

September 2010

Medical Updates



R U OK? Oct. 7 is R U OK? Day in Australia

by Lloyd I. Sederer, M.D., OMH Medical Director

Thursday October 7, 2010 is **R U OK Day** (are you ok?) in Australia. [R U OK?](#) is an annual Australian national suicide prevention campaign - and the name of the founding organization - that seeks to reduce the rate of suicide by breaking the isolation and helplessness that characterizes people at risk to take their lives. [R U OK?](#) had its genesis from the death of Barry Larkin, a businessman and consultant who took his life in 1995; his three sons decided to introduce a conversation they never had the opportunity to have with their dad. Australians at work, home and among friends are now prompted to break the silence and ask "are you ok?"

To help everyday people ask this not so easy question, [R U OK? offers suggestions](#), which I paraphrase:

- Be open and receptive, take the lead and ask 'are you ok?' and convey that you have time to talk.
- Say something that suggests concern and opens the conversation, like 'I've noticed you have looked really stressed' or 'I understand this is a very tough time for you.'
- Listening is more important than telling. You need not know answers. Your interest and your seeking to end a person's isolation and aloneness is what counts.
- Be hopeful, but not superficial. Periods of serious stress and depression can and do pass -- especially if someone feels that others care and that there is help they can get.
- Don't expect someone to cheer up, or get over it. Instead, suggest to a person who says 'no, I'm not ok' that there are ways to get better - which start with their taking one step at a time. Sometime that step is talking with others, taking better care of themselves or speaking with a doctor or mental health professional.

In the United States, 31,000 people commit suicide each year. This does not count those who disguise their suicide in the form of an accidental death or where natural causes are attributed to what was an act of self-destruction. This is *three times* the homicide rate in this country. And for the first time in a decade the suicide rate is increasing, especially among Caucasian women aged 40-64.

For you to have the confidence to initiate an 'are you ok' conversation, you may need to know what to do if you uncover an

immediate crisis. In Australia, and here in the USA, there are National Help Lines if you ask someone 'are you ok?' and then sense that person may be in imminent danger of doing something self-destructive -- and perhaps irrevocable. If you are not familiar with local services or who to turn to there is a **National Suicide Prevention Hotline** (1-800-273-TALK) in the USA. It is free, confidential, 24/7 and connected to crisis centers throughout the country

We will soon be entering the holiday season -- a time where many are not so merry and feelings of isolation often peak. One kindness we can offer friends, family, fellow students or colleagues at work is asking 'are you ok?' This is a good time to ask and to take the time to listen. It may be the greatest gift of all.

This column originally appeared in the December 14, 2009 Huffington Post.

IT Updates

New York State OMH Internet Changes Underway

from the omh.ny.gov Project Team

The New York State Office of Mental Health (OMH) Internet Website home page address is in the process of changing from "www.omh.state.ny.us" to "www.omh.ny.gov." Transition to the omh.ny.gov domain name for Internet access is expected to be completed by the end of 2010 and during this transition period and for a period of time beyond, access to OMH's web site can be gained using either "www.omh.ny.gov" or "www.omh.state.ny.us." Current bookmarks to specific pages within OMH's site should continue to function using the current address, but bookmarks should eventually be updated to utilize the new domain name.

All state agencies, partners and customers of OMH are requested to update their records and references with respect to the OMH website changes as appropriate. Any entities with processes which are triggered by or dependent upon specifically formatted e-mail notifications generated by the OMH, should contact the Center for Information Technology [Help Desk](#) in order to coordinate the changes that may impact them.

In a parallel effort, e-mail addressing for all of OMH will soon begin a transition to support the new domain name, and will also utilize a more easily recognizable naming convention; for example, a current e-mail address such as "istcab@omh.state.ny.us" may transition to "albert.collins@omh.ny.gov". It is expected that this new e-mail convention will be implemented in the coming year, OMH staff can expect to hear more about this transition as implementation draws

closer. As with the domain name change, both the current e-mail addressing and the newly implemented e-mail addressing will remain valid for a period of time, in order to allow for the changes to filter throughout OMH, its partners, customers, contacts and other state agencies.

This domain name change and use of the "ny.gov" will bring OMH into compliance with a statewide policy that provides for branding New York State government services available on the Internet, and enables customers to readily recognize official New York State government entity websites.

Using Data to Design Quality Services

OMH Patient Characteristic Survey Offers Profiles of New York's Public Mental Health System

from the Office of Performance, Measurement and Evaluation



The New York State Office of Mental Health (OMH) requires all programs it licenses or funds (directly or indirectly) to complete the Patient Characteristics Survey (PCS). The survey is conducted every other year, and collects demographic, clinical and service-related information for each person who receives a mental health service during a specified one-week period. The PCS is OMH's only data source that describes all of the public mental health programs in New York State.

In April 2010, the [Patient Characteristics Survey \(PCS\) Portal](#) on the OMH Web site was updated with data collected from approximately 700 agencies during the October 2009 administration of the survey. On the portal, PCS results are presented in summary reports and planning reports. Summary reports provide counts of persons by mental health programs attended by age, race and ethnicity, severity of illness (SMI/SED), co-morbid chemical or alcohol abuse disorder, type of residence and homelessness. The summary reports also describe clients served by criteria such as chronic medical conditions, current disability, criminal justice involvement, education level, employment status, health insurance, language, tobacco use and parental or veteran status. Planning reports provide information by county of client residence including service use per 100,000 persons in the general population, prevalence estimates, living situation, employment and advancement in school. PCS portal reports are summarized at the state, region and county levels and can be run with data collected in the 2007 or 2009 survey.

All PCS survey data are submitted to OMH electronically using the Web-based PCS application. The application allows agencies to upload electronic files, supplement information extracted from other

OMH systems or enter data directly into Web-based forms. The Web-based PCS application also allows agencies to download their raw data immediately following submission. By March 2010, the 2009 PCS data had been processed by OMH and agencies could obtain seven formatted agency-specific reports from the PCS application.

Approximately 90% of providers responding to a feedback survey reported a positive experience with the Web-based PCS application in 2009. Providers especially liked the application's monitoring functions, import capacity from existing OMH databases, practice platform and electronic upload of data files. They suggested areas for improvement including increasing the application's speed and providing additional guidance and coordination prior to file uploads. OMH is currently developing plans to enhance the application and procedures based on these provider recommendations for the next administration of the PCS planned for October 2011.

PCS results are used to describe New York State's mental health system to state and federal funding agencies and legislative bodies. OMH also uses PCS results to inform planning, budgeting and certification processes. For example, profiles of individual clinics are created from PCS survey results and used by OMH surveyors to guide the selection of client records to be reviewed during clinic recertification visits. OMH will continue to improve the PCS to better understand the public mental health programs in New York State and the individuals they serve and to further inform planning, budgeting and certification processes. Feedback concerning the PCS portal and application is welcome.

From the Field

Families Enjoy Camp Get-A-Way

by Nancy Craig, Parent Advisor, Western NY Field Office



[Enlarge](#)



[Photo Gallery](#)

Camp Get-A-Way, a not-for-profit organization supported by the Office of Mental Health (OMH), is dedicated to strengthening and supporting families of children having emotional, behavioral or mental health challenges. The board is comprised in total by involved families with an impressive ninety percent of volunteers being committed family members. Camp Get-A-Way is the proud recipient of "What's Great in New York State (NYS) Children's Mental Health" sponsored by NYS OMH and Families Together in NYS. Board president Pam Brannan was honored as the "Advocate of the Year" during the annual Families Together in NYS conference.

This season marked the 8th year of Camp Get Away which serves families from all across New York State. Camp began in the eastern region (Camp DeWolfe, Wading River) of the state earlier this season. Three sessions were held in the western region (Camp Wyomoco 4-H camp) in August and a Fall get away is planned for October as well.

The vision of Camp Get-A-Way is clear and simple:

- Offer whole family opportunities for recreational and skill building activities while living with a child with an emotional, behavioral or mental health challenges.
- Offer families the chance to rediscover the joy of being a family without worry of discrimination or the stigma associated with mental health issues.
- Allow parents to connect with and support other parents faced with the same challenges.
- Celebrate yesterday, today and the possibilities for tomorrow!

Children and parents learn new skills, become more self-confident and have fun! Parents are able to relax, enjoy their family by engaging in activities in a safe environment and meet other folks who are struggling with similar issues. Many families keep in contact with one another once camp ends.

Camp includes the concept of community integration by providing families with information about services and programs available in their community. The OMH Field Offices participate in Coffee Hours to answer questions families might have about available services. This includes linkage with available services and opportunities to take their feedback to the local and state level. County Mental Health Directors, local government, local DSS, Probation, Youth Bureau, Public Health, schools, churches, farmers, Family Support Programs and Advocates, Mental Health Clinics, Waiver Programs, Case Management Programs, community members and Adult Peer Programs provide support through contributions of their time, donations or perhaps cooking a meal or baking cookies.

Family support, Effective Crisis Response, PEP, Common Sense Parenting and skill building techniques are some of the programs offered to parents. It is a supportive learning environment in a traditional camp, using a "Learn, Use, Teach" model. Last year the youth learned about trust in a group activity that they simply described as great fun.

All of this takes place in a traditional camp setting with summer camp

activities. Families can enjoy archery, tie dye, hike, swim, canoe, kayak, fish, ride horses, crafts or just kick back and relax. Feedback from children included “the best part of camp was making new friends and being with other kids just like me.” Parents remarked “The things I enjoyed most at camp were knowing I am not alone, the contact with other parents and getting new input. My husband and I finally felt like part of a community.”

Planning a System of Quality Care



Valuable Input Gathered at this Year’s Statewide 5.07 Plan Public Hearing

by Colleen Garrahan, Office of Planning

On August 24, 2010, OMH Commissioner Michael F. Hogan, PhD, and the Office of Planning held a public hearing on the annual 5.07 Plan. The draft Plan had been posted on the OMH website the previous week for review and feedback.

The public hearing was organized using video conferencing equipment so that individuals in three parts of the State—Albany, New York City and Syracuse—could listen and interact. Among the people testifying and providing input were representatives from the following agencies; National Alliance for the Mentally Ill (NAMI), Compeer (friendship and mentoring network), South Beach Psychiatric Center’s Baltic Street Clinic and Wellness and Recovery Services, Community Access, Supportive Housing Network of New York, US Army Medical Department-Behavioral Health at Fort Drum, Healing Alternatives through Healing Arts (HA HA), Rochester Psychiatric Center’s outpatient clinic, Mental Health Empowerment Project (MHEP) and Rennselaer County Department of Mental Health-Children’s Services. Topics of concern included rural mental health, preventive services for children and youth, housing resources, services for returning Veterans, family support services for incarcerated individuals with mental health needs, the need for trauma informed care, the need to stop forced psychiatric treatment and the value of supportive friendship networks. People who testified had the opportunity to present their views and interact with Commissioner Hogan throughout the two hours.

Comments were also gathered from the e-mailbox which is available from a link on OMH’s [Planning Resources](#) web page (Contact Us). Comments were accepted through September 8, 2010. We would like to sincerely thank everyone who took the time to respond to our call for comments and testimony.

This year’s Plan is about taking action. OMH solicited feedback about exemplary programs, services and supports that help people live, learn, work and participate in their communities across the

state. These nominees have been featured in the Plan. While OMH sets the overall framework on a policy level, the Plan reveals that the work of moving toward a recovery based system of mental health care really starts with the people receiving services, their families and friends, their service collaborators and their communities.

Read about the commitment, the innovation and the perseverance. We are early in the journey, but we are making progress!

The Final 2010-2014 Statewide Comprehensive Plan will be posted on the OMH website in October 2010.

Promoting Cultural Competence

Working Toward Culturally Competent Mental Health Care for LGBT Persons

contributed by Rachel Levenson, The Center of Excellence in Culturally Competent Mental Health

In modern usage, the term LGBT is intended to emphasize a diversity of “sexuality and gender identity-based cultures” and is sometimes used to refer to anyone who is non-heterosexual instead of exclusively to people who are homosexual, bisexual or transgender. To recognize this inclusion, a popular variant adds the letter Q for queer and questioning (LGBTQ) for those not explicitly denoted by LGBT, such as pansexuality, intersex, etc. The acronyms are not agreeable to everyone that they literally encompass. This profile will deal largely with those who identify with the LGBT population.

LGBT populations form a minority cultural group within a predominantly heterosexual society and experience minority group stress compounded by societal stigmatization, discrimination, marginalization and lack of institutional and social supports. Furthermore, resilience in the face of such stress and coping skills for adapting to it are complicated by the internalization of negative social attitudes. The experience of minority stress in LGBT populations acts as both a determinant of mental illness and a deterrent to seeking and finding adequate care.

Estimates of the number of LGBT persons in the US population are limited by the lack of data concerning sexual orientation and gender identity collected at state and national levels. Estimates of the size of the LGBT population in New York State vary, with estimates ranging from 2.6% to 4.1% of adults in NY State, or approximately 500,000 LGBT people from diverse racial, ethnic and socioeconomic backgrounds.

Studies have consistently found that LGBT people are more likely

than their heterosexual counterparts to experience depression, anxiety, alcohol and drug dependencies and are at increased risk for suicide attempts. However, reports on illness prevalence rates are confounding. Some studies have found similar rates of psychiatric hospitalizations, and even somewhat lower rates of psychotic disorders among LGBT people compared with the general population. It has been suggested that LGBT people may have developed enhanced coping skills in response to the societal stresses and challenges that they experience.

The early impact of discrimination and stigma manifests in high rates of depression and suicidality among LGBT teens, with some reports indicating that over half of them express severe anxiety or depression, and over a third entertain suicidal thoughts. A report commissioned by the Department of Health and Human Services indicated that LGBT teens are two to three times as likely to attempt suicide as their heterosexually-identified adolescents. LGBT teens are also at higher risk for binge drinking, drug use and peer harassment.

Finding appropriate and affirming social supports may be a crucial and difficult process for LGBT persons. Recent surveys have found that LGBT persons still have less access to mental health and support group services, with Black and Hispanic LGBT persons reporting the most difficulty. LGBT people of color face more hate violence than LGBT people who are not of color.

Engagement of LGBT persons with mental health disorders into LGBT-sensitive care might be enhanced by partnerships between existing mental health treatment providers and LGBT organizations that serve persons of diverse racial/ethnic, gender and socioeconomic backgrounds and identities. Affirmative mental health care and recovery support models for LGBT have been developed in New York City. Using these models, lowered rates of hospitalization, enhanced adherence to medication and treatment protocols and increased prosocial behaviors have been demonstrated.

Preparing to Respond to Emergencies

OMH, Red Cross of NYS and CLMHD Renew Statement of Understanding Regarding Mental Health Disaster Response

from Steve Moskowitz, OMH Coordinator of Emergency Preparedness and Disaster Response

This month, the New York State Office of Mental Health successfully concluded discussions on the renewal of a Statement of Understanding with the New York State Conference of Local Mental

Hygiene Directors, Inc., and the American Red Cross of New York State to define the roles, responsibilities and authority of the parties during a mental health disaster response.

The SOU outlines basic steps in providing for a more coordinated and cooperative effort in the areas of communication, training and mobilization of mental health responders, as well as, a commitment to pursue an evidence-based practice approach for immediate and intermediate response interventions.

Principals in the development of the agreement included Phillip Endress and Kelly Haskins, Chairman and Executive Director respectively of the NYS Conference of Local Mental Hygiene Directors; Clayton Kolb, State Relations Disaster Liaison for the American Red Cross; and OMH coordinator of Emergency Preparedness and Disaster Response, Steve Moskowitz.

The agreement will run for a five-year period and includes an annual review to jointly evaluate progress on the implementation of the SOU and to identify newly emergent goals as appropriate.

OMH News is published monthly for people served by, working, involved or interested in New York State's mental health programs. [Contact the editor.](#)

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