

Mississippi PROFILE

A Publication of the Mississippi Department of Mental Health

FALL 2014

GOVERNOR BRYANT SIGNS PROCLAMATION FOR RECOVERY MONTH

Governor Phil Bryant recently signed a Proclamation for the Mississippi Department of Mental Health (DMH) recognizing September as Recovery Month in Mississippi.

Recovery not only benefits the individual, it benefits the entire community. One of the first steps is to understand that behavioral health is an essential part of overall health. Most people don't think twice about seeking treatment for diabetes, asthma, high blood pressure or other health conditions. People should seek treatment for substance use and mental health issues with the same urgency as they would any other health condition.

Ask your friend or neighbor if they have been touched by substance abuse or mental illness in any way and the answer is almost always – 'yes.' Substance use and mental health issues are serious public health problems in Mississippi. In 2013, an estimated 199,000 Mississippians needed treatment services for alcohol and drug use and more than 165,000 people for a mental health issue.



Pictured are (l to r) Amy Winn, Certified Peer Support Specialist; Ellen Crawford, DMH Director of the Division of Recovery and Resiliency; Diana Mikula, DMH Executive Director; Governor Phil Bryant; Mark Stovall, DMH Director of the Division of Treatment; Kim Williams, Certified Peer Support Specialist; and Wendy Bailey, DMH Director of the Bureau of Outreach, Planning and Development.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery is unique to each individual and can truly only be defined by the individual themselves. What might be recovery for one person may be only part of the process for another. Supports and services help people with mental illness and substance use issues in their recovery journeys.

Supporting a *better* tomorrow...TODAY!

MISSISSIPPI PROFILE • FALL 2014

Mississippi Department of Mental Health

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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, intellectual/developmental disabilities, substance use, 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 use, 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:

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EXECUTIVE DIRECTOR'S MESSAGE

Welcome to the Fall 2014 issue of Mississippi Profile. As we are often doing at this time of year, many of us have been busy preparing for the 31st Annual MH/IDD Conference. This year's conference, October 28 – 30 in Biloxi, is focusing on three themes – integration, intervention and innovation. These concepts are core to our mission and our transformation to a Person-Centered and Recovery-Oriented System of Care.



Integration is essential to supporting an individual's recovery and resiliency. It allows people to live in and participate with their community, but it's more than that. Integration means meaningful participation, not just in the community, but also in their own families, in their own homes and with their own health.

Early intervention efforts are essential for the success of the individuals we serve. When we discuss intervention, we should remember it includes awareness and prevention efforts as well. Increasing the public's understanding of mental illness and intellectual and developmental disabilities must be a priority for all of us.

Innovation is essential for the future of the public mental health system in our state. We need to embrace new ideas and find dynamic and innovative ways of providing effective, evidence-based services and supports that allow us to improve the lives of our fellow Mississippians.

The individuals we serve must always be the focus of our public mental health system. When we respect the dignity of each person and value their participation in our services, we are inspiring hope in their recovery. We are improving resiliency. We are making a better tomorrow, one person at a time.

Sincerely,

Diana S. Mikula,
Executive Director



DR. SHIVANGI NAMED CHAIRMAN OF THE BOARD OF MENTAL HEALTH

Sampat Shivangi, M.D. of Ridgeland was named Chairman of the Mississippi Board of Mental Health in June.

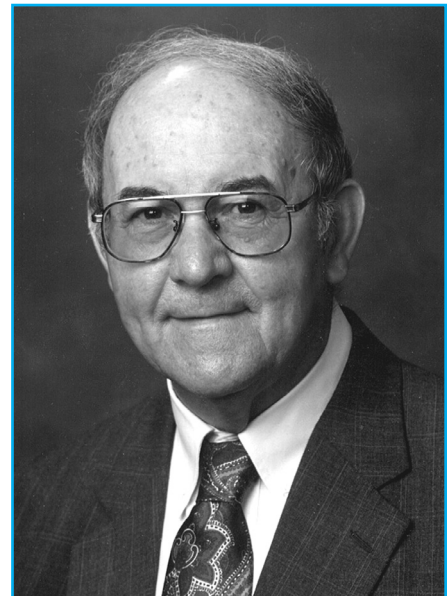
“We are very excited to have Dr. Shivangi serve as Chairman of the Board of Mental Health,” said Diana Mikula, Mississippi Department of Mental Health Executive Director. “His knowledge and experience are valuable attributes. Since he was appointed to the Board in 2009, he has clearly shown his dedication to the people served by the public mental health system.”

From 2005 - 2008, Dr. Shivangi served as the Advisor to the US Secretary of Health and Human Services. He is the past president elect of the American Association of Physicians of Indian Origin. He is the founding president of the American Association of Physicians of Indian origin in Mississippi and is the past president and chair of the India Association of Mississippi.

Dr. Shivangi is the president and CEO of US Info Systems of Mississippi. He previously served on the Mississippi State Board of Health. Dr. Shivangi represents the Medical Physician category on the Board of Mental Health.

HARRISON NAMED VICE-CHAIRMAN OF THE BOARD OF MENTAL HEALTH

George Harrison of Coffeeville was recently named Vice-Chairman for the Mississippi Board of Mental Health. Harrison attended Northwest Community College and served as a Production Manager for 41 years at Lennox International in Grenada. He previously served on the Governor’s Council for Developmental Disabilities and the BMR Advisory Council. He also serves on the Board of Mental Health Strategic Planning Subcommittee, which worked to develop the DMH Strategic Plan, a roadmap for the agency. As part of the Committee, he reviews the Plan each year and quarterly progress to goals and objectives within the Plan.



Harrison has lived in Coffeeville his entire life and is married to Elsie R. Harrison. They have two children, Andy and La Tania. Mr. Harrison attends Pinegrove Baptist Church.

“We are excited to have Mr. Harrison serve as vice-chairperson for the Board of Mental Health,” said Diana Mikula, DMH Executive Director. “His expertise and experience is invaluable.”

CONGRESSMAN HARPER SPEAKS AT 15TH ANNUAL ALZHEIMER'S CONFERENCE

U.S. Representative Gregg Harper, Representative of the Third District, spoke at the 15th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in Older Adults, "Making Every Day Count," on August 21 at the MSU Riley Center in Meridian.

Congressman Harper addressed the emotional, physical and financial toll that can be difficult for the estimated 51,000 Mississippians diagnosed with Alzheimer's disease. He also discussed the 2010 National Alzheimer's Plan Act and his recent support of the Alzheimer's Accountability Act, which encourages Congress to follow through with initiatives outlined in the National Alzheimer's Plan.

"With nationally-known speakers and experts from across the region, we can begin to give a voice to a disease that is currently the 6th leading cause of death in the United States," said Kathy Van Cleave, DMH Director of the Division of Alzheimer's Disease.

"We greatly appreciate Congressman Harper speaking at the conference in an effort to help more individuals be informed about this disease. He is very supportive of our efforts to inform the public about the disease, provide in-home and professional caregivers with support strategies, and open up the dialogue between caregivers and service providers."



Pictured are (l to r) Diana Mikula, Executive Director of the Mississippi Department of Mental Health; U.S. Representative Gregg Harper, Third District; Dr. Sampat Shivangi, Chair of the Board of Mental Health; and Kathy VanCleave, DMH Director of the Division of Alzheimer's Disease and Other Dementia.

PEER SUPPORT SPECIALISTS HELP LEAD SYSTEM TRANSFORMATION TRAINING

Department of Mental Health employees had two chances over the past month to attend training to provide a better understanding of the ongoing transition to a Person-Centered and Recovery-Oriented System of Care.

The Division of Recovery and Resiliency led the training sessions, but they did so with the help of several Certified Peer Support Specialists. Peer Support Specialists are individuals who are in recovery from mental illness, or their family members who have been directly impacted by their loved ones' struggle with illness.

Certified Peer Support Specialists are certified by the Department of Mental Health. Their insight and input has been essential in helping others understanding that recovery is a process, and the process may be different for every single person.

"Everybody plays a role in empowering the people we serve," said Aurora Baugh, Division of Recovery and Resiliency. "The person is always the most important thing, but there is no cookie cutter system that applies to every single person. Everything should be individualized.

"That doesn't just apply to people," she said. "It applies to our bureaus, to our divisions and to our community



mental health centers. What works for one person may not work for another, and what works for Region 7 may not work for Region 8."

That, in a nutshell, is the idea behind a Person-Centered and Recovery-Oriented System of Care (PC-ROSC) – each person should be treated as an individual and plans for recovery should include holistic looks at each individual, taking into account all of the factors in everyone's lives and giving them choices in what they want and how they'll be treated.

Baugh began the presentation with examples of ways to take a holistic look at not just a person, but a program.

"We can't just think about the process we're using," she said. "It goes beyond that, even to the environment."

As an example, she mentioned a building that did not have any

windows, with the only natural light coming from the doorway. Such an environment is likely not very appealing or pleasant to stay in for long periods, she said.

"We need to take a look at policies and procedures, because some of those can be disempowering as well," Baugh said.

She pointed out that the things people most often say they want include

good relationships with their family and friends, a healthy spirituality, financial independence, intimacy, their own homes, and more.

"These are things people want, not just things people who are receiving services want," she said.

The DMH definition of a Person-Centered and Recovery-Oriented System of Care is "a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families and communities to achieve improved health, wellness and quality of life."

That definition brings to mind the sheer number of people and groups who have to work together to provide this care, which is in reality an entire network.

One of the Certified Peer Support Specialists who spoke to DMH em-

employees on October 6 mentioned how important it was to have that network in place.

“It is really, really encouraging to think back on those moments when people reached out to me, in the depth level that I was at,” said CPSS Jacob Linton, Timber Hills Mental Health Services. “That’s just called empathy.”

Linton emphasized that professionals and individuals in the mental health field, not to mention the families, friends and other supports in the community, all affect each other. He has himself learned that it takes a network of people and groups to offer an effective community-based service. He said he has also learned that recovery is a process.

“I thought one day I would just wake up and the grass would be greener, the paint would be brighter and I would be better,” Linton said. “But it is a process.

“I’m not just in recovery when I’m at work, or at school or with my family. I’m in recovery all the time.”

Other Certified Peer Support Specialists at the training sessions spoke about the importance of self-direction in the recovery process. Individuals must define their own life goals, and also set their own paths toward those goals.

“I don’t really care what your goals for me are if I don’t want to do them,” said Jess Whatley, CPSS, Southwest Mississippi Mental Health Complex.

Instead, what helps her in her recovery process is one simple fact:

“Somebody decided I was worth asking what I wanted my life to be like, and they gave me the freedom to answer the way I wanted to,” she said.

In a PC-ROSC, individuals have that freedom to collaborate with others regarding their services. Choice is valued, and the focus is not just on reducing symptoms of their illness, but reducing those symptoms as a means to the end of allowing them to live inclusive, fulfilling lives.

CPSS Stephanie Stout, with Timber Hills Mental Health Services, emphasized how important it was for her to set goals with an end in mind.

“If you’re not looking at the end that’s in mind, then you don’t have any attainable exits,” Stout said.

Plans that are individualized and person-centered with specific goals in mind will reflect the various and unique gifts and characteristics of each person.

By contrast, a system that doesn’t have a recovery and person-centered culture will likely have staff members develop plans and goals without much input from others, and those goals may simply end with the reduction or remission of symptoms. Many individuals’ plans will look the same, and compliance with those plans will be highly valued.

Kim Williams, a Certified Peer Support Specialist with Hinds Behavioral Health, said individualization and inclusion is what helped begin the recovery process for her.

“It made me believe that if I could put one foot in front of another, I could make it. It made me believe I could make it all the way in my life,” Williams said.

Respect is another essential component of a person-centered system. Beverly Pettigrew, a CPSS from Warren-Yazoo Mental Health Services, pointed out respect doesn’t necessarily mean agreement.

“Respect is asking for an opinion and listening to that opinion,” Pettigrew said. “It doesn’t mean you have to agree. You just have to care enough to ask and listen.”

Plans are currently under way to schedule a second round of training sessions regarding the Department of Mental Health’s transformation to a Person-Centered and Recovery-Oriented System of Care. The second module will focus more specifically on community integration, community asset mapping and partnerships in the community.

Aurora Baugh once again emphasized that these presentations are giving an overview of the transformation taking place in DMH.

“We’re not talking about changing some words in our vocabulary,” she said. “We’re changing the entire way we do business.”

DR. MADDUX NAMED DMH MEDICAL DIRECTOR



In August, the Board of Mental Health appointed Dr. Robert Maddux as Medical Director for the Department of Mental Health.

Dr. Maddux will serve as Medical Director in addition to

his current role as Clinical Director at Mississippi State Hospital. Dr. Maddux is Board Certified by the American Board of Psychiatry and Neurology. He is a previous member of the Board of Mental Health. Dr. Maddux has extensive experience in both the public and private sectors, having served as a staff psychiatrist at Mississippi State Hospital, St. Dominic's Hospital, Jackson Mental Health Center, Charter Hospital and Region 8 Mental Health Services.

Dr. Maddux is a graduate of Millsaps College, where he earned a bachelor's degree in biology, and a graduate of the University of Mississippi School of Medicine. He has said he was drawn to psychiatry because it, possibly more than any other specialty in medicine, demands that the doctor understand his or her patients as whole individuals, something he still believes is an essential aspect of practicing medicine.

Dr. Maddux began his career at Mississippi State Hospital in 1984 and remained there before going into private practice in 1992. He returned to MSH in 2008, acting as a psychiatrist on Oak Circle Center, the child and adolescent unit at the hospital. He also served for a brief time as interim medical director at Specialized Treatment Facility in Gulfport.

He was named MSH Clinical Director in 2012, and will continue to serve in that capacity in addition to his duties as DMH Medical Director.

ARMSTRONG NAMED DMH DEPUTY DIRECTOR



The Mississippi Board of Mental Health has appointed Matt Armstrong to serve as Deputy Executive Director for DMH. He has worked in the field of IDD for more than 40 years and helped develop early intervention programs and family support services throughout Mississippi.

He previously served as

the Director of the Bureau of Community Services and was instrumental in the redesign of the Crisis Stabilization Units. His extensive knowledge of IDD and community services and his experience working directly with family members will greatly benefit the individuals served by DMH.

Mr. Armstrong will serve as Deputy Executive Director in addition to his current role as Director of the Bureau of Intellectual and Developmental Disabilities. The Bureau of Intellectual and Developmental Disabilities is responsible for the supervision of the Division of Home and Community Based Services/IDD Waiver, the Division of Transition Services, the five comprehensive regional programs for persons with intellectual and developmental disabilities and a specialized juvenile rehabilitation program.

Mr. Armstrong began working in the field of intellectual and developmental disabilities in the 1970s. He developed and worked in Early Intervention Programs and Family Support Services throughout Mississippi.

He has also provided behavioral management consultation to a variety of agencies in Mississippi, including public and private schools, daycare/early childhood programs and in-home parent training.

Mr. Armstrong received his bachelor's degree in special education from the University of Southern Mississippi and his master's degree in special education from the University of Mississippi.

DR. LEWIS NAMED DIRECTOR OF BUREAU OF MENTAL HEALTH



Dr. Marc Lewis has been named Director of the Bureau of Mental Health for DMH. Dr. Lewis comes from Mississippi State Hospital, where he was Assistant Director of the hospital and Director of Jaquith Nursing Home,

which is located on the MSH campus.

The Bureau of Mental Health is responsible for oversight of the six state behavioral health programs, which include public inpatient services for individuals with mental illness and/or alcohol/substance use services, as well as the Central Mississippi Residential Center.

During his time at MSH, Dr. Lewis oversaw the operations of Whitfield Medical Surgical Hospital, Mississippi State Hospital's rehabilitative therapy departments, and Mississippi State Hospital's Community Services Division. He also served as the Director of Jaquith Nursing Home.

He earned a bachelor's degree in business administration from the University of Louisiana, a master's degree in health care administration from Trinity University in San Antonio, TX, and a doctorate of philosophy degree in adult education from the University of Southern Mississippi in Hattiesburg, MS.

He is also a graduate of the John C. Stennis Institute of Government's State Executive Development Institute. He is a Certified Public Manager, Certified Mental Health Therapist, and a Licensed Nursing Home Administrator. Dr. Lewis is a member and past president of the Mississippi Hospital Association Society for Behavioral Health Services.

BAILEY NAMED DIRECTOR OF BUREAU OF OUTREACH, PLANNING AND DEVELOPMENT



Wendy Bailey has been named the Director of the Bureau of Outreach, Planning and Development.

This Bureau is responsible for the agency's strategic planning process, internal and external communications, public awareness

campaigns, recovery and resiliency transformation, professional development, professional licensure and certification and special projects. The Division of Recovery and Resiliency has been created to support the Department of Mental Health's transformation to a Person-Centered and Recovery-Oriented System of Care.

Bailey has worked with DMH for 10 years. She previously served as Director of Public Information and Strategic Planning. She received her bachelor's degree from Belhaven University and also has a master's degree in communications management.

She is a graduate of the John C. Stennis Institute of Government's State Executive Development Institute and the DMH Accelerated Leadership Development Program. Bailey is a Certified Public Manager and a Licensed Mental Health Administrator. She serves as chairperson for the Think Again Network, which encourages young adults to support their friends who have a mental illness and works to dispel the stigma associated with mental illness. She is also a member of the Public Relations Association of Mississippi and the Southern Public Relations Federation.

MISSISSIPPI EXPANDS PROGRAM OF ASSERTIVE COMMUNITY TREATMENT TEAMS

In an effort to continue to expand community-based services, the Mississippi Department of Mental Health (DMH) is under way with the development of four additional Program of Assertive Community Treatment (PACT) Teams.

The new teams will be operating in Mississippi's Gulf Coast region, the Hattiesburg region, the DeSoto County area and to the Jackson Metro area. Pine Belt Mental Healthcare Resources will operate the teams in the Hattiesburg and coastal counties, Timber Hills Mental Health Services will operate the team in DeSoto County and Hinds Behavioral Health Services will operate the team based in Jackson.

PACT is an individual-centered, recovery-oriented, mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services.

"We have developed a motto with our PACT teams, and that is 'Whatever it takes,'" said Andrew Day, Director of Adult Services in the DMH Bureau of Community Mental Health Services. "That's what we do. It's all about the individuals we're serving. The teams figure out how to deliver services in the best way possible to each individual."

Whatever it takes. That's what we do. It's all about the individuals we're serving.

These four new teams will be in addition to the two DMH currently has in the state, one operated by Life Help Community Mental Health Center based out of Greenwood and one operated by Warren Yazoo Mental Health Center based out of Vicksburg.

PACT Teams serve individuals who may have gone without appropriate services. They are mobile, delivering services in the community and enabling individuals to avoid treatment in an inpatient setting. Each PACT team is made of individuals from multidisciplinary backgrounds who share responsibility for addressing the needs of the individuals served. The services they deliver are individually tailored for each individual to address their goals and preferences.

The PACT teams that have already been operating have made a significant difference for the individuals they have served, said Charles Stampley, Team Leader for the Warren-Yazoo PACT program.

"I think there is a strong need for programs like PACT," he said. "All of the services are individualized for each client, and are as hands-on as any program could get. I believe for the underserved and less responsive to traditional mental health clients, a program such as this that encompasses a holistic approach is what the client would need."

Stampley said the PACT teams have had a significant impact for individuals who are homeless, and approximately 25 percent of those the team serves are homeless or in imminent danger of becoming homeless. They often have significant financial conflicts, he said.

"PACT has seen dramatic benefits within this area, as all but one individual of the 25 percent has been paired with housing. About one third of the 25 percent has allowed PACT to assist them with money management.

"It has meant a lot to the individuals served, as it has meant for us to provide the service," Stampley said.

Though each of the four new PACT teams are just in the beginning stages of their formation, Day said he is hopeful they will be operating and serving individuals in their

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respective areas before the end of the year. In the four years DMH has had PACT teams operating, they have been extraordinarily successful in helping individuals in recovery by ensuring they can stay and participate in the communities of their choice.

Mental health is a serious public health problem in Mississippi. In 2013, more than 165,000 people needed treatment for a mental health issue. Since many people do not seek help, Mississippians must continue to have conversations on mental health in order to increase understanding and stay focused on the concept of recovery - a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery is unique to each individual and can truly only be defined by the individuals themselves.

“Recovery not only benefits the individual, it benefits the entire community,” said Diana Mikula, DMH Executive Director. “Evidence-based programs such as PACT Teams are essential to keep individuals in the community and help them continue on their road to recovery. We must continue to expand Mississippi’s community-capacity for the individuals served by the public mental health system.”

If you or someone you know is in need of services and supports, call the DMH’s 24 hour-a-day, 7 days a week at 1-877-210-8513 or visit www.dmh.ms.gov.

KEVIN HINES SPEAKS AT ‘TRAUMA: THE SILENT STORM THAT IMPACTS US ALL’



Attendees at the “Trauma: The Silent Storm that Impacts Us All” conference on September 10 saw a moving and powerful presentation they won’t soon forget.

Keynote speaker Kevin Hines moved the crowd of more than 600 to applause, and no small amount of tears, with the account of his attempted suicide by jumping from the Golden Gate Bridge – but also with his desire to find the resiliency to prove to himself and others it is possible to live a life of recovery from mental illness.

Hines tells his story in his book “Cracked, Not Broken,” and was available for signings after his presentation. An internationally-known speaker and mental health advocate, Hines travels the world sharing the story of his life, his struggle with mental illness, and the attempt he made to take his own life at the age of 19.

His struggles began in his teenage years, when his parents went through a divorce. To cope with the stresses of that situation, Hines began drinking with his friends. They would often drink until they blacked out, Hines said, which was even more dangerous for him than it was for his friends at the time.

“What my friends didn’t know is I that when I was 17 ½, I had been diagnosed with bipolar disorder,” he said. “I had a complete and total, my first, mental breakdown. While on psychiatric meds I should not have been drinking an ounce of alcohol. I was in so much pain internally I didn’t know how to cope.”

He battled that mental illness mostly in silence, not telling his family or his doctors about how much pain he was truly in. He was extremely paranoid, believing the United States Postal Service was attempting to assassinate him. Every time he saw a USPS truck, he would take off running, often ending up far from home in a strange neighborhood, not

knowing how to get back.

He came to believe his friends and family wanted him gone because he was a burden to them.

“Had I opened my mouth and shared of my struggles, none of this would have occurred, but that wasn’t in the cards,” he said.

Instead, he kept his thoughts and feelings to himself.

Hines decided in September 2000 he’d had enough of his struggle. His father sensed something was wrong and offered to spend the day with him. Too ashamed of his illness and paranoia, Hines told his father he couldn’t take the day away from classes at college. When his father dropped him off at the college campus, Hines walked into the counselor’s office and promptly dropped most of his classes and then boarded a bus for the Golden Gate Bridge.

The bus was packed, but despite his tears, no one asked Hines if he was ok. No one asked if something was wrong. No one asked if they could help him. Any one of those questions, Hines said, would have shown that people did care about him and prevented what he was planning on doing. But no one asked.

When a woman walked up to him, he thought that was his chance, and he would be able to ignore the voices in his head and finally tell someone he needed help. Instead, the woman requested that he take her photograph.

“As I saw her walk away, the only thought in my head, prior to the next voice in my head, was ‘nobody cares. Jump now.’

“I ran forward, and I threw myself over the rail.” He regretted it instantly, but it was too late. That was when, as he tells it now, several miracles happened. The first was that, as he jumped, someone with a carphone saw him. That person happened to have friends in the Coast Guard, and directly called them to describe exactly where

Hines had jumped.

He wouldn’t find out about that until much later, but Kevin was aware of the next miracle, even though he didn’t quite recognize it for what it was right away. He’d landed in the water with crushing impact, breaking his body, but not ending his life. He felt an animal underneath him and

became even more terrified than he already was, thinking he had survived the fall only to be attacked by a shark.

People looking down from the bridge, though, could see that it was actually a seal, swimming underneath him, bobbing him to the surface and keeping him afloat until the Coast Guard boat arrived.

“Now I believe in my heart of hearts that this was absolutely a miracle,” he said. “I have faith in a higher power. I believe that I am here for a reason. I believe we are all here for a positive reason, no matter the pain we are going through today or tomorrow, and this life is the greatest gift that we have been given or have ever been given.”

That is why he has decided he will never again try to take his own life, despite his continued struggles with his illness. Hines said he still copes with suicidal thoughts, but he knows it is possible to overcome them, and he won’t hesitate to seek psychiatric help when he knows he needs it. He urged attendees at the conference to remember those three simple questions to ask when they see someone, whether they know them or not, who appears to be in pain: Are you OK? Is something wrong? Can I help you?

“I know you as mental health professionals work hard but there are so many people apathetic to people suffering,” Hines said. “They don’t see the pain. They don’t care. We have to educate them, so they can care, and then take these kinds of stories and share them so we can be a completely non-ignorant country and we can finally stand up and say ‘I have a mental illness and that’s ok. I have a brain disease and I’m not afraid of it. I’m not ashamed anymore.’

“Once we can do that we can change the world.”

“Had I opened my mouth and shared of my struggles, none of this would have occurred, but that wasn’t in the cards, he said.”

DMH AND THINK AGAIN NETWORK RELEASE MEDIA GUIDEBOOK

The Mississippi Department of Mental Health (DMH) and the Think Again Network have completed work on a project that aims to change the portrayal of mental illness across the state.

DMH and Think Again have released a Mental Health Media Guidebook for Mississippi Journalists that provides tips and helpful information regarding coverage of the often sensitive topics of mental illness and suicide. The Think Again Network is a group of mental health professionals and advocates who seek to educate the public across the state about the misconceptions of mental illness. With that goal in mind, the media guide acts as a tool and resource to help journalists in their work of providing fair and comprehensive news coverage.

The guide builds on the Associated Press Stylebook entry on mental illness. The AP Stylebook is a writing guide for journalists that is published and updated each year, but the entry on mental illness was only added in 2013. However, research has shown that many people do not have much information on behavioral health issues other than what they have perceived from the mass media.

The goal with this guide is to aid journalists, especially journalism students, in providing appropriate news coverage that can help break down the stigma surrounding mental health. The guide also provided an opportunity for several Mississippians to share their own stories of how they have been affected by mental illness.



One such story is from Mississippi journalist and University of Mississippi journalism professor Robin Street. She shares her account of overcoming and recovering from a diagnosis of obsessive-compulsive disorder.

“As a journalist, I have written often about mental health issues, trying to help people understand them,” she said in her story. “As a college journalism instructor, I implore journalists and journalism students to take time to understand and report on mental health issues.”

The guidebook presents some general information that may be useful to the public, such as the fact that mental illnesses are common, and one in five adults has a diagnosable mental illness. It drives home that recovery is possible and treatment works.

It also deals with some topics that are crucially important – reporting on suicide and the relationship between mental illness and violence.

More than 50 studies worldwide have found that news coverage can increase the likelihood of an already-vulnerable person attempting suicide. That increase has been tied to the amount, duration, and prominence of the media coverage. The information presented in the guidebook focuses on ways to avoid misinformation about suicide and avoid sensationalizing it. In short, suicide is a very complex topic, but it is possible to report on it while still informing an audience and also including information that can offer hope and resources to individuals who may be affected by it.

While violent acts committed by individuals living with

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mental illnesses are not uncommon in the news cycle, research has shown violence and mental illness should not necessarily be linked together. The U.S. Surgeon General has reported that the likelihood of violence from people with mental illness is “exceptionally small.” A study published in the *International Journal of Law and Psychiatry* says that the vast majority of mentally ill people are actually more likely to be victims of violence than others.

Other topics in the guide include ways to eliminate stigmatizing language from news coverage, tips for interview people who have been personally affected by mental illnesses and ways the media can help change the public perception of mental illness.

“It’s important for journalism students to learn more about reporting on mental health and suicide because they are the professional opinion leaders of society,” says Belhaven University communication major Toni Robinson in the guide.

“Journalists have the power to influence stereotypes about people whether they are positive or negative. That power should be handled responsibly when it comes to issues such as mental health and suicide.”

MISSISSIPPI HOUSING 4 RECOVERY INITIATIVE ANNOUNCED

The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded the Mississippi Department of Mental Health a Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant for the implementation of the Mississippi Housing 4 Recovery initiative.

DMH received notification in September that the agency has been selected by SAMHSA to receive \$1,189,391 for the first year of implementation of the Mississippi Housing 4 Recovery (MH4R) initiative to address housing and support service needs of persons who are experiencing chronic homelessness with substance use or co-occurring substance use and mental health disorders.

SAMHSA anticipated awarding up to 11 of these grants in 2014. This important initiative is designed to increase the availability of permanent supportive housing for individuals who are chronically homeless. This will be accomplished by combining the provision of resources and services while supporting the dissemination of best practices statewide and incorporating recovery at every level of service. Because this grant is jointly funded by SAMHSA’s Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (DMHS), the project will be co-directed by Mark Stovall, Director of DMH A&D Treatment Services and Trisha Hinson, Director of DMH Community Living.

“What this means for DMH is the opportunity to expand and enhance programs and services that are already proving to be effective in supporting individuals to enable them to live successfully in the community,” Hinson said.

With a start-up date of October 1, 2014, MH4R will be implemented over a three year period. During that time frame, a total of 297 individuals are expected to be enrolled and served, with outreach services provided to as many as 500 individuals. Included in MH4R is a commitment from five housing service providers in the state of approximately 109 housing slots per year, for a total of 327 housing slots.

MH4R will expand or enhance a number of best-practice models that are already in use in the Department of Mental Health, including Programs of Assertive Community Treatment (PACT) and the Oxford House recovery home model.

PACT is an individual-centered, recovery-oriented behavioral service delivery model for facilitating community living, psychological rehabilitation and recovery for individuals who have the most severe and persistent mental illness that jeopardizes their ability to have housing stability. The Oxford House model is another concept in which a group of individuals in recovery from drug and alcohol use run their own self-sustaining and drug-free household. Each Oxford House is self-governed with a shared responsibility for successful integration into the community neighborhood.