November, 2013

Executive Summary:

Education, access to care, and resources continue to be the primary issues confronting individuals and families dealing with mental illness. Mental Illness is not a new issue, but with school tragedies such as the Sandy Hook shootings, and the more recent Deeds stabbing involving troubled youth, violence and psychological problems, it has become increasingly imperative that we address these issues, both nationally and locally.

As a response to the Sandy Hook tragedy, President Obama called for a National dialogue and a National action plan to alter the course of serious mental illness, especially as it affects our youth.

Our local community dialogue has identified challenges faced by local families dealing with mental illness, securing the supports needed to treat the illness and the discomfort of seeking help. Thanks to the assistance of National Alliance on Mental Illness Winchester, a task group of provider experts, community leaders, and committed citizens, we identified three key action steps needed to improve mental health access and supports. They include:

• Develop better communications to educate people about mental illness, reduce stigma and alert them to the warning signs of violent behavior.
• Identify opportunities for community-school partnerships to encourage early intervention and help youth and their families’ access assistance.
• Identify and share resources needed to offer treatment and supports to individuals and families dealing with the challenges of mental illness.

Although our community dialogues have helped focus our efforts on ways to improve service, we must work harder to reduce the judgment, shame, and isolation associated with having mental illness and communicate that treatments are available. Mental illness is complex and multi-faceted. For the purpose of this report we will focus on the importance of early identification and intervention for depression and anxiety and the need to improve supports in order to prevent individuals from harming themselves or others.

The following report provides action steps to help our community understand and respond to an illness that affects one in four people each year. We would like to thank all of our project planning partners and United Way staff. Special thanks to Diana Kettermann for her report writing assistance and to the individuals who shared their experiences in order to assist others.

Respectfully Submitted:

Dr. Cheryl Thompson-Stacy
Chair, United Way Impact Committee

Joseph Shtulman
President and Chief Professional Officer
Overview:

Following the tragic shootings at Sandy Hook Elementary, a taskforce led by Vice President Biden recommended that communities engage in strengthening their mental health supports and services.

In response, the United Way of Northern Shenandoah Valley held a planning meeting on July 16, 2013 to organize a Community Dialogue, partnering with local community leaders representing the following organizations:

- United Way of Northern Shenandoah Valley
- National Alliance on Mental Illness
- Lord Fairfax Community College
- Literacy Volunteers
- Faith-Based Representatives
- Grafton Integrated Health Network
- Valley Health
- Healthy Families
- Winchester Public Schools

- Frederick County Public Schools
- Timber Ridge School
- Congressman Frank Wolf’s Office
- Shenandoah County Free Clinic
- Blue Ridge Legal Services
- AIDS Response Effort
- Winchester Community Mental Health Center
- Virginia State Police

The purpose of the Community Dialogue was to bring community residents together to:

- Discuss ways to strengthen local mental health supports;
- Build community plans for improving community mental health systems;
- Identify three measurable/achievable action steps; and,
- Prepare a report of the results.

Situation Summary

Mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Stigma

The Centers for Disease Control and Prevention defines stigma as an attribute that is deeply discrediting. It sets the bearer apart from the rest of society, bringing with it feelings of shame and isolation.¹

Mental illnesses can affect persons of any age, race, religion or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing.²

On June 3, 2013, President Obama called for a more robust national discussion on mental illness, saying the time had come to bring the issue "out of the shadows."³
Stigma erodes confidence that mental disorders are real, treatable health conditions. Due to stigma an unwarranted sense of hopelessness has erected attitudinal, structural and financial barriers to effective treatment and recovery.

More recent definitions of stigma focus on the results of stigma—the prejudice, avoidance, rejection and discrimination directed at people believed to have the illness. Stigma causes needless suffering, potentially causing a person to deny symptoms, delay treatment and refrain from daily activities. Stigma can exclude people from access to housing, employment, insurance, and appropriate medical care. Thus, stigma can interfere with prevention efforts, and examining and combating stigma is a public health priority.

Local author, Diana Kettermann, states in her upcoming book, A Child of Royalty, “When I tell people that my father died from a brain tumor, I receive sympathy….when I tell people that my mother has schizophrenia, I often perceive judgment and shame.” Her book addresses her struggles as a child to get her mother help, “It took 14 years to get initial help for my mother. It took 10 additional years of trial and error treatments to finally see favorable results.”

Violence

Young people dealing with mental illness can be anxious, depressed, angry and even violent. In reviewing the research on violence and mental illness, the Institute of Medicine concluded, “Although studies suggest a link between mental illnesses and violence, the contribution of people with mental illnesses to overall rates of violence is small,” and further, “the magnitude of the relationship is greatly exaggerated in the minds of the general population”.

For people with mental illnesses, violent behavior appears to be more common when there’s also the presence of other risk factors. These include untreated psychosis; substance abuse or dependence; a history of violence, juvenile detention, or physical abuse; and recent stressors such as being a crime victim, getting divorced, or losing a job.

Parents and even private citizens with no link to a child can help prevent violence says Peter Langman, a psychologist and the author of Why Kids Kill: Inside the Minds of School Shooters (Palgrave Macmillan). Here are some of his suggestions:

- **Set limits on your child's privacy.** Keep open communication. Know your child’s friends, what he does, what websites he visits. If there is a preoccupation with weapons or violent scenarios in journals, he may need help from a counselor.

- **Pay attention to school warnings.** If the school contacts you with concerns about your child's violent stories or class presentations, he may be depressed or enraged and need help. These "red flags" have been noticed by teachers before school shootings, but parents rebuffed school officials.

- **Eliminate easy access to guns at home.**

- **Recognize possible rehearsals of attacks.** Some school shooters have done drawings, animations and videos or written stories in advance that depicted brutal acts.

- **Stay alert to possible signs of future trouble.** Private citizens have foiled rampage killings by youths. Among them: a clerk in a photo shop who noticed photos of a teenager with an arsenal of guns and someone who found a notebook with plans for a high school shooting in a parking lot. If you notice a possible threat, promptly notify the police.
Depression & Anxiety

According to the National Institute of Mental Health, Major Depressive Disorder is the leading cause of disability in the U.S. for ages 15-44. The World Health Organization has estimated that by the year 2020, depression will be the second leading cause of disability throughout the world.

Over 90% of people who die by suicide have clinical depression or another diagnosable mental disorder. One of the outcomes of depression is suicidal thoughts. Suicide is the third leading cause of death for persons 15 to 24 years of age.

Several psychiatric disorders like depression and anxiety disorders were associated not only with severe emotional disturbances, but also with impaired social functioning, like social withdrawal, impaired social cognition, and excessive aggression.

Depression can be difficult to detect from the outside looking in, but for those who experience major depression, it is disruptive in a multitude of ways. The symptoms of clinical depression usually represent a significant change in how a person functions. The following are key areas where depression causes major changes in people.

- **Changes in sleep.** Some people experience difficulty falling/staying asleep, while other people experiencing depression will sleep excessively.
- **Changes in appetite.** Many people in the midst of depression experience a decrease in appetite, but some people eat more.
- **Poor concentration.** During a severe depression, many people cannot follow the thread of a simple newspaper article or the plot of a 30-minute TV show.
- **Loss of energy.** Mental speed and activity are usually reduced in people living with depression, as is the ability to perform normal daily routines.
- **Lack of interest.** Formerly enjoyable activities seem boring or unrewarding during depression and the ability to feel and offer love may be diminished or lost.
- **Low self-esteem.** People in a period of depression dwell on memories of losses or failures and feel excessive guilt and helplessness.
- **Hopelessness or guilt.** The symptoms of depression often come together to produce a strong feeling of hopelessness, or a belief that nothing will ever improve. These feelings can lead to thoughts of suicide.
- **Movement changes.** People who are depressed may literally look “slowed down” and physically depleted or, alternatively, activated and agitated.

Anxiety disorders are as common in the population as depression, and they have similar characteristics to depression. Anxiety disorders affect around 20 percent of the population at any given time.

**Treatment**

Just as we all have physical health, we all have mental health. On June 3, 2013, Vice President Biden spoke to this point directly, stressing that we must intervene earlier, as we do today for cancer and heart disease. “Our best hope of reducing mortality from serious mental disorders will come from realizing that just like other medical illnesses, we need to diagnose and preempt the illness before the symptoms become manifest.”
Fortunately there are many good treatments for mental illness, and most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

Unfortunately, some people do not seek treatment for their illness because they do not realize how severe their symptoms are or are too ashamed to seek help. One-half of all chronic mental illness begins by the age of 14 with one in five children ages 13 to 18 and with 13 percent of children ages 8 to 15 experiencing serious mental disorders, with less than half receiving treatment.

The good news is that today’s best treatments for mental illnesses are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of medication, therapy and social supports.

NAMI’s public policy platform recognizes that most acts of violence or dangerous acts by people affected by mental illness are the result of mental health systems’ treatment failures. Public policies and programs that provide access to early diagnosis, crisis intervention, appropriate treatment and support, including integrated treatment when there is co-occurring substance abuse, must be available and accessible. In addition, family support and education must be available and promoted.

**Service Support System**

John appears to be an average 14 year old. He plays video games, listens to “One Direction” and until last year, earned Bs and Cs on his report card. But last year John’s father committed suicide and his mother has become increasingly drug dependent. John’s grades have dropped and he told a friend that he wanted to die. That’s where support systems make a difference. The friend told a staff member at the BGC who worked with John to help him share his feelings and meet with a counselor. His mother entered a drug rehab program and John is getting after school tutoring to improve his grades.

Individuals are often afraid to approach the agitated, are not sure who should be the one to alert authorizes when symptoms of mental illness is observed, and are not sure of the procedure to report a suspicion. A service support system includes both personal and professional support people working together to help individuals and families deal with the challenges of mental illness. Social services are an important element that can help identify warning signs and direct individuals to appropriate treatment and provide support to those receiving care. Our community is fortunate to have a strong network of social support services available to assist individuals and families with afterschool mentoring and recreation, shelter, food, counseling and education assistance.

**Community Dialogue Planning**

In order to engage as many community residents as possible to gain their input on this issue, it was agreed at the July 16, 2013 planning meeting that all partners would encourage attendance at a Mental Health Community Dialogue at Lord Fairfax Community College during Mental Illness Awareness Week on October 10, 2013.

The meeting focus would be on the topic of mental health, the challenges that people see in their neighborhoods and communities, and ways they think improvements could be made, especially for young people.

The opening program for the Mental Health Community Dialogue included the following:

- Welcome and Overview by Mary Nordman, Chair, United Way Board of Directors;
Mental Health Perspective by Stephen Tickner, Vice President, NAMI Winchester; and
Warning Signs of Violent Behavior by John Lamanna, Executive Director, Timber Ridge School.

The program included an hour for community residents to publicly share experiences relating to the following questions:

- How have you (your family) been impacted by mental health problems?
- What challenges do families face in accessing mental health services?
- How can we improve mental health for young people?

It was planned that community residents would be separated into groups and asked to identify the top three action steps needed to strengthen the Mental Health Support System. The results would be combined and a summary of the results would be presented to the entire group by Ms. Nordman.

Community Dialogue Results

Community Leaders

Mary Nordman, Chair of United Way of Northern Shenandoah Valley, opened the Community Dialogue meeting held at Lord Fairfax Community College on October 10, 2013. She informed the group that the mass shooting last December at Sandy Hook Elementary School in Newtown, Connecticut, where a young man with mental issues killed 20 students, six teachers and his mother, before taking his own life, brought home the need for communities to make a serious effort to improve mental health services.

Local United Way President Joseph Shtulman addressed the group noting that our United Way has accepted President Barack Obama’s challenge to begin a nationwide conversation on how to improve support for mental health. He recognized the planning partners who were involved with organizing the Community Dialogue.

Stephen Tickner, Vice President of NAMI Winchester, demonstrated the need for the community to address ways in strengthening local mental health supports and services. He presented the following mental health facts and statistics:

- Mental Illness is a biological brain dysfunctions.
- Approximately ½ of children affected, are untreated.
- Mental illness can’t be overcome by willpower.
- 1 in 4 people experience mental health issues per year.
- 10% of children have a mental illness.
- Stigma erodes judgment.
- Too many people are afraid of the stigma of mental illness.

John Lamanna, Executive Director of Timber Ridge School, talked about his role at Timber Ridge School. He gave the group a handout, Predicting Teen Violence: Warning Signs to Look For (Appendix B). He stated that professionals are continually looking for reasons as to why some children are resilient and others are not when dealing with mental health issues. He expounded on the following points:

- Warning signs of violence and the reasons why.
  - Expression- The “need” cause – Youth do not know how to use expressions.
Manipulation – a way to get what one wants.
Retaliation – the need to retaliate against someone who hurt them.

- What can we do to help our young use expressions?
- Violence is learned.
- We need to try and move the person away from the stimulation factor if possible.
- Make sure to tell someone about your concerns.
- Don’t ignore gut feelings make it known.

**Community Residents**

Community residents were asked for volunteers to tell their stories and to offer advice on how to improve mental health supports and services. Fifteen people spoke at the public session, giving insights into the problems they faced in dealing with mental illness. The following stories were shared:

**A Father**

*His 42 year old son is currently incarcerated for attacking his mother. Because of his mental illness that started at age 18 he is unable to control his violent tendencies; therefore, he is looking at a stage three felony. He was in Winchester Hospital from February to March, and while there they put him on medication. Once out, Northwestern would not continue to prescribe medication as they were afraid he would overdose. The father stated that he took medicine to his son for years from hotel to hotel wherever he was. Now, the father is worried as to where his son will be able to go once he is out of jail. He says this as he begins to choke up and cry knowing that he cannot help his son any longer and that there is no place for him to go and no help.*

**A Mother, Daughter, and Sister**

*We are trying to cope with a broken system, stating, “We need to work together more to fill in the gaps. We are tired of worrying where our family, friends, and loved ones are going to end up.”*

**A Student at Lord Fairfax Community College**

*I have a partner dealing with PTSD. The problem/challenges with the system are that a lot of mental health problems come with addiction; it’s a symptom of the problem. The system looks at the addiction whether it be drugs or alcohol and not the mental illness. They need more than medication; they need counseling.*

**Jay, a Veteran with PTSD**

*Drug therapy is not the way to go, it should be family, friends, church, and community.*

**Audrey, Mother, Grandmother, Great Grandmother**

*Mental health issues start way before children come into our home. If a child is acting out there’s a reason so let’s look at the reason in the beginning. We need to look and say, “is it a good strange or bad strange.” We need services available, and we need to expand them. We need to train more people, as well as take the stigma away not only for the adults but also the children.*

**Maria, a Nurse Case Manager**
Substance abuse is based on both sexual and childhood abuse; therefore, we need to identify early with the children. We need to capitalize on grad students to help start and train.

Therese

Had mental illness since age of 3 but not diagnosed until age 18. She spent a year at Mayo Clinic. Northwestern in Page County has no funding to provide counseling any longer and they now only do medication. Page County is a very poor county and needs help for the people over 18 in the community. The only option Page county residents have at this point is to travel outside of the county and this is just not possible as people cannot afford rides or meds.

Male, who works at George Mason University

Focus needs to be given to training graduate students. This has already been implemented here and noted they had a good system.

Female addressed Complex Problems

There is a need to take a closer look at “Traumatic Brain Injuries” that are acquired after a birth injury as this overlaps with mental illness. Traumatic brain injuries are often misdiagnosed, and we need to remember these injuries leave people with an increased risk of mental illness. With a brain injury the frontal lobe of the brain that controls concentration, decision making, and memory are affected and causes long term problems. She gave information about an organization “Brain Injury of Virginia.” This organization has started a toll free hotline, has videos, and is working with juvenile detention centers.

Diana, an Adult Child of Parents Suffering with Mental Illness, Writing a Book

She is writing a book on dealing with the stigma of mental illness and how children can deal with parents that have mental illnesses. She describes a father who died at age 40 of a terminal brain illness, and the sympathy she receives when she tells the story. She goes on to say that when she tells people her mother has a disability they begin to give the same sympathy until she explains her mother has schizophrenia. She said people’s reactions immediately change to judgment or they act as if it were something they could catch. She wants to help other children to be able to deal with the stigma and come out resilient.

Female, Self-Medicated for Years

Wants to stress that people should stay on their medication even after they feel ok. Too many times people feel ok and then stop their medication.

Laurie—Mother of Child with Mental Illness

Has a 14 year old son with autism who is 6’ tall. She’s gotten a total of four years of in-home services. She talks about the tiring and challenging process trying to get services. “It’s a very frustrating process trying to get services then you get the services and two weeks later BOOM you hit a wall and have to start all over again.” Her son has now started a school that works on evidence based practices.

George, Veteran
Offers a plausible solution. He’s a 52 year old, had been in the military for 30 years and had served in six different combat wars. He suffered with PTSD for ten years before building up the courage to ask for help. During those ten years, he dealt with guilt, avoidance, and trying to fix it on his own. Mental illness impacts the entire family. Therapy helps to regain somewhat of a normal life and he is able to sleep again. His belief system helped as well as the VA system.

Amy, James Madison School Psychologist

We used to have a van that ran to Page County but the problem arose that you need to have supervision. Her husband suffers from PTSD as he served in the Afghan war so she can relate to others stories. Through her experience she says that unemployment plays a big part in mental illness. It’s hard to maintain mental illness without employment. If you can’t find your “self-worth” it only makes mental illness worse.

Bonnie

Has suffered with mental illness since 1996 and can attest to employment being a very big part of mental illness wellbeing. You need to be able to work to have a purpose to feel a sense of self-worth. You also need to have fun in your life.

Action Steps

The directive at Lord Fairfax Community College Thursday night called for three key action steps to try and improve services for the mentally ill in the Northern Shenandoah Valley. The large group of about 80 participants was broken into ten smaller groups. The groups used a nominal group process to develop the action recommendations, with groups ranking the top three (Appendix C). The top responses were summarized as follows:

- Increasing public awareness, lobbying legislators for support and getting help from celebrities and the media.
- Training school staff to spot mental health issues early.
- Creating assisted living situations for adults with severe mental health issues.
- Creating job opportunities and resources and offering help for employees through private businesses.
- Funding services to make them more affordable and increasing Medicaid support.

After review of mental health statistics, citizen experiences, and group recommendations, the following three key steps are recommended for action:

1. **Develop more effective communications to educate people about mental illness, reduce stigma which causes shame, secrecy, and embarrassment, and alert them to the warning signs of violent behavior.**
   - Partner with educational programs and college groups to enlist youth to raise awareness of mental illness challenges and communicate this message through social media. Develop a public service announcement targeting warning signs and the ways to deal with the challenges of mental illness. (See Appendix A for warning signs which predict teen violence.)
   - Share this report through a community forum which includes community leaders, service providers, the media, and Government representatives, to raise awareness and encourage action.
2. **Identify opportunities for community-school partnerships to encourage early intervention and help youth and their families’ access assistance.**

   a. Investigate and summarize current school initiatives and school protocols for detection of potential harmful behavior. Encourage collaborative efforts between employees, students, parent-teacher organizations, band boosters, and interested community representatives to resolve potential mental health problems.
   
   b. Explore grant funding for peer mentoring programs and promote local youth oriented resources that provide support and social development services for children.

3. **Identify and share resources needed to offer treatment and supports to individuals and families dealing with the challenges of mental illness.**

   a. Partner with 211 Virginia to identify and share with the community (utilizing the Statewide 211) the availability of services that assist in the areas of: listening support, counseling, substance abuse, employment and housing... for individuals dealing with severe mental illness. *Appendix B* outlines a list of local treatment and support services.
   
   b. Create a Mental Health Resources page in the next United Way Community Services Directory.
   
   c. Explore a text messaging campaign to help understand the issues of mental illness and the availability of mental health support services.
Appendix A – Predicting Teen Violence: Warning Signs to Look for In Your Child

Posted by Chris Norton on Wednesday, 06 February 2013 in Teen Violence

After years of humiliation and rejection, a small percentage of bullied students each year tragically end their lives by either imploding (committing suicide) or exploding (going on a violent rampage against their oppressors.)

The National School Safety Center (http://www.schoolsafety.us/) has an assessment tool shown below that can be used to determine a child’s risk of taking violent action. This tool is particularly useful because it’s been derived from analysis of school-related violent deaths in the United States from 1992 to present.

The Predicting Teen Violence Checklist

_______ Has a history of tantrums and uncontrollable angry outbursts.
_______ Characteristically resorts to name calling, cursing or abusive language.
_______ Habitually makes violent threats when angry.
_______ Has previously brought a weapon to school.
_______ Has a background of serious disciplinary problems at school and in the community.
_______ Has a background of drug, alcohol or other substance abuse or dependency.
_______ Is on the fringe of his/her peer group with few or no close friends.
_______ Is preoccupied with weapons, explosives or other incendiary devices.
_______ Has previously been truant, suspended or expelled from school.
_______ Displays cruelty to animals.
_______ Has little or no supervision and support from parents or a caring adult.
_______ Has witnessed or been a victim of abuse or neglect in the home.
_______ Has been bullied and/or bullies or intimidates peers or younger children.
_______ Tends to blame others for difficulties and problems s/he causes her/himself.
_______ Consistently prefers TV shows, movies or music expressing violent themes and acts.
_______ Prefers reading materials dealing with violent themes, rituals and abuse.
_______ Reflects anger, frustration and the dark side of life in school essays or writing projects.
_______ Is involved with a gang or an antisocial group on the fringe of peer acceptance.
_______ Is often depressed and/or has significant mood swings.
_______ Has threatened or attempted suicide.
Appendix B—Local Mental Health Resources

The following can connect you to local resources that can help:

- **211 Virginia**—A telephone information resource accessed by dialing “211” or by connecting to [www.211virginia.com](http://www.211virginia.com).
- **National Suicide Prevention Lifeline**—800-273-8255 – [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- **Help and support available 24/7/365. Call to speak with trained counselors near you.**
- **Speech or hearing impaired with TTY equipment, may call 1-800-799-4TTY (4889).**
- **Chat from 5 p.m.–1 a.m. EST (Monday through Friday) at [www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx](http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx).**
- **Anti-Bullying Hotline**—800-273-8255 – [www.stopbullying.gov](http://www.stopbullying.gov) According to the American Psychological Association, 70 percent of middle and high school students have experienced bullying at some point and 5-15 percent of youth are chronic victims of bullying.
- **National Alliance on Mental Illness (NAMI)**—Local: 540-533-1832 National: 800-950-6264 www.nami.org NAMI is the National Alliance on Mental Illness, the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.
- **Valley Behavioral Health Services of Winchester**—540-536-8152 – [www.valleyhealthlink.com](http://www.valleyhealthlink.com) Valley Health provides a treatment team of licensed professionals from multiple disciplines to ensure a total system of healing for each patient.
- **Northwestern Community Services**—540-542-0937 – [www.nwcsb.com](http://www.nwcsb.com) NWCS offers an array of outpatient, case management, day support, residential and emergency programs that are designed to enhance the quality of life for both children and adults affected by emotional/behavioral disorders, mental illness, substance use, and mental retardation and developmental disabilities (MR/DD).
- **Mental Health Referral Service**—800-969-6642 – [www.mentalhealthamericanet](http://www.mentalhealthamericanet)

This web site provides resources to find mental health treatment services, including affordable treatment for those without insurance, within their community.

- **Mental Health Family Support Group**—[http://www.mentalhealthamericanet/go/find_support_group](http://www.mentalhealthamericanet/go/find_support_group)

Many people find peer support a helpful tool that can aid in their recovery. For a list of support groups, please visit the web site.

- **Veteran’s Crisis Line**—1-800-273-8255

The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified caring responders through the Department of Veterans Affairs via a confidential toll-free hotline, online chat, or text.
Appendix C - Nominal Group Responses

**Group #1**

a. (1) Therapy Services, pre offered/ Available  
b. More focus on Job Security for Vets  
c. (1) Services more affordable and more easily accessed  
d. (1) Establish a resource center/ referral system (Net Working System)  
e. (1) Model our programs after what is already working (Look to VAMC)  
f. (2) Informal Screenings (Psychiatric Vital Signs)- Annual Screenings - (3) Informal Screenings rather than waiting for something to happen to acknowledge early warning signs to try to get them help.  
g. (3) More public awareness of characteristics of Mental Illness to lessen the stigma. Add more availability created to communicate mental illness awareness to the end of limiting the stigma from fear to acceptance.  
h. (1) Promote shared decision making (Pt. and Shared)  
i. (1) Increase transportation services to mental health centers (vouchers)  
j. Structured place for out Pt. Meds dispensary  
k. Positive reinforcement for staying on Meds.  
l. (2) Support Group for caretakers  
m. (2) Psych NPs in Schools

**Group #2**

Educate court system RE: Mental Health

b. (1) Keep mentally ill out of Prisons  
c. Provide good group homes with treatments  
d. (1) Mental Health Professions as a career choice  
e. Available counselling and therapy  
f. Public Mental Health campaign  
g. Earlier M.I. Diagnosis  
h. More CIT trained police  
i. Teacher awareness of M.I. illness  
j. Revisit 30 day motel ordinance  
k. Increased availability of early intervention for children  
l. (1) More affordable MH services  
m. More audible services for Dual Diagnosis  
n. More funding for services

**Group #3**

(2) Suggestions to raise money  
  - Bingo Nights  
  - Write to Bus Co. to provide transportation
b. (2) Share better resource info – esp. for parents and teachers
   - (2) Access to Meds and Meds Dropbox
   - (1) Access to Counselors in Rural Areas
   - (1) Access to alternative therapies
   - (3) Local focus
   - (5) Collaborate on funding opportunities
   - (2) helping your family find help
   - Funding for transportation
   - Training for teachers
   - Support groups for parents
   - Be aware of yourself- feel significant
   - Communicate with Higher Ed providers to train students to help
   - Resource center with Hotline, Call- in for Assistance, and Information
   - (2) Local Help for Veterans through organizations for Vets
   - (1) Community Ed on different mental illnesses ea. @Wellness Center
   - (1) Don’t worry- Be happy- Play!
   - Website educating the local community
   - (4) Connecting/ Communicating local elected officials

Group #4

Collaboration
a. Funding
   - Private/Public
   - Alternative funding sources/ Grants
   - Lobbying
b. Access
   - Break down barriers
   - Services/ help without stigma
c. Advocacy
   - Education
   - Empowerment
   - Awareness of illness/ treatment/ resources
   - Support

Group #5

a. (1) Improving and Utilizing (human i.e. graduate students) resources and access to resources both pre-crisis and in crisis
b. (1) Community education in regards to de-stigmatizing MI which would create opportunity, understanding, and empathy and possibly more funding and allow more folks to get treatment and to live happy, safe, independent, healthier lives
c. (1) Incorporate NAMI FaithNet
d. (3) Quality job/ employment services

Group #6

a. (5) Training and education for staff at schools and community (CIT for police/sheriffs) to de-stigmatize
b. (1) Localities providing funding for support
c. (4) Encouraging community groups to become resources/provide services and have businesses willing to provide employment for the mentally ill
d. Identify adolescents in need of mental health services and provide money

e. (4) Better communication to help people know where to go for what (between families and resource providers)

f. (2) Funding for home group for mentally ill

g. (1) Consistent support for clients and families

h. Community awareness for CIT

i. Community message to promote wellness

j. (1) More funding

k. Medical staff training

l. Hospital/ED offer private area for waiting rooms to SAVE FACE

Group #7

a. (1) Easy access to mental health services/transportation funding

b. (2) Free or low cost medication

c. (3) Community involvement/awareness and support

d. Education for mental needs and services

e. (2) Compel adults to get care

f. (2) Need more providers

g. (2) School support systems

h. Job support systems

i. (1) Working sliding pay scale

j. Child and adolescence providers/adults and geriatrics/hospital and doctors

k. (2) More jobs

l. Family counseling

m. (3) Spiritual guidance and support

n. Start jail support system/ counseling and follow up

o. Early detection in Elementary School

p. Transportation

q. (1) Website resource

r. Facility for mentally ill to live

s. (1) More licensed supervisors

t. Preventive care

u. (3) Positive media blitz/advertisements

Group #8

a. Find mentors who could help break stigma

b. (4) Everyone with a mental illness can qualify for expanded insurance coverage/Medicaid

c. Giving health screenings before giving out weapons

d. (2) Tax incentives and credits provided for employment opportunities (employers)

e. Community input

f. (3) 24 hour on call psychiatric facilities

g. Make kids feel welcomed to opening up

h. Create more programs for people with mental illness to focus on

i. Doing early mental health tests early in school

j. (5) Legislative advocacy/public figures speak out

k. Outreach
l. More information about programs/more access
m. (1) Provide resources for peer support

**Group #9**

a. (4) Plan for more community education for services (PR effort) while regarding the need and including a social marketing campaign
b. (2) Money for medication/therapy services for people who cannot afford it
c. (2) Group house/accessible safe housing
d. (1) Data base of service
e. Long term follow up of post-partum women
f. Yoga at Elementary School level (Clarke County Schools)
g. More regional collaboration
h. Meetings similar to AA in multiple locations
i. Engage youth in communication efforts (through technology)
j. Developmental assessment of every child (grades 1-5) and centralized help for at risk children
k. Centralized scheduling system (counseling) for MTT issues
l. Access to job training
m. (4) Better regional transportation support
n. Increased awareness of LV and about Education (GED)
o. (7) School system as mental health resource (clinic in schools)
p. (1) Give more access to counseling using graduate students
q. Affordable community recreation

**Group #10**

a. (2) Assistance with medications
b. (1) More/better access to MTT help for kids (shouldn’t have to go to UVA)
c. (2) More education on co-occurring disorders in a peer to peer format
d. (3) Substance abuse services for adolescents
e. (6) Provide assistance living homes for adults with serious mental health issues
f. (3) Do not release from hospital if exhibiting extreme symptoms
g. Peer to peer groups and one-on-ones (Be mindful of people that deal with anxiety; some people need steps to get to “step one”)
h. Recreation connection to pursue and obtain happiness
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