

AMHD news

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What's Inside

3

Conference Focuses
on Family

4

Working Through
Stigma

5

Come Together

6

Letter to the Editor

E-ARCH Training

RFPs/RFIs

7

Legislative Summary



HAWAII STATE
DEPARTMENT
OF HEALTH

Aloha. all!



Chief's Column

Dr. Thomas W. Hester, Adult Mental Health Division Chief

The last few weeks of my tenure as the chief of the Adult Mental Health Division (AMHD) have been highlighted by four major events.

First, the legislature passed S.B. 2396, which is a comprehensive mental health bill based on several recommendations of the SCR 117 Task Force. The primary purpose of this bill is to help reduce the census at Hawai'i State Hospital (HSH). Please see the article in this newsletter (page 7), which provides more information.

Second, our 5th Annual Best Practice Conference, "Family Psychosocial Education: Fortifying Families of Birth and Choice," was a great success. Over the past five years, these conferences have covered the six major evidence-based practices identified in the 1999 *Surgeon General's Report on Mental Health*.

Third, the AMHD released its *FY2007 Annual Report and Five Year Review*. This report chronicles the growth and many of the improvements that occurred from July 1, 2002 to June 30, 2007. It is available on our website, www.amhd.org.

Fourth, on May 14, 2008 the chiefs of the Child and Adolescent Mental Health Division, Alcohol and Drug Abuse Division, and the AMHD signed a memorandum of understanding committing to work together to improve services for persons with mental illness and substance abuse across the life span.

Although these were notable events, what affected me the most in my final weeks were my talk story visits from Lihu'e to Hilo. Clubhouse members shared how they are treated with more respect and support; CMHC staff shared their stories of service

(See "Chief's column" on page 2)

Chief's column

(From cover)

improvement and efforts to make consumers feel welcomed. I leave knowing that the recovery principle is being applied daily by clinical teams to improve the lives of our consumers.

There is a lot to celebrate in our mental health system. We have written documents like the *AMHD Action Plan*, *AMHD Strategic Plan*, *COSIG Strategic Plan*, and the *MHT SIG Comprehensive Mental Health Plan* to describe steps we need to take to continue improving our system. Yet, during this period of transition in AMHD leadership, I feel a need to call urgent attention to the following actions:

- Reduce the number of admissions to HSH from criminal courts by creating meaningful community-based, civil alternatives for people with mental illness who are charged with non-violent offenses
- Utilize our university partners to conduct more rigorous evaluation of the cost effectiveness and clinical outcomes of our services. Such information can reduce stigma and discrimination by helping the general public to understand that funding mental health services is a good value that improves the lives of our consumers and benefits our communities
- Consult with our consumers, their families, and clinicians as we consider measures to reduce unnecessary expenditures and live within our budget
- Support the AMHD Office of Consumer Affairs to become a vibrant force for consumer advocacy
- Strengthen consumer voices by creating an active statewide consumer network
- Produce more Hawai'i Certified Peer Specialists and provide them with continuing education, support, and a career ladder
- Support all of our clubhouses to achieve and maintain ICCD certification. This certification ensures that our consumers will have a place where they are treated with respect and dignity; a place where they are welcomed and accepted as a person not a diagnosis; and a place that provides structure, support, and skills needed to get a job and become a valued member of the community

While this is not an exhaustive list of needed actions, if they are completed and the written plans followed, Hawai'i's mental health system can serve as a beacon of hope lighting the way for others to improve and celebrate the lives of consumers and their families who struggle with mental illness.

It has been my profound pleasure to serve the people of Hawai'i. You will never know how much you have changed me and how much I will miss you.

Live Recovery!

Tom



Last goodbyes



Hester visited all of the state's clubhouses to present gifts and to say aloha. In turn, clubhouse members and staff presented him with food, entertainment, and gifts of their own. Pictured above, Waipahu Aloha Clubhouse presents Hester (on left) with a photo album of past clubhouse events.



At his last Chief's Roundtable, NAMI Hawai'i honored Hester with a service award. (From left) Marion Poirier, Mike Durant, and Hester.



Staff, providers, and consumers gathered at a farewell luncheon at Tree Tops Restaurant to offer one final goodbye to Hester.

Conference focuses on family

Over 280 people attended the 5th Annual Best Practices Conference “Family Psychoeducation: Fortifying Families of Birth and Choice.” The conference, which was held on April 23-25 at the Hawai‘i Convention Center, was co-sponsored by the AMHD and the Hawai‘i Consortium for Continuing Medical Education.

The conference focused on the evidence-based practice of family psychoeducation as recommended by the 1999 *Surgeon General’s Report on Mental Health*. Family psychoeducation programs provide education, emotional support, and problem-solving skills for families to better equip them in supporting loved ones who have a mental illness.

The conference featured plenary sessions with Dr. Molly Finnerty, Dr. Shirley M. Glynn, Dr. Tazuko Shibusawa, and Dr. Kimo Alameda. Sessions covered family psychoeducation in international, national, and local communities across a broad range of cultures.

Plenary sessions and workshops included a range of topics such as dispelling stigma, involving consumers’ families in recovery, understanding cultural perspectives, and dealing with youth and older adult populations’ unique challenges.

During lunch, Maui service area administrator Dr. Tom Vendetti presented his latest film on mental health. The film, “Kōkua I Na Kūpuna,” focused on the

importance of mental health services for Hawai‘i’s older adult population.

One of the highlights of the conference, however, was not on the program. Dr. Thomas Hester, chief of the AMHD, left his position on May 15, but took the opportunity to say farewell to many of his friends and colleagues at the conference’s closing. “The greatest gift that I’ve received is being accepted into my family of choice here in Hawai‘i and you are that family...” Hester said. “I just have two words of advice as I leave you: Live recovery.”

The next Best Practices Conference is scheduled for April 14–16, 2009 at the Hawai‘i Convention Center and will feature best practices in forensics. ❀



Ho‘onani O Ko‘olau Halau dedicated their hula performance to Dr. Thomas Hester, then presented him with leis as a farewell gift.



In the final plenary, which closed the conference, (from left) Dr. Kimo Alameda led a panel discussion with Michael Zarate, Dr. Shirley M. Glynn, Dr. Lesley Slavin, Dr. Tazuko Shibusawa, and Jim Mihalke.



Attendees viewed the locally produced film “Kōkua I Na Kūpuna.”



Dr. Molly Finnerty spoke about family psychoeducation in Chinese, African-American, and Latino communities.

Working through stigma

Dr. Edward Suarez, Psychosocial Rehabilitation Services Director

Work is Essential

Work is a societal expectation and an essential activity of life. Without it most persons with psychiatric disabilities will be relegated to poverty, segregation, and social isolation. With such dire consequences of chronic unemployment awaiting our consumers, and clear evidence that working consumers are better off across the board than their non-working peers, it is not surprising that the AMHD has amassed the resources needed to employ 60 percent of our consumers. What is surprising is that despite this wealth of resources, for the past five years, less than 25 percent of our consumers have been employed.

There are many reasons for this, but the most significant one is stigma. As you know, negative attitudes and discrimination against people with severe mental illness is common in the general public, but more surprisingly, these attitudes are also internalized as self-stigma among our consumers, and worse yet, if we analyze ourselves, we can see the presence of stigma in our own minds and behaviors. Yes, the very mental health practitioners who should be most optimistic on behalf of AMHD consumers' chances for recovery and vocational rehabilitation can be the biggest barriers to such outcomes.

Stigma is the Enemy

How has this happened? Think about these facts borne out by research. News and entertainment media are the source of most people's information about the world and it is so powerful a source of information that it even overrides personal experience. Reviews have shown that when people with mental illness are mentioned in the media, they are much more likely than others to be depicted as violent criminals or in other devalued roles, even though they are no more likely than others to commit crimes. In fact, as a group, they are more likely than others to be victims of crime. The point is that stigma is so pervasive and

harmful throughout our society that it affects not only employers, but also consumers and the persons who serve them from taking full advantage of an evidence-based practice to support the majority of our consumers in employment.

The public's fear and ignorance of persons with severe mental illness and how to accommodate them on the job is a major obstacle for us all to surmount on behalf of our consumers who want to work and escape poverty. Thus, we must constantly be on the lookout for opportunities to educate not only the public (particularly employers) but also each other, ourselves, and consumers in order to counteract the negative impact of the media.

The most difficult task may be to look at how our own behaviors, in subtle and imperceptible ways, discourage consumers from working. Think for a moment about what you would do for friends who are out of work and becoming hopeless about finding a job. How would you support them? You'd encourage them. You'd notify them of interesting jobs that might suit them. You might even hire them yourself. You'd address their fears supportively. You would not just accept and reinforce their despair. But we do this everyday with consumers, for example, when we postpone supported employment referrals until symptoms are controlled or when we discourage seeking employment directly or indirectly by simply avoiding the topic of work entirely.

Stamp Out Stigma

As mental health practitioners, we each have an ethical obligation to address the source of much of our own stigma about mental illness, as well as our consumers' self-stigma, by addressing inaccurate and inflammatory media portrayals that equate crime with severe mental illness although 99 percent of crime is committed by persons without severe mental illnesses. We also have

an ethical obligation to address milder forms of discriminatory language such as the failure to use person-first language, when describing persons with mental illnesses as "a schizophrenic," "the mentally ill," or "a disabled person."

Develop Consumer Readiness

To counteract the constant negative impact of stigma on our system, we must work harder to develop readiness of our consumers for work. Whether a consumer has an extensive work history, a limited work history, or no work history, they have had life experiences that have fostered the development of skills, interests, and preferences. This information is useful in choosing work, obtaining a job, and maintaining successful employment. For many people, however, past experiences are not enough for long term career planning. In this case, current real work experiences provide better information. Following are some suggestions I've adapted from my colleague Melissa Roberts' work at the University of New Jersey Medical School, to help us overcome stigma in the AMHD system and better support consumer employment.

Work is Possible

Here are ideas of what you can do to support consumers in believing that work is possible:

- Ask about past jobs and experiences that the person liked and did well
- Maintain a bulletin board of information relating to work. Include pictures of consumers from your agency who are working, examples of jobs that exist in your community, and information about social security/medicaid work incentives
- Invite working consumers to come in and talk about their jobs
- Talk about the person's current activities or interests that use skills

or can help to identify employment possibilities

- Suggest new activities that use existing skills or build new skills

Work is Positive

Here are some things you can do to support consumers in believing that work is positive:

- Listen to concerns and fears consumers may feel about going to work
- Bring accurate information to consumers to address these concerns (for example, social security/medicaid work incentives, symptom management strategies, and ways to maintain friendships in the program)
- Talk about the supports the person may need and the sources of support that are available

Work is What We All Do

Support consumers in developing greater knowledge of themselves as workers:

- Talk about past work and other experiences to find interests, likes, dislikes, skills, support needs, and resources
- Talk about the person's current activities that use skills or can help to identify interests
- Be aware that self-employment can be a more flexible option when wage jobs don't match up with a person's unique talents and needs
- Help people to try out new work experiences and to use those experiences to learn what they're capable of and what they enjoy
- Go with consumers on tours of businesses to see the kinds of jobs that exist
- Bring business people in to talk about their work and what they look for in employees

- Set up informational interviews so consumers can get first hand information about jobs and careers
- Help our consumers get jobs and use them to learn about expectations and opportunities
- Remember that job transitions and losses are natural and if we don't let consumers fail, we deny them the chance to succeed

In conclusion, although there is a continuous onslaught of stigmatizing misinformation about persons with severe mental illness in the media and the general public, ethically as mental health practitioners, our obligation is to address these wrongs when we encounter them and to not fall prey to the stigma ourselves. The next time, you witness or recommend a supported employment referral being deferred so as "not to stress out the consumer," remember the haunting question posed by last year's Best Practices Conference keynote speaker Joe Marrone: "If work makes people with mental illness sick, what do unemployment, poverty, and social isolation cause? ❀"

AMHD Accountability

One of eight AMHD Core Values

We are committed to personal responsibility for our actions and for achieving our planned outcomes.

Mission:

We provide a comprehensive, integrated mental health system supporting the recovery of adults with severe mental illness.

Vision:

Everyone has access to effective treatment and supports essential for living, working, learning and participating fully in the community.

Come Together

Service area meetings

Consumers, providers, and stakeholders are invited to attend AMHD service area board meetings to discuss the AMHD system of care in their area:

- * Hawai'i meets on the first Monday of the month from 1:30 to 3 p.m. at the Waimea Civic Center (67-5789 Kamamalu Street) or Tutu's House (64-1032 Mamalahoa Hwy. Room 304).
- * Kaua'i meets on the last Friday of the month (except August and November 2007) from 1 to 3 p.m. Locations vary. Contact Jolly Iwata at (808) 274-3190 for the next meeting location.
- * Maui meets on the first Monday of every month from 2 to 3 p.m. at the Wailuku Health Center (444 Hana Highway).
- * O'ahu meets on the third Monday of every month from 6 to 7:30 p.m. in the Lanakila Health Center (1700 Lanakila Avenue). Call (808) 453-6396 or (808) 453-6397 for more information.

State Council on Mental Health

The State Council on Mental Health is responsible for reviewing and commenting on the state plan for mental health services and includes monthly reports by the AMHD and CAMHD. It meets in the mornings of the second Tuesday of every month. Call Judy Crockett at (808) 453-6945 for more information.

E-ARCH annual training

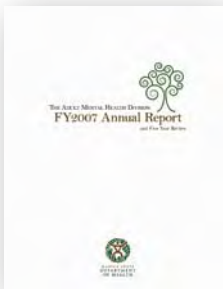


O'ahu service area specialist Stacy Haitsuka led the latest E-ARCH training.

The third annual Hawai'i State Hospital three-day training for Expanded Adult Residential Care Home (E-ARCH) primary care givers and private pay RN case managers was held on April 28-30. The purpose of the annual training is to increase participant knowledge of psychiatric care for residents who live with severe and persistent mental illness. A total of 32 participants attended the training. Training topics included learning practical skills, recognizing proactive interventions, and understanding the importance of medication adherence. Guest lecturer and presenters include HSH staff, AMHD staff, CMHC psychiatrists, and various community service representatives. ❀

Online

Annual report



The AMHD FY2007 Annual Report and Five Year Review was published in May and is now available online at www.amhd.org.

Letter to the editor

Mental illness in the news

by Pamela Roderiques

The topic of mental illness has been the subject in many news reports. Making headlines are those who commit violent crimes, kill other people and those who are in the public eye like Britney Spears and other stars. Let's not forget our own local Hawai'i news too.

The general public hears bipolar disorder, severe depression, or post-traumatic stress disorder. They don't fully comprehend what these illnesses are and how difficult it is to live with them. People don't hear or read these topics to understand that these mental health issues are not all the same. They all have different levels from mild to severe. People also don't realize that it is difficult to properly diagnose, medicate, and receive the mental health services that you may need.

When I tell people that I have bipolar disorder, they cringe and ask if I was going to go "nuts" like the people in the news. All I can do is to tell them that I am lucky because I have the mental health services that I need. But it was a long process; I had to try different medications before I received the correct type and proper dosage. I also have a strong mental health support team to help me cope with my disabilities.

The images people have in their minds regarding mental illness are the "bag lady" with her possessions in a shopping cart, the dirty unkempt man asleep on the sidewalk, and those who talk to themselves. People put their heads down and quickly go by these people as if they had a contagious disease.

Some people are born with mental illnesses. Some people develop mental illness because of a traumatic experience that occurred in their life. This could be the result of a divorce, mental or physical abuse, being the victim of crime, or from being a soldier during a war.

The public will readily donate money, support services and give their time to people who have physical disabilities that they can see. These donations help those individuals to become productive members of society. Unfortunately, you cannot see mental illness.

The public needs to be educated about people who have mental health issues and what our needs are.

I receive mental health services through Hale Na'au Pono in Wai'anae. One of our projects to educate the public and to generate funding for our programs is our CD project. Our clients and staff have recorded their songs and poems onto a CD. We will sell them soon.

The money earned still won't be enough for all of our projects. Not all mental health care providers can do this. All of us must rely upon funding from government agencies and grants and from individuals in the public who are aware of our needs.

More programs are needed now and educating the public needs to be done now!

Request for Proposals/Information

AMHD plans to release the following:

- An RFI for Assessment Services, AMHD 420-5-08
- An RFP for Community-Based Intervention - O'ahu, RFP No. HTH 420-7-08

If you have any questions regarding RFI's, RFP's, contracts, or modifications, please contact the Contracts Unit at (808) 586-4689.

Legislative summary

Malia Manol, MHSRET Program Policy and Planning Specialist

The State of Hawai'i Twenty-Fourth State Legislature Regular Session of 2008 resulted in the passage of a number of significant mental health measures. Major cross-agency collaborations (public and private sector) were formed to develop these proposals to work toward the common goal of improved mental health services. The following measures have been passed by the Hawai'i State Legislature and are now before the Governor, pending her approval:

S.B. 2396, S.D. 1, H.D. 3, C.D. 1, Relating to Mental Health, is the most comprehensive mental health legislation passed this year. This measure was a result of recommendations made by Senate Concurrent Resolution No. 117, S.D. 1, H.D. 1, adopted by the twenty-third Hawai'i State Legislature in 2006 that called for the Governor to convene a task force to "evaluate and recommend possible procedural, statutory, and public policy changes to minimize the census at Hawai'i State Hospital and promote community based health services for forensic patients." The SCR 117 taskforce was convened in September 2006 by the Governor under the joint direction of Senator Rosalyn Baker and Representative Josh Green. The task force included members of the Department of Health (DOH), Adult Mental Health Division (AMHD), Hawai'i State Hospital (HSH), the Judiciary, Department of Public Safety (PSD), probation, prosecutors, public defenders, community hospitals, police, HGEA, consumer rights advocates, consumers, and others. Over the course of the legislative session, S.B. 2396 evolved to incorporate the majority of the recommendations for statutory and funding changes put forth by the SCR 117 task force. Significant highlights include requiring the Department of Health to submit an annual report on forensic patients; allowing the director of health and persons subject to inpatient hospitalization or conditional release to apply to the court for hearing; and reducing the minimum length of hospitalization from ninety days to sixty days for individuals who

are recommitted after conditional release. Additionally, in seeking to better address the safety and well-being of our staff at Hawai'i State Hospital, the measure now makes assault on a person employed at a state-operated or state-contracted mental health facility a class C felony. This language was not an SCR 117 task force recommendation, but a change that the department fully supported. Finally, language for an appropriation for the continued funding of the mental health court was technically removed from this measure. However, we are very pleased and grateful that the amount necessary was incorporated into the Judiciary's budget, ensuring the continuation and growth of that important program. To our task force members, many of whom were actively testifying and helping to ensure this measure's movement, and to those whom we worked with to help each other understand potential impact as we strived toward compromise, we thank you for your professionalism and willingness to work with the DOH. We especially express a very big mahalo to Senator Rosalyn Baker and Retired Judge Marcia Waldorf for their recognition of the need and support of improving the laws that affect our mental health consumers.

S.B. 3069, S.D. 2, H.D. 1, C.D. 1, Relating to Records of Defendants Committed to a Hospital Controlled by the Director of Health or to Custody of Director of Health, is a measure Dr. Thomas Hester takes particular satisfaction in seeing pass. From his initial meeting with staff from Hawai'i State Hospital almost seven years ago, Dr. Hester learned that many patients who arrived at HSH often were received without key records. Staff were not receiving critical background information in a timely or consistent manner. These records are important to making effective clinical decisions, making more informed risk assessments, and better determining appropriate levels of community care needed after discharge. It is with a sense of completion and gratification for Dr. Hester that S.B. 3069 will statu-

torily require HSH to systematically receive key police records. We extend our aloha and appreciation to the county police departments, especially HPD, for their kōkua and to our other partners including the Department of the Attorney General, the prosecutor's office, the public defender's office, and key legislators and their staff for their work to advance this measure.

Finally, in response to the tragic and violent cases of domestic abuse and senseless murder in our communities this year, the House Health Committee convened a briefing to explore what improvements could be made to strengthen statutes to prevent such occurrences. One of the issues that came to light was the lack of critical, sometimes life-saving care management information not being shared across agencies or providers for the purposes of treatment and continuity of care. While carving out language to preserve a patient's privacy, S.B. 1802, H.D. 1, C.D. 1, Relating to Mental Health, now provides an exception to the confidentiality of mental health records and allows disclosure of a person's treatment summary from a previous five-year period from one health care provider to another. Again, we thank our partners who helped and supported our efforts including Queen's Medical Center, Kaiser Permanente, Department of Public Safety, Hawai'i Primary Care Association, NAMI Hawai'i, Mental Health America of Hawai'i, and key legislators and their staff for our working together to reach agreement on this significant legislation.

Overall, we extend our aloha to the Governor's Policy Office, the DOH and all the AMHD staff who worked tirelessly to do whatever they could to support and ensure the passage of these measures. We hope these new laws, once approved, will make a positive difference in the lives of consumers and will create a foundation for future reforms.



ACCESS: Suicide and Crisis Line

If you or a family member are experiencing a mental health crisis or if you need information about accessing mental health services, we are available 24 hours a day, 7 days a week.

Call (808) 832-3100 or toll-free at 1-800-753-6879.

The Hawai'i State Department of Health, Adult Mental Health Division's ACCESS Line provides a team of trained and experienced professionals to provide help to you or a family member in times of mental health crisis.

An accessible digital and a large print version of the newsletter may be obtained by calling (808) 735-1842.

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