma takes a huge toll on lives and health. Trauma is the leading cause of the death of children in this country. The effects of trauma on productive life years lost exceeds that of any other disease. The economic cost of 50 million injuries in the year 2000, alone, was \$406 billion.

This includes estimates of \$80 billion in medical care costs, and \$326 billion in productivity losses. And the predicted cost to the health care system from interpersonal violence and abuse ranges between \$333 billion and \$750 billion annually, or nearly 17 to 37.5 percent of total health care expenditures.

As a society, we are just beginning to deal with trauma—bringing it out of the shadows, finding new ways of healing its wounds, and casting off the shame that prevents trauma survivors from seeking help.

When children or adults respond to traumas with fear, horror and/or helplessness, the extreme stress is toxic to their brains and bodies, and overwhelms their ability to cope. While many people who experience a traumatic event are able to move on with their lives without lasting negative effects, others may have more difficulty



managing their responses to trauma.

Unresolved trauma can manifest in many ways, including anxiety disorders, panic attacks, intrusive memories (flashbacks), obsessive compulsive behaviors, Post-Traumatic Stress Disorder, addictions, self-injury and a variety of physical symptoms. Trauma increases health risk behaviors such as overeating, smoking, drinking and risky sex. Trauma survivors can become perpetrators themselves.

Unaddressed trauma can significantly increase the risk of mental and substance use disorders, suicide and chronic physical ailments, as well as premature death.

Until recently, trauma survivors were largely unrecognized by the formal treatment system. The costs of trauma and its aftermath to victims and society were not well documented. Inadvertently, treatment systems may have frequently re-traumatized individuals and failed to understand the impact of traumatic experiences on general and mental health.

Today, the causes of trauma—sexual abuse, violence in families and neighborhoods, and the impact of war, for example—are matters of public concern. But more needs to be done to recognize the devastating impact of trauma and successful treatment.

Many trauma survivors have formed self-help groups to heal together. Researchers have learned how trauma changes the brain and alters behavior.

A movement for trauma-informed care has emerged to ensure that trauma is recognized and treated and that survivors are not re-victimized when they seek care.

It is critical that these efforts are strengthened and we heal the invisible wounds of trauma. They are crucial to promoting the healthy development of children and healthy behaviors in families, schools and communities that reduce the likelihood of trauma.