

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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DHHS Issues 10-year Mental Health Plan

The New Hampshire Department of Health and Human Services (DHHS) recently released the *10-Year Mental Health Plan*.

The *10-Year Mental Health Plan* is the result of a robust feedback process that included input from hundreds of interested parties statewide through focus groups, workgroups, public sessions, and written comments. It takes a comprehensive and innovative approach to address the mental health needs of people across their life span.

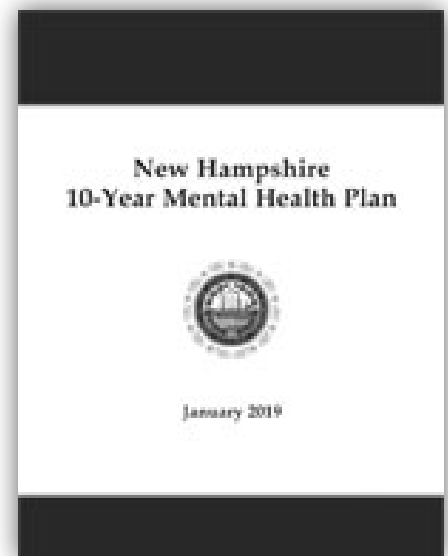
When speaking of the extensive engagement process and resulting plan, Governor Chris Sununu said, *"Over the past two years, we have made significant strides to rebuild New Hampshire's mental health system. Let's be clear: more work must be done to improve our mental health system. Through this new 10-Year Mental Health Plan, we are establishing a road map for the next decade that will make New Hampshire's mental health system the gold standard for the rest of the nation. I look forward to acting on several of the action items contained in this plan in the next state budget. Our efforts to reform the mental health system will not happen*

overnight, though it is critically important that we take immediate action to craft a better solution. I thank the Department, Commissioner Meyers and stakeholders for their hard work in helping to craft this plan."

The *10-Year Mental Health Plan* envisions a statewide mental health system that provides:

- Access to the full continuum of care, including community education and engagement
- Prevention and early intervention services
- Outpatient, inpatient and crisis supports and services
- Child-focused strategies and recommendations
- Integration of mental health and primary health care
- Intensified efforts to address suicide prevention

The *10-Year Mental Health Plan* includes alternatives to long wait times in emergency departments for psychiatric hospitalizations, such as mobile crisis services, incentives to increase psychiatric bed capacity, increased support for those transitioning to and from higher levels of mental health



care, and more peer support as people with a mental illness navigate their way through the system of care.

The *10-Year Mental Health Plan's* recommendations highlight and reflect both the stakeholder input received and include action steps on how the Department and stakeholders will implement those recommendations, funding benchmarks, and potential legal and regulatory changes.

To read the
10-Year Mental Health Plan, go to
[www.dhhs.nh.gov/dcbcs/bbh/
documents/10-year-mh-plan.pdf](http://www.dhhs.nh.gov/dcbcs/bbh/documents/10-year-mh-plan.pdf)

What's Happening at the OCFA?

Staff from the OCFA, the Bureau of Mental Health Services, and the Bureau of Improvement and Integrity, have completed quality assurance reviews at all Peer Support Agencies (PSA).

During our reviews we toured facilities, reviewed records, interviewed Executive Directors and, most importantly, interviewed members. Each PSA has received an individualized report recognizing their strengths and detailing where improvement might be made.

The OCFA organized training for Community Mental Health Center staff on the basics of Intentional Peer Support. The training was intended to make supervisors more familiar with the principles used by Peer Specialists.

Tom Grinley continues to do NAMI *In Our Own Voice* presentations and Mental Health First Aid training. He also made a presentation at New England College about his own mental health challenges.



The OCFA is in the process of administering a consumer satisfaction survey at the PSAs. This annual process will tell us what is working well and where we might improve.

The OCFA attended the annual peer support agency conference. The keynote speaker was Justice John Broderick, who shared his experience having a family member with mental health issues. Breakout sessions included advocacy, homelessness, fundraising, and feelings of suicide. The conference was attended by the Executive Directors, PSA members, and board members. Other workshops provided overviews of Intentional Peer Support and Wellness Recovery Action Plans.

Should one of your employees have a physical or mental health problem, I would argue that it is as much something for the employer as the individual to contend with.

*Frans van Houten
Dutch Businessman*

Source: www.brainyquote.com

The OCFA attended the grand opening of the new Manchester site for the On The Road To Wellness (OTRTW) peer support agency. The new site was named the Robert N. Duprez, Jr. Wellness Center. Rob was the Chairman of the OTRTW board of directors and was a powerful advocate for those with mental health challenges. Rob was also one of the first peer specialists in New Hampshire. Rob served on the committee that developed the definition of and requirements for Certified Peer Specialists.



Current and former OCFA Directors Tom Grinley and Marty Fuller with Peter Starkey and Kathleen Abate at the Robert N. Duprez, Jr. Wellness Center.

The OCFA attended a couple of the public sessions seeking input on the 10-Year Mental Health Plan. The final hearing was well attended and speakers gave feedback on the draft for a full three hours. Speakers brought up issues such as the emergency room boarding crisis, low Medicaid reimbursement rates, the intersection of mental health and the justice system, the need for more mental health courts, peer support and much more.

The release of the draft also kicked off a three week period for the public to submit written comments. (See page 1 for more on the 10-Year Mental Health Plan)

The second exam for Certified Peer Specialists resulted in the addition of six new CPSs to the New Hampshire workforce.

The OCFA attended the 40th anniversary celebration for the Disability Rights Center (DRC.) Throughout the evening a slide show of DRC successes played and speakers shared their experiences working with the DRC.

The OCFA attended the 15th Annual NH Suicide Prevention Conference in November, presented by the NH Suicide Prevention Council, the NH Public Health Network, Youth Suicide Prevention Assembly, and NAMI New Hampshire, in partnership with The Injury Prevention Center at CHaD . Five scholarships were presented to consumers to attend the conference.

The OCFA sponsored training on LGBTQ issues and how to be strong allies. The training was requested by peer support agencies to better serve their membership.

Ken Norton, Executive Director of NAMI-NH gave the Consumer Council an update on the ACLU lawsuit. The lawsuit alleges that the State of New Hampshire violated due process when individuals are held in emergency rooms for more than three days without a commitment hearing.

The OCFA has completed quality assurance reviews for all of the peer support agencies. In the coming year we will monitor implementation of recommendations with a full review in two years.

The OCFA met with Holly Rioux, the Coordinator for Deaf and Hard of Hearing Services at the Greater Nashua Mental Health Center. The purpose of the meeting was to improve services for the deaf and hard of hearing at the peer support agencies.

Suicide and Gender Identity

By Elizabeth Fenner-Lukaitis



Source: www.bitchmedia.org/post/the-long-history-of-transgender-exclusion-from-feminism

"She's only 9 years old, what does she know about feeling like she is really a boy?!"

"How can 10 year olds say they are going to commit suicide? They don't know the meaning of the word!"

"My 12 year old son once again told me that he wants me to call him Joanne. This is ridiculous."

Sentiments like these have been spoken by families, school personnel, social service, mental health, and medical providers under the guise that children, pre-adolescents, and adolescents are "too young" to have such thoughts and feelings about suicide and/or sexual and/or gender identity. Sadly, this is not the case.

Suicide, according to the Centers for Disease Control and Prevention (CDC), was the second leading cause of death in 2016 for individuals ages 10-14.

Reuters Health reported in October 2018 that sexual minority youth were 3.5 times as likely to attempt suicide compared to heterosexual youth. Transgender adolescents were 5.87 times more likely, gay and lesbian adolescents 3.71 times more likely, and bisexual youth 3.69 times more likely to attempt suicide.

Every comment or action that causes you concern should be considered a risk. Take steps to make sure that the person making them knows that you are there to help them, that they are not alone, and that you are concerned. Do not leave that person alone; get help for them. The Community Mental Health Centers have Emergency Services available 24/7 for phone or face-to-face interventions.

Community Mental Health Center contact information can be found at www.dhhs.nh.gov/dcbcs/bbh/centers.htm.

You can help your LGBTQ loved one by listening to them, reassuring them, learning the

terms that they prefer and using the pronouns that they identify with best.

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24. There is a national hotline available 24/7 at 1-866-488-7386.

PFLAG NH provides support and education to parents, children and friends who are coming to terms with their gay, lesbian, bisexual, transgender and questioning loved ones. There are monthly support groups in Concord, Keene and the seacoast.

To contact PFLAG-NH, visit www.pflagnh.org, or send an email to pflaginfo@pflagnh.org.

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

The National Suicide Text line is NAMI 741-741 from anywhere in the United States 24/7.

A Brand New Start

By Mary E. Barabos*

*All should know of a great place called respite
It was there for me when I was desperate
Needed someone to watch over me twenty-four hours a day
There never is a cost; no need to pay.
I learned I can be responsible for my medications
To take care of myself and I also learned dedications
They take care of me, and me following rules is a must
What goes both ways, hand-in-hand, is trust.
As time went on I got better little by little
Eventually the day came I didn't need someone in the middle
During my days in respite I learned mutuality
By this word I mean what was good was reciprocity.
Thank you to the State of NH for having respite at HEARTS
Because of this I was given a brand new start
Seeing the world, once again, I n a brand new light
Now the sun has come out and is oh so bright!*

* Mary read this poem at one of the public forums to review the 10-year Mental Health Plan. Peer respite is featured as a service for expansion.

Peer Respite in New Hampshire

Peer respite is a state-wide resource. You need not live in the community where the program is located. Surveys show that peer respite often helps individuals to avoid hospitalization.

To learn more, or to begin your pre-qualifying application and interview, contact your local peer support center or any of the following peer respite centers:

Stepping Stone

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

Monadnock Peer Respite

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

HEARTS of Greater Nashua

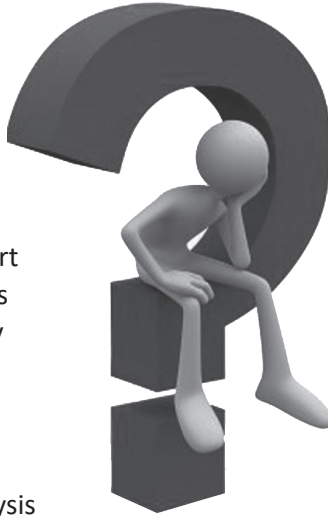
5 Pine St. Extension, Unit 1G
Nashua, NH 03060
Respite: (603) 864-8769
Peer Center: (603) 882-8400

Alternative Life Center

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



Did You Know?



- According to *Mad in America* (August 20, 2018), new data, published in *The Lancet*, highlights the importance of peer support in reducing the risk of readmission to an acute crisis unit. Dr. Sonia Johnson, from the Division of Psychiatry, University College London, found that individuals who had peer support while learning self-management techniques and completing a workbook were less likely to be readmitted to acute care than those learning the book and completing the interventions independently.
- Evidence from a comprehensive meta-analysis published in *European Psychiatry* (October 2018) showed that use of physical activity interventions can help in the treatment of major depressive disorder and schizophrenia-spectrum disorders.
- According to the *Key Update* (October 2018), *Lancet Psychiatry*, working with the McPin Foundation in London, is launching a peer review process involving people with lived experience of mental health services.
- According to *Open Minds* (October 21, 2018), reducing the use of restraints and eliminating seclusion at a behavioral health care facility resulted in a reduction of staff injuries. The lower injury rate resulted in lower lost-time expenses, lower turnover cost, and lower workers compensation policy costs.
- According to *Medscape* (October 25, 2018) the scent of lavender has long been thought to have calming, antianxiety effects, but the biological mechanism behind this phenomenon has been something of a mystery — until now. Researchers in Japan found that the vaporized lavender compound linalool triggers a relaxing effect by directly stimulating olfactory sensory neurons.
- According to *Psychiatry* (October 25, 2018), on World Mental Health Day the Lancet Commission published a report that states that mental health disorders could cost the world economy US\$16 trillion between 2010 and 2030 if it is not tackled immediately.
- According to *Open Minds* (October 28, 2018), in 2018, a decade after the federal Mental Health Parity and Addiction Equity Act (MHPAEA) was enacted, 32 states do not adequately enforce and/or have weak laws related to ensuring that commercially insured state residents have access to covered behavioral health services with no more restrictions than are imposed on covered medical/surgical services.
 - According to *Psychiatric Annals* (October 27, 2018), strategies shown to decrease intestinal and blood-brain barrier permeability — like probiotics, prebiotics and supplements such as fish oil — may help subgroups of patients with depression and other psychiatric disorders.
- According to *Medscape* (October 26, 2018), exposure to secondhand smoke (SHS) is linked to depressive symptoms in children and teens — at baseline and 1 year later, new research shows.
- According to the *National Association of State Mental Health Program Directors* (November 15, 2018), Suicide is a leading cause of death in the US. Suicide rates increased in nearly every state from 1999 through 2016. Mental health conditions are often seen as the cause of suicide, but suicide is rarely caused by any single factor. In fact, many people who die by suicide are not known to have a diagnosed mental health condition at the time of death.
- According to *Psychiatric Times* (November 20, 2018), a new Lancet Commission report on mental health said that mental disorders are on the rise in every country in the world and will cost the global economy \$16 trillion by 2030. The economic cost is primarily due to early onset of mental illness and lost productivity, with an estimated 12 billion working days lost due to mental illness every year.

A Consumer's Voice

Tom Doucette

[This editorial appeared in the December 24, 2013 edition of the Nashua Telegraph and is reprinted here with permission]

First let me say that my heart goes out to the many people who have been affected by the violence that has taken place over the last few years.

I listen to professional people in the mental health profession, read articles and listen to radio and TV programs as much as I possibly can. What the common thread is that they talk as professionals, which they are. What offends me as a consumer, an advocate for consumer rights and a non-professional, is that they pretend to speak for me.

I spoke to the New Hampshire Senate sub-committee some years ago that was going to make recommendations to the New Hampshire Senate on cuts to DHHS (Department of Health and Human Services). I had the opportunity to speak to the committee. What I told them was that you can cut DHHS budget now, but you will pay for it later in the added use of local police departments, emergency rooms, prisons and increased violence to society and to ourselves. Unfortunately, I was correct. Since that time the states, local governments and the federal government have cut billions of dollars from mental illness services! No other disease has had such drastic cuts.

In the 12/22/2013 edition of the Nashua Telegraph's Sunday newspaper, I read an article on Depression in which Ian Cook, a depression researcher at the University of California at Los Angeles, said that the understanding of depression "is similar to where lung disease was 100 years ago."

Where is the voice of the consumer? Why are we not asked what is it like to live with mental illness on daily basis? How do we feel when all the attention given to mental illness is the violence that has taken place? How do we feel when we hear that people with mental illness need special laws to keep "them" from harming society? As people with mental illness on a per capita basis we are far more likely to harm ourselves than we are to harm society. Why are there not articles written, TV and radio programs on the drastic increase in suicide's among people with mental illness? Why are we not asked if we have any input as to how we can as consumers offer ideas in the crises that have happened and that in all probability will happen again? More than anyone, we have a better understanding of how it feels to have a mental illness.

Consumers need to be part of the "system" on every level, so that we can show society that we can be part of the solution and not the problem.

New Hampshire is one of the first in the United States to have adopted the model of peer support. All ten regions are represented by peer support centers. These centers are consumer run. The consumer has a say in the day to day happenings in the centers. There are no professionals, only peers supporting peers. At the centers we learn how to use wellness tools to help cope with our mental illness, and the skills to become contributing members of society.

We can help, given the chance.

Tom Doucette
Assistant Director
H.E.A.R.T.S. Peer Support Center
and Peer Respite Center
President
DBSA Nashua

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Bureau of Mental Health Services
Division for Behavioral Health
NH Department of Health
and Human Services
105 Pleasant Street
Concord, New Hampshire 03301-3861

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(NH Relay) 7-1-1
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.



If you would like to be put on
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