

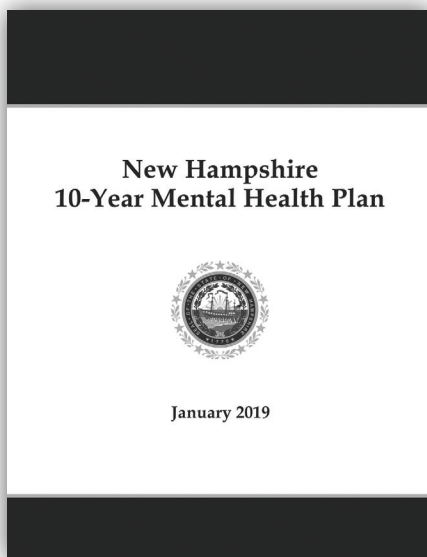
The OCFA Newsletter

Office of Consumer & Family Affairs
Bureau of Mental Health Services
Division for Behavioral Health
NH Department of Health and Human Services

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Inside the 10-year Mental Health Plan

To read the *10-Year Mental Health Plan*, go to www.dhhs.nh.gov/dcbcs/bbh/documents/10-year-mh-plan.pdf



The NH Department of Health and Human Services earlier this year released the *10-Year Mental Health Plan* for restructuring the mental health system in New Hampshire.

Several recommendations in the plan are intended to ease the psychiatric boarding crisis with individuals waiting in emergency departments for psychiatric hospital beds. The review below includes excerpts directly from the plan.

This Plan emerged from extensive engagement with stakeholders in focus and work groups across the state, conducted throughout the Spring and Summer of 2018. The Plan also profited from the accumulated wisdom articulated in many NH proposals, white papers and reports over the past decade, including the 2008 NH Mental Health Plan and the 2018 capacity assessment conducted by the Health Services Research Institute. Stakeholders who met in focus groups and cross-sector workgroups, both of which included participants with lived mental health experience, strongly reinforced the continued value of these existing analyses and proposals.

At public hearings held throughout the state, many people spoke about the need for funding to implement the ideas in the plan. Accordingly, the plan has specific recommendations for funding.

Recommendations in the plan call for additional crisis services, intensified suicide prevention efforts, insertion of peer supports

into hospital emergency departments, and increased reimbursement rates. The *10-Year Mental Health Plan* also addresses children's services, offering a comprehensive approach to essential services and supports across the lifespan. The plan also calls for integrating mental health care with substance use services. We know that a significant number of people with substance use issues also have mental health issues.

One emphasis in this Plan that has not been as visible in previous reports is a focus on high-level systems change. Facilitators of this planning process were encouraged at every step – by key advisors in prominent leadership roles, practitioners, and those with lived experience – to bring ambitious, systems-level change to NH's mental health system. The result is a recommendation to reorganize the mental health system into a hub-and-spoke model with enhanced central accountability and oversight, supporting regional hubs in the delivery of a robust spectrum

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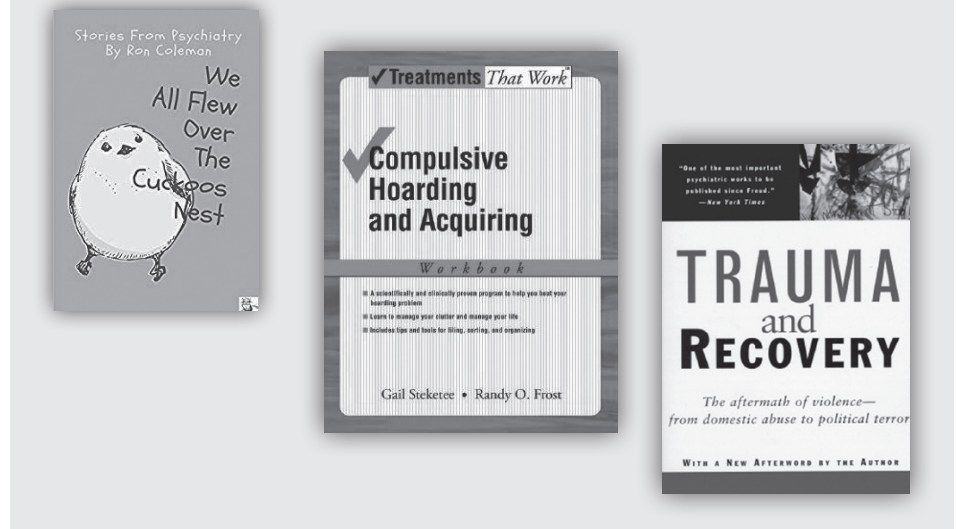
What's Happening at the OCFA?

Michael Bilson Resource Library

The Michael Bilson resource library has been relocated. Books and videos can be found just outside the Hilton conference room. See Tom Grinley in room 206S to borrow material.

When moving the library resources we were reminded of some of the classics we have in the library. These include *Girl Interrupted* by Susanna Kayson, *Anatomy of an Epidemic* by Robert Whitaker, *The Center Cannot Hold* by Elyn Saks, and *An Unquiet Mind* by Kay Redfield Jamison.

New at the Michael Bilson Library



Scholarships

The OCFA provided 10 scholarships for the annual NAMI NH conference.

Training

Tom Grinley trained 68 individuals in Mental Health First Aid.

Tom Grinley assisted NAMI NH with role playing for the first round of Crisis Intervention Training.

Inside the 10-year Mental Health Plan (continued from page 1)

of evidence-based and promising practices in the communities where people live and work. If we make strategic investments, NH can reduce stigma, eliminate inequities in access to care, and offer all of its citizens a coordinated continuum of high quality services. Fewer people will need to seek mental healthcare at hospital emergency departments (ED), and none of them will wait there for extended periods until specialty care becomes available. The problem of ED wait times is a recent phenomenon in NH and attention is now focused on it. The right care at the right time will reduce more

severe manifestations of distress, manage them more effectively when they do arise, and nudge more of our population toward a state of personal wellbeing.

Improved Access, Services, and Follow-Up

In this new system, the foregoing family in crisis will pick up the phone and dial a short, memorable phone number to access the mental health system. They will be immediately connected via phone to a live person located within their regional hub, who works with them to assess

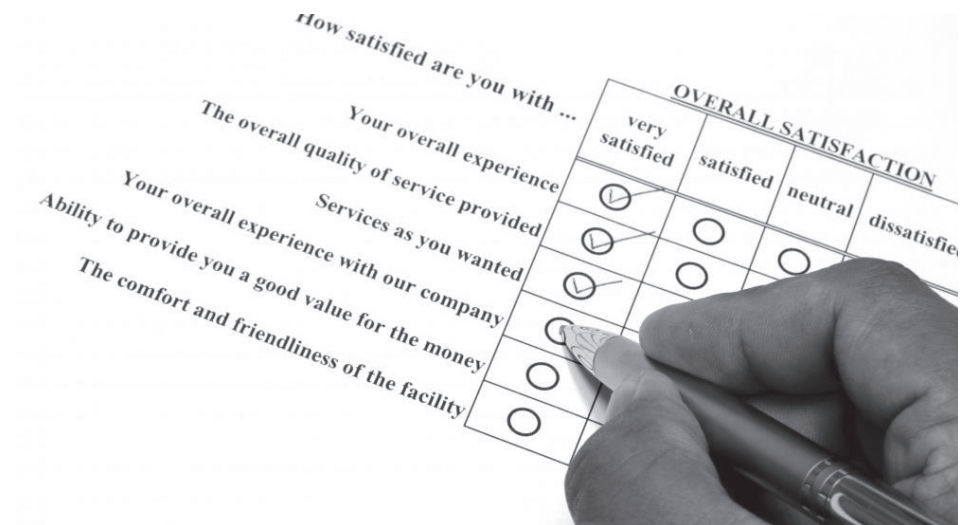
their child's immediate needs and risk level, and the appropriate level of care and service. Once the options are discussed and the appropriate supports agreed upon, the services will be dispatched, and/or appointments made with local providers – with follow-up from the regional hub staff to track the family's engagement in and the outcome of services and make adjustments according to their plan of care.

At one point, New Hampshire had one of the best mental health systems in the country. This plan aims to get us back to that point.

Peer Support Agency Consumer Satisfaction Survey

A recent survey of the eight New Hampshire Peer Support Agencies (PSA) reflected positive results. The annual Consumer Satisfaction Survey included responses from 248 participants statewide. Here are some of the highlights:

- 6.94% of respondents were uninsured. This compares to a national rate of 13.7% of the general population.
- 83.67% felt that the support received at the PSAs helped prevent a psychiatric crisis. 75.1% felt the PSA helped prevent them from being hospitalized, and 89.39% felt the PSA gave them hope for recovery from a mental illness.
- 88.57% were aware of peer respite resources and 86.96% of those using peer respite felt that it prevented them from having a psychiatric crisis.



- 95.42% felt the PSA made them better self-advocates. 23.63% had been attending the PSA for ten years or more, and 77.21% attended two or more days per week.
- 96.6% felt the PSA had helped improve their quality of life and 94.51% had overall satisfaction with their PSA.

Each PSA received an individualized report to allow them to compare their results to the overall results and inform their overall agency improvement efforts.

Peer Respite in New Hampshire

Peer respite is a statewide resource that provides an alternative to hospitalization. All respite beds are open to peers around the state, regardless of their region of residence.

Stepping Stone

108 Pleasant Street
 Claremont, NH 03743
 Respite: (603) 543-1388
 Peer Center: (603) 543-1388
 Toll Free: (888) 582-0920

HEARTS of Greater Nashua

5 Pine St. Extension, Unit 1G
 Nashua, NH 03060
 Respite: (603) 864-8769
 Peer Center: (603) 882-8400

Monadnock Peer Respite

64 Beaver Street
 Keene, NH 03431
 Respite: (603) 352-5093
 Peer Center: (603) 352-5093
 Toll Free: (866) 352-5093

Alternative Life Center

Peer Respite
 Conway Peer Support Center
 6 Main Street
 Conway, NH 03818
 (603) 447-1765



Connections Peer Support Center Lives Up To Its Name

Reprinted with permission from Portsmouth Herald (Jan. 31, 2019)

Where can someone go when they are experiencing distressing mental health issues? “The answer, of course, is anywhere they want to,” according to Greg Burdwood, executive director of the Connections Peer Support Center in Portsmouth, “but I hope they know that Connections is here for them, too.”

Connections Peer Support Center, located at 544 Islington Street since 1997, offers a wide range of groups and activities that promote the health, wellness, and recovery of its members, providing a safe environment for peer support and personal growth. Burdwood noted that it is a center that is run by and for peers. “Whether you’re paid staff, a member, or a volunteer, we all have lived experience with mental health issues, which fosters mutual understanding, personal growth, and wellness through peer support.” He added that the focus is not on diagnosis or illness but instead on how each individual wants to pursue the life that they want to live. “You get to decide what that is for you, I get to decide what that is for me, and

our members get to decide what that is for them.”

“Intentional peer support” was founded by Shery Mead who, from her teenage years into adulthood, was hospitalized multiple times and told by her treatment providers and others that she was very sick with a mental illness. She came to see herself primarily as someone with a psychiatric disability. She saw herself as flawed and irreparably damaged, like she had been given a lifelong sentence of mental illness. Over time, Mead discovered that the shared experience with fellow patients with emotional and psychological pain was an essential part of her recovery. She found that through this peer support, individuals can support each other empathetically, but also challenge each other to tell their own stories of courage and survival, rather than the stories of psychiatric pathology that they have been given by others. For some, personal growth and wellness also means recovering from trauma and abuse.

With funding from New Hampshire’s Bureau of Mental Health Services, Mead helped to establish peer support centers around the state in the early 90s, creating places where people could come to connect with others with similar mental health challenges, as well as to find support and encouragement to seek wellness and recovery. The eight peer support centers around the state help individuals appreciate their strengths and their capacity for recovery rather than as people who are broken or sick.

According to Burdwood, people come to Connections Peer Support Center for a variety of reasons - for socialization, personal enrichment, educational and vocational goals, as well as physical and emotional wellness. “But the common thread is in our name - a place where people can come for connection and peer support.”

Connections Peer Support Center is a private nonprofit organization, serving adults in 24 communities across Rockingham County. A referral is not necessary. Connections is open from 8:30 a.m. to 5:30 p.m. Monday through Friday, and also provides a peer-run “WarmLine” phone support service from 5 p.m. to 10 p.m. seven days a week. Anyone interested in learning more about Connections is invited to call 603-427-6966, to just stop by, or visit Connections on Facebook.

Be strong, be fearless, be beautiful. And believe that anything is possible when you have the right people there to support you.

Misty Copeland

First woman of color promoted to Principal Dancer at American Ballet Theatre

Source: www.brainyquote.com

A Life Worth Living

By Renee

*We all strive to be happy and carefree,
We wonder what life should be,
We find friends and loved ones to share,
Every thought, every gesture, every care.
Peer support is that avenue for us,
To seek out people that we can trust,
To have mutual relationships with,
These people are an amazing gift.
You can share your story and your woes,
See how the relationship builds and grows,
Tell your experiences and trials you've been through,
And have a life that is worth living, too.
All we need to do is develop that trust,
Commit to our recovery is also a must,
Have direct, honest and respectful communication,
That gives a life worth living again.
We don't want to act from fear,
We want to hope and bring good things near,
We want to share and care for others, too,
That makes a life worth living for you.*

Did You Know?

- According to the *Medical News Today Daily Newsletter* (Dec. 16, 2018), a large review of existing studies confirms that Internet-based cognitive behavioral therapy apps are an effective way of treating mild, moderate, and severe depression.
- According to the U.S. Department of Health and Human Services' "State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030", by 2030, New Hampshire will be 40 to 70 psychiatrists shy of meeting demand. On the bright side, the number of psychiatric nurse practitioners, mental health counselors, social workers and psychologists should be in excess of demand.
- According to *Feedblitz* (Jan. 16, 2019), about 30% of men and 40% of women diagnosed with depression before age 20 will be diagnosed with an anxiety disorder within five years, and 40% of men and 50% of women will be diagnosed within 15 years.
- According *The Key Update* (Feb. 25, 2019), one year after they left the hospital, patients who received peer counseling were 34 percent less likely to have a repeat admission than people who didn't get this type of support.



- According to *Recovery Weekly* (Dec. 17, 2018), research findings add to a growing body of evidence that smoking may be a causal risk factor for a range of psychiatric conditions, and that stopping smoking can improve mental health. Various studies using methods that support strong causal inference in observational data indicate that smoking increases the risk of depression and schizophrenia, and that smoking cessation leads to a reduction in prescription of anti-depressants and anxiolytics.
- According to *Medscape* (Dec. 18, 2018), smoking does not relieve symptoms of psychosis; on the contrary, it may actually worsen positive and depressive symptoms, new research shows. These findings, investigators say, disprove the hypothesis that the high prevalence of smoking in this patient population is due to "self-medication."
- According to the National Behavioral Health Network (February 12, 2019), depressive symptoms were positively associated with e-cigarette use in both cross-sectional and longitudinal analyses with a dose-dependent relationship. In addition, nicotine concentration and depressive symptoms were positively associated.
- More health findings about smoking:
 - Individuals with behavioral health conditions are more likely to smoke and smoke heavily than the general population and they account for nearly half of all tobacco related deaths.
 - Smoking can exacerbate mental health problems and complicate treatment.
 - Quitting smoking can improve mental health outcomes.
- According to *MDedge Psychiatry* (Jan. 26, 2019), attention-deficit/hyperactivity disorder is significantly more common and is associated with worse outcomes in patients with bipolar disorder, according to a study of 703 patients diagnosed with bipolar disorder type I or II.

Did You Know?

- According to *Mental Health First Aid Monthly* (January 29, 2019), nearly one-third of all adolescents ages 13 to 18 will experience an anxiety disorder during their lifetime.
- According to an article in *The Journal of the American Medical Association* (Feb. 11, 2019), a recent analysis conducted by the University of Michigan estimated 7.7 million children in the U.S. (ages 6 to 17) have at least one mental health disorder, or about 16.5 percent of school-aged kids. Of these 7.7 million youth, about 3.81 million (49.4%) have not received treatment or counseling from a mental health professional. The prevalence of childhood mental health problems ranged from a low of 7.6 percent in Hawaii to a high of 27.2 percent in Maine.
- According to *Open Minds* (April 7, 2019), on March 11, 2019, the New York State Office of Mental Health announced the launch of a new bed tracking system that will improve the way information about inpatient bed availability is collected and maintained statewide. The goal is to reduce wait times for inpatient psychiatric care. The Bed Availability System will require all hospitals in New York State to electronically report psychiatric inpatient bed availability twice daily.
- According to the CDC, in 2016, more than 5.5 million patients visited the emergency department with a primary diagnosis of a mental disorder. Patient visits involving mental health problems resulted in more than 2.1 million hospital admissions.
- According to *Open Minds* (April 14, 2019), psychiatric facilities in the United States spend about \$1.7 billion annually to comply with Medicare Conditions of Participation set by the Centers for Medicare & Medicaid Services. The cost of compliance represents about 4.8% of an average facility's annual revenue for all inpatient psychiatric services from all sources.
- According to *Mind and Brain News* (April 20, 2019), researchers examined the impact of Canada's only early intervention program for youth with mood and anxiety disorders. Results suggest that treatment at the First Episode Mood and Anxiety Program at London Health Sciences Centre leads to improvements in patients' symptoms and functioning, access to psychiatric care in the most appropriate settings and fewer visits to the emergency department.
- Mental Health America ranked all states based on their mental health care. Our neighbors, Massachusetts, Vermont, Connecticut, and Maine were all in the top 10. New Hampshire ranked 29th.



Office of Consumer & Family Affairs

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Phone: 603-271-5138
Fax: 603-271-5040
Email: Thomas.Grinley@dhhs.nh.gov

Recovery is the Goal!

BBH is on the Web

www.dhhs.nh.gov/dcbcs/bbh/

Don't forget to
"Like" NH OCFA
on Facebook.



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the mailing list to receive this newsletter,
email

Thomas.Grinley@dhhs.nh.gov

or write to the OCFA at the address above.

NH Department of Health & Human Services

Mission Statement

*To join communities and families in providing opportunities for
citizens to achieve health and independence*

Jeffrey A. Meyers
Commissioner