

EXPRESSIONS

Fall/Winter 2008/2009



A quarterly publication for members and friends of Mental Health America of Knox County

CIT IN KNOX COUNTY TO BE A REALITY

In May 2009 the first CIT (Crisis Intervention Team) class will become a reality when our Knox County first responders will start special training that will prepare them to respond to immediate mental health crisis calls.

To address the problem, a Knox County CIT Taskforce was formed earlier in the year under the leadership of Kay Spergal, clinical manager at the Community Mental Health and Recovery Board (CMHRB) of Licking and Knox Counties. The taskforce which is composed of representatives from various stakeholders in the county: Knox County Sheriff, Knox Community Hospital, Moundbuilders, MRDD, MHAKC and others, have been meeting for several months. MHAKC has helped to coordinate the effort.

The Birthplace of CIT . . . MHAKC's interest was inspired after reading about the success

won by the Memphis, TN Police Department (MPD) to establish a CIT in 1988. The impetus for Memphis came after a shooting of a 27 year-old mentally ill man in Memphis a year earlier by the MPD. The MPD, community stakeholders, and a couple universities formed a partnership with NAMI to establish common goals of safety, understanding and service to the mentally ill. They developed a unique training program for officers that fostered the use of tactics focusing on a calm approach when responding immediately to mental health crisis calls. Techniques learned by officers taking part in the training lessened the risk of physical confrontation, improved verbal response and improved the police department's image in the city. It also reduced the incidents of victimless crime arrests and less reentry of the mentally ill into the justice system. This program became the model to establish CITs across the United States. Major Sam Cochran of the Memphis PD was a leader in getting the program started. He had this to say about CIT:

"Communities large and small are seeking answers to managing crisis issues and crisis services. When changes are mandated, community collaborations and partnerships are the key. Advocates have long asserted that law

enforcement personnel often do not receive adequate mental health training, resulting in ineffective and sometimes fatal encounters or outcomes. In 1988, Memphis introduced the first Crisis Intervention Team as a vital component to the community's demand for safer first responder crisis services. CIT partnerships led to changes in existing systems and stimulated the development of new infrastructures for services/care. Suicide attempts and mental health crisis concerns are recognized as a priority. Crises are about people, about our community, our families, our friends, and our loved ones. CIT is built and founded on principals of dignity, understanding, kindness, hope and dedication.

Suicide encounters and those crises relating to mental illnesses are about our community, our friends, loved ones, and us. It is a fundamental requirement that crisis services and care are present."

Fifteen years later there are 50 to 80 established CITs across the United States.

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NAMI OHIO IS TEAM PLAYER — NAMI of Ohio has played a major role in getting the programs established in Ohio with the cooperation and expertise of Lt. Mike Woody of the Ohio Criminal Justice Coordinating Center of Excellence. Woody is credited for bringing the CIT programs to Ohio in 2000 and is considered a leading expert in CIT programs. Woody is retired from the Akron police department after 25 years of service. There is also an Ohio CIT Taskforce that meets quarterly in Columbus. MHAKC also participates in that taskforce.

Presently there are approximately 40 counties across Ohio who have implemented CITs involving over 3000 law enforcement officers.

Licking County recently graduated 17 individuals in a training sponsored by CMHRB; this brings Licking a total of 89 trained personnel.

On August 7, a conglomerate of Knox County community stakeholders, including the city and village mayors, law enforcement officers, Knox County Sheriff, fire and emergency responders, hospital staff, state highway patrol, and mental health agencies, came to hear a discussion about the program led by Lt. Woody. The taskforce came together in early November and set the date for the 40-hour training in May 2009. We will keep you posted!

OPERATION HEALTHY REUNIONS – Military focusing on mental health/substance abuse problems

About 15,000 soldiers are heading home to Fort Campbell, KY after spending more than a year at war in Iraq and Afghanistan and military health officials are bracing for a surge in brain injuries and psychological problems among those troops.

Facing prospects that one in five of the 101st Airborne Division soldiers will suffer from stress-related disorders, the base has nearly doubled its psychological health staff. Army leaders are hoping to use the base's experiences to assess the long-term impact of repeated deployments. Officials of the National Guard are also focusing on mental health and substance abuse and events leading to suicide. Connecting Guard members to mental health and substance abuse services in their own communities is the purpose of the Guard's new Prevention, Treatment, and Outreach program.

This program was launched in 2007 at the direction of the Assistant Secretary of Defense. The program aims to keep Guard members from falling through the cracks. The program draws heavily on SAMHSA's (Substance Abuse and Mental Health Services Administration) resources and help. The Guard's status as "citizen soldiers" means their healthcare benefits differ from those of other soldiers on active duty often right by their side. For Guard who have served in Iraq or Afghanistan, the military's TRICARE benefits end soon after they return from active duty. These vets also have limited U. S. Department of Veterans Affairs (VA) benefits for a few years. According to LTC Boatman, chief of substance abuse prevention for the National Guard Bureau in Crystal City, VA, these benefits often aren't enough. He says, VA facilities are "simply overwhelmed." In addition, post-traumatic-stress disorder (PTSD), drinking or substance abuse disorders, and other problems often surface long after benefits have run out. There's also the problem of Guard members who haven't been deployed, but who



nonetheless need mental health or substance abuse services.

At the heart of the program is a six-module training program called "Team Readiness," which draws on SAMHSA's "Team Awareness," a workplace training program. The Team Readiness program assists in the reintegration process for returning Guard members and their dependents. The National Guard does not provide mental health and substance abuse treatment; however, it does help connect members to services. Ohio guardsmen and women can connect with this program and resources. The initiative also reaches out to families and offers referrals to relatives concerned about a Guard member's health. There's even a camp for children to help them cope with the feelings and stress of having their parents deployed.

Resources for Returning Veterans and Their Families:

SAMHSA

www.samhsa.gov/vets

The SAMHSA Web page includes:

- How to find treatment for mental health and substance abuse issues
- Publications about coping with trauma
- Webcasts and conferences on recovery
- Statistical reports and more.

www/oas.samhsa.gov/veterans.htm
SAMHSA's Office of Applied Studies offers several statistical reports dedicated to veterans. They include Serious Psychological Distress and Substance Use Disorder among Veterans. For the full report, visit www.oas.samhsa.gov/2k7/veteransDual/veteransDual.cfm.

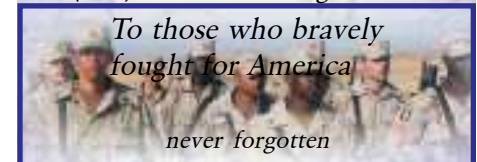
U.S. Department of Veterans Affairs (VA)
VA's National Center for PTSD offers fact sheets, tips, and guides on coping with war trauma or a loved one's return from deployment at www.ncptsd.va.gov/ncmain/veterans.

For information on suicide warning signs and links for specialized topics, visit www.mnetalhealth.va.gov.

For info on suicide prevention call 1-800-273-TALK (8255) or contact Military One Source at 1-800-342-9647.

For information and fact sheets on PTSD visit your local Mental Health office (11 W. Gambier St., Mount Vernon), or call your local Veterans Service Office for help (740) 393-6742

A MHA KC PTSD Support Group meets the fourth Tuesday of every month, 7:00 p.m., at The Main Place, 117 W. High Street, Mount Vernon. Call (740) 397-3088 to register.



VETERANS

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KNOX COUNTY VETERANS SERVICE OFFICE

We are Located At
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Suite 257

Mount Vernon, OH
(740)393-6742

Web Site: knoxcounty.ohiovso.com

E-mail: vso@co.knox.oh.us

DEPRESSION -

DEPRESSION IS REAL -

depression hurts

Who does depression hurt?

WHAT IS DEPRESSION?

There are many types of depression, but generally, depression is a serious medical illness characterized by persistent feelings of sadness, anxiety or "emptiness." People suffering from depression usually feel hopeless, worthless, and helpless.

WHAT ARE SOME OF THE DIFFERENT DEPRESSIVE DISORDERS?

Major depressive disorder: Also called major depression, this illness is characterized by a combination of symptoms that interfere with a person's ability to function normally (e.g., work, sleep, eat). An episode of major depression may occur only once in a person's lifetime, but more often, it rears throughout a person's life.

Dysthymic disorder: Also called dysthymia, this illness is characterized by long term, less severe symptoms that may not disable a person, but can prevent him or her from functioning normally or feeling well. People with dysthymia could experience one or more episodes of major depression during their lifetime.

Psychotic depression: This form of depression occurs when a severe depressive illness is accompanied by some form of psychosis, such as a break with reality, hallucinations, or delusions.

Postpartum depression: This form of depression is diagnosed in women who experience a major depressive episode within one month of delivery. The National Institute of Mental Health estimates that between 10 and 15 percent of women experience postpartum depression after giving birth.

Seasonal affective disorder (SAD): This illness is characterized by the onset of a depressive illness during the winter months, when there is less natural sunlight.

Bipolar disorder: Also called manic-depressive illness., this illness is not as common as major depression or dysthymia. It is characterized by cycling mood changes—from extreme highs to extreme lows.

WHAT CAUSES DEPRESSION?

Depression is believed to be the result of a combination of genetic, biochemical, environmental, and psychological factors.

Through brain-imaging technologies, such as magnetic resonance imaging (MRI), scientists have learned that the brains of people who have depression look different than those of people without depression: The parts of the brain responsible for regulating mood, thinking, sleep, appetite, and behavior appear to function abnormally. In addition, important neurotransmitters—chemicals that brain cells use to communicate—appear to be out of balance. Some types of depression are hereditary, which suggests a genetic link, though not everyone who suffers from depression has a family history of it.

WHAT ARE THE SYMPTOMS?

Not everyone with depression will experience the same symptoms. The most common symptoms of depression are: Persistent sad, anxious, or "empty" feelings; feelings of hopelessness and/or pessimism; feelings of guilt, worthlessness, and/or helplessness; irritability, restlessness; loss of interest in activities or hobbies once pleasurable, including sex; fatigue and decreased energy; difficulty concentrating, remembering details, and making decisions; insomnia, early morning wakefulness, or excessive sleeping; overeating or appetite loss; thoughts of suicide, suicide attempts; persistent aches or pains, headaches, cramps, or digestive problems that do not cease even with treatment.

A MHAAC DEPRESSION/BIPOLAR SUPPORT GROUP MEETS EVERY OTHER THURSDAY AT THE GAY STREET UNITED METHODIST CHURCH IN MOUNT VERNON, 7:00 P.M. FOR INFORMATION CALL 740-397-3088

WHERE AND WHY TO SEEK TREATMENT FOR DEPRESSION

Depression—even the most severe case—is highly treatable.

As with many illnesses, the earlier that treatment begins, the more effective it is, and the greater the likelihood that recurrence can be prevented.

Certain medications and some medical conditions, such as viruses or a thyroid disorder, can cause the same symptoms as depression, so it's important to visit a doctor when symptoms arise. If the doctor can eliminate a medical condition as the cause of symptoms, he or she should conduct a psychological evaluation or refer the patient to a mental health professional who can conduct a complete diagnostic evaluation.

Once diagnosed, a person with depression can be treated with a number of methods; the most common treatments are medication and psychotherapy.

WHERE CAN I GET MORE INFORMATION?

National Alliance on Mental Illness:
www.nami.org

National Institute of Mental Health:
www.nimh.nih.gov

Depression and Bipolar Support Alliance

www.DBSAlliance.org

Mental Health America

www.NMHA.org

Contact your local Mental Health Association at 740-397-3088 or e-mail: mhaknox@embarqmail.com
MHAAC Chat line: 397-WECARE (397-9322)

CRISIS LINES

Emergency Hotline - 2-1-1 or 800-544-1601
Abuse & Neglect Hotline - 392-5437
Adverse Drug Reaction - 393-9009
KCH Emergency Services - 393-9711

National Suicide Prevention Lifeline - 1-800-273-TALK (8255)

"I believe we are living in a threshold moment. Attitudes toward the brain are changing because people are literally seeing the brain in a new way." — JP

JANE PAULEY: ON SCIENCE AND STIGMA

Television journalist, Jane Pauley was honored at the NAMI 2008 national convention for her contributions to public education about mental illness and her efforts to eliminate stigma and discrimination. The public came to know Pauley over the years from NBC's Today Show and Dateline. The mental health community came to know her through her 2004 memoir *Skywriting: A Life Out of the Blue* in which she disclosed her personal experience with bipolar disorder. Speaking at the convention she spoke about the work scientists and researchers are doing during the 1990s at looking at the brain. Millions of people are becoming familiar with the images of the brain and we are literally seeing the brain in a new way. Through advanced technology now available scientists can now look at the brain and see the affects bipolar, adhd, ptsd, and other disorders have on it. Pauley says the public is now beginning "to get it." She says, "They get it that the brain is an organ of the body and that mental illness is a *medical* illness. She urged NAMI to please never miss an opportunity to get the science out. "Get the science out there. It will attack our nemesis, *stigma* more effectively than any personal testimony," she said.

Good advice for all advocates of mental health. We have allies in science—what we know about the brain is changing fast. Keep pushing! (NAMI *Advocate* —Fall 2008)

REPORT TOUTS COLUMBIA SUICIDE SCREENING

Reuters Health, December 2008- School-based suicide screening can identify students at risk for suicide and other mental health problems not recognized by school professionals, new research suggests.

"School-based screening can be an integral component of a school's mental health initiative and complement the work already being performed by school staff making for a complete program," Dr. Michelle A. Scott, from the Division of Child and Adolescent Psychiatry, Columbia University College of Physicians and Surgeons, New York, told Reuters Health.

In the early 1990s, evidence emerged that suicide awareness programs, which did not stress the association between suicide and mental disorders like depression, were not effective and, in fact, had a negative impact on those students who had made a prior suicide attempt, Scott explained.

Unlike prior prevention efforts that require a student to come and seek help on their own, school-based screening is a proactive approach to identifying students who may be at risk for attempting suicide, she noted.

That is to say, school-based screening asks students directly about their risk factors for suicide, including thoughts of killing oneself, prior attempts, and mental health problems such as depression, anxiety and substance use. If a student is indicated to be at risk, they are further evaluated by a clinician at school to determine if an outside referral is necessary.

Scott and associates evaluated whether a school-based screening for suicide risk called the Columbia Suicide Screen was redundant to the work already being conducted by school staff, such as counselors, nurses and disciplinary staff. Of 1,729 students from seven high schools in the New York area who completed the screening, 489 had a positive result, indicating that they were at risk for suicide. A total of 641 students (73% of those who had screened positive and 23% of those who screened negative) were studied further.

"This study found that school-based

screening identifies students with significant mental health problems that school professionals did not already indicate being concerned about," Scott said. "However, it should be mentioned that there were students identified by the school staff that were not identified by the screen."

The discrepancy may arise because school professionals are aware of students with behavioral or conduct problems that may be at risk for suicide, she explained, while the screen does not ask students about behavioral or conduct problems but does inquire about problems with alcohol and drugs. Specifically, more than one third (34%) of students with significant mental health problems were identified only through the school-based Columbia Suicide Screen. Thirteen percent were identified only by school professionals, and 35 percent were identified both through screening and by school professionals. It is also important to note, Scott said, that school-based screening and school professionals failed to identify roughly 18 percent of students at risk for suicide or mental problems.

Editor's note: Mental illness and suicidality are significant problems for today's teens.

In Ohio suicide is the third cause of death for 11-18 year-olds. Among Ohio youth ages 12-17, 9% suffered an episode of Major Depression within a year. Teens between the ages of 15-19 have the highest hospitalization rate for suicide attempts in the state.

SCREENINGS FOR TEENS AVAILABLE LOCALLY —

Dr. Charles R. Bell, a pediatrician practicing in both Mount Vernon and Danville, OH and his staff are interested in helping the youth and their parents of our communities to prevent teen depression and suicide. Dr. Bell and his team are certified by Columbia University and Knox Community Hospital to carry out this program.

Screening is voluntary and results are confidential.

For more information, Dr. Bell's office telephone is 397-2991.



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SPRING MHAAC FUND RAISER

OUR FIRST ANNUAL MHAAC BIKE FOR YOUR BRAIN-A-THON WILL BE AN EVENT IN MAY — COMPLETE PLANS AND DETAILS ARE IN THE MAKING !!!!!

The event will take place on the Mount Vernon Kokosing Gap Trail on May 17, 2009. Participants may elect to bike, run, or walk the entire trail—whatever they opt to accomplish. We encourage participants to seek sponsors to help raise funds to support Mental Health America's programs and community initiatives. We will be looking for corporate sponsors who will be willing to provide support to this project, whether it be providing financial resources or in-kind donations such as refreshments that will be available along the trail, prizes, or T-shirts. All donations are tax deductible.

WHY A FUND RAISER?

With our more than 320 affiliates nationwide, MHAAC represents a growing movement of Americans who promote mental wellness for the well-being of the nation everyday and in times of crisis. We are a nonprofit 501 (3) (c) organization. Our major support is through the United Way of Knox County. To accomplish the need of providing mental health education in Knox County we need to seek additional funding. A successful fund raiser may help us to provide a program such as "I. C. Hope" to our schools. This is a "stigma" buster program to help children understand that some people may be different, particularly children who may be dealing with a mental illness. It will help them to understand illnesses such

as bipolar, adhd, schizophrenia or some emotional disorder that may affect their behavior. It is one of the best programs out. There is also a teen and adult curriculum. The program costs about \$10,000 to implement. It is an ongoing program being offered in states across the country, including Ohio. Both Licking and Franklin County MHAs have this program available to their school systems, teens and adults as well.

United Way support makes it possible for us to provide support groups, workshops and other public forums to promote good mental health. Such support helps us to provide this newsletter and to maintain a library of fact sheets, brochures, pamphlets, books and videos on mental health concerns. It also helps us to maintain our office located at 11 W. Gambier Street, in Mount Vernon, where folks can visit or students can come in to research a study project on mental health issues. *But, we can do more!* We are looking forward to sponsoring this 1st Annual Bike for Your Brain-A-Thon. We know it will offer the entire community an opportunity for exercise and family fun and at the same time provide the opportunity to make a difference in someone's life.

May is National Mental Health Awareness Month!

Mental disorders are common in the U.S. An estimated 26.2% of Americans ages 18 and older (about one in four adults) suffer from a diagnosable mental disorder in a given year. This figure translates to 57.7 million people. Of those about 1 in 17 suffer from a serious mental illness. In addition, mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44. Many people suffer from more than one mental disorder at a given time. Nearly half (45%) of those with any mental disorder meet criteria for two or more disorders, with severity strongly related to comorbidity. Approximately 14.8 million American adults suffer from major depression (18 and older). ADHD, one of the most common mental disorders in children and adolescents, also affects an estimated 4.1% adults 18-44 in a given year. (<http://www.nimh.nih.gov>)



HEROES IN THE FIGHT!SM

MHAAC recognizes a local hero - Sally Parsons — as their Hero in the Fight!

Heroes in the FightSM, is a recognition partnership program established and sponsored by Eli Lilly and Company to celebrate dignity, courage, hope, and recovery in the ongoing treatment of persons with severe and persistent mental illness. It recognizes "heroes" who provide care and support for these individuals and their families— and celebrates and recognizes the heroic work of many different people who fight for better mental health and better lives on a daily basis in their community. Franklin County MHA and other Ohio MHAs were invited to submit nominees. Five winners were selected from those individuals nominated. The award dinner was held on October 15, 2008, at BoMA in downtown Columbus.

Our nomination was Sally Parsons, a well-known personality in Knox County. We submitted her name as our Hero in the Fight for the Individual Community Supporter category.

Sally has been involved with the mental health community for many years and serves as a volunteer at several community organizations. She serves on several boards, including MHAAC's, volunteers for her church and supports many other initiatives in the county. She also coordinates the new MHAAC CHAT line (740-397-9322).

Sally retired from a teaching career at Knox County Career Center in August 1992, only to begin another with Knox County Moundbuilders in September 1992 and retiring from there in April 2008. While at Moundbuilders in addition to serving as an emergency service case manager, she coordinated the former ECHO (Emotional Crisis Hotline Organization) Talkline. ECHO has been replaced by Pathways 2-1-1. Sally's dedication to her community and help she gives others has made a difference in many lives— she is indeed a "hero" to be counted.

**MHAKC
UPCOMING EVENTS**

SEXUAL ASSAULT WORKSHOP February 11, 2009
(Will repeat in April 2009)
Call 740-397-3088 to register-free

DIVORCE RECOVERY WORKSHOP 6-week series starts
January 12, 2009 (will repeat)
registration required- Fee

SUPPORT GROUP meets Every Other Thursday
(beginning January 8, 2009)
Depression/Bipolar, Mood disorders, anxiety disorders
7:00 p.m., Gay Street United Methodist Church

NAMI HAND TO HAND FAMILY EDUCATION PROGRAM (free) now taking registration for class to start February 18, 2009
the class is free and open to parents or anyone dealing with a child diagnosed with a mental/emotional/neurological disorder
Call 740-397-3088 to register

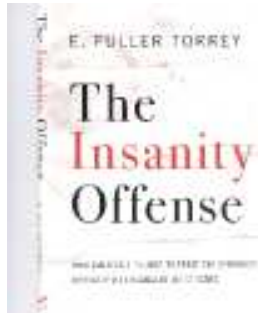
Now taking registrations for a **Schizophrenia Support group** to start in February 17, 2009
call 740-397-3088

MAY IS MENTAL HEALTH MONTH
WATCH FOR MORE DETAILS
WE INVITE YOU TO HELP SUPPORT MENTAL HEALTH
AMERICA'S FIRST BIKE-FOR-YOUR-BRAIN-A-THON
"Bike for Your Brain" will be a noncompetitive bicycle event to promote the link between mental health and exercise. Participants will bicycle at their own pace (they may also walk/run) and choose whether or not to complete the entire Kokosing Gap Trail— The date is—
May 17, 2009
MARK YOUR CALENDAR
Plan to get in on the fun!

 **new
books**

**mhakc
LENDING
LIBRARY**

The Insanity Offense describes in detail one of the great social disasters in recent American history. Over the past five decades, hundreds of thousands of patients with severe psychiatric disorders have been discharged from public mental hospitals. At the same time, changes in state commitment laws have made it impossible to treat nearly half of the discharged patients after they have left the hospital. Fuller Troy, one of America's most eminent psychiatrists, makes a powerful and convincing argument that the civil libertarian wall of due process protecting the "rights" of those with severe mental illness has caused serious harm to them, to their families, and to the communities in which they live.



CRAZY
by Pete Earley



Pete Earley, a former Washington Post reporter, has written extensively about the criminal justice system. But it was only when his own son—in the throes of a manic episode—broke into a neighbor's house and took a bath in her tub that he learned the truth about what is happening to mentally ill people who have the misfortune to break the law. In this book, he offers his own family's emotionally compelling story. *Editor's note: I found this book hard to put down. Parent's of the mentally ill should find comfort and good food for thought in this book. Well written and truthful.*

The Birth to Five Book

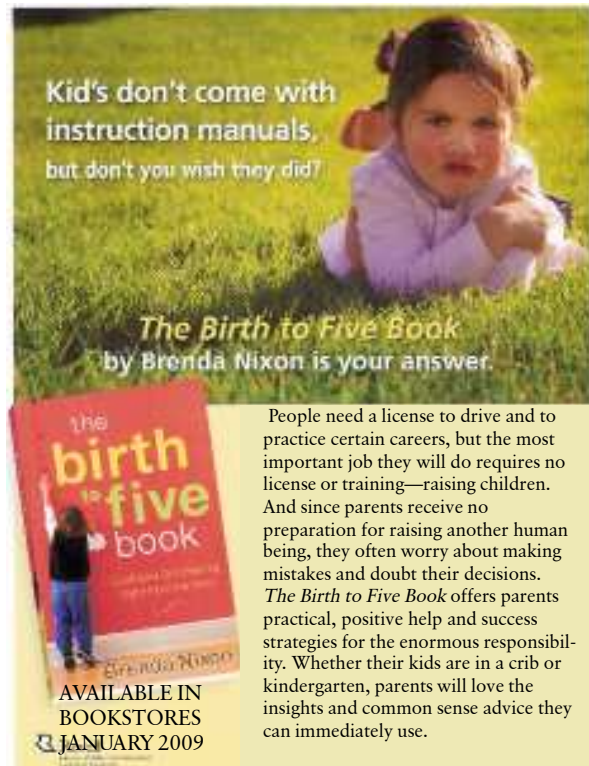
Brenda Nixon's latest book, *The Birth to Five Book*, will be available in our Lending Library as soon as we can get a copy of it. Brenda lives locally in Mount Vernon.



Author, Writer, Speaker
Brenda Nixon

Brenda, a freelance writer, has authored three books and has been a contributing author to 25 books. Her first book, *Parenting Power in the Early Years* (WinePress/01) is now out of print. That book is still available in our library. We supplied 100 copies of this book to new moms of babies born at KCH and also provided copies to Becky Davis's KCH Birthing Classes. Brenda speaks nationally, writes, and teaches on child behavior/parenting. To contact Brenda, write P.O.B. 1302, Mount Vernon, OH.

The Birth to Five Book will be available in bookstores everywhere in January 2009. Check with Paragraph's Bookstore in downtown Mount Vernon to purchase your copy.



Kid's don't come with instruction manuals, but don't you wish they did?

The Birth to Five Book by Brenda Nixon is your answer.

People need a license to drive and to practice certain careers, but the most important job they will do requires no license or training—raising children. And since parents receive no preparation for raising another human being, they often worry about making mistakes and doubt their decisions. *The Birth to Five Book* offers parents practical, positive help and success strategies for the enormous responsibility. Whether their kids are in a crib or kindergarten, parents will love the insights and common sense advice they can immediately use.

AVAILABLE IN BOOKSTORES
JANUARY 2009

*Notes from the
director* **Dodie
Melvin**



Our Annual Meeting was held Sunday, November 20 at R&M's Southside Diner and thanks to the generosity of R&M's who provided the hall, the delicious meal, wonderful service and hospitality, it was a success. Steve Hedge, executive director of the Delaware-Morrow County Mental Health and Recovery Services Board was the speaker. We asked him to speak on one of Judge Evelyn Stratton's favorite subjects, the idea of establishing mental health courts—his topic was, "Mental Health Court - Fad or Future?" He was *awesome!* There were 52 members and guests present. The goal of mental health courts is to provide necessary behavioral health services to mentally ill offenders in order to prevent incarceration and

reduce recidivism. There is no specific model, but there are similarities in courts that are established. Eligibility requirements are determined by the specific court. They are usually structured in one of three ways: In a preadjudication model where prosecution is deferred and the defendant agrees to participate in treatment; in a post-pleas-based model where disposition of the case is deferred while treatment occurs; or in a probation-based model in which the defendant is convicted and sentenced to probation, with treatment as a condition of probation. Participants are mandated to follow mental health treatment recommendations. These services are generally provided by existing community treatment providers. There are some 80 courts in the U.S. Ohio has 29 with 6 in the planning stages as of July 2008. For more information about mental health courts contact Melissa Knopp, Esq., manager of the Supreme Court Specialized Docket Section, 614-387-9427.

ARE YOU LONELY, ANGRY, JUST NEED SOMEONE TO LISTEN TO YOUR WOVES OR WOES?— If you just need to talk, then you might want to dial 740-397-WECARE (9322) and talk to the nice, caring person who will answer your call. MHAKC is facilitating a *new Chat* line. It is not to be construed as a "crisis" line—the service formerly offered by the emergency ECHO line—it is simply a listening line in which callers can discuss anything they want for as long as they want. The line is being coordinated by Sally Parsons and calls are handled by trained volunteers. We tried to come up with an acronym and number to spell "chat" or "talk," and the best we could do with numbers available is to come up with 397-WECARE or 397-9322. We established such a line because many of those using the ECHO line called just because they had the need to talk to someone. *Those who are having a mental health crisis or need information or referrals should dial 2-1-1 for help —2-1-1 is available 24/7. If 2-1-1 is not available on your phone, dial 800-544-1601.*

All we are given is possibilities to make ourselves one thing or another —
Jose Ortega Y. Gasset

Senator Bill Harris Honored by OACBHA



The Ohio Association of County Behavioral Health Authorities (OACBHA) recently honored Senator Bill Harris (R-Ashland, 19th District) for his leadership in the behavioral health services arena. In our book, that is a deserving honor for as the honor states, "Senator Harris has consistently been a champion and a friend to those working to provide appropriate prevention and treatment services for individuals and families suffering with mental illness or substance abuse disorder." The Senator has been honored several times by organizations for being an advocate of those having disabilities. Senator Harris has always been available to us here at MHAKC to answer our questions or hear our concerns. Senator Harris has represented the people of Ashland, Delaware, Knox and Morrow counties since 2000. He has served us well.

MENTAL AMERICA
OF

1949 KNOX COUNTY 2009

Mental Health America of Knox County is a nonprofit 501 (c) (3) service organization established in 1949. Its mission is to promote good mental health and victory over the stigma of mental illness. It is supported through United Way of Knox County, individual memberships and donations coming from Knox County businesses, organizations and individuals, memorials and fund raisers. In-kind gifts are also acceptable. All gifts are tax deductible.

A volunteer Board of Trustees monitors the general operation of the association and is involved in setting goals and programs as implemented by an executive director. The director wears multiple hats in the carrying out of the goals and mission of the Association through programing, cooperation with and participation in linked community organizations and endeavors. Membership on the Board of Trustees is represented by individuals from all walks of life and areas of the county. Volunteers welcomed!

MHAKC BOARD OF TRUSTEES

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 MOUNT VERNON, OH



RETURN SERVICE REQUESTED

SUPPORT GROUPS:

PARENTS - a group for parents with children diagnosed with mental/emotional disorders. Second & Fourth Monday's 6:00 - 8:00 p.m., The Main Place, 117 W. High St., Mount Vernon (enter back door) Call 397-3088 to register.

PTSD - a group for individuals/family member who are or have experienced post-traumatic-stress disorder. Come and enjoy the comradery and sharing with others. Refreshments. Free and open. Call 387-3088 to register.

DIVORCE RECOVERY SUPPORT GROUP - If you are going through a painful separation or divorce this will help you heal your heart and self-esteem. Facilitated by Ms. Lorraine A. Ferre', MSW, LISW. of Dr. Christo-

pher Fiumera's psychological services office. There are six sessions—each class will deal with the spiritual, physical and mental issues of achieving a "healthy" divorce. There is a fee of \$60 for the course. This class has great therapeutic value. Begins January 12, 7:00. Call 397-3088 to enroll. Location: The Main Place, 117 W. High St., Mount Vernon (enter back door) Class will repeat

BIPOLAR/DEPRESSION - Facilitated by two of the best mental health therapists we know, Maurine Scott and Walt Packer. Meets every other Thursday at Gay Street United Methodist Church, 18 North Gay St., Mount Vernon, 7:00 - 8:30 p.m.

NEW!! WE CARE CHAT LINE - *Lonely, worried, mad at the world? Need to talk? CALL 397-WE CARE (397-9322) to talk to a caring person. Confidential — Supportive Listening.*

PROJECTS:

ParentTalk Newsletter - Free subscription to parents of babies born at Knox Community Hospital. Newsletters are mailed at different monthly intervals over five years of the child's life.

Community Resource Directory - Compiled, updated and published each year, this informative and useful directory is distributed free to consumers of services, agencies, businesses, schools and service agencies for their use in locating services, etc.

Community Outreach - In addition to the above, we offer educational workshops and forums. Maintain a lending library of books, literature and videos concerning mental health issues and provide speakers. Call for information or assistance.

We are working for Knox County's Mental Health. Your support helps us to make a difference in someone's life . . .

Membership: New ___ Renewal ___ Yes, I would like to join or renew my membership in the MHA of Knox County (Check Category — Suggested Donations)

- ___ \$20 Individual
- ___ \$35 Family
- ___ \$10 Senior
- ___ \$ 5 Student
- ___ \$30 & Up Sponsor

Pacesetter \$250; Business/Organization \$125; Professional \$75

If you have not renewed or joined -- complete the form below and mail to MHAKC with your check, today! *Donations, no matter how small, are appreciated!*

NAME _____

ADDRESS _____

Telephone _____

All donations are tax deductible Mail to MHAKC, 11 W. Gambier St., Mount Vernon 43050

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The MHAKC is an affiliate of the National Mental Health America and a member of NAMI Ohio. We are a United Way of Knox County supported agency.

Too often we give children answers to remember rather than problems to solve. — Roger Lewin