

TDMHDD Update

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TENNESSEE AWARDED FEDERAL SUICIDE PREVENTION GRANT

The U.S. Substance Abuse and Mental Health Services Administration Acting Administrator Dr. Eric Broderick presented a “big check” to the Tennessee Department of Mental Health and Developmental Disabilities Commissioner Virginia Trotter Betts for \$1.5 million. The funds are to continue the work of the Tennessee Lives Count project and provide three additional years of youth suicide prevention initiatives in Tennessee.



Left to Right: Lygia Williams, Scott Ridgeway, Dustin Keller, Commissioner Betts, Dr. Eric Broderick, Gwen Hamer.

“The Tennessee Lives Count project has done an excellent job of providing suicide prevention training to more than 18,000 Tennesseans,” said Governor Phil Bredesen. “These funds will allow us to continue these important efforts and keep saving the lives of Tennessee’s youth.”

The first project, which began in 2005, focused on a program that provided youth suicide prevention training to gatekeepers – adults who work with youth at high-risk of suicide. These included not only teachers, but also juvenile, justice staff, CASA volunteers, public health nurses, college and university faculty and students, and foster care staff and parents.

The next phase of the project will focus primarily on youth themselves in the juvenile justice system. Youth in the juvenile justice residential system will be

trained in a peer suicide awareness program as well as a life skills/resiliency based curriculum. The project will also continue to train community members and gatekeepers in suicide prevention and early intervention.

“The TLC project teaches the warning signs for suicide among the youth population. It is so important that we keep this momentum going because suicide can be prevented,” said Commissioner Betts. “Suicide does not discriminate by gender, economic status, race, or ethnicity. In 90 percent of instances, suicide is the result of unrecognized, untreated or poorly treated mental illness or substance abuse disorders.”

“Each year, more children and young adults die from suicide than cancer, heart disease, AIDS, birth defects, stroke, and chronic lung diseases combined,” said SAMHSA Acting Administrator Eric

Broderick, DDS, MPH. “These grants will help states build on and strengthen established youth suicide and early intervention strategies.”

For more information on the Tennessee Lives Count project, visit www.tspn.org/tlc. For additional mental health or substance abuse information, please contact TDMHDD’s Office of Communications at (615) 253-4812 or visit www.state.tn.us/mental. ■

WELCOME New TDMHDD Deputy Commissioner

Bob Grunow, a 34 year career Tennessee State employee, was appointed Deputy Commissioner of TDMHDD on November 1, 2008. His prior positions include: Director of



Business Services and Special Counsel to the Secretary of State; Administrative Law Judge; Commissioner of the Department of Human Services; Deputy Commissioner of the Department of Corrections; and Associate Chief Deputy Attorney General. He is married to Barbara Grunow, a former TDMHDD employee. ■

Tennessee to Participate in National Policy Academy Focused on Family Driven Care in Mental Health Services

TDMHDD has been awarded the opportunity to have Tennesseans participate in the first ever Policy Academy sponsored by the National Federation of Families for Children's Mental Health.

A Policy Academy is a model workshop designed to assist representatives from selected States in the development and implementation of certain initiatives to address a common public policy issue.

"Policy Academies are a catalyst for change," stated TDMHDD Commissioner Virginia Trotter Betts. "Tennessee's participation in this Policy Academy will be a useful strategy for mobilizing Tennessee's state policy towards family driven care in service delivery and in systems level decision making."

Policy Academy applications are a competitive process and Tennessee is one of only six states to be chosen to attend. All expenses for the Academy are paid by the National Federation of Families for Children's Mental Health.

Attendees include representatives from TDMHDD, the Governor's Office on Children's Care Coordination, TennCare, the Tennessee Department of Children's Services, Tennessee Voices for Children, the Administrative Office of the Courts, the Tennessee Legislature, and parents. This Policy Academy provides the unique opportunity for parents of children with a mental health diagnosis to take part in developing statewide policies that will have a direct impact on the care of their children.

"This is a wonderful chance for families of children with mental health needs to be partners in the design and implementation of a transformed children's service system that will utilize the powerful voices and strengths of the youth and their families," said Charlotte Bryson, Executive Director for Tennessee Voices for Children, the state Chapter of the Federation of Families.

The Policy Academy will further refine and enhance the work of the Council on Children's Mental Health (Public Chapter 1062). This council is charged with developing a plan for a statewide system of care where children's mental health services are child-centered, family-driven, and culturally and linguistically competent, and provides a coordinated system of care for children's mental health needs in the state.

Linda O'Neal, Tennessee Commission on Children and Youth executive director and co-chair of the Council on Children's Mental Health emphasized, "This Policy Academy provides an important learning and bonding opportunity for participants from the Council on Children's Mental Health to learn best practices and innovative strategies to strengthen family voices in all aspects of the children's mental health system in Tennessee."

The areas of technical assistance selected by the Tennessee delegation are asset mapping, theories of change, designing approaches to attract buy-in from decision makers, Medicaid and other financing mechanisms, workforce development, and healthcare disparities. Delegation members are focused on coming away with more information around these areas of technical assistance as well as learning from the experience of other states. ■

Behavioral Health Safety Net Replaces Former State Only/Judicial Program

In an effort to help Tennesseans with Serious and Persistent Mental Illness who have been disenrolled from TennCare, TDMHDD has worked with community mental health agencies across the state to provide key mental health services. This is a more limited set of mental health services than were once covered under TennCare, but evidence shows that these services are the core, vital services that people with serious mental illness must retain to continue leading functional, productive lives.

TDMHDD encourages Tennesseans with severe and persistent mental illness coming off TennCare to register with a participating agency in order to immediately begin receiving key services including assessment, evaluation, diagnostic, therapeutic intervention, case management, psychiatric medication management, labs related to medication management, and pharmacy assistance and coordination.

What are the eligibility criteria for Behavioral Health Safety Net of TN assistance?

1. Determined ineligible for TennCare or have a pending TennCare application; and
2. No access to private health insurance, or the private health insurance lacks mental health coverage or all mental health benefits under private health insurance has been exhausted; and
3. Not have Medicare coverage; and
4. Not be actively receiving benefits through the Veteran's Administration; and

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Feeling “SAD” During the Winter Months?

The winter season may bring about cold temperatures, dreary days and feelings of depression for many Tennesseans. These feelings may be caused by a condition known as seasonal affective disorder which tends to occur more often in the winter months, especially January and February. It is now estimated that 4-6 percent of the population suffers from SAD. It is four times more common in women than in men, but, when present, men may have more severe symptoms. Young adults are also more likely to suffer from SAD, but it is uncommon in people under 20.

SAD is a mood disorder that follows a seasonal pattern related to variations in sunlight. Along with feelings of depression, symptoms include change in appetite, excessive need for sleep, cravings for sugary and/or starchy foods and avoidance of social situations. If a person experiences these symptoms, a mental health expert can accurately diagnose SAD and treatment options can then be explored. Health care professionals may recommend one of the following treatments:

Increased Light Exposure. Symptoms of SAD are often triggered by a lack of exposure to light and tend to drastically decrease, and even go away completely, when light increases.

Light therapy. Stronger symptoms of SAD may be treated with light therapy, also known as phototherapy, which involves the use of a special light that simulates daylight.

Medications. Medications, such as antidepressants, may be prescribed for individuals with SAD depending on the severity of the symptoms.

“If you are diagnosed with seasonal affective disorder, there are action steps you can take to help relieve and overcome your symptoms,” stated Tennessee Department of Mental Health and Developmental Disabilities’ Commissioner Virginia Trotter Betts. “First and foremost, follow your health practitioner’s recommendations, get plenty of exercise, maintain proper nutrition, and stay involved in activities with family and friends. These actions are worth the effort to promote your health and mental health.” ■

Faith, Hope and Recovery - In Letters



Left to Right: Kübra Snow & Lea Haynie - AmeriChoice, Wayne Parks - Allegra Print & Imaging, Marlanna Marion - poet, Commissioner Betts, Willis Farris, Jane Baxter - MTMHSAC

In the summer of 2008, TDMHDD’s Director of Consumer Affairs, Willis Farris, suggested that the Middle Tennessee Mental Health & Substance Abuse Coalition (MTMHSAC) expand its Creative Arts Project by producing a journal of consumers’ writings.

A review committee selected 33 poems, stories, and essays from more than 100 state-wide submissions. The writings are complemented by artwork from the 2008 Arts Project's traveling exhibit.

Marlanna Marion a 17-year-old poet whose poignant “The Earthquake Inside of Me” was selected, summed up the feelings of many contributors. “I was amazed. I never thought anything I wrote would ever be put in a book.”

A grant from AmeriChoice matched by in-kind support from Allegra Print & Imaging made the endeavor possible. Submissions are already coming in for the 2009 volume. For more information contact Farris at (615) 532-6722 or willis.farris@tn.gov. ■

Safety Net...cont.

5. Be a U.S. citizen or a legal resident alien; and
6. Be a resident of Tennessee; and
7. Have been identified as SPMI (CRG = 1, 2, or 3); and
8. Have family income no greater than 100% of the Federal Poverty Level (FPL); and
9. Must not be an inmate.

For more information contact Melissa DaSilva at (615) 253-6748 or melissa.dasilva@tn.gov.

Mental Health Crisis Services Expand in East and West Tennessee

The Tennessee Department of Mental Health and Developmental Disabilities announces the opening of a crisis stabilization unit in Jackson and Knoxville. The CSU will provide 24-hour, seven days a week, short-term stabilization services for individuals with mental health and substance abuse issues and serve residents of surrounding counties.

Crisis stabilization units provide assessment, triage, medication management, and group and individual therapy as well as an appointment for clients to work with a wellness recovery consumer specialist. CSUs are cost effective by offering intensive, 24-hour mental health treatment in a less restrictive setting than a psychiatric hospital or other treatment resource.

“It is important that individuals have appropriate care in the least

restrictive environment possible,” stated TDMHDD Commissioner Virginia Trotter Betts. “CSUs are structured to stabilize individuals experiencing mental health and substance abuse issues and strengthen clients’ own coping skills while allowing them to remain in the community close to their essential support system.”

“A main goal of the CSU is to divert clients, when clinically appropriate, from psychiatric inpatient hospitalizations and unnecessary incarcerations stemming from their behavioral health conditions,” said Cindra Jones, TDMHDD Director of Crisis Services.

There are currently crisis stabilization units operating in Nashville, Chattanooga and Cookeville. In addition to Jackson and Knoxville, other CSUs will soon open in Memphis and Johnson City in 2009. ■

Local Psychiatrist Selected For National Leadership Program



Dr. Kevin Collen, Medical Director for Clinic Services at the Mental Health Cooperative of Middle Tennessee, graduated from a year long Psychiatric Leadership Program in Washington, D.C. Dr. Collen was invited by the National Council for Community Behavioral Healthcare to join psychiatric leaders from 15 states in an effort to provide training and mentoring focused on improving the quality of care for people with mental illness. Dr. Collen’s focus was on “reducing missed appointments for recurring injection medications” for those consumers who require injectable medications to remain stable and productive in the community. ■

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