NAMI Skagit
National Alliance on Mental Illness

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www.namiskagit.org

Moving Toward Fully Integrated Health Care

By Judy Heinemann, LMHC

For the past several years many medical providers, mental health agencies and substance use treatment agencies have been preparing their systems to move toward health care integration as a result of the national mandate to do so by 2020 dictated by the Affordable Care Act of 2010.

Another way to think about the integration of care is a new focus being on Whole Person Health. Many overarching systems have been driving the processes at state and local levels and the transformation taking place is multidimensional, even spherical. Think of a wheel or HUB with multiple spokes coming out of it in all directions. This large scale transformation of our health care system will have many benefits and the disconnected services of old will fall by the wayside. Primary Care, Mental Health and Substance Use Treatment will all be required to work more closely together to treat the whole person, deliver seamless services and communicate and coordinate services along the care pathways identified for the individual. In many cases, they may even be co-located at the same site.

There are three initiatives focused on improving health care outcomes that are part of the larger transformation. These include Focusing on Whole- Person health, Insurance companies Rewarding Value over Volume, and Empowering Local Communities. You will begin hearing phrases in the coming months, or perhaps some of you already have, like Care Pathway, value based payment, outcome based treatment, evidence-based practice, all of which are important components of our changing health care system.

The care pathway is a multidirectional road map of practices and processes that operationalize service delivery and care coordination across multiple areas of one's life. Integrated care is like the tire that is wrapped around the spokes (agencies/providers) and that enables the wheel of care to move smoothly along the care pathway….and where the rubber meets the road in whole person treatment, so to speak.

Value Based Payment (VBP) and Outcome based treatment are requirements of the incoming Managing Care Organizations (MCO) meaning the insurance companies who will be contracting with the various providers to carry out their respective services (the spokes on the wheel). Essentially it means there will be expectations that treatment is working and goes so far as to even require providers are trained in certain practices and approaches researched and proven to work, in other words are evidence-based. This is a good thing as it requires agencies / providers to deliver meaningful care that strives for improved health for everyone.

NAMI Skagit Monthly Education Evenings

Tuesday evening, April 10th, 7-8:30pm, will be an **"Ask the Doc" evening with Dr. Jacynda Wheeler**, the new Psychiatrist at Island Hospital. Please write your questions down and turn them in at the meeting. Dr. Wheeler will answer as many as possible and there may be time for other questions. Let's warmly welcome her to the Skagit county community. Location: First United Methodist Church, 1607 E Division in MV. This event is FREE & open to the public. Questions: call Marti at 360.770.5666

Want to Strengthen Your Recovery?

You are not the only one.

NAMI Peer-to-Peer Educational Program is a 5-week interactive course on recovery for any person with a mental illness. Teams of two trained "mentors" who are themselves experienced with living with mental illness, teach the course. The course uses a combination of lecture, interactive exercises, and structured group processes to promote awareness, provide information, and offer opportunities to reflect on the impact of mental illness. Topics include empowerment, disorders, stigma, story-telling, addictions, medications, spirituality, coping skills, relapse prevention, and advance directives.

Classes are twice a week, Mondays and Thursdays
April 9th to May 10th, 2-4pm

At the FIRST UNITED METHODIST CHURCH (Rees Room)
1607 E Division St, Mt. Vernon WA. 98274
(SKAT Bus Route 206 Stop, Division St and Clairmont)

Sign up today as class size is very limited and reservations required.
For more information please contact: Mark Dodds at (360)424-8224

NAMI Skagit Support Groups

1 – **Open Support Group** meets the **4th Tuesday** of each month from **7 – 9pm (Mar 27** & Apr 24), in the back of the Sanctuary at the First United Methodist Church, 1607 E Division, MV. We welcome family members, partners, and supportive friends as well as those living with mental illness. Just come. Questions? Call Marti Wall 360.770.5666

2 – **Peer Support Group** meets on the **4th Thursday** of each month from **7 – 9pm (Feb 22** & Mar22) in the Library of the Anacortes United Methodist Church, 2201 H Ave. (Park in back and enter through the downstairs doors) This group is for those living with a mental illness. No need to sign up; just come. Questions? Call Diana Dodds at 360.424.8224

3 – **Family Support Group** of Stanwood/Camano Island meets the **1st Monday** each month from **7 – 9pm (Mar 5** & Apr2). This group is for the family members of those living with a mental illness. No registration required; call for current location. Julie Melville at 360.941.0996

Mass Shootings and Violence | Talking Points Part 2

From NAMI National

Topline Messaging

It is important after tragedies happen to remember the tremendous impact they have on our communities— our parents, our children, our school professionals, our first responders—the mental health of our communities and our whole country. It's also vital to recognize that the overwhelming majority of people with mental illness are not violent.

There are certain risk factors for violence including: a history of violence, substance abuse and untreated symptoms of psychosis, some evidence suggests. However, most people with mental illness will never become violent and mental illness does not cause most gun violence.

While we appreciate the heightened interest and conversations about the role of mental health in our society, we need to make sure that we are not painting all people with mental illness as violent. We need to have an honest and productive national conversation about all the factors that play into this type of violence and what we can do to prevent these tragedies. Only then can we find meaningful solutions to protecting our children and communities.

Talking Points

General Statistics and Violence

• One in five people are affected by a mental illness in a given year. One in 17 have a serious mental illness such as schizophrenia, bipolar disorder, major depression or other conditions that may cause significant impairments in daily functioning.

• Most people with mental illness will never become violent, and mental illness does not cause most gun violence. In fact, studies show that mental illness contributes to only about 4% of all violence, and the contribution to gun violence is even lower. i

• Research shows that a history of violence, including domestic violence; use of alcohol or illegal drugs; being young and male; and/or a personal history of physical or sexual abuse or trauma, increases risk. Mental illness alone is not a predictor of violence. ii

• When coupled with some of the factors listed above, mental illness may increase the risk of violence. And, untreated symptoms of psychosis such as delusions or paranoia, may somewhat increase the risk of violence as well.

Stigma

• During these national tragedies, we often see people make stigmatizing comments about mental illness, or we see people with mental illness being painted with a broad brush of being violent, which simply isn't true. And this comes as a punch in the gut to those that are living with a mental health condition and need to seek help and treatment.

• We need to be careful that the response to these tragedies does not discourage people with mental health conditions from seeking help. Stigma far too often prevents people from getting the help they so desperately need.

Early Intervention and Screening

• Education, early intervention and screening are the key to breaking down barriers, and there are many things we need to do to address mental illness in this country and in our schools.

• Half of all lifetime cases of mental illness begin by age 14 and 75% begin by age 24, so it is critical to engage our youth and have conversations with them about mental health.

Institutionalization and Crisis Beds

• Some have suggested that we re-institutionalize people with serious mental illness. Fifty years ago, people were institutionalized for long periods of time, sometimes for life, and often without legal rights. They were frequently subject to horrific conditions. We do not need to return to the days of institutionalization.

• We do need more acute care and crisis beds. These options are often not available when people experience emergencies or crises and this has contributed to problems like criminalization and emergency room boarding. We also need to focus on improving quality and outcomes to ensure that people get the care and coordination they need.

• While recovery should always be the goal of mental health treatment and services, we know that some people with mental illness may need intensive and ongoing supports for long periods of time. Unfortunately, our mental health system is overburdened. o A comprehensive mental health system should include intermediate and long-term support options for those who need them, including residential supports. o There are long wait lists for much needed beds. Currently, there are only about 11 beds per 100,000 people when we need somewhere between 40-60 beds .iii Services can be provided in a range of settings including residential treatment programs, group homes and other supportive housing options. The key is the availability, intensity and duration of supportive services.

• Steps in the right direction would be ensuring a well-funded and strong mental health system. We can do this by fully funding the Medicaid program and requiring private health insurance to provide adequate coverage for mental health and substance use treatment.

Guns and Violence

• While the relationship between mental illness and gun violence is very low, we need reasonable options. This includes making it possible for law enforcement to act on credible community and family concerns in circumstances where people are at high-risk.

• Another part of the conversation is acting on common sense approaches to ending gun violence. For example, gun violence prevention restraining orders, also known as "red flag" laws, which can allow for the removal of guns from people who may pose a risk of violence to themselves and others. ***

i Swanson, J.W., et. al., "Mental Illness and Reduction of Gun Violence and Suicide: Bringing Epidemiologic Research to Policy," Annals of Epidemiology 25 (2015) 366-376.

ii D. Webster, et. al., "Five Myths About Gun Violence," The Washington Post, October 6, 2017.

Iii E. Fuller Torrey, MD, "A Dearth of Psychiatric Beds"

*** Washington has this law available through the courts, for use by law enforcement, families and others as deemed necessary.

3 Quick Tips for Everyday Wellness

1—**Rise 'n Shine**: Even if you're not a morning person, kicking your day off with some personal development appears to fend off stress and anxiety and keep you more productive and energized throughout the day. Change the way you start the day with such things as meditation, affirmation, visualization, journaling, reading, or exercising.

2—**Set Your Feet Free**: Walking barefoot represents a kind of freedom (think sand through your toes), and has documented health benefits too. It decreases stress on your knees and ankles, improves your circulation warding off varicose veins, and it helps correct your posture thus preventing trouble with intervertebral discs in the spine.

3 – **Gratitude Practice**: Mentally highlighting the many blessings in life pre-emptively wards off negative thoughts. Try to do simple gratitude reminders after getting into bed, giving special attention to positive occurrences. It calms the mind.

NAMI Skagit Board Meeting: First Tuesday each month from 6:30 to 8:30pm. All NAMI **Members** are welcome but call Dayna for meeting location at 360-708-8452.

The Procrastination Cycle

By Jay Boll, LMSW from "Esperanza"

Is it ironic that I've been procrastinating on a column about procrastination? I've been putting it off for weeks. Every day that I waffled I felt worse, and my anxious feelings ratcheted up as the time to my deadline counted down.

This morning I found a fresh insight that would enable me to write this piece: The anxiety caused by my procrastination was causing me to procrastinate even more, causing more anxiety. The solution, of course, was to just sit down and write the thing. Problem solved. I had my theme and could start the article. Then came the next thought after that: *But not today*.

When I was young, I thrived on a last-minute approach to completing tasks. In college the last two weeks of the semester were my favorite of the year as I pulled successive all-nighters, racing to churn out papers the night before they were due. Somehow I managed to get A's, which seemed a validation of that approach. But I find that this is not a strategy I can carry into middle age. All those sleepless nights, fueled by caffeine and excess adrenaline take their toll. That kind of stress, compounded by day-to-day life challenges, can grow to toxic levels and start to affect my mental health.

What's worse, anxiety often goes hand-in-hand with depression. Not writing when I have a project to do makes me anxious—but depression makes it hard to start. When I feel depressed, it is easier to put things off. I wake up with a fresh idea on how to approach what I'm supposed to be writing … but it's Monday morning … and last week was really rough … I really need more time to recuperate … *not today.* In the end, I resolve to do something easier, like checking my email.

That's the kind of thinking that fuels anxiety. Anxiety in turn, makes me want to retreat from the world, which can lead to more depression. This creates a vicious cycle—depression, procrastination anxiety, depression—from which the only escape is action.

The newspaper columnist and playwright Don Marquis famously quipped that, "Procrastination is the art of keeping up with yesterday." That's a good description, but I think Mary Todd Lincoln said it best when she called procrastination her "evil genius".

There are often good reasons to procrastinate. Some procrastination might be seen as a signal from the subconscious that a person is not ready to take on a difficult or complicated task. Sometimes it's a simple matter of needing to collect more information. Other times it's a sign that the person lacks the necessary inner strength at that moment, or is not prepared emotionally. In such cases, it may be wise to put off a difficult task that is causing stress and focus on something more achievable. Checking my emails may not be the most productive use of my time, but it may be what I need to help soothe my anxiety while I replenish the inner resources to take on more challenging tasks. Or am I merely delaying the inevitable, feeding depression and anxiety in the meantime? It is in this respect that procrastination is an evil genius: We cannot always be sure if it is working to our benefit or harm.

Every morning for two weeks, I thought about my looming deadline for this article and asked myself if today was the day that I would lift the burden and finally get it done. As a writer, I often need to wait for inspiration. Finally, it came to me as my mind wandered in the shower. But that alone was not enough. The key for me in such situations is to recognize when inspiration strikes and ignore the evil genius that "whispers to me to tarry," *not today*. I had to put aside the emails and half a dozen other matters, and actually sit down to write.

With the column finished and ready to submit, I felt a tremendous release of the heart-pounding anxiety that was my companion when I got up. Now to attend to all the emails that were accumulating in my inbox all day long.

Are you ready yet to devote some time to helping NAMI help others through the NAMI programs? We need family members for Family to Family; and Peers in recovery to be trained for other programs. Call Marti at 360.770.5666

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I am: **____Living with a Mental Illness**
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___Other_____

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