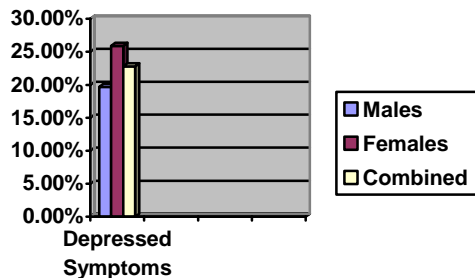




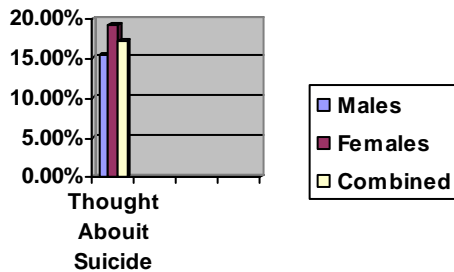
## Middle School YRBS Data a Wake Up Call

The middle school Youth Risk Behavior Survey results remind us that 50% of all mental illness starts early, by age 15. Doing nothing, to intervene early, certainly has its consequences on our youth. Consider:

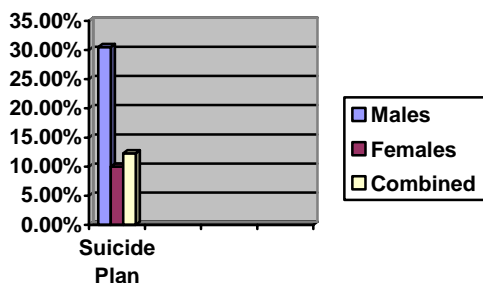
### 22.8% of Middle School Students Were Sad / Hopeless Two Weeks or More



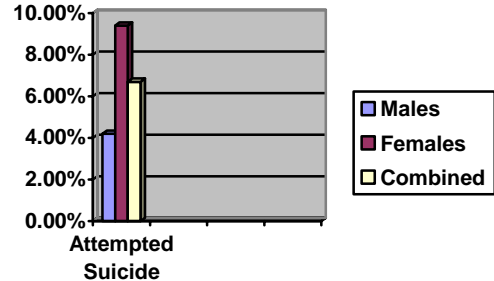
### 17.2% of Middle School Students Contemplated Suicide



### 12.3% of Middle School Students Planned Suicide



### 6.7% of Middle School Students Attempted Suicide



The 2008 Knox County Middle School YRBS data should scare the heck out of us. Put in the proper perspective:

- Nearly 6 students in every classroom is depressed.
- More than 4 students in every classroom thought about killing themselves.
- 3 students in each classroom made a plan to commit suicide
- Nearly 2 students in each classroom had actually attempted suicide.

Knowledgeable of this data and good outcomes, Knox County Schools has proactively partnered with the Mental Health Association to make **Mental Health 101** available to more middle schools. **Mental Health 101** is a school based curriculum that improves student knowledge and recognition of signs and symptoms of mental illness and suicidal behaviors while also building help seeking strategies so students may intervene earlier for themselves or with their peers.

## Mental Health 101 ~ Middle Schools

Bearden Middle  
 Cedar Bluff Middle  
 Gresham Middle  
 Holston Middle  
 Powell Middle  
 Vine Middle

Carter Middle  
 Farragut Middle  
 Halls Middle  
 Northwest Middle  
 South Doyle Middle  
 West Valley Middle



# The Mental Health 101 Timeline

Readers will recall our efforts to build a valuable school based program in East Tennessee. Motivating the Mental Health Association staff and board was scary data about treatment delay (10-12 years) from start of symptoms to start of treatment and Knox County Health Department YRBS data which reported students:

- were depressed, ie. sad or hopeless
- had contemplated suicide
- had mad a plan to commit suicide, or
- worse, had attempted suicide in the past year

Knowing all this, we started the **Mental Health 101 Program** in 2000 to raise awareness of mental illness and to reduce suicides among youth. Important milestones:



2000-2001 School Year - Program launched at **Gibbs & Halls & Jefferson County High Schools.**



2005-2006 School Year – **Mental Health 101** grew to 11 of 12 Knox County High Schools.



During the 2005-2006 School Year **Mental Health 101** capacity reached 29 schools in 13 Counties. Program served **6,048 students.**



The 2007 – 2008 School Year started with good news -The **Office of Disease Prevention & Health Promotion** granted funds to expand **Mental Health 101** to 51 schools in 21 Counties serving **11,297 students.**



During the 2008-2009 School Year the program expanded to 8 Knox County Middle Schools expanding the program to **13, 438 students in more than 50 schools in 22 counties.** By 2009-2010 the Pilot Program expanded to twelve Knox County Middle Schools.

*~ Mental Health 101 ~  
Most Valuable Program*

## Mental Health 101 Pre & Post Test Data:

### Mental Health 101...

- improves student knowledge of mental illness
- improves students' recognition of symptoms of mental illness
- improves knowledge of symptom duration
- builds a help seeking strategy when the person needs help for themselves or a friend

## OUTCOME Check!! VALUE Check!!

### High School Students Who CONSIDERED Suicide

- **DECREASED 31.79%**



### High School Students Who PLANNED Suicide

- **DECREASED 30.46%**



### High School Students Who Attempted Suicide

- **DECREASED 67.57%**



## Contrasting Classrooms

	Middle School	High School
<b>Depressed</b>	5.7 / class	6.9 / class
<b>Suicide Considered</b>	4.3 / class	2.95 / class
<b>Suicide Planners</b>	3.075 / class	2.22 / class
<b>Suicide Attemptors</b>	1.675 / class	1.18 / class

Average class sizes vary by grade level (25 MS; 30 HS). For comparison purposes high school classes were considered same size as middle school.

**Notes:** High school students may experience greater rate of depression due to greater incidence of situational depression, relationship loss. Lower high school rates for attemptors is likely attributable to long term saturation of program in most Knox County high schools.

## **Mental Health 101 Student Feedback**

*“Dear Miss Laura: Thank you for coming and teaching our class. I learned a lot. And I have noticed that I have the symptoms of depression. I would never have known if you didn’t come. So thank you!”*

~~~

*“Thank you Miss Laura! We appreciate you for coming and making us aware of mental health. Thank you for your time. I learned a lot and went home and told my Mom. She was learning too. I told her some things she didn’t know.”*

~~~

*“Thanks for coming to my school. Now I know that your physical and mental health are linked to each other. I will definitely take your advice on how to help a friend if they*

*are having thoughts about suicide.”*



**Pictured above: Program Coordinator Jennifer Tedder teaching *Mental Health 101* in a high school Wellness class.**

~~~

*“Thank you for teaching us about depression. I really enjoyed recognizing the signs of depression so you could talk to a friend. I learned that anybody can have depression. I was surprised that Abraham Lincoln had depression. I will try to look for the signs of depression. Now I know depression is so serious.”*

~~~

*“I learned a lot of things I didn’t know. I was surprised to learn that 1 in 4 adults probably has a mental illness.*

# *That information was very helpful.”*

## **A Timeline Teaser**

Our 2008 Annual Report will soon be mailed to all contributors. A special feature of the report, which commemorates our 60<sup>th</sup> anniversary, is a timeline of events shaping mental health and substance abuse treatment in East Tennessee, across Tennessee and the country since the 1800s. A small sample includes:

### **1809**

Captain William Lyons purchased several hundred acres of land between 4th Creek and the Tennessee River. The hilltop became known as Lyons' View because of its scenic view of the Tennessee River. And is of course the location of Lakeshore Mental Health Institute.



### **1886**

Eastern State Hospital opened with the transfer of 95 patients from the Tennessee Asylum in Nashville. Dr. Michael Campbell was named as first Superintendent.

### **1921**

The number of patients at Eastern State Hospital continued to grow. The bricks used to build the building below were handmade on the Lakeshore grounds.



(Picture courtesy of the Calvin M. McClung Historical Collection ca. 1921)

### **1948**

The Knoxville Mental Health Association was founded in conjunction with the Knoxville Mental Health Clinic “to raise funds and recruit clinic personnel.”

### **1953**

After three years of advocacy, by the Mental Health Associations, the Tennessee Department of Mental Health was established by Governor Clement.

### **1956**

In the early 1950s, Mental Health America issued a call to asylums across the country for their discarded chains and shackles. Mental Health America melted down these inhumane bindings, in 1956, at the McShane Bell Foundry in Baltimore, MD, and recast them into an inspirational sign of hope: The Mental Health Bell.



*“Cast from shackles which bound them, this bell shall ring out hope for the mentally ill and victory over mental illness.”*

### **1972**

A year after the famous “Midnight Raid” at Eastern State Hospital exposed inhumane treatment of patients and unhealthy living conditions, **Johnny Cash** performed “**A Boy Named Sue**” and other favorites for 1000 patients, staff and visitors at the hospital. Others participating in the free concert included Johnny Cash’s wife, **June Carter**; Carter Family members- **Mother Maybelle Carter, Anita & Helen Carter; Carl Perkins; Glen Shirley;** and the **Statler Brothers of Virginia**. Governor Dunn presented Johnny Cash the “**Governor’s Award for Distinguished Mental Health Service**” following the show.



(Picture courtesy of the Calvin M. McClung Historical Collection)

## **The State's Budget is a Mess**

The Department of Mental Health experienced the largest budget cuts of any state department. Later TennCare restructuring forced TDMHDD to fund services formerly paid for by TennCare, by deeper service cuts and reallocations. Now TDMHDD may have to cut millions of dollars more!

### **What If.....TDMHDD Cuts Community Program Grants?**

State funded Community Grant Programs (for essential services the state does not have the staff resources to provide) are again at risk of funding cuts or outright elimination. These funding cuts may include:

- Mental Health 101
- Peer Support Centers
- Recovery Support Programs
- Family Education Programs & Services
- Jail Mental Health Services
- Alcohol & Drug Treatment Services

### **What if....TDMHDD cuts the Regional Mental Health Institutes?**

The regional Mental Health Institutes have been downsized for years. Advances in medications, different types of therapy, community services and peer centered services have made that possible.

Last years' budget approved by the Legislature set forth bed and staffing reductions by April 2010. However, dropping daily patient census at the state

hospitals have hastened the staff and bed reductions.

For the 2010 – 2011 fiscal year TDMHDD plans further bed reductions, building consolidations and standardization of hospital staffing ratios resulting in the reduction of 120 positions and annual savings of \$6,252,100.

Additionally, eliminating children & youth inpatient services at MTMHI will reduce 33 positions and save \$1,006,900.

## **CUTS IN MENTAL HEALTH SERVICES & TENNCARE MEANS LESS CARE FOR**

### **What if....TDMHDD cuts the Mental Health Safety Net?**

The Safety Net was first created in 2005 when Governor Bredesen mandated huge TennCare enrollment cuts. Safety Net Services are tremendously effective as 20,000 Tennesseans receive medications, medication management, psychotherapy and case management services. Of the 20,000, only 167 were hospitalized in the past year. The TennCare restructuring in 2008-2009 increased the number of people enrolled in the Safety Net. And 1,000 more new enrollees sign on monthly due to ongoing economic issues.

Despite its effectiveness, TDMHDD recommended cutting up to \$5.117M from the Safety Net to the Governor at their budget hearing last month. Cutting back the Safety Net when it obviously is working effectively, certainly didn't make sense to us, nor did it make sense to the Governor, who directed TDMHDD to go back to the drawing board. This likely means greater community services cuts.

### **What if....TennCare Cuts Provider Reimbursement rates?**

Providers already receive reduced reimbursement rates for their services. These rates are **75%** of Medicare reimbursement rates and are made insultingly worse by the fact that reimbursement rates have stayed the same for many years.

So what happens if rates are reduced by **7%**?



Privately practicing professionals may just opt out of treating TennCare clients altogether. Mental Health Centers probably can't afford to leave the Medicaid system and will therefore have to absorb the rate reduction through staff or other cuts.

TennCare is actually growing due to mandatory eligibility standards and the economy. This is a disastrous formula. **Less staff and more clients =:**

- **LESS** time spent with patients
- **LONG** wait times for intake appointments
- **LONGER** periods between treatment appointments

## **THOSE WHO NEED IT MOST WHEN THEY MOST NEED IT!**

### **Sleep Deprivation – May Trigger Kids' BiPolar Disorder**

We are a sleep deprived nation. As adults, we all know we need to get more rest to help us recuperate for the next days' activities. Sleep experts advise adults to get 7-8 hours of sleep per night. Adolescents aged 11-18 should sleep 9 hours or more each night.

Many of the same things that prevent adults from getting enough sleep also affect the sleep debt incurred by youth. Watching television, computer useage, video gaming, listening to music and daily homework all interfere with a good night's sleep.

New evidence from Indiana researchers indicates four alterations in the genes controlling our circadian rhythm or internal "body clocks" are positively associated with being bipolar.

*"Bipolar disorder is often characterized by circadian rhythm abnormalities, and this is particularly true among pediatric bipolar patients. Decreased sleep has been noted as one of the earliest symptoms discriminating children with bipolar disorder from those with attention deficit hyperactivity disorder (ADHD)."*

**Alexander Niculescu , MD Indiana University School of Medicine, Indianapolis.**

### **Where have we been lately?**

Lack of symptom knowledge is the leading barrier to accessing mental health care. Our staff can do

presentations for your employees, church group or civic organization about stress, depression or other mental health issues.

- East Tennessee Business Wellness Roundtable
- United Parcel Service
- Hardin Valley Academy
- NAMI TN Conference
- Chronic Pain Support Group
- Carson Newman College
- UT College of Social Work
- Knoxville Police Department Recruit School



### **Depression & Alcohol Abuse:**

#### **A Deadly Cocktail**

Often, a person with depression will also have alcoholism, and vice versa. In fact, 30 percent to 50 percent of people with alcoholism, at any given time, also are suffering from major depression. Family history of depression or alcoholism puts a person at greater risk for developing either illness or both.

You should know that while alcohol often causes a "good mood" at first, it is a depression-causing drug.

Alcoholism may cause a relapse in people with depression. The depressive symptoms from alcohol are greatest when a person first stops drinking. So people recovering from alcoholism who have a history of depression should be carefully monitored during the early stages of withdrawal; the symptoms of depression are greatly reduced after three to four weeks of stopping drinking.



### **Higher risk for suicide**

When a person suffers from major depression and abuses alcohol, he has a much higher risk of attempting and succeeding at suicide. Other facts:

- Alcohol abuse can exaggerate depression and increase impulsiveness.
- Alcohol frequently is detected in suicide methods involving driving a moving vehicle or overdosing.
- Alcohol impairs judgment, which explains its association with painful suicide methods.

Major depression and alcohol abuse are the most commonly diagnosed psychiatric disorders in people who attempt suicide. Because of the risk of suicide, if you are (or someone you care about is) suffering from major depression and abusing alcohol it is critical that you seek prompt medical attention.

## Annual Membership Campaign Needs Your Support!

*We are grateful to the many long term donors who have contacted us to advise us that despite the economy, the Mental Health Association and its fine programs, will remain in their charitable giving plans in 2009.*

~ Ben Harrington, Executive Director

**Those you help with your gift are your family, your friends, your neighbors and your coworkers. Help them because they would help you.**

***Send your check today!*** Your gift of **\$50** – Will provide educational materials to 200 people.

**\$100** – Will provide mental health screenings for 30 people suffering from unrecognized symptoms of depression, anxiety or an eating disorder

**\$250** – Provides client or family services by helping 10 persons access the specialized mental health care.

**\$1000** – Provides *Mental Health 101* to 500 students

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