

Geauga County Board of Mental Health and Recovery Services  
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If you have any questions or comments about the information provided in this newsletter, please contact the Board at gbmhadas@lightstream.net.

## Check It Out...

**Lake-Geauga Training Committee** will hold its annual "Education Ensemble" February 12-14, 2008. CEU's provided. 12 different seminars. Call 440-285-9119 for more information.

**NAMI Speaker Meetings - Held at the Geauga County Board of Mental Health and Recovery Services at 7:00 p.m.**

February 21, 2008 - Brian Ayer from Ravenwood Mental Health Center will discuss the Assertive Community Treatment (ACT) Program

March 20, 2008 - Spence Kline, Executive Director of Neighboring Mental Health Services will discuss Neighboring's programs available to Geauga County residents

**Peaceful Parenting Class** - Mondays, February 18th & 25th - 5:30 p.m. - 9:00 p.m. - OSU Ext. - Geauga County 14260 Claridon-Troy Rd., Burton, Ohio at the Patterson Center - \$10 per couple - pre-registration before Feb. 15, \$20 at the door

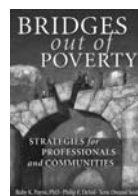
**Neighboring's Mardi Gras** - Saturday, February 23, 2008 - 6:30 p.m. LaMalfa Party Center call 440-354-9924

**Town Hall Meeting** - Tuesday, March 18, 2008 - Addresses underage drinking in Geauga County Chardon City Municipal Building - Contact: Lynn Kempf at 440-285-9119

**April is Alcohol Awareness Month!**

**KIDS FEST** Kidsfest - April 26, 2008 - A free "kids event" held at Berkshire High School in Burton - 10:00 a.m. to 2:00 p.m.

April 30, 2008 at St. Mary's Church in Chardon - "**Bridges Out of Poverty**" workshop for Human Service professionals- The Mental Health Association in Geauga County, CASA (Court Appointed Special Advocates), and Ravenwood Mental Health Center are sponsoring this seminar based on the book Bridges Out Of Poverty: Strategies for Professionals and



Communities, a collaboration between Ruby K. Payne, Ph.D., Philip DeVol, and Terie Dreussi Smith. The Geauga County Board of Mental Health and Recovery Services will provide scholarships for Geauga County human service professionals. Call The Mental Health Association at 440-285-3945 for registration information.

# geauga **Panorama**

Geauga County Board of Mental Health and Recovery Services

Winter 2008

### Board Members

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### Mission Statement

It shall be the mission of the Geauga County Board of Mental Health and Recovery Services to provide leadership in the development, implementation, and evaluation of mental health and substance abuse programs. As an agent for change in Geauga County this Board is dedicated to optimizing human and financial resources and enhancing and stabilizing the mental health of citizens of Northeast Ohio. Through comprehensive needs assessment the Board shall effectively plan and coordinate a full range of community-based services that provide for quality client care in the least restrictive environment possible.

### What's Inside...

- \* The Integration of Physical and Behavioral Health
- \* Board Awards Scholarships
- \* Catholic Charities Services offers Early Childhood Mental Health Consultation (ECMH)
- \* The Geauga Youth Center
- \* NAMI Connection

## The Tipping Point for the Integration of Physical and Behavioral Health



Written By: Dale Svendsen, M.D., Medical Director, The Ohio Department of Mental Health for The Ohio Association of County Behavioral Health Authorities May 2007 News

**People living in the U.S. with serious mental illness die, on average, 25 years earlier than the general population.** This startling finding is part of the extensive report "Morbidity and Mortality in People with Serious Mental Illness"<sup>(1)</sup> released by the National Association of Mental Health Program Directors (NASMHPD) in October 2006. I was pleased to be one of the co-editors.

**60% of premature deaths in persons with schizophrenia, bipolar disorder and major depression are due to physical health conditions.** Thirty to forty percent of excess mortality is due to suicide and injury. Among persons with severe mental illnesses, the mortality rates from cardiovascular disease, diabetes, respiratory disease and infectious diseases are several times greater than the general population.

The mortality rate for persons in Ohio is strikingly similar. The 608 individuals that had been admitted at least once to an Ohio state hospital and who died between the years 1998 and 2002, lost on average 32 years of life. The average age at time of death was 48 years! The medical causes of death are similar to the general population causes of death, but often several times the expected rate. What we have is an epidemic within an epidemic. See Table 1.

Table 1 - Standardized Mortality Rates for leading medical causes of death for persons who had been inpatients in an Ohio state hospital.

#### High standardized mortality rates:

Cardiovascular disease	3.4 x U.S. general population
Diabetes	3.4 X U.S. general population
Respiratory disease	5.5 x U.S. general population
Pneumonia and influenza	6.6 x U.S. general population

Persons admitted were matched with Ohio Department of Health death records. Most deaths occurred while living in community settings. This resulted in identifying 608 deaths among the 20,018 unique individuals over the five-year period, 1998-2002. Cardiovascular disease was the leading cause of death, accounting for 126 deaths or 21% of the total<sup>(2)</sup>.

(cont'd on Page 2)

# The Integration of Physical and Behavioral Health

*(Cont'd from Page 1)*

The major medical risk factors for increased morbidity and mortality in people with serious mental illness are due to:

- \* Lifestyle issues (e.g., diet, exercise, tobacco use)
- \* Poor access and quality of general medical care, and
- \* Severe mental illness (SMI) and treatment-related effects such as side effects of psychotropic medications.

Many of the risk factors for the “natural causes” of death, such as smoking, obesity, and inadequate medical care, are modifiable. Increased attention from policy makers, as well as persons served, family members and mental health and general health care systems, is needed. About 300,000 persons are served by Ohio’s public mental health system each year. This is a serious public health problem that until now has been poorly recognized and rarely addressed.

## How can we change this?

The NASMHPD report recognizes that change must occur at many levels. NASMHPD proposed recommendations and solutions for action at four levels: national; state; provider agencies and clinicians; and persons served, families and their community.

### I. National Level - The federal government and other national groups have resources that can support efforts to improve care to people with severe mental illness served in the public mental health care systems.

**National Level Recommendations**

1. Designate the population with SMI as a health disparities population.
2. Adopt ongoing surveillance methods.
3. Support education and advocacy.

### II. State Level - Partnerships among the state mental health authority (SMHA), Public Health, Medicaid and the local health care delivery systems must be created in order to address the health care needs of the populations with severe mental illness.

#### State level Recommendations.

1. Prioritize the public health problem of morbidity and mortality and designate the population with SMI as a priority health disparities population.
2. Improve access to physical health care.
3. Promote coordinated and integrated mental health and physical health care for persons with SMI.
4. Support education and advocacy.
5. Address funding.
6. Develop a quality improvement (QI) process that supports increased access to physical health care and ensures appropriate prevention, screening and treatment services.

### III. Provider Level - The direct service delivery system is where we must focus improvement activities.

#### Provider Agency/Clinical Level Recommendations

1. Adopt as policy that mental health and physical health care should be integrated.
2. Help individuals to understand the hopeful message of recovery, enabling their engagement as equal partners in care and treatment.
3. Support wellness and empowerment in persons served, to improve mental and physical well-being.
4. Ensure the provision of quality, evidence-based physical and mental health care by provider agencies and clinicians.
5. Implement care coordination models.

### IV. Consumers and Families - The persons we serve, their families and communities are necessary partners in this change process.

#### Persons Served/Family/Community Recommendations

1. Encourage the persons we serve, families and communities to develop a consumer-driven vision of integrated care.
2. Encourage advocacy, education and successful partnerships to achieve integrated physical and behavioral health care.
3. Pursue individualized person centered care that is recovery and wellness focused.

In summary, recognition and acknowledgment of this serious public health problem at all levels are necessary to prevent high rates of medical illness and premature death in individuals with severe mental illness. Americans will appreciate that mental health is essential to overall health is the first goal of the 2003 President’s new Freedom Commission Report on Mental Health<sup>(3)</sup>. In 2007 this is beginning to occur, and sharing the OACBHA News and in USA Today<sup>(4)</sup> is proof.

A hospital CEO recently said, “If I could start all over tomorrow and develop the system correctly, I would never separate behavioral health and health.”<sup>(5)</sup> If we reach a tipping point and well-integrated mental and physical health care becomes actualized, I believe the lives of people with mental illness will improve.

#### References

- (1) “Morbidity and Mortality in People With Serious Mental Illness” is posted at [http://www.nasmhpd.org/general\\_files/publications/med\\_directors\\_pubs/technical%20Report%20on%20Morbidity%20and%20Mortality%20Final%201-06.pdf](http://www.nasmhpd.org/general_files/publications/med_directors_pubs/technical%20Report%20on%20Morbidity%20and%20Mortality%20Final%201-06.pdf)
- (2) Miller, B., Paschall, C.B., & Svendsen, D., Morbidity and Medical Co-Morbidity in Patients with Serious Mental Illness, *Psychiatric Services* (October 2006), vol.57, no. 10, pp. 1482-1487.
- (3) President’s New Freedom Commission, <http://www.mentalhealthcommission.gov/>
- (4) USA Today, [http://www.usatoday.com/news/health/2007-05-03-mental-illness\\_N.htm?PC=click-ref](http://www.usatoday.com/news/health/2007-05-03-mental-illness_N.htm?PC=click-ref)
- (5) CAPS Actions Task Force, [http://www.mh.state.oh.us/medicaldirtdiv/documents/cap\\_calltoaction.pdf](http://www.mh.state.oh.us/medicaldirtdiv/documents/cap_calltoaction.pdf)

**Puppets Tell A Story!  
Catholic Charities' Incredible Years Program Teaches Social Skills To Children**



**Melanie Baker engages a child in puppet play with Wally**

The Incredible Years Program is one of the tools being used to make a difference for Geauga County families. Oftentimes parents of small children find themselves wondering if the behavior exhibited by their child is typical or not. The

first thing to ask yourself is has my child's behavior changed? Are you hearing outbursts, is your child doing or saying hurtful things, has your child started wetting the bed or sucking their thumb again, or do you see a change in your child's appetite? These types of changes can be indicators that your child needs help. Catholic Charities' Early Childhood Mental Health Program has proven to be clinically effective in helping families address and solve problem behaviors in their young children.

Ms. Melanie Baker, an Early Childhood Mental Health Consultant says that "there is hope and there is help". She and her staff provide several scientifically evidenced based programs to assist Geauga County families. The Incredible Years Program includes Dina School that uses various puppets to teach young children how to follow rules, develop listening skills, follow directions, deal with feelings including anger management and how to make friends. Currently Dina School is offered in some elementary school kindergarten

and first grade classrooms along with several preschool and child care centers in Geauga County.

To help parents who are struggling with a defiant and/or aggressive child, another Catholic Charities' Early Childhood Mental Health Program consists of parenting classes taught by Marianne Macie and Audrey Bailey that meet over a 6 week time frame. The meetings are held for two hours with a meal provided before the meeting starts. Childcare is provided *free of charge* for those under the age of 3 years. For children over 3 years old, Dina School is offered.

An Early Intervention Mental Health Consultant is available to work one-on-one with parents in their home. The Geauga County Board of Mental Health & Recovery Services provides funding so that all of the Early Childhood Mental Health Consultation programs are available to Geauga County parents, area schools, day care centers, and pre-schools *free of charge*. The programs are designed to serve families with children 0 to 8 years

old. If you have questions or feel that you and your family would benefit from taking part in any of the Early Childhood Mental Health Consultation programs please contact Melanie Baker or Dana Fleder at Catholic Charities Services 440.285.3537.



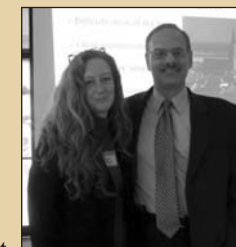
**Dana Fleder and Melanie Baker with puppets from Dina School.**

**Geauga County Board Awards 35 Scholarships**

"Bipolar and Other Mood Disorders in Children, Adolescents, and Adults"

The Geauga County Board of Mental Health and Recovery Services was pleased to provide scholarships for 35 Geauga County human service professionals to attend an educational workshop, "Bipolar and Other Mood Disorders in Children, Adolescents, and Adults".

The Mental Health Association in Geauga County and Ravenwood Mental Health Center presented the workshop on November 16, 2007 at St. Denis Golf Course in Chardon, Ohio. Mark Groner, Vice President of Clinical Services and Clinical Director at Beech Brook, a Cleveland mental health and child welfare services agency, presented a comprehensive overview



Michelle Doehring, Executive Director of the Mental Health Association in Geauga County with presenter Mark Groner, V.P. of Clinical Services of Beech Brook

of mood disorder symptoms and how they affect people who experience them, how to diagnose mood disorders, and trends in treating mood disorders in a community setting.

The workshop series is part of the continuing mission of the Mental Health Association in Geauga County to provide quality mental health education at an affordable cost to Geauga County mental health professionals. The 74 participants earned CEUs for attending the 6 hour workshop.



*Geauga County Shows Their Support*

On November 6, 2007, Geauga County voted to continue their commitment to helping those in our community with mental illness. Your financial support of the Mental Health 1/2 Mill Replacement Levy will provide the Board with the funding needed to continue to provide treatment services to over 700 children and 2,300 adults. In addition, over 10,000 Geauga County residents will receive education and/or prevention programming specific to mental health. The Geauga County Board of Mental Health and Recovery Services sincerely thanks the voters of Geauga County along with all the countless volunteers who worked so hard to gain support for the passage of the mental health levy. Thank You Geauga County!