New Research Makes Case for Medicaid Expansion

Findings from new research about treating psychosis (schizophrenia, bipolar illness and depression with psychotic features, etc.) early are dramatic. The National Institutes for Mental Health (NIMH) study, Recovery After an Initial Schizophrenia Episode (RAISE), suggests we can “stop psychosis in its tracks”, interrupt disease progression and allow patients to resume reasonably normal lives.

Psychotic disorders such as schizophrenia have their peak onset between the ages of 15 and 25 and can place adolescents and young adults on a trajectory toward full disability. Neural pathways related to illness are forged and reinforced, allowing disease to progress and making it harder to treat. In short, adolescents and young adults cannot afford to wait for the treatment they need. Treatment in adolescence can be covered for most part by parents’ insurance or Medicaid, but thousands of young adults have no access to insurance due to low wage jobs and poverty.

Our state’s Medicaid program will not cover childless young adults until they are disabled and a mother with two children and annual income of $5000 a year is considered too wealthy for help. In light of new research, it is apparent we have a Medicaid program that could prevent costly lifelong disability, but refuses to do so.

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All NAMI affiliates have support groups. Support groups also meet in Branson, Hannibal, Brunswick, and Washington

In the Know

Assisting Researchers

Have you been diagnosed with a mental illness? Are you willing to spend 20 minutes taking an online research survey? Participants will be entered to win 1 of 15 $50 electronic gift cards to either Amazon or Wal-Mart.

Researchers at the University of Pennsylvania are seeking participants to complete an online survey about the interactions they have with the adult relative with whom they spend the most time. Help would be greatly appreciated! For more information or if you would like to take the survey please click on the link below.

https://goo.gl/5Fqenh

If you have any questions please send an email to the student investigator, Travis Labrum, at tlabrum@sp2.upenn.edu
Mental Health Crisis Prevention Project
Proposal for 1115 Medicaid Waiver

Currently included in the Governor’s budget proposal is funding for a pilot project to help persons who are in the early stage of illnesses involving psychosis to get help promptly. A recently released NIMH (RAISE) study indicates that people with psychosis can recover far better that previously thought if they receive treatment, fish oil and certain community supports early on.

Press reports surrounding this groundbreaking study boldly state we can “halt psychosis in its tracks” and make those symptoms a mere “bump in the road”. They claim we can interrupt the trajectory toward disability and return people to schools, jobs, and the American dream. The Mental Health Crisis Prevention Project is Missouri’s response to the study.

$2 million has been requested to work with Community Mental Health Liaisons (CMHLs) and Emergency Rooms to identify individuals who are likely to benefit from prompt treatment and an array of services and supports. The target population is symptomatic individuals with no health insurance between the ages of 21-35. Expenses will be covered under MO Medicaid, if the DHHS approves.

Missouri will ask the DHHS to waive Medicaid rules and allow young adults, even those without children, to be approved for Medicaid if their incomes fall at or below 150% of the federal poverty level. Only those referred by CMHLs or participating emergency room personnel will qualify for this help.

Following the RAISE study, protocols for an array of community supports for optimum success and fidelity were published. I am pleased to report that family psychoeducation (like the NAMI Family-to-Family Course) is among those supports. Look for public hearings around the state the weeks of March 7-11 and 14-18. A website will be established for written testimony.

We applaud MO Health Net and the Missouri Department of Mental Health for this effort. Still, we realize it will only scratch the surface in terms of our state’s potential to prevent disability, save lives and preserve state tax revenues. Expanding Medicaid eligibility to enable low income/low wage young adults to get prompt treatment and services would allow Missouri to take advantage of this early stage window of opportunity. Considerable cost saving will be realized when we prevent disability.

According to Missouri’s 1115 Waiver application, “In 2012, Missouri emergency departments treated 86,000 individuals with a primary diagnosis of mental illness and an additional 286,000 individuals with a secondary diagnosis of mental illness. More than 35,000 individuals presented in Missouri emergency departments with a primary diagnosis on alcohol or substance use. Many individuals who visit the EER for mental health issues are repeat visitors who do not follow aftercare recommendations, indicating a need for interventions that link individuals to behavioral health, primary care and supportive services”.

Without intervention during early episodes, the typical course of psychotic disorder involves multiple episodes of acute mental illness, with accumulating disability between periods of active psychosis and increased long-term health care costs.
Memorial Donations & Tributes

- A memorial donation in memory of Mary Ann (Deutsch) Lyons by Steve and Lindy Wilhelm.
- A memorial donation in the memory of Harvey French, husband of Barbara French by Alice Kliethermes.
- A memorial donation in memory of Adam Custin, son of Heidi and Joe Custin, members of NAMI Kansas City by Cindi Keele.
- A memorial donation in memory of Greg Schnapp, husband to NAMI MO military veteran speaker Sherrie Schnapp by Sherry Fischer and Cindi Keele.
- A memorial donation during Suicide Prevention Week September 6 through 12, 2015 in memory of all who died by suicide and as tribute to their surviving loved ones by a donor who wishes to remain anonymous.
- A memorial donation in memory of Leslie Silvey, niece of Sherry Fischer and Shirley Capps.

You are invited to attend!

NAMI MO Mental Health & Allied Provider Workshop

Meeting the Challenges in a Changing Mental Health System

A FREE workshop for Mental Health Workers and the Social Service/Helping Community

Thursday, April 21, 2016
8:30 a.m. – 4:00 p.m.
Columbia, MO

FREE CEUs
Seating is limited.
Pre-registration required.

To Register
Call NAMI Missouri at 1-800-374-2138 or email: kim@namimissouri.org

This program is a service of NAMI Missouri and is supported in part by a contract with the Missouri Department of Mental Health.

Check Your Label

NAMI Membership Expired?

When did you last renew your dues? Your membership expiration date is printed above your name and address on the front of this newsletter. If that date is past, please renew today. Stay current and keep the NAMI Advocate magazine and this newsletter coming.

Renew today.
Training Opportunities for NAMI Volunteers

Contact Alice Kliethermes about these trainings at Alice@namimissouri.org

NAMI Citizen Advocacy Training
April 12 - 13, 2016
NAMI members know what good treatment and services look like. Don’t let important decisions about you and your family without your input. It’s not necessary to learn all the details about legislative process, your lived experiences and wisdom are powerful advocacy tools.

Advocates will learn the NAMI Smarts model for communicating your views and crafting your “elevator speech”. During day 2 of training trainees receive updates on legislation that will affect you and your family. The last step is a trip to the Capitol Building accompanied by an experienced mentor.

In Our Own Voice: Living With Mental Illness Training
June 3-4, 2016
Training for teams of 2 consumers to make interactive presentations about their own lived experience and recovery journey with video and group discussion. IOOV is a very effective stigma reducing intervention. Limited to 16.

NAMI Connection Recovery and Support Groups Facilitator Training
August 5-6-7, 2016
Training in teams of two consumers to make a difference by acquiring the skills necessary to facilitate a peer support group. Limited to 18.

Contact Sonya Baumgartner about these trainings at Sonya@namimissouri.org

NAMI Basics Teacher Training
June 10 - 12, 2016
Find a teaching partner and make a difference in the lives of parents, foster parents, and custodial relatives of children and adolescents with mental health needs by teaching this effective 6-session course.

Family-to-Family Teacher Training
June 15 - 17, 2016
Find a teaching partner and become a beacon of hope to family members of adults with serious mental illness by teaching the famous Family-to-Family course. Taught over 12 sessions, this course is on the National Registry of evidence based mental health interventions.

Family Support Group Facilitator Training
August 13 - 14, 2016
Tap into shared wisdom and provide no blame, no shame environment in which family members of children and adults with mental illness can feel support for their feelings.

All above trainings will take place in Jefferson City.
The NAMI Homefront Teacher Workforce Grows!

Nineteen volunteers with military connections came to Jefferson City in January to train to teach the new NAMI Homefront course for the close family members and partners of veterans with PTSD, depression, bipolar illness, addiction and other mental health conditions. That brings NAMI Homefront teacher count to 21!

Newly credentialed teachers are; Sherry Schnapp, Diana Harper, Angela Acree, Rich Bennett, Valetta Tsangaris, Wardell Morgan, Dar Walker, Therese Douglas, Brenda Bendon, Les Joslyn, Patricia Click, Lemuel Kimes, Chuck Huff, John Kerr, Pat Rowe Kerr, Debbie Fort, Rick Wiseman, Carol Wiseman, Becky Macy, and Sherry Fischer.

Special thanks go to Homefront teacher trainers Cinda Holloway and Michael Jones.

Angela Acree appointed NAMI MO Military and Veteran’s Representative

We are pleased to announce the appointment of Angela Acree of NAMI Southwest Missouri as our new Military and Veterans Representative in October. Angela resides in Springfield and is a Family-to-Family teacher and a family support facilitator.

She recently received her credential to teach the NAMI Homefront Course for family members of veterans with PTDS, addiction, depression and other mental health illnesses.

In the early 80s Angela served as an Air Traffic Control Radar Repair Technician Instructor at Kessler Air Force Base in Biloxi, MS.
Winter blues, winter blahs, seasonal affective disorder . . . call it what you want, but for many of us the darker months of the year usher in depression.

In fact, a 2014 meta-analysis reviewed 51 previous studies and found evidence that people with bipolar are more prone to seasonal fluctuations in mood and behavior than individuals with unipolar depression.

The most common seasonal pattern sees a peak in depressive episodes during the winter and a surge in mania over the spring and summer. The trigger: bright light exposure--meaning how much (or little) strong sunlight we take in.

(One 2014 study in India suggested that latitude--that is, more constant exposure to strong sunlight closer to the equator--might explain that country’s greater prevalence of mania and lower incidence of depression as compared to worldwide reports.)

Here in the Northern Hemisphere, we have weeks to go before lengthening days and intensifying sunshine bring the promise of relief from depressive symptoms. In the meantime, it’s important to marshal all the tools at your disposal to combat that downward drag.

Granted, it won’t be easy, but there are plenty of little things that can help you on the way to recovery. As our columnist Julie Fast notes in “Winter blues? You’re not imagining them,” “I never want to do anything when I’m depressed. Yet I’ve taught myself to go ahead and do it anyway.”

Consulting your prescribing clinician about adjusting medications is a good place to start. Paying attention to the basics will also help, such as what you choose to eat.

Julie writes that her fatigue and low feelings hit hardest between 3 and 7 p.m. “It is tempting to use junk food and caffeine to get out of the afternoon slump,” she admits. Instead, she turns to a list of high-protein, low-carb snacks that she knows will keep her mood (and weight) more stable.
MENTAL HEALTH FIRST AID COURSES

The Missouri Commission for the Deaf and Hard of Hearing has joined with AETNA BETTER HEALTH OF MISSOURI and other partners across the state to offer no cost Mental Health First Aid trainings.

These 8 HOUR trainings will take place in several communities across Missouri and are especially intended for DEAF AND HARD OF HEARING INDIVIDUALS.

March 1-2: St. Louis
RTR/DCC
Day 1: 2-5 pm; Day 2: 9 am-3 pm

March 15-16: Kansas City
DeVry University
Day 1: 1-5 pm; Day 2: 9 am-1:30 pm

March 22-23: Columbia
Riechmann Pavilion, Stephens Lake Park
Day 1: 2-5 pm; Day 2: 9 am-2:30 pm

March 29-30: St. Joseph
Wyatt Park Christian Church
Day 1: 9 am-3:30 pm; Day 2: 8:30-10:30 am

April 14-15: Springfield
Dept. of Mental Health Regional Office
Day 1: 1-5 pm; Day 2: 9 am-1:30 pm

Mental health challenges – such as depression, anxiety, psychosis and substance use – are shockingly common in the United States. In fact, more than one in five American adults will have a mental health problem in any given year. The National Council for Behavioral Health certifies individuals throughout the nation, to provide Mental Health First Aid courses to prepare their communities with the knowledge and skills to help individuals who are developing a mental health problem or experiencing a mental health crisis. Identified on SAMHSA’s National Registry of Evidence-Based Programs and Practices, the training helps the public better identify, understand and respond to signs of mental illnesses. For more information on Mental Health First Aid, visit www.mentalhealthfirstaid.org

SEATS ARE FILLING FAST!

REGISTER FOR MENTAL HEALTH FIRST AID TRAINING @
Laurie Lister
Laurie.Lister@mcdhh.mo.gov
Registration questions call (573)526-5205

AETNA BETTER HEALTH® OF MISSOURI
Leading the way today & tomorrow
The data is in. In mental health, early identification and early intervention significantly improves lives, but far too few get it. There are consequences. Today, the average delay between onset of symptoms and intervention is 8-10 years, according to the National Institute of Mental Health (NIMH). That’s way too long to wait for care.

According to the Journal of American Academy of Child and Adolescent Psychiatry, 13% of youth ages 8-15 live with a mental illness severe enough to cause significant impairment in their day-to-day lives. That figure jumps to 21% in youth ages 13-18. Moreover, 50% of all lifetime cases of mental illnesses begin by age 14 and 75% by age 24 according to the NIMH.

Approximately 50% of students 14 and older with mental illness drop out of high school -- the highest dropout rate of any disability group (Department of Education). Within state and local juvenile systems, 70% of youth have mental illness, with at least 20% experiencing severe symptoms. Delays in diagnosis and treatment contribute to these statistics. While prompt diagnosis and treatment is positive in all mental health conditions, there are two new interventions for first episode and early stage psychosis that are very promising.

An intervention called Prevention and Recovery in Early Psychosis, or PREP, is showing good results. Evaluation of the program in states where it is offered showed a 71% decrease in hospitalizations, and a 77% decrease in emergency room visits. At the first assessment, 38% of participants were enrolled in school or employed, 54% at the second assessment. A total of $15,450 was saved per participant year. PREP services include a combinations of comprehensive treatments for psychosis such as early detection, rigorous diagnosis, supported employment and an array of science-based treatments. An important part of PREP is reaching out to young people that have a higher risk for developing schizophrenia and providing psychosocial therapy and medication to those who have already developed symptoms.

(continued on next page)
Additionally, the NIMH has developed a promising program. Recovery After an Initial Schizophrenia Episode, or RAISE, was created after reviewing international research that show the effectiveness of early intervention in psychosis. The focus is altering the course of schizophrenia by providing aggressive treatment as soon as possible.

Key to this program is community outreach and engagement. Care concentrates on several layers, including low-does antipsychotic medications, cognitive and behavior therapy, family education and support, educational and vocational education. Providers work with individuals through a shared decision-making process.

NIMH granted research funds to Dr. Lisa Dixon, who evaluated our NAMI Family-to-Family program, to determine if the RAISE program can be implemented widely in the U.S.

So where do we, as NAMI members, fit in? Beyond advocacy for funding, NAMI affiliates provide education and support programs that increase awareness. Raising awareness is a huge part of the outreach and engagement needed to make these programs work. Additionally, here in Missouri, a number of affiliates have adopted Mental Health First Aid. MHFA teaches lay persons to identify symptoms and respectfully guide an individual with symptoms toward the help they need.

We know early detection, interventions with appropriate treatment coupled with peer and family education and community supports can make all the difference. The barriers are many, but better lives and prevention of disability is a goal every mental health related organization should adopt.
What are the goals of the NAMI Basics program?

- To give the parent/caregiver the basic information necessary to take the best care possible of their child, their family, and themselves.

- To help the parent/caregiver cope with the impact that mental illness has on the child living with the illness and the entire family.

- To provide tools for the parent/caregiver to use even after completing the program that will assist in making the best decisions possible for the care of the child.

Would you like to help families who care for children with mental illness?

Who would make a good teacher?

- Parents/primary caregivers of children or adolescents who developed symptoms of mental health issues prior to the age 13.

- Those who feel comfortable with the emotional issues families face and can self-disclose about their own feelings of guilt, anger, shame, etc.

- Those willing to make a commitment of teaching 2.5 hours a week for 6 consecutive weeks with a co-teacher. No teaching experience necessary.

Sign up now!
June 10-12, 2016
Call (800) 374-2138
JOIN US!

Every membership strengthens our effort. If you belong to a NAMI chapter, you are already a member of NAMI Missouri. All members receive the quarterly NAMI Missouri Newsletter and the Advocate, the quarterly magazine published by NAMI. Members also receive reduced fees to attend NAMI Missouri’s Annual Conference.

All Donations are Tax Deductible

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