NOTICE OF PUBLIC MEETING

HUMAN RELATIONS COMMISSION
City Hall Willamette Room
Tuesday, August 26, 2008
7:00 p.m.

AGENDA

1. CALL TO ORDER

2. ROLL CALL

3. APPROVAL OF MINUTES
   - May 27, 2008. [Pages 1-3]
   Action:_____
   - June 24, 2008. [Pages 4-36]
   Action:_____
   - July 22, 2008. [Pages 37-39]
   Action:_____

4. SCHEDULED BUSINESS

   a. Business from the Public

   b. Discussion of racial profiling. [Pages 40-42] (C. Jeffery Evans/Ed Boyd)
   Action:_____

   c. Mental Illness Awareness Week activities. [Pages 43-57] (Jodi/Blanca/Marilyn)
   Action:_____

5. BUSINESS FROM THE COMMISSION

6. NEXT MEETING DATE: *Tuesday, September 23, 2008*

7. ADJOURNMENT

City of Albany Web site: www.cityofalbany.net

The location of the meeting/hearing is accessible to the disabled. If you need special accommodations to attend or participate, please notify the Human Resources Department in advance by calling (541) 917-7500.

APPROVED:

HUMAN RELATIONS COMMISSION
City Hall Willamette Room
Tuesday, May 27, 2008
7:00 p.m.

MINUTES

Commissioners present:	C. Jeffery Evans, Blanca Ruckert, Marian Anderson, Jodi Nelson
Commissioners absent:	Anna Anderson, Rick Hammel, Jr., Delia Guillen
Staff present:	Diane Taniguchi-Dennis, Public Works Director; Don Donovan, Planning Manager; Melanie Adams, Assistant Building Official; Jeff Christman, City Councilor
Others present:	Shawn Wells, Melinda Rowell

CALL TO ORDER

Chair Evans called the meeting to order at 7:02 p.m.

APPROVAL OF MINUTES

February 26, 2008

MOTION: Nelson moved to approve the February 26, 2008, minutes; seconded by M. Anderson. Approved 4-0.

April 22, 2008

MOTION: M. Anderson approved the April 22, 2008, with one amendment; seconded by Nelson. Approved 4-0.

SCHEDULED BUSINESS

Evans tabled item e, accessibility concerns, for the June meeting and tabled item d, discussion of racial profiling, for the July 2008 meeting. Evans asked if everyone was okay with the first item of discussion being item c, continued discussion of how the public perceives mental illness. Everyone agreed that would be okay.

Business from the Public

None.

Continued Discussion of How the Public Perceives the Mentally Ill

Shawn Wells introduced herself and mentioned that she and Delia both work at Lafayette Elementary. She works part-time teaching art classes. Shawn talked about her mental illness and what can be done as a community to address the issue.

People don't understand mental illness, and she has done a lot of research on her own to better understand it. Many people with mental illnesses don't have insurance coverage. It is important to educate the public about mental illness and also those suffering from it. National Alliance on Mental Illness (NAMI) is a good resource to turn to for education and support. Shawn said she has noticed there are not many resources available to teachers to help them recognize what is and isn't mental illness in children. There is a lot to be done, but there are a lot of good things going on as well. Evans asked how long it took her to get the right diagnosis. Shawn said that it took five years to be diagnosed with bipolar disorder, which happened after she had a major manic episode. Evans asked how her employers have treated her. Shawn said that her first employer was worried about the children getting hurt; so she left that job, and she has been with Lafayette School for the past 14 years. Nelson thanked Shawn for coming to the meeting. Shawn suggested the group attend a NAMI meeting; there is a Corvallis chapter. There was an Albany chapter, but it dissolved due to lack of interest.

Department Director Feedback about Diversity Issues

Diane Taniguchi-Dennis introduced herself. She began employment with the City of Albany in 1999 as the City Engineer. In 2003 she became the Public Works Director. Diane discussed the different aspects of Public Works. There are 105 employees in the Public Works Department. Of the 105 employees, 16 are women. It is a goal to better match the demographics of Public Works with that of the City population. Five employees are bilingual; three speak Spanish, one speaks Thai, one speaks Danish. Public Works conducts programs with the schools to provide outreach and education to children including the Adopt-a-Stream program. Public Works has service learning projects with Memorial Middle School which includes planting trees, stenciling near drains, etc. Public Works makes sure that signs throughout the city meet the current ADA requirements. There is a program to help low-income households pay for water costs. Transit, Paratransit, and Call-A-Ride provide transportation to a spectrum of individuals and is supported by state and federal grants. Nelson asked how often people are being recruited for job openings. Diane said that right now there are not many openings, but over the next five years there will be a number of retirements. Evans asked how do you recruit minorities and women into these positions. Diane said that they depend on Human Resources to use a diverse advertising plan when there is an open position. Evans asked if there are funds for interns. Diane said that yes, some interns are hired in the summer. Nelson asked where the funding comes from for the interns. Diane said that water and sewer funds are used as well as the gas tax funds.

Don Donovan is the Community Development Planning Manager. He has been with the City since 1992. Community Development provides people with information that they need, discuss the future of the community, and provide current and long-range planning. Public involvement is key to the success of Community Development. There are nine employees in Planning, four men and five women. Diversity training is available and the supervisors are required to attend. Nelson asked if there is any type of outreach to minorities. Don said that there is a list of employees who have bilingual skills that can be contacted if needed to help someone who speaks a different language. Nelson said that it is important to have documents available in other languages to assist minorities. Evans asked if Spanish speakers attend public meetings. Don said not really and that, in general, there is not a lot of participation. Evans said that Community Development could offer public meetings to alert people of the rules and standards of the codes.

Melanie Adams is the Community Development Assistant Building Official. She has been with the City since 2004. The Building Division's main job is to protect the built environment. There are 14 employees, and nine are women. The compliance division is all women. There are few building officials that are women, and it is usually a male dominated profession; and Melanie is proud of the balance. She spends a lot of time discussing accessibility issues. If there is an accessibility problem, the business is sent a letter and a list of things they need to fix. Most people have been fixing the problems. They also handle ADA issues that have to do with City Hall. The Building Division cannot enforce ADA guidelines but does act as an advisory board. They check for accessibility in new construction. New construction has to comply with the state of Oregon Building Codes. Existing buildings don't fall under

the same requirements. There are basic customer service materials available in Spanish. They frequently use the translation Web sites. Evans asked if information is given to building owners about the tax incentives available if they make ADA compliance upgrades. Melanie said yes.

BUSINESS FROM THE COMMISSION

Nelson suggested discussing some ideas to help with mental illness issues at the next meeting.

Nelson said she would like to take one meeting to catch up with all of the information they have been given. Evans agreed and suggested July or August. Evans said that it is important for the Commission to have a quorum. If you will be absent from a meeting, please call Evans to let him know. The mental illness discussion will be continued at the June 24 meeting.

NEXT MEETING DATE

Tuesday, June 24, 2008, 7:00 p.m., in the Willamette Room.

ADJOURNMENT

The meeting adjourned at 8:35 p.m.

Respectfully submitted,

Diana Eilers
Administrative Assistant I

Reviewed by,

Wes Hare
City Manager

APPROVED:

HUMAN RELATIONS COMMISSION
City Hall Willamette Room
Tuesday, June 24, 2008
7:00 p.m.

MINUTES

Commissioners present:	C. Jeffery Evans, Delia Guillen, Marian Anderson, Jodi Nelson
Commissioners absent:	Blanca Ruckert, excused; Jodi Nelson, excused; Anna Anderson, excused; Rick Hammel, Jr., unexcused
Staff present:	Marilyn Smith, Management Assistant/Public Information Officer
Others present:	Shawn Wells

CALL TO ORDER

Chair Evans called the meeting to order at 7:05 p.m.

APPROVAL OF MINUTES

May 27, 2008

A motion could not be made due to the lack of a quorum.

SCHEDULED BUSINESS

Chair Evans read a thank-you card from Melanie Adams (a copy of the card is attached to the minutes). Evans moved item c to the beginning of the agenda.

Business from the Public

None.

Continued Discussion of How the Public Perceives the Mentally Ill

Shawn discussed information that she found on the Internet regarding mental illness. The information includes the stigma of mental illness, training and resources for law enforcement professionals, educational resources for teachers, child and adolescent mental health, and how to create a program to reduce the stigma of mental illness. These documents are attached to the minutes. Marian said that police officers are sometimes called to long-term care facilities to handle a patient that the staff can't manage. Many of these patients suffer from Alzheimer's or mental illness. The police officers and the staff at the facility don't have the proper training to deal with these situations. Shawn thinks it would be helpful for police officers to receive more training to better understand mental illness. Jeffery said that Police Chief Ed Boyd will be attending the August meeting and he would like to meet with him to discuss the types of training officers receive in regards to mental illness. Jeffery asked Shawn if she had any specific ideas for events the HRC can sponsor. Shawn said that she would like to have some sort of

training for educators. Also, she thought forming a community group to discuss mental illness issues would be helpful. Marilyn suggested contacting Frank Moore at Linn County Mental Health; he would be willing to help. Shawn said that there is a Linn-Benton NAMI group. Marilyn said that when the Mayor attended the HRC meeting, he was interested in having a community education event to help people better understand mental illness. Delia asked Shawn if there are any statistics regarding children with mental illnesses. Shawn didn't know of any statistics, but she had a child in her classroom with bi-polar disorder. Many people think that children don't have mental illnesses, but that is not true. Jeffery said that it is difficult to diagnose children because some of the symptoms of mental illness may be common traits of youth and teenagers. Shawn said that it is important not to diagnose a child in school, but it is necessary to educate the teachers so they can address problems with the parents. Jeff said that it may be hard for the HRC to address the school issues because of the bureaucracy. Shawn said that the stigma needs to be broken so teachers can better help children. Marilyn suggested talking to Maria Delapoer as she is the new superintendent. Jeffery asked Marilyn to invite Maria to September's meeting. Shawn said that mental illness falls under the ADA. Jeff said that at the next meeting we will be planning out what the HRC wants to accomplish for the year. One item to plan for will be educating City staff on how to handle citizens with mental illness. Shawn said that she is willing to attend meetings if the group needs her.

Acknowledgement of Members' Nonattendance at Previous Meetings

Jeffery said that he would have attended April's meeting if he would have known there wouldn't be a quorum. Jeffery first raised the attendance requirements at May's meeting because it is becoming an ongoing issue. There is a resolution from 1982 that states a member of a commission forfeits his or her office if they have two consecutive unexcused absences. Jeffery said that there hasn't been consistency regarding attendance or advanced notice of being unable to attend a meeting. If there is not going to be a quorum and there are decisions to be made at the meeting, then there needs to be time to decide if the meeting should be canceled. Jeffery said that we are in a tough position because the HRC is in its first year and that it is important to show that we are committed to the Commission. Marian suggested having more commissioners on the HRC. Marilyn said that the standard is to have the same number of people on the Commission as on the City Council. Jeffery said that changing the times we meet in the summer might help. Jeffery asked Marian and Delia their thoughts on what to do regarding attendance. Marian said that she thinks Jeffery should contact the commissioners to see what their thoughts are. Delia said that summer months can be difficult because of vacations. Jeffery said that in the last nine meetings there have been three people with one absence, one person with two absences, one person with three absences, one person with four absences, and one person with five absences. Jeffery said that he will send out an e-mail to the Commissioners with three or more absences and that if they can't attend 80 percent of the time, they may want to reconsider their position. This is a citizen board where people come to meet with us, and it isn't favorable when there are few members of the HRC present to hear them. Marian said that we can't run these meetings without a quorum and that some current members may be so out of the loop of what is going on because they haven't been attending. Delia said that the bottom line is the work is not going to get done if people don't attend. It is reasonable to miss a meeting, but to consecutively miss meetings is a problem. Jeffery will contact the members that have missed three or more meetings.

Agenda Items for July Meeting

Jeffery said that July's meeting will be a work session to discuss previous information we have received and what the goals are for the year. Jeffery will send out an e-mail to the Commissioners for items for July's meeting. The deadline for items will be July 10. Jeffery said that he may add accessibility issues as an item to July's agenda. Delia asked if we need to report anything to the Council. Marilyn said that yes, all commissions and boards give a yearly report and there is not a specific date set to do this. Jeffery said that it would probably be good to do this in January. Marilyn said that most commissions and boards

provide a written report and that they attend the City Council Work Session to provide comments and answer questions.

BUSINESS FROM THE COMMISSION

Jeffery would like everyone to bring their copies of minutes containing Directors' reports with them to the next meeting. Jeffery said that he will check with the other Commissioners to see what minutes they have and will let Laura know what previous minutes need to be included in the agenda packet. The roster needs to be included in the agenda packet as well.

NEXT MEETING DATE

Tuesday, July 22, 2008, 7:00 p.m., in the Willamette Room.

ADJOURNMENT

The meeting adjourned at 8:30 p.m.

Respectfully submitted,

Diana Eilers
Administrative Assistant I

Reviewed by,

Wes Hare
City Manager

28 May 08

CITY OF ALBANY
BUILDING DIVISION

Thank you for the opportunity to speak with you at your May 27 Meeting. Please don't hesitate to give me or Don a call if we may be of assistance to you. Thanks for all the good work you do for our community.

Regards, Melanie Adams

Stigma: Understanding the impact of prejudice and discrimination on people with mental health and substance use problems

You probably know someone with a mental health or substance use problem

- 1 person in 5 in Canada (over 6 million people) will have a mental health problem during their lifetime.
- 1 in 7 Canadians aged 15 and older (about 3.5 million people) have alcohol-related problems; 1 in 20 (about 1.5 million) have cannabis-related concerns; and some have problems with cocaine, speed, ecstasy (and other hallucinogens), heroin and other illegal drugs.
- Mental health and substance use problems affect people of all ages, education and income levels, religions, cultures and types of jobs.

So it's likely that you or a family member or friend will have a substance use or mental health problem at some time.

Why people develop mental health and substance use problems

There are many reasons why people develop mental health and substance use problems:

- Some are genetic or biological—people are born with them.
- Some come from people's experiences—such as stressful situations in their childhood; at school or work; or in places where they lived with injustice, violence or war.
- And sometimes we simply don't know why a problem has developed.

Regardless of why and how they develop, mental health and substance use problems are health problems—just like cancer, arthritis, diabetes and heart attacks.

So why are people with substance use and mental health problems looked upon differently?

Let's talk about stigma

Stigma refers to negative attitudes (prejudice) and negative behaviour (discrimination) toward people with substance use and mental health problems.

Stigma includes:

- having fixed ideas and judgments—such as thinking that people with substance use and mental health problems are not normal or not like us; that they caused their own problems; or that they can simply get over their problems if they want to
- fearing and avoiding what we don't understand—such as excluding people with substance use and mental health problems from regular parts of life (for example, from having a job or a safe place to live).

We all have attitudes and judgments that affect how we think about and behave toward others. When

we talk about attitudes and behaviour toward others based on their gender, sexual orientation, culture, race or religion, we use the words **prejudice** and **discrimination**.

So let's call **stigma** what it really is.

The effects of prejudice and discrimination	
Prejudice and discrimination **exclude people** with mental health and substance use problems from activities that are open to other people.	**This limits people's ability to:** • get and keep a job • get and keep a safe place to live • get health care (including treatment for substance use and mental health problems) and other support • be accepted by their family, friends and community • find and make friends or have other long-term relationships • take part in social activities.
Prejudice and discrimination often **become internalized** by people with mental health and substance use problems.	**This leads them to:** • believe the negative things that other people and the media say about them (self-stigma) • have lower self-esteem because they feel guilt and shame.
Prejudice and discrimination contribute to people with mental health and substance use problems **keeping their problems a secret.**	**As a result:** • they avoid getting the help they need • their mental health or substance use problems are less likely to decrease or go away.

Making a difference

Here are 7 huge things you can do to reduce prejudice and discrimination against people with mental health and substance use problems:

1. Know the facts

Educate yourself about substance use and mental health problems—what can bring them on; who is more likely to develop problems; and how to prevent or reduce the severity of problems.

Learn the facts instead of the myths.

2. Be aware of your attitudes and behaviour

We've all grown up with prejudices and judgmental thinking, which are passed on by society and reinforced by family, friends and the media.

But we can change the way we think—and see people as unique human beings, not as labels or stereotypes.

3. Choose your words carefully

The way we speak can affect the way other people think and speak.

Use accurate and sensitive words when talking about people with mental health and substance use problems. For example, speak about "a person with schizophrenia" rather than "a schizophrenic."

4. Educate others

Find opportunities to pass on facts and positive attitudes about people with substance use and mental health problems.

If people or the media present information that is not true, challenge their myths and stereotypes. Let them know how their negative words and incorrect descriptions affect people with substance use and mental health problems, and keep alive the false ideas.

5. Focus on the positive

People with mental health and substance use problems make valuable contributions to society. Their health problems are just one part of who they are.

We've all heard the negative stories. Let's recognize and applaud the positive ones. For example, did you know that Ron Ellis was living with depression when he and the Toronto Maple Leafs won the Stanley Cup?

6. Support people

Treat people who have substance use and mental health problems with dignity and respect. Think about how you'd like others to act toward you if you were in the same situation.

If you have family members, friends or co-workers with substance use or mental health problems, support their choices and encourage their efforts to get well.

7. Include everyone

In Canada, it is against the law for employers and people who provide services to discriminate against people with mental health and substance use problems. Denying people access to things such as jobs, housing and health care, which the rest of us take for granted, violates human rights.

People with mental health and substance use problems have a right to take an equal part in society. Let's make sure that happens

Resources for Law Enforcement on dealing with those who have a mental illness:

1. Crisis Intervention Team(CIT)

Crisis Intervention Team

Mission Statement
"The mission of the Crisis Intervention Team is to use understanding and skills gained through specific training to identify and provide the most effective and compassionate response possible to police situations involving people in a mental health crisis."

In 1994 the Portland Police Bureau joined in a partnership with the Multnomah County Behavioral Health Division, Oregon Advocacy Center, Oregon Health Sciences University and the National Alliance of the Mentally Ill - Multnomah(then AMI - Multnomah) in researching, creating, and implementing a specialized law enforcement program. The purpose of this program was to develop a more effective, compassionate, and safer approach to interacting with people who suffer in a mental illness or developmental disability crisis. This community partnership was the genesis of the Portland Police Bureau's Crisis Intervention Team.
The partnership group investigated numerous law enforcement involved programs that responded to people in mental health crisis. They chose to travel to Memphis, Tennessee to learn more about how their Crisis Intervention Team program worked. They attended the 40-hour Memphis Crisis Intervention Teamtraining and spent time with the training coordinator and instructors. The partnership group recommended the Memphis model, which then Chief Charles Moose implemented.

The Portland Police Bureau's Crisis Intervention Team (CIT) training is a specialized, multidisciplinary, 40 hour course of study. It is instructed and supervised by mental health service providers, family advocates (NAMI), and consumer/survivors of mental illness. The training provides skills, tools, and tactics for law enforcement personnel to safely deescalate persons in mental illness or developmental disability crisis. Officers receive information about different mental illnesses, developmental disabilities, crisis intervention techniques, community resources, and all major areas useful in interacting with persons in crisis. This training produces confident CIT officers who professionally respond in an empathetic and calming manner.

The CIT is made up of officers/sergeants who volunteer to take the 40 hour training. These CIT members then serve in a uniform patrol capacity and are available to respond to mental health/developmental disability crisis incident calls. They also serve their peers as problem solving resources and technical advisors in working within the mental health system. CIT members perform their regular duty assignments as patrol officers/sergeants when not involved in such incidents.

In July, 1995, the first 60 CIT certified personnel were trained and began working in that capacity in the Portland metropolitan area. As of November, 2003, over 284 sworn law enforcement officers and related professionals have been certified. Currently 126 officers/sergeants serve as active CIT members of the Portland Police Bureau. The Portland Police Bureau, through their partnerships, strive to conduct a minimum of two training sessions annually. 2000 annual statistics revealed that 40%

of crisis related calls are responded to by a CIT member. Our goal is to provide a CIT officer/sergeant for 100% of these calls. Philosophically we believe that by continuing to make the program a volunteer endeavor we attracted members who already possess the desire to resolve these types of emotionally and physically exhausting incidents.

A Crisis Intervention Team is not a panacea for all police involvement with mentally disturbed persons. Our CIT program is a beginning for necessary adjustments that must be made from a traditional police response. The CIT program has received national attention from cities across North America. The CIT model has been instrumental in offering:

- Specially trained officers to respond immediately to crisis calls.
- Ongoing training of CIT officers at minimal expense for materials only to the City of Portland (training instruction is provided free of cost by mental health system professionals and consumers.)
- Establishment of partnerships with police, mental health system professionals, family members, and consumers.

The Crisis Intervention Team program is just one of the partnership efforts that enjoin both the police and the community together for the common goals of safety, understanding, and service to the mental health disabled and developmental disabled people in the City of Portland.

Website:www.portlandonline.com/police/index.cfm?c=30680

Oregon Partners in Crisis

1. Salem Contact: Jeffery Davis(retired police officer)—(503)559-7053

OREGON PARTNERS IN CRISIS (OrPIC)

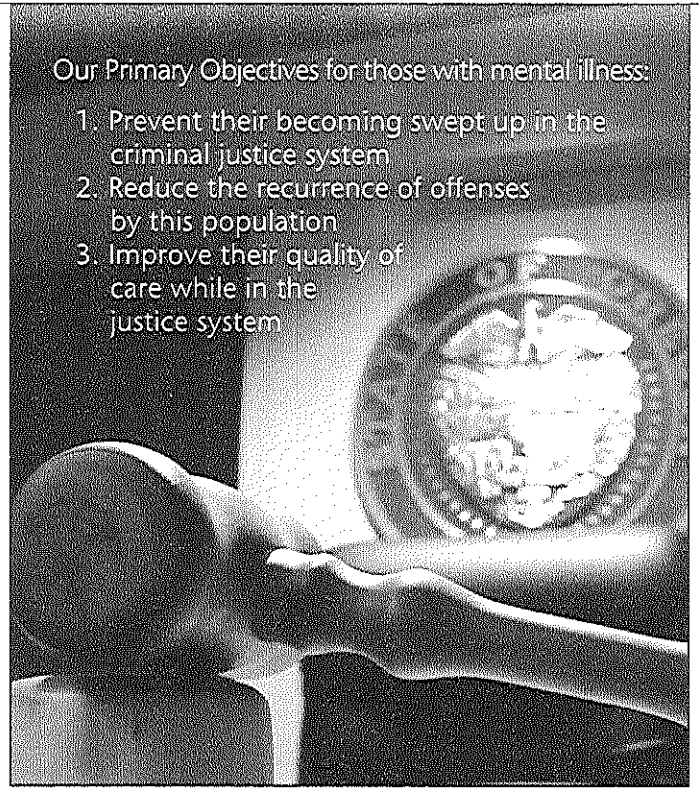
OrPIC encourages system changes designed to promote recovery for individuals with mental illness. We promote them having control over their life: the ability to live, work, learn, and participate fully in their community.

SYSTEM CHANGES WE'D RECOMMEND

Effective options are in evidence nationwide. OrPIC suggests that "pilot projects" are not the way to go. Instead, we believe Oregon will be best served by a planned statewide "roll-out" of key initiatives and system improvements in the following areas:

1. BETTER, MORE THOROUGH COLLABORATION BETWEEN PARTNERS

To adequately address the criminalization of the mentally ill, our criminal justice and mental health systems and other key stake holders must begin to form lasting, effective partnerships. This could include legislation or executive order to require stakeholder agencies and groups to plan and execute new strategies.



2. DIVERSION FROM THE SYSTEM BEFORE BOOKING

Ways to avoid having this population's being incarcerated:

- Provide crisis intervention training for select enforcement staff
- Provide judges, prosecutors and defense attorneys the options and means to address the issues faced by this client population
- Use crisis resolution centers for uninsured or underinsured individuals to receive short-term stabilization in the community
- Develop community teams to facilitate support services in the community for this population: housing, transportation, life skill training, supported employment, medication management, etc.

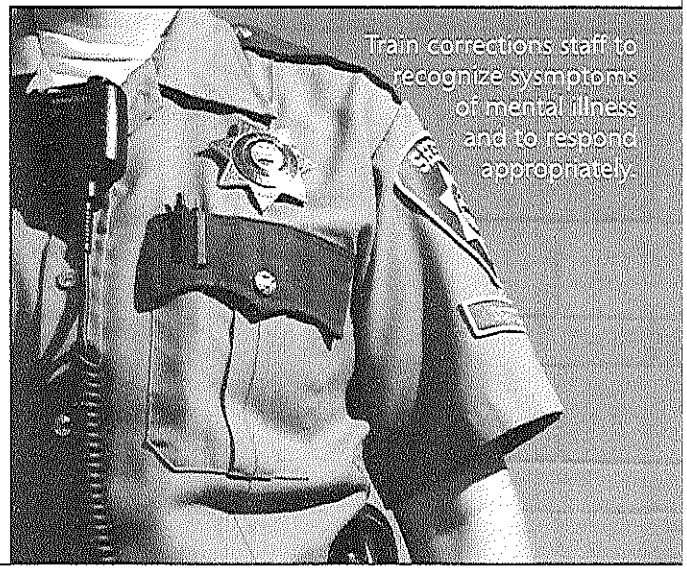
3. PRE-TRIAL DIVERSION, ADJUDICATION AND SENTENCING OPTIONS

Involvement of those with mental illness in the criminal justice system could be reduced by:

- Creating court liaisons to facilitate client treatment
- Maximize other mechanisms such as treatment courts and mental health courts
- New policies and procedures to prevent rejection of those who enter on Medicaid
- Facilitate collaboration at all levels to effect the seamless transition of this population back into the community
- Intensive community treatment and supports are an integral part of this approach

4. ASSURING THE CARE OF INMATES IN CUSTODY

OrPIC supports increasing the quality of care and safety for mentally ill individuals while in custody, while increasing the staff skills to successfully work with them. What's needed at a minimum: a combination of increased case management, counseling intervention and corrections staff training.



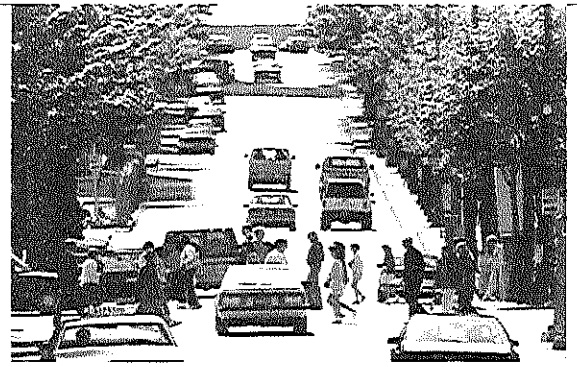
THE REVOLVING DOOR

People with mental Illness or "co-occurring disorders" exact a high toll on the justice system. Revenues spent on their care while incarcerated pulls scarce resources away from the justice system's primary function—prosecution of criminals. Besides:

- Individuals with mental illness stay in jail longer
- They are more expensive to maintain
- Without proper treatment, they pose a high risk of re-offending
- And they are at high risk for suicide while incarcerated

Oregon Partners in Crisis (OrPIC) was formed in 2004 by county commissioners, sheriffs, district attorneys, judges, mental health professions, defense attorneys, and family members.

Our goal is to ensure access to quality treatment, prevention and support services for children and adults who are affected by mental illness or co-occurring disorders and who impact the criminal justice system.



5. ASSISTING SUCCESSFUL REENTRY

Adequate transition planning and development of intensive community treatment programs are essential to help individuals successfully reenter the community and reduce recidivism:

- Ensure that inmates are provided at least a week's supply of psychotropic medications and refillable prescriptions
- Work with the state Medicaid agency to ensure that inmates eligible for public benefits receive them upon release.
- Develop an array of housing options suitable for ex-offenders.

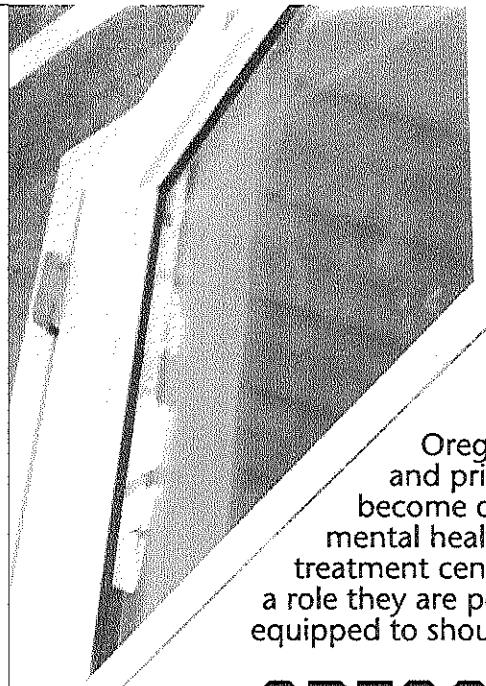
6. MEASURING OUTCOMES

Thoughtful evaluation of programs—by all stakeholders—is critical to understanding and interpreting gathered data. OrPIC recommends:

- Develop better data-sharing system on individuals with mental illness who impact the criminal justice system
- Help policy makers and the public to assess the value and efficacy of these initiatives

FOR MORE INFORMATION:
(name)
(telephone)
(email)

OREGON PARTNERS IN CRISIS



Oregon's jails and prisons have become default mental health treatment centers—a role they are poorly equipped to shoulder.

OREGON PARTNERS IN CRISIS

"Mental health professionals, together with partners in law enforcement, the court system and corrections must work collectively to provide effective treatment to this population, and develop strategies to ensure that these clients receive services to minimize their involvement with the criminal justice system in the first place." —Barry Kast, Assistant Director, Dept. of Human Services Criminal Justice/Mental Health Consensus Project.

OP-ED,
January 7, 2007

Mental Health Consumers and the Law

The inmate screams unintelligible words and obscenities as a half-dozen helmeted officers with shields charge into the cell and wrestle him to the ground. The next scene shows the inmate strapped to a chair, spit shield covering his face, still screaming in rage.

The training video presented at the Oregon Partners in Crisis (OrPIC) meeting is symptomatic of the problem for people with mental illness in the criminal justice system. Roughly 20 percent of those incarcerated have mental illness and a significant percentage need treatment more than punishment.

These individuals exact a high toll in increased safety risks for themselves and justice personnel, increase costs for medical and psychiatric care, serve increased time in custody, and increase costs for a rapidly growing forensics population.

Three years ago, concerned criminal justice professionals, defense and district attorneys, consumers, government officials, and mental health and addictions providers from all over Oregon began working to find solutions that utilize existing resources and incur as little expense as possible.

Recent events in several counties where police used lethal force in responding to people with mental illness has highlighted the need for prompt action.

We applaud the work done by Portland Mayor Potter's Task Force. We need a seamless state-wide system, where more humane, effective interventions start at the first encounter, and progress throughout. These include:

On the Street

Crisis Intervention Team—We applaud the Portland Police Bureau, Multnomah, Clackamas and Marion County Sheriffs, as well as other law enforcement agencies who have followed this recommendation.

Crisis Resolution Centers --The officers need to be able to have options other than jail. CRCs should provide short-term stabilization for all individuals, whether insured or uninsured, such as Josephine County's Crisis Resolution Center.

Assertive Community Treatment—Programs such as Cascadia's CORE team do outreach to clients who have not been able to succeed in clinic-based program. These outreach workers need the resources to help people access benefits, transportation, housing, medications, and when possible, supported employment.

In the Courts

Diversion programs--Mental health and drug courts allow greater options. Marion, Washington and other counties have already successfully implemented such programs.

System spanners—Caseworkers facilitate client treatment and linkage with the courts (such as Lane County Drug Court liaison).

In Jails and Prisons

Increased Training--Corrections staff need to recognize symptoms of mental illness and respond appropriately, minimizing the use of force.

Research-based interventions—Available treatment should include medications, skill-acquisition therapy, relapse prevention, and living skills training.

On Re-Entry

Psychotropic medications—Medications, including refillable prescriptions, need to be available at discharge. Inmates eligible for public benefits should receive them immediately upon release, so they do not lapse into a criminal lifestyle for survival.

Housing—Without safe housing supported by intensive community treatment, ex-offenders with mental illness or co-occurring disorders will re-offend and begin the cycle again.

OrPIC calls on officials around the state, and our legislators, to focus on helping the large number of individuals with mental illness or co-occurring disorders that revolve through a criminal justice system ill equipped to treat their needs.

From OrPIC steering committee members:
Lisa Naito, Multnomah County Commissioner
Raul Ramirez, Marion County Sheriff
Michael Schrunk, Multnomah County District Attorney

Educational Resources for Teachers on dealing with those who have a mental illness:

1. NAMI—In Our Own Voice Presentations
Website: www.nami.org

2. Center for Addiction and Mental Health: Teacher's Resource Guide

A. can be used by teachers in the classroom to educate students about mental illness.
B. can be used to help teachers learn about mental illness.
Website:
www.camh.net/education/Resources_teachers_schools/TAMI/tami_teachersresource.html

3. National Mental Health Information Centers

A. Offers many publications and fact sheets for recognizing warning signs of the possibility of mental illness in children and adolescents.

Website: www.mentalhealth.samhsa.gov

4. NIMH-National Institute of Mental Health**

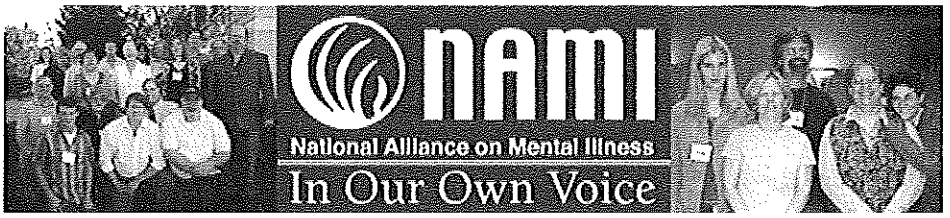
A. easy to read fact sheets on a variety of mental illnesses
B. publications on mental health topics
C. booklets
D. fact sheets/topics in Spanish

**These publications, fact sheets, etc. are valuable for educators, law enforcement, and those who want to learn about mental illnesses.

Website: www.nimh.gov

NAMI In Our Own Voice

National Alliance on Mental Illness



What is IOOV?

In Our Own Voice (IOOV) is a unique public education program developed by NAMI, in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company.

IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation. Throughout the IOOV presentation, audience members are encouraged to offer feedback and ask questions. Audience participation is an important aspect of IOOV because the more audience members become involved, the closer they come to understanding what it is like to live with a mental illness and stay in recovery.

IOOV presentations are given to consumer groups, students, law enforcement officials, educators, providers, faith community members, politicians, professionals, inmates, and interested civic groups. *All presentations are offered free of charge.* Groups or organizations interested in seeing a presentation may request that one be given in their area through their state or local affiliate.

The goals of IOOV are to meet the need for consumer- run initiatives, to set a standard for quality education about mental illness from those who have been there, to offer genuine work opportunities, to encourage self-confidence and self-esteem in presenters, and to focus on recovery and the message of hope.

Anyone familiar with mental illness knows that recovery is not a singular event, but a multi-dimensional, multi-linear journey characterized more by the mindset of the one taking it than by his or her condition at any given moment along the way. Understanding recovery as having several dimensions makes its uneven course easier to accept. Much as we don't blame the cancer patient for dying of invasive tumors, we can't condemn a consumer whose symptoms overtake his or her best efforts to manage illness. Recovery is the point in someone's illness in which the illness is no longer the first and foremost part of his or her life, no longer the essence of all his or her existence. Ultimately, recovery is about attitude and making the effort.

EN ESPAÑOL: En Nuestra Propia Voz--
http://www.nami.org/Content/NavigationMenu/Inform_Yourself/NAMI_en_espa%F1ol/En_Nuestra_Propia_Voz.htm

Talking About mental illness: Teacher's resource

This Teacher's Resource Guide (PDF of complete version) contains all of the information, support and tools teachers will need to implement **Talking about Mental Illness** in their classroom -- an awareness program that has been proven to bring about positive change in students' knowledge and attitudes about mental illness.

The program supports teachers in four essential ways:

- it outlines the links between the program and the new Ontario Secondary School Curriculum Guidelines;
- it provides teachers with practical, ready-to-use information on mental illness;
- it offers teachers and students an opportunity to meet and interact with people who have experienced mental illness first-hand; and
- it provides links to community resources and support for further information and professional help.

PDF of complete version

Table of contents:

How does the program help to eliminate stigma?
What does this program offer young people?
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What is the purpose of the program?
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Section 2: Content of the Program - PDF only

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Preparing for the presentation
Preparing your students
Preparation checklist for teachers

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Activity 6: Awareness posters
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Section 3: Evaluation of the Program - PDF only

Why evaluate?
Past evaluations: Summary and results
How much evaluation should you undertake?
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Evaluation tools

Student evaluation -- Pre-test
Student evaluation -- Post-test
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Section 4: Appendices - all Appendices, PDF only

Appendix A: Ontario Ministry of Education and Training Curriculum Guidelines -- mental health

1) Healthy Active Living Education (Grade 11)
2) Health for Life (Grade 11)
3) Introduction to Anthropology, Psychology and Sociology (Grade 11)
4) Media Studies (Grade 11)
5) Leadership and Peer Support (Grade 11)
6) Philosophy: The Big Questions (Grade 11)
7) Individuals and Families in a Diverse Society (Grade 12)
8) Healthy Active Living Education (Grade 12)
9) Challenge and Change in Society (Grade 12)
10) Parenting and Human Development (Grade 12)

Appendix B: Useful mental health-related Web sites

Mental health resources for educators
General mental health Web sites
Children and youth
Anxiety disorders
Eating disorders
Mood disorders
Schizophrenia
Mental illness and the arts

Appendix C: Resources for youth (alternative formats -- CD-ROMS, 'zines, on-line discussions)

Appendix D: Toll-free phone lines -- distress lines

Appendix E: Ontario mental health organizations

Appendix F: Suggested audiovisual resources

Documentaries
Feature films
Appendix G: Additional programs and resources
Substance use
Suicide prevention
Eating disorders

Appendix H: Overheads & Handouts - PDF only

Sample from Teacher's Guide

FACT OR FICTION?

1. One person in 100 develops schizophrenia. True or False
2. A person who has one or two parents with mental illness is more likely to develop mental illness. True or False
3. Mental illness is contagious. True or False
4. Mental illness tends to begin during adolescence. True or False
5. Poor parenting causes schizophrenia. True or False
6. Drug use causes mental illness. True or False
7. Mental illness can be cured with willpower. True or False
8. People with mental illness never get better. True or False
9. People with mental illness tend to be violent. True or False
10. All homeless people are mentally ill. True or False
11. Developmental disabilities are a form of mental illness. True or False
12. People who are poor are more likely to have mental illness than people who are not. True or False

Fact or fiction? — answer key

1. One person in 100 develops schizophrenia.

True. One per cent of the general population develops schizophrenia.

2. A person who has one or both parents with mental illness is more likely to develop mental illness.

True. Mental illness can be hereditary. For example, the rate of schizophrenia in the general population is one per cent. This rate rises to to eight per cent if one parent has the disorder and to 37–46 per cent if both parents have it. One in 10 people in the general population has experienced depression, compared to one in four for people whose parents have experienced depression.

3. Mental illness is contagious.

False. Mental illness is not contagious. Heredity can, and often does, play a factor in the development of the disease.

4. Mental illness tends to begin during adolescence.

True. The first episode of a mental illness often occurs between the ages of 15 and 30 years. Early intervention is currently thought to be one of the most important factors related to recovery from mental illness. Embarrassment, fear, peer pressure and stigma often prevent young people from seeking out help.

5. Poor parenting causes schizophrenia.

False. Childhood abuse or neglect does not cause mental illnesses such as schizophrenia. However, stressful or abusive environments may seriously impair a person's ability to cope with and later manage the illness.

6. Drug use causes mental illness.

True and False. Alcohol and other drugs sometimes play a role in the development of some symptoms and disorders, but do not usually cause the illness. However, long-term drug and alcohol use can lead to the development of drug-induced psychosis, which has many of the same symptoms of organic mental illness. Alcohol and drugs are often used as a means to cope with the illness, although using alcohol and drugs can make the symptoms of mental illness worse.

7. Mental illness can be cured with willpower.

False. Mental illness is associated with chemical imbalances in the brain and requires a comprehensive treatment plan.

8. People with mental illness never get better.

False. With the right kind of help, many people with a mental illness do recover and go on to lead healthy, productive and satisfying lives. While the illness may not go away, the symptoms associated with it can be controlled. This usually allows the person to regain normal functioning. Medication, counselling and psychosocial rehabilitation are treatment options that can help people recover from mental illness.

9. People with mental illness tend to be violent.

False. People who experience a mental illness acutely sometimes behave very differently from people who do not. While some of their behaviours may seem bizarre, people with mental illness are not more violent than the rest of the population.

10. All homeless people are mentally ill.

False. Although studies have shown that between 17 and 70 per cent of people who are homeless have mental illnesses, it is clear that being homeless doesn't automatically indicate a mental illness.

11. Developmental disabilities are a form of mental illness.

False. Mental illness is often confused with developmental disabilities, even though the two conditions are quite different. Mental illness does not affect an individual's intellectual capacity, whereas developmental disabilities do. However, people with developmental disabilities are more susceptible to developing mental illness.

12. People who are poor are more likely to have mental illness than people who are not.

False. Income is not a factor in overall rates of mental health problems. However, people with lower incomes experience slightly higher rates of depression. People who live with major mental illnesses often end up in lower social classes because the illness may interfere with their ability to hold a job.

When Teachers Should Refer Students to a Mental Health Professional

How can you tell if a student needs a referral to a mental health professional?

There is a wide range of normal reactions to a disaster. Usually the reactions can be dealt with through support at home and at school. However, when symptoms persist several months and/or are disruptive to the student's social, mental or physical functioning, you may need to recommend professional help. Counseling may be recommended as a preventive measure.

How should the referral be made?

In making such referral, it is important to stress that it is not a sign of failure from parents if they find they are not able to help their child by themselves. It is also important to note that early action will help the child return to normal and to avoid more severe problems later.

When should a referral be made for a preschool or elementary school student?

Consider referring the family for professional help if the child:

- Seems excessively withdrawn and depressed
- Does not respond to special attention and attempts to draw him/her out
- Exhibits extreme signs of anxiety, such as excessive clinging, irritability, eating or sleeping problems for more than one month.

When should a referral be made for a junior high or high school student?

Consider referral to a mental health professional if the student:

- Is disoriented, that is, if he/she is unable to give own name, town and the date -
- Complains of significant memory gaps

- Is despondent and shows agitation, restlessness and pacing
- Is severely depressed and withdrawn
- Mutilates self
- Uses drugs or alcohol excessively
- Is unable to care for self, e.g., doesn't eat, drink, bathe or change clothes
- Repeats ritualistic acts
- Hallucinates, hears voices, sees visions
- States his/body feels "unreal" and expresses fears that he/she is "going crazy"
- Excessively preoccupied with one idea or thought
- Has a delusion that someone or something is out to get him and his family
- Is afraid he will kill self or another
- Is unable to make simple decisions or carry out everyday functions
- Shows extreme pressure of speech, talk overflows

For more information on responding to mental health needs in times of crises, or to find out about local mental health services, contact 1-800-789-2647, or visit **http://mentalhealth.samhsa.gov** (click on "crisis counseling").

KEN01-0113
04/03

Please note that this online publication has been abridged from the printed version.

Order Here!

Child and Adolescent Mental Health

Mental Health Is Important
Mental health is how people think, feel, and act as they face life's situations. It affects how people handle stress, relate to one another, and make decisions. Mental health influences the ways individuals look at themselves, their lives, and others in their lives. Like physical health, mental health is important at every stage of life.

All aspects of our lives are affected by our mental health. Caring for and protecting our children is an obligation and is critical to their daily lives and their independence.

Children and Adolescents Can Have Serious Mental Health Problems
Like adults, children and adolescents can have mental health disorders that interfere with the way they think, feel, and act. When untreated, mental health disorders can lead to school failure, family conflicts, drug abuse, violence, and even suicide. Untreated mental health disorders can be very costly to families, communities, and the health care system.

Mental Health Disorders Are More Common in Young People than Many Realize
Studies show that at least one in five children and adolescents have a mental health disorder. At least one in 10, or about 6 million people, have a serious emotional disturbance.[1]

The Causes Are Complicated
Mental health disorders in children and adolescents are caused mostly by biology and environment. Examples of biological causes are genetics, chemical imbalances in the body, or damage to the central nervous system, such as a head injury. Many environmental factors also put young people at risk for developing mental health disorders. Examples include:

- Exposure to environmental toxins, such as high levels of lead;
- Exposure to violence, such as witnessing or being the victim of physical or sexual abuse, drive-by shootings, muggings, or other disasters;
- Stress related to chronic poverty, discrimination, or other serious hardships; and
- The loss of important people through death, divorce, or broken relationships.

Signs of Mental Health Disorders Can Signal a Need for Help
Children and adolescents with mental health issues need to get help as soon as possible. A variety of signs may point to mental health disorders or serious emotional disturbances in children or adolescents. Pay attention if a child or adolescent you know has any of these warning signs:

A child or adolescent is troubled by feeling:

- Sad and hopeless for no reason, and these feelings do not go away.
- Very angry most of the time and crying a lot or overreacting to things.

In this fact sheet, "Mental Health Problems" for children and adolescents refers to the range of all diagnosable emotional, behavioral, and mental disorders. They include depression, attention-deficit/hyperactivity disorder, and anxiety, conduct, and eating disorders. Mental health problems affect one in every five young people at any given time.

"Serious Emotional Disturbances" for children and adolescents refers to the above disorders when they severely disrupt daily functioning in home, school, or community. Serious emotional disturbances affect 1 in every 10 young people at any given time.1

- Worthless or guilty often.
- Anxious or worried often.
- Unable to get over a loss or death of someone important.
- Extremely fearful or having unexplained fears.
- Constantly concerned about physical problems or physical appearance.
- Frightened that his or her mind either is controlled or is out of control.

A child or adolescent experiences big changes, such as:

- Showing declining performance in school.
- Losing interest in things once enjoyed.
- Experiencing unexplained changes in sleeping or eating patterns.
- Avoiding friends or family and wanting to be alone all the time.
- Daydreaming too much and not completing tasks.
- Feeling life is too hard to handle.
- Hearing voices that cannot be explained.
- Experiencing suicidal thoughts.

A child or adolescent experiences:

- Poor concentration and is unable to think straight or make up his or her mind.
- An inability to sit still or focus attention.
- Worry about being harmed, hurting others, or doing something "bad".
- A need to wash, clean things, or perform certain routines hundreds of times a day, in order to avoid an unsubstantiated danger.
- Racing thoughts that are almost too fast to follow.
- Persistent nightmares.

A child or adolescent behaves in ways that cause problems, such as:

- Using alcohol or other drugs.
- Eating large amounts of food and then purging, or abusing laxatives, to avoid weight gain.
- Dieting and/or exercising obsessively.
- Violating the rights of others or constantly breaking the law without regard for other people.
- Setting fires.
- Doing things that can be life threatening.
- Killing animals.

Comprehensive Services through Systems of Care Can Help
Some children diagnosed with severe mental health disorders may be eligible for comprehensive and community-based services through systems of care. Systems of care help children with serious emotional disturbances and their families cope with the challenges of difficult mental, emotional, or behavioral problems. To learn more about systems of care, call the National Mental Health Information Center at 1-800-789-2647, and request fact sheets on systems of care and serious emotional disturbances, or visit the Center's web site at http://mentalhealth.samhsa.gov

Finding the Right Services Is Critical
To find the right services for their children, families can do the following:

- Get accurate information from hotlines, libraries, or other sources.
- Seek referrals from professionals.
- Ask questions about treatments and services.
- Talk to other families in their communities.
- Find family network organizations.

Talking about Mental illness: A community guide for developing an awareness program for youth

The Community Guide (complete PDF) contains all of the information, support and tools that community members need to implement "Talking About Mental Illness" in their community -- an awareness program proven to be effective in bringing about positive change in young people's knowledge about mental illness, and in reducing stigma that surrounds mental illness.

The program brings together local community partners, including youth; people with mental illnesses and their family members; clinicians; teachers; and mental health and other agency representatives. Together, they develop and organize an educational awareness program hosted by local secondary schools.

The program provides secondary school students with the opportunity to hear the stories of community members who have experienced mental illness. The program also provides information about local mental health-related resources that provide support and help to youth coping with their own or a family member or friend's mental illness.

PDF of the complete Community Guide

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Sample from Community Guide

2.1 BRINGING PEOPLE TOGETHER

Connecting people to one another and to the issue is a vital first step in taking action to reduce stigma in your community. Participants in successful awareness-raising initiatives find out experientially that they can be heard and they can make a difference, and that a group of diverse people can address difficult issues, such as the stigma of mental illness, constructively.

When community members are actively engaged with one another and with community life, relationships are formed that not only become a support for individuals, but also become a resource for the entire community.

Forming a planning committee

The first step in organizing your program is to bring together people who are invested in the goal of reducing the stigma associated with mental illness. A few enthusiastic people is all it takes to initiate a successful collaboration — a small group of people with the credibility to convince others that something can and must be done.

You may not have to start from scratch; there could be a group in

Bringing a working group together was not a challenge for Kingston, because the community already had a coalition mobilized around mental health issues. The city of Kingston has a very diverse population, four hospitals, including a psychiatric hospital, and eight prisons. Although the coalition

was already very active, members recognize there is still a lot more work to be done to make the community more aware of, and more comfortable with, mental illness.

After a few casual discussions between some of the coalition members (including the Centre for Addiction and Mental Health and representatives from the Kingston branch of the Canadian Mental Health Association and the Mood Disorders Association), an initial program group was formed and ready to get to work. This initial team was expanded to include representatives from the Family Resource Centre of Kingston Friendship Homes, the Kingston Psychiatric Hospital, the social work department, as well as a number of people who had experienced mental illness, who participated as presenters and/or professional support during presentations.

The ease with which the group moved forward with the program was largely due to each partner's experience with public education campaigns. Each had participated in various public awareness and education campaigns in the past, but felt that more could be achieved by joining forces. The opportunity to work together educating youth about mental illness was exciting but not overwhelming since

your community that is already active and potentially interested in working with you to create a local awareness program.

If your community does not already have a group or coalition you can work with, you can start by bringing together a few interested people to help you do some planning. Your group can begin by gathering information on the issue, finding out about local resources and identifying a broad range of stakeholders. Remember that the Centre for Addiction and Mental Health (CAMH), the Canadian Mental Health Association (CMHA) and the Mood Disorders Association of Ontario developed this program jointly. Each of the local branches or offices of these organizations in Ontario has a copy of the *Talking About Mental Illness* materials and may be able to provide assistance in developing the program.

The role taken by each organization will depend on local needs and resources, and what other initiatives are under way at the community level. Your local CAMH office may provide a starting point, helping you to develop networks with other resources and sources of support in your community.

Broadening the base of participation

Our communities consist of people from a broad range of ages, cultures and abilities. If your group represents a diverse cross-section of the community, it may gain broader community support. By joining forces with individuals and organizations that have credibility and a presence in the community, you can accomplish a great deal more than you would on your own.

Potential participants may come from a variety of backgrounds, such as:

- people with mental illness, their family and friends, and other individuals who have a personal interest
- people who work in a setting where mental health issues are important, such as teachers, students, hospital workers, mental health professionals, police and members of the local business community
- people involved in local voluntary organizations such as self-help and support groups, community information centres, libraries, family resource centres and women's hospital auxiliary
- members of community clubs and groups such as Rotary, Lions, Legion and Kiwanis
- members of local religious congregations.

Tips for getting started

USE YOUR NETWORKS.

Start with people you know. It is easier to interest people you already have a relationship with.

Find out what other groups, organizations and individuals are active in your community. Get in touch with ones that share the same concerns. You may be able to form partnerships that benefit everyone.

GO TO WHERE PEOPLE ARE.

Instead of trying to get people to come to you, go to them. Go to the meetings of other groups and to the places and events where people gather. This is particularly important if you're trying to involve youth, seniors, different cultural and ethnic groups and others that may not come to you.

ASK PEOPLE TO INVITE OTHERS.

Most community volunteers become involved because they were asked to participate by a friend, a family member or a neighbour.

SUPPORT THE PARTICIPATION OF ALL PEOPLE.

If you want to have a diverse group of people committed to your program, it is important to support their participation. Make sure the program is accessible to everyone, including youth, and people from ethno-cultural and disability communities. Provide practical support, such as transit allowances, and make sure meetings are held in accessible locations at times convenient for everyone.

COMMUNICATE CLEARLY.

Effective communication is also an important part of supporting people's participation. Avoid using jargon and make sure everyone understands what is being said. Act quickly on input from people about making the program more diverse.

CREATE LEAFLETS AND BULLETINS.

Community bulletin boards, libraries, city hall, community centres and other similar locations are great places to post information about your group. You might want to create leaflets as well, so that people have information they can take with them.

the program drew equally on the strengths of each partner.

In Hamilton, coalition-building started with a letter, signed by both CAMH and the CMHA, introducing the idea for the program to several key community contacts, including representatives of the Hamilton Psychiatric Hospital, the Mental Health Rights Coalition and the local branch of the Schizophrenia Society of Ontario. The letter also invited potential community partners to an information session to find out more about the program.

The program was introduced at the information session and participants were presented with an orientation package. After some discussion, everyone agreed to play a role in the development of the program. Several meetings were held to discuss the program. Two issues raised in these meetings were the need to tailor the program to reflect the local community and the need to reach out to include local people who had experienced mental illness.

Group members were able to get in touch with a number of potential presenters through their personal and professional networks. An effort was made to ensure the pool of speakers included youth and people with a variety of mental health concerns.

Group members offered varying degrees of time and commitment, based on their availability and workload. At times, it was difficult to co-ordinate meetings accessible to all members, especially youth. The group realized it had to make a special effort to arrange for transportation and schedule meeting times so youth could attend. Also, they had to conduct the meetings in a way that made them feel included and engaged.

USE LOCAL LEADERSHIP.
Well-known, respected community members who are active in civic life can be excellent resources for your awareness program.

INVITE PEOPLE TO PARTICIPATE TO WHATEVER EXTENT THEY WISH.
Be sensitive to people's needs and limitations. Even those who are very interested may have time constraints. People will be more willing to participate if they feel their availability and interests are respected.

KEEP YOUR EFFORTS VISIBLE.
Make sure you're getting the attention you need from the broader community by developing contacts in the local media. We talk more about working with the media in Part 3.

APPROVED:

HUMAN RELATIONS COMMISSION
City Hall Willamette Room
Tuesday, July 22, 2008
7:00 p.m.

MINUTES

Commissioners present:	C. Jeffery Evans, Marian Anderson, Jodi Nelson, Blanca Ruckert, Jodi Nelson, Rick Hammel, Jr.
Commissioners absent:	Delia Guillen, Anna Anderson
Staff present:	Wes Hare, City Manager; Marilyn Smith, Management Assistant/Public Information Officer
Others present:	Mayor Dan Bedore, Dick Owen, Judy Byers, Grace Gantt

CALL TO ORDER

Chair Jeffery Evans called the meeting to order at 7:00 p.m.

Business from the Public

Jeffery said that Anna Anderson has resigned due to her schedule. Anna was Councilor Johnson's appointment. [Anna's resignation will be presented to the City Council on Wednesday, August 13, 2008, for acceptance.]

Dick Owen said that people can't visibly recognize mental illness. He has twin sons who both suffer from mental illness. Dick discussed an arrest of one of his sons. Following the arrest, his son stayed at Helping Hands for a period of time; and they helped him get on his feet. He appreciates what Helping Hands has done to help his son. Dick says that the court system and police department are not following proper procedures. He feels the police don't have the training to handle citizens with mental illness, and he would like the HRC to look into the problem. Jeffery said that the Commission doesn't investigate individual incidents. Jeffery asked Wes if this would be more appropriate for the Council. Wes said that he, along with the Council, has spoken to Mr. Owen on multiple occasions. Commissioner Blanca Ruckert said that if there are multiple incidents regarding the handling of people with mental illness, the HRC can talk to the Police Chief to find out what type of mental health training the police staff is receiving.

Dick said that the Neighborhood Watch program in his neighborhood does a citizen's patrol. He feels that it is wrong for them to be patrolling the neighborhood. Blanca suggested he call the Community Resources Unit within the police department so they can provide information regarding training the Neighborhood Watch group receives and it will be a way to mediate between him and the Neighborhood Watch group.

Judy Byers said that she has concerns about the treatment of people with mental illness. The community needs to be sensitive to people with mental illness. Blanca asked what types of services Helping Hands provides. Grace Gantt said that they provide the following: classrooms, showers, laundry, mental health service (from Linn County), nurses, and a dental van visits four times a year. Some of the classes they offer include: Introduction to GED, computer training classes, job research, resume preparation, retaining housing, and how to integrate into the community. Grace said that most clients at Helping Hands have mental illness.

Blanca suggested Helping Hands come back with a report with suggestions for improving the treatment of mentally ill. Grace said there is a need for transitional housing for people. Grace said that the City and the County don't offer assistance to Helping Hands. Grace said that she is concerned with fines that Helping Hands clients receive and she knew of someone who received a $6,500 fine for crossing the railroad tracks in the wrong area. Jeffery suggested they stay for the mental health topic on the agenda.

Martin Luther King Day 2009

Jeffery asked if the group wanted to have a Martin Luther King event in 2009. Commissioner Jodi Nelson said that she would like to do something again. Last year was a great starting point, and it is a way to get people thinking about peace and justice. Jodi would like to help plan the event again, and Wes said he would help. Commissioner Marian Anderson said she will do whatever she can to help.

Mental Health

Jeffery said that the police and fire staff may not have all the necessary training they need when it comes to handling people with mental illness. Marilyn said that Frank Moore of Linn County Mental Health and Barbara Thayer would be attending September's meeting. Marian said that she agrees with the folks here tonight and that the police need more training to better handle people with mental illness. Dick said that the police and judges have a bad reputation in the City, and it needs to be corrected. Wes clarified that the event involving Mr. Owen's son occurred three years ago. It was discussed then with the Acting Police Chief, and the police officers received specialized training regarding mental illness. Jeffery asked Dick if there are any current issues outside of the event from three years ago. Dick said no. Jeffery said that steps have been taken to correct the problem. Blanca agreed and said that the group can do more if there are a number of current complaints; then, it would be appropriate to work on correcting the issue. Jeffery asked the other commissioners if they have enough information regarding the police and response to the mentally ill and if this is something to follow up with Chief Boyd. Jodi said that there are some parallel pieces to this and she doesn't have enough information about this issue. She doesn't feel comfortable making a recommendation about this particular issue and would like to gather some information and bring it back to the next meeting. Jodi said that she has information about a group that works with police departments to help them better handle people with mental illness. Jeffery said that the HRC can get involved with the public awareness side of this. Blanca said that she envisions an event where the HRC partners with other agencies already working with mental illness issues. Rick said that the HRC needs to educate the public so they have a better understanding. Marilyn said that National Mental Illness month is in October. Marian suggested creating brochures. Jeffery asked the group if planning an event for October is possible. Jodi suggested creating and displaying boards highlighting mental illness facts for the public to view. It would be an easy project to do because the boards could be put on easels in City Hall, and it would get people talking. Blanca and Jodi will work with Marilyn on this project.

City Staff Recruitment

Jeffery said that this item was listed because there are a couple of commissioners who think more could be done to improve city staff diversity. Jodi said that there are going to be many retirements within the next five years. Jodi said that young professionals aren't reading newspapers; they are using the Internet to find jobs and to see if an organization will be a good fit for them. Jodi said that applicants need to be able to find job openings quickly when searching a Web site. It is important to reach out to minorities and young professionals. Wes said that we have a great Webmaster, Matt Harrington, who strives to keep the Web site up-to-date. Marilyn said that when it comes to staff diversity, we are right in line except for the Hispanic population and women. Jeffery said that we may closely mirror the demographics now, but what about in the future? Wes said that most positions will have a fair amount of turnover because fewer people are staying in one position for 30 years. David Shaw, Human Resources Director, is constantly analyzing our workforce and striving to match it. Wes welcomes suggestions and ideas for recruiting minorities and young professionals. Rick said that he is impressed with the diversity within the City. Jeffery asked if we want to take this any further.

Wes said that David Shaw and Matt Harrington could attend a future meeting to give more details about diversity and the Web site. Jodi said that she knows someone who could work with Matt to make the site more accessible to people with visual problems. Marilyn will arrange to have David and Matt come to the October meeting.

Racial Profiling

Jeffery said that his intent was to discuss this as a prelude to having the Police Chief come talk in August. There is a perception that profiling is occurring; and, therefore, we need to address it. Jeffery asked if there are specific incidents to show when profiling has occurred. Is there anything we want to do to address the issue, maybe sponsor a town hall? Wes said that it would be helpful to find a solution to change the perception some people may have. Jeffery said that the Police Chief is willing to participate in changing the perception. Jeffery feels that the HRC needs to take the lead with this issue. Jeffery said that one possible problem the HRC may face when planning an event could be people being afraid to attend because of their immigration status. Wes said that he believes the majority of the Latino community is here legally and the perception of the police may be culturally engrained. Jodi said that it would be best to follow the lead of Delia because she is connected with the Latino community. Jeffery said that this has potential for great results or great disaster depending on how it is approached. This topic will be continued at next month's meeting.

Universal Design and Accessibility

Marilyn said that it is thoughtful of Jeffery to continue to put the accessibility issue on the bottom of the agenda, but it should be addressed. Marilyn suggested that it be discussed at the November meeting. Jeffery said that November would be good.

BUSINESS FROM THE COMMISSION

Jeffery mentioned that the Commission will be presenting the annual report at the January City Council meeting and for the group to be thinking about it.

NEXT MEETING DATE

Tuesday, August 26, 2008, 7:00 p.m., in the Willamette Room.

ADJOURNMENT

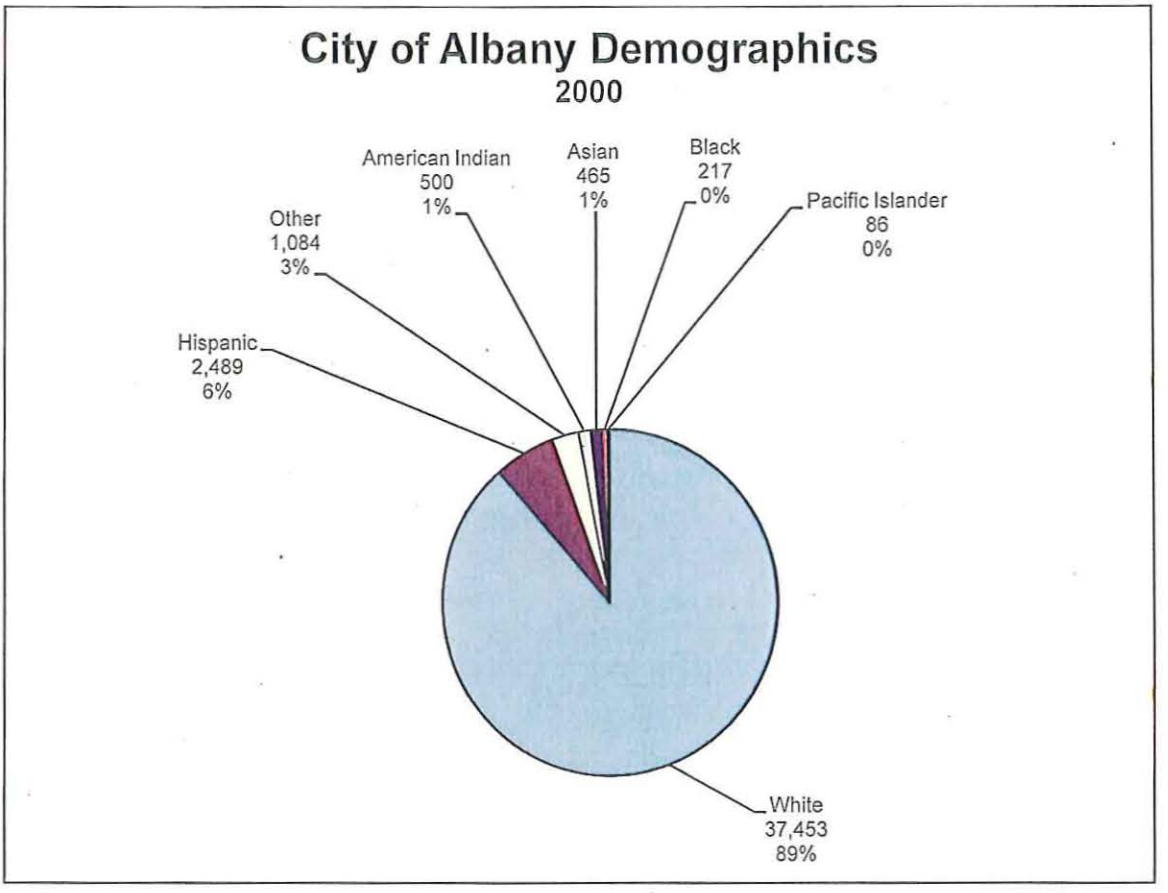
The meeting adjourned at 8:50 p.m.

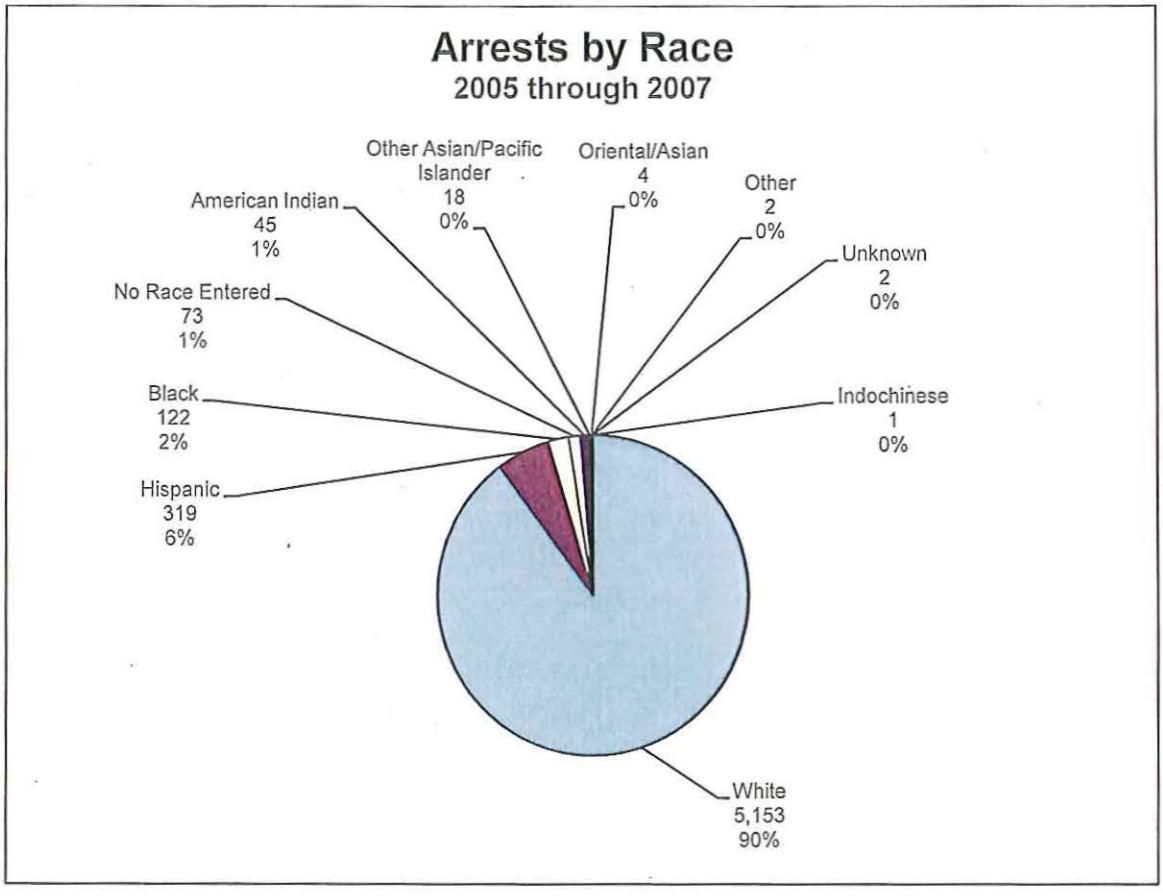
Respectfully submitted,

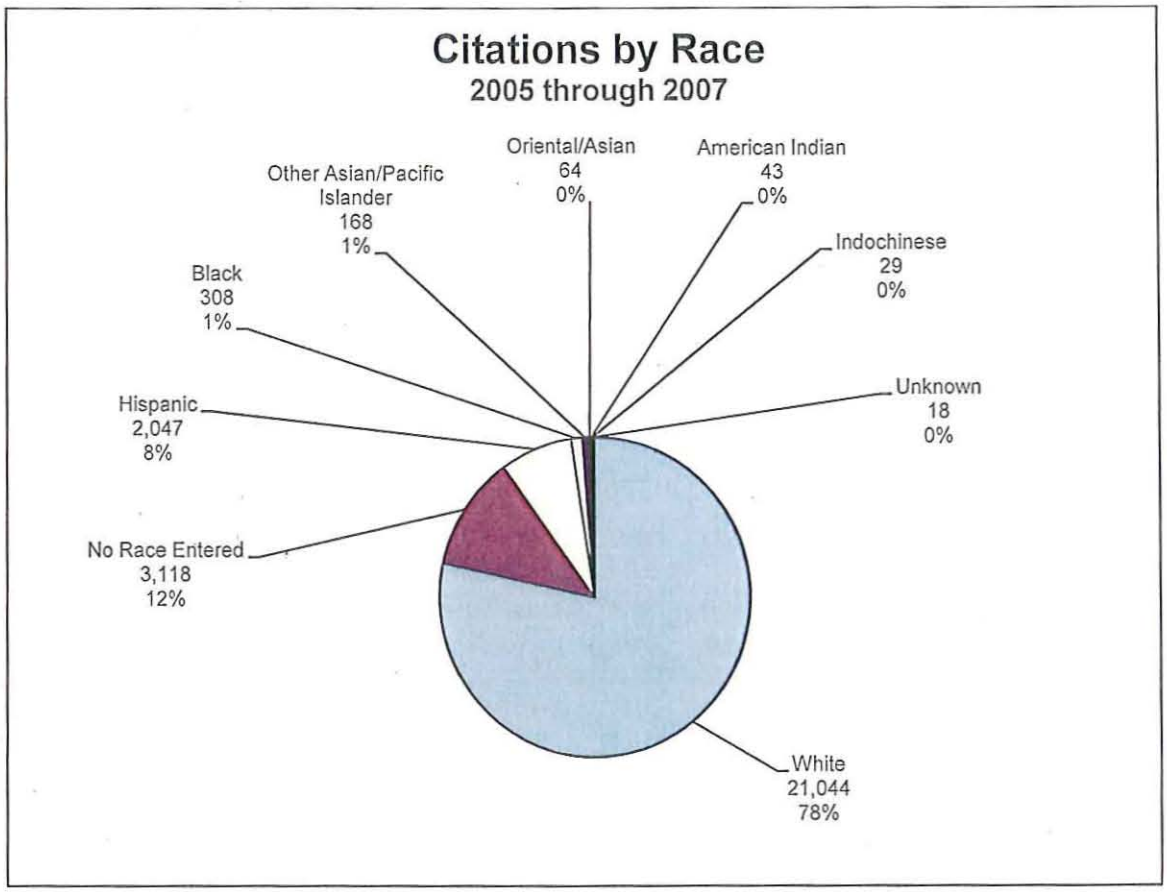
Diana Eilers
Administrative Assistant I

Reviewed by,

Wes Hare
City Manager


City of Albany Demographics
2000
American Indian
500
1%
Asian
465
1%
Black
217
0%
Pacific Islander
86
0%
Other
1,084
3%
Hispanic
2,489
6%
White
37,453
89%


Arrests by Race
2005 through 2007
Other Asian/Pacific Islander
18
0%
Oriental/Asian
4
0%
American Indian
45
1%
Other
2
0%
Unknown
2
0%
No Race Entered
73
1%
Indochinese
1
0%
Black
122
2%
Hispanic
319
6%
White
5,153
90%


Citations by Race
2005 through 2007
Oriental/Asian
64
0%
American Indian
43
0%
Other Asian/Pacific
Islander
168
1%
Indochinese
29
0%
Black
308
1%
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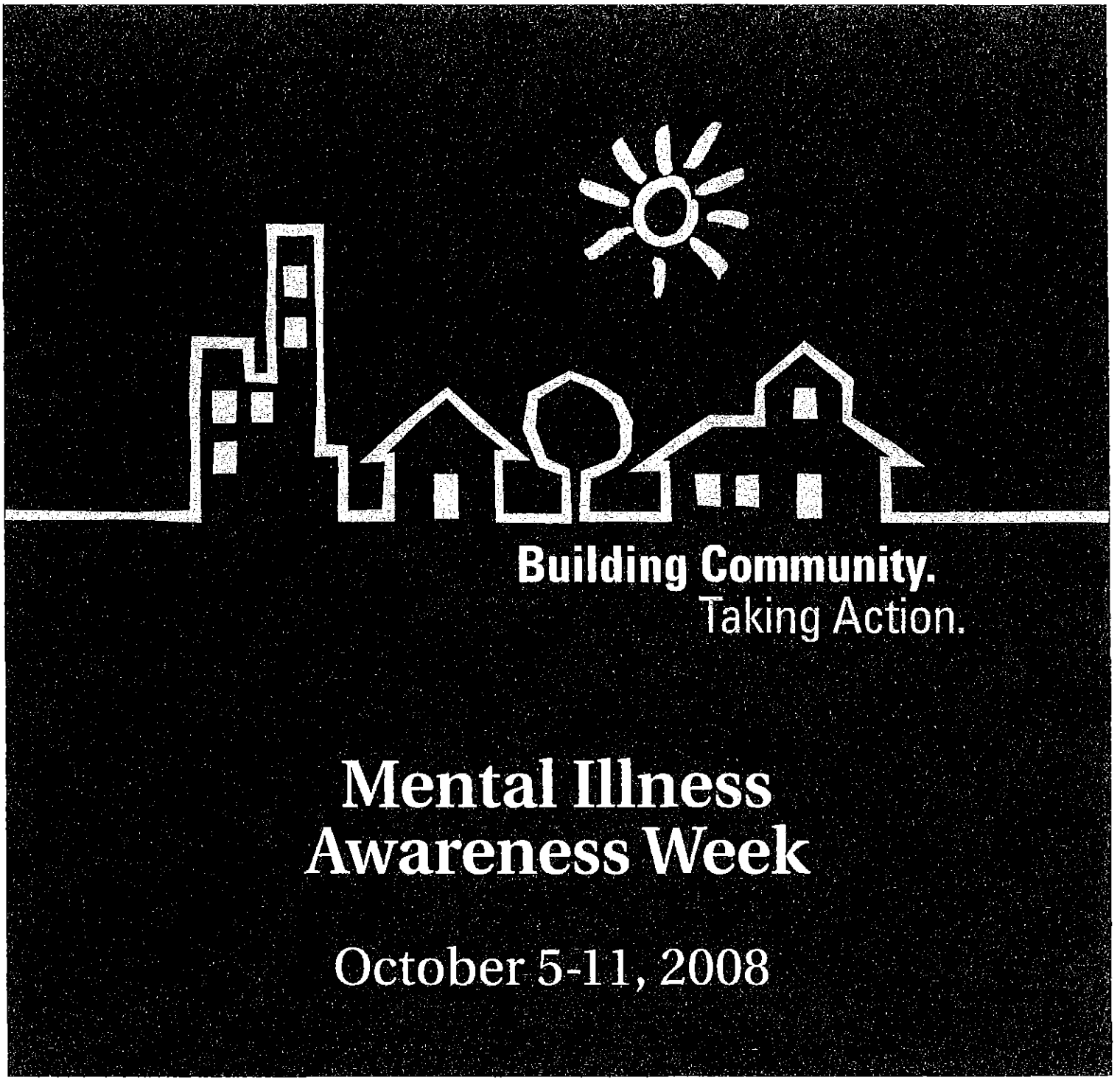
18
0%
Hispanic
2,047
8%
No Race Entered
3,118
12%
White
21,044
78%



NAMI
National Alliance on Mental Illness

National Alliance on Mental Illness
page printed from **http://www.nami.org/**
1-800-950-NAMI; info@nami.org

What is Mental Illness Awareness Week?

In 1990, the U.S. Congress established the first week of October as "Mental Illness Awareness Week" (MIAW) in recognition of NAMI's efforts to raise mental illness awareness. "**Bipolar Disorder Awareness Day" (BDAD)** is held each year on the Thursday of MIAW.

MIAW and BDAD are NAMI's premiere public awareness and public education campaigns. They link the organization's over 1,100 local affiliates across the country.

MIAW has become a tradition in NAMI. It presents an opportunity for all three levels of NAMI--national, state, and local--to work together in communities across the country to achieve the NAMI mission through outreach, education, and advocacy.

Building Community, Taking Action

Real recovery from mental illness requires community action, understanding, and teamwork. Recovery is possible because of improved science, better community supports, and reduced stigma. But significant barriers still exist. Services are at risk, insurance can be insufficient, and stigma, though less today than when MIAW was founded, is still prevalent.

Information and Resources

NAMI National offers technical assistance to all state and affiliate organizations planning activities during Mental Illness Awareness Week.

- **By phone:** For information on teleconferencing with the NAMI Leadership Institute, look for topic and call-in information in the ***Friday Facts*** e-mail, or contact your NAMI Leadership Consultant. For contact information, e-mail info@nami.org or call the NAMI HelpLine at 1-800-950-NAMI (6264).
- **In person:** At the NAMI National Convention, attend MIAW workshops and NAMILand in the exhibit hall. For convention registration information go to: **www.nami.org/convention**.
- **New in 2008:** Downloads of different items you can use are available below. They include NAMI resources supporting such activities as outreach to multicultural communities, to families of children and adolescents, and to faith communities.

Downloads

The following are information resources and publicity tools for promoting MIAW in your area. They include a logo, sticker and poster (both English and Spanish-language versions), as well as model materials for work with the media and public events.

The materials are offered in easy, downloadable format. You can print them from your computer or supply them to your local print shop.

For complete instructions on how to use these resources, please refer to the comprehensive Events, Activities and Resource Guide.

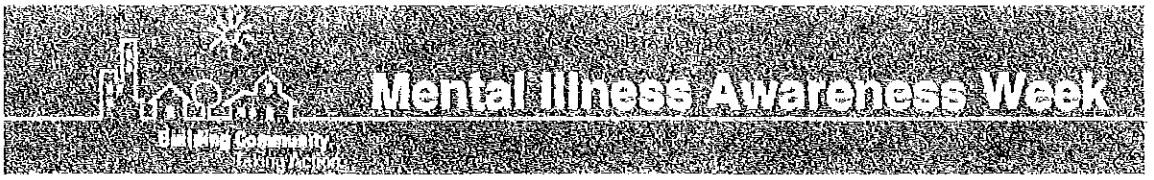
1. Events, Activities and Resource Guide
2. NAMI Store
3. **MIAW 2008 Logo** (for print (jpg), Web (gif), and professional printing (eps) formats)
4. **MIAW 2008 Logo (Spanish)** (for print (jpg), Web (gif), and professional printing (eps) formats)
5. **MIAW 2008 Stickers (Avery Label Size: 6878) (English)**
6. **MIAW 2008 Stickers (Avery Label Size: 6878) (Spanish)**
7. MIAW 2008 8.5 x 11" Poster (English)
8. **MIAW 2008 8.5 x 11" Poster (Spanish)**

Materials for work with Media and Public Figures

1. Model Press Release
2. MIAW Sample Op Ed (Available August 15, 2008)
3. MIAW Model Letter to Editor (Available August 15, 2008)
4. Mayoral Proclamation (Available August 15, 2008)

Click here for related resources, fact sheets, programs and more from NAMI.org.

Back



Mental Illness Awareness Week
Resource Guide

Mental Illness Awareness Week (MIAW) is NAMI's premiere public information and outreach activity. Held each year during the first full week of October, MIAW is the week when NAMI leaders across the country engage in activities to promote mental illness awareness. Additionally, the Thursday during MIAW is designated as Bipolar Disorder Awareness Day (BDAD).

This MIAW *Resource Guide* is intended to support NAMI's dedicated grassroots leaders across the country in planning MIAW activities. It offers ideas to ignite and support NAMI leaders during MIAW, including:

- **Activities and Special Events**
    - Traditional MIAW Events
    - Innovative MIAW Events Developed by NAMI States and Affiliates
- **Media Tools**

The NAMI National office offers a wide array of technical assistance opportunities to state and affiliate organizations in support of MIAW activities.

- Online - www.nami.org/miaw offers resources, information, and downloadable publications
- By phone - contact the NAMI Center for Leadership Institute for support and technical assistance.
- In person - Look for MIAW workshops at the annual NAMI National Convention.

Working with the Community

NAMI leaders and members work with community groups, large and small, to host events during MIAW. Volunteers from NAMI state organizations and local affiliates—as well as other like-minded groups (such as the National Depressive and Manic Depressive Association, your local psychiatric society, local community mental health centers, Mental Health America, mental health coalition partners, and others)—can work together to plan MIAW and/or BDAD activities. Joining together with other mental health groups will strengthen efforts and build a winning community ready to take action. There is power in numbers, and when a community bands together, the message is heard loud and clear. However, a small group of individuals can also do

much to help end stigma and raise awareness about mental illness during this week and throughout the year.

Activities and Special Events

NAMI leaders can raise awareness of mental illness, treatment, and research during Mental Illness Awareness Week and Bipolar Disorder Awareness Day by hosting special events and partnering with local businesses and organizations. This guide offers examples of events that have taken place in communities all over the nation, organized by state and local NAMI affiliates. Choose an event from this guide or plan something new where you live!

MIAW Traditional Events

Display Posters and Brochures

Bipolar Disorder Awareness Day and Mental Illness Awareness Week publicity materials are available online at www.nami.org/miaw. One to two weeks prior to MIAW, place posters and brochures in high-traffic areas within the community, including libraries, places of worship, schools, universities, hospitals, and other community facilities. Be sure to obtain approval from the facility manager before displaying materials in each location.

Candlelight Vigil

For many years, MIAW candlelight vigils hosted by NAMI affiliates have been held all over the country. Beginning MIAW with a candlelight vigil sends a message of hope for reclaimed, full lives among people who live with mental illness. Host the vigil at an easily accessible site to get the most exposure and participation. Below is a list of volunteer positions that make this event manageable and well-organized.

- Speaker Coordinator—responsible for reserving a location (including confirming that candles are allowed and filling out necessary paper work for permits), and contacting speakers;
- Publicity Coordinator—responsible for advertising the event, including hanging posters and contacting area hospitals and other health and community organizations;
- Logistics Coordinator—responsible for event supplies; i.e., transporting and setting up sound equipment, drinks, or food;
- Affiliate Leader—to inspire, educate, and recruit NAMI and community members to attend the event; and

- Central Contact—responsible for inquiries about the event and routing callers to the appropriate volunteer leader.

Budget considerations for hosting a candlelight vigil:

- Rental of battery-powered public address system
- Candles
- Advertising, copying costs
- Permit for public gatherings
- Food and beverages

To strengthen the event, ask the mayor, governor, or other elected official to speak about the advancements in treatment of mental illness and the importance of combating stigma.

Mental Health Screenings

Consider co-hosting free depression and bipolar disorder screening days with other mental health groups and mental health professionals at local hospitals, mental health clinics, churches, senior centers, shopping malls, schools, and college campuses. Screening for Mental Health, Inc. (SMH) first introduced the concept of large-scale mental health screenings with National Depression Screening Day in 1991. SMH programs now include both in-person and online programs for depression, bipolar disorder, generalized anxiety disorder, post-traumatic stress disorder, eating disorders, alcohol problems, and suicide prevention. For information on how to become a screening site, go to www.mentalhealthscreening.org.

Gubernatorial/Mayoral Proclamation

Originally established by congressional resolution, MIAW has been observed the first week of October since 1983. Since 2002, NAMI has recognized Bipolar Disorder Awareness Day on the Thursday of MIAW. Receiving an endorsement from the governor or mayor in the form of an official proclamation will add even more credibility to your local MIAW and BDAD. Send a copy of the signed proclamation to reporters to gain additional media exposure. Be prepared to answer questions about mental illness and/or bipolar disorder by using the fact sheets available from NAMI.

Library Donations

MIAW is the perfect time to donate books to the community (or school) library. Review recent NAMI *Advocate* magazines for reviews of recent books, and be sure to order your books through

the NAMI Web site's *Amazon.com* link for additional savings. Take a photo of the NAMI leader and librarian receiving the donation and send it, along with a summary, to the local newspaper for additional impact.

Book Store Displays

Work with the manager of a bookstore in your community to create a temporary display for MIAW and BDAD. Assist with gathering a sample of recommended reading on topics of mental illness, recovery, and inspiration. Be sure to use MIAW and BDAD posters to help promote the display. Include a brochure holder of information about local NAMI affiliates and education classes.

Some Innovative MIAW Events Developed by NAMI State Organizations and Local Affiliates

Milwaukee, Wisconsin

Creativity Hills: Anti-Stigma, Mental Illness Awareness, and Celebration of Recovery

Creativity Hills is an event conceived and developed by NAMI Greater Milwaukee, Wis. *Creativity Hills* consisted of a consumer art gallery, including poetry, music, and an art auction. The goal was to raise awareness of NAMI by celebrating the creativity of all the minds touched by mental illness, coming together as a community for a fundraising event. The end result was new friendships and NAMI members. Contact NAMI Greater Milwaukee at *help@namigrm.org* for more information.

Baltimore, Maryland

Many Faces of Mental Illness Mask Project

This annual event created by NAMI Baltimore, Md., is an innovative, accessible, outreach and anti-stigma tool that starts community conversations about mental illness.

Mask Competition

Individuals and groups entering the annual NAMI Mask Competition receive information about mental illness, a mask form, and an opportunity to express themselves creatively on the theme. The winners are honored and the entries are displayed at the annual Winter Carnival. Judges include a number of local artists.

Mask Exhibits

The mask entries become part of a growing collection and are used for community education. The NAMI hallway gallery features a display of masks from past years. Masks are exhibited at a conference of chiefs of police. Masks are also integrated into a one-man show, "Hearing Voices: Speaking in Tongues," and were part of a multimedia exhibit at a national conference of pharmacists in 2006.

North Carolina

Celebration of Courage

The *Celebration of Courage* is an event conceived and developed by NAMI Wake County, N.C. *Celebration of Courage* is a unique mental illness awareness program. It is actually an installation art exhibit that can be set up anywhere. It was first done in 2005. The concept was to re-create Van Gogh's famous "Irises" painting that he painted while institutionalized as a result of his mental illness. The iris has been adopted by NAMI as a symbol of hope and courage. The basics of the program are as follows:

- The NAMI state office solicits sponsors for the events by selling sponsorship of flowers.
- Flower sponsorships are sold for a minimum $20 donation; a $250 donation includes the name of the donor posted at the events, and a $1,000 donation allows the donor to have an information booth or tent at events.
- There are three flowers that can be sponsored:
  Irises—in honor or memory of people with mental illness
  Tulips—in honor or memory of family members, advocates and friends
  Daisies—in honor or memory of health care professionals or researchers
- The flowers are garden ornaments made of polyester fabric affixed to a metal stake. They are 45 inches high by 14 inches wide. The flowers that are sponsored are displayed en masse at various events. Examples of places that have been displayed include the lawn at the state capital for all legislators to see, and the hotel site of the state conference. Imagine hundreds, or even thousands of flowers in one place symbolizing hope, courage, and recovery for people with mental illness. They create an impressive sight for passers-by who can't help asking what the flowers represent. NAMI Wake County and NAMI North Carolina have offered to share information about this creative and powerful program to other NAMI state and local organization who are interested. Contact NAMI North Carolina for more information.

Other Ideas for MIAW Activities

Support "In Our Own Voice" Presentations

Reaching out directly to members of civic organizations—Kiwanis, Rotary Club, Lions Club, or Knights of Columbus—is a great way to raise awareness of mental illness. Affiliates can sponsor an "In Our Own Voice" presentation and a short presentation on NAMI.

Educate School Professionals about Mental Illnesses

The NAMI publication: *Parents and Teachers as Allies: Recognizing Early-onset Mental Illness in Children and Adolescents (P&T as Allies)* is designed to help raise awareness in the school community about mental illnesses in children. The publication is very popular with school professionals around the country.

Ideas for approaching schools during MIAW:

- School Board: organize a group of parents to meet with school board members. Bring along one or more copies of *P&T as Allies* and talk about the impact that early onset mental illnesses have on children, especially on their school and family life. Ask for their support to help educate other leaders in the school community.
- School Superintendent: ask a group of parents to meet with the superintendent of the school district. Share a copy of the *P&T as Allies* publication, along with information about mental illnesses in school-aged children. Brainstorm ideas about how NAMI and schools can work together to best address the needs of students living with these illnesses.
- School-based Health Professionals: meet with school counselors, social workers, psychologists, and nurses, all of whom have the potential to be close allies in raising awareness about mental illnesses in schools. Ask how everyone can best work together to improve the academic and functional achievement of students with mental illnesses.
- General or Special Education Teachers: find teachers in the community who are also family members and ask for their help in developing stronger alliances with the schools.
- Parent Teacher Association: ask PTA leaders in one or more schools for the opportunity to present about mental illnesses in children at the next scheduled PTA meeting.

- Consider presenting NAMI's new *Parents and Teachers as Allies In-Service Mental Health Education* program for school professionals in the schools in your district. For more information about the in-service program, visit www.nami.org/caac or contact NAMI's Child and Adolescent Center at (703) 524-7600.

Host an "Ask the Doctor" Educational Session

Host a seminar and have a health care provider—psychiatrist, psychologist, psychopharmacologist—discuss the latest treatments for specific mental illnesses. Follow the presentation with an open microphone question and answer session with attendees.

Participate in Faith Outreach

Many places of worship have weekly or monthly bulletins announcing events in the community. Submit MIAW and BDAD activities for inclusion, along with a short piece on the importance of ending stigma against people with mental illnesses. Stress the challenges people with mental illnesses face and the ways others can provide spiritual support. Ask if information about Family-to-Family or a local NAMI affiliate can be placed in the resource area. For additional resources targeted to the faith community, visit NAMI's FaithNet, available at www.nami.org/faithnet. You might also want to check out: Mental Health Ministries—www.MentalHealthMinistries.net.

Additional faith-based ideas:

- Ask clergy to include mental illness in a sermon, pastoral prayer, or other liturgies.
- Invite a speaker from the community to give a presentation on a mental illness. Contact groups like NAMI, Depression and Bipolar Support Alliance, or Mental Health America to provide educational material on mental illness.
- Place an insert in the worship bulletin. Mental Health Ministries has sample bulletin inserts on the Web site in the "Other Resources" section of their Web site noted above.
- As one of many examples, check out the Winter 2007 NAMI *Advocate* magazine article about MIAW events held at a church community in Maryland. Available to members online at: www.nami.org/advocate06miaw

Advertising on Billboards, Subways, Buses, and Taxis

While advertisers typically pay for the signs that appear on billboards, subways, buses, and taxis, many times the spaces remain empty. Billboards, in particular, go vacant due to lack of business. Approach local billboard operators about donating space to run ads for MIAW or BDAD.

Host a Movie Night

At a local school, place of worship, or community center, screen a film in which mental illness is a central theme. Invite students, teachers, and the general public. After the screening, discuss what it would be like to have a mental illness and some of the myths about mental illness, by arranging a panel of families and consumers to share their experiences. For film suggestions, contact the NAMI Center for Leadership Development at (703) 524-7600.

Host a Dinner and an Education Event

Combining dinner with an education program always helps attendance! For BDAD, consider coordinating a banquet and program to educate and enhance awareness of bipolar disorder. Discussions about the type of medications that are used to treat bipolar disorder should also be included, and the opportunity for consumers to share their experiences on how medications and talk therapy work together to enhance recovery.

Engage in Multicultural Outreach Activities

It is important to consider outreach to all communities when planning MIAW. NAMI affiliate leaders and members can organize meetings to formulate an outreach plan for special populations. Be sure to identify your targeted audience (e.g., Latino or African American groups); it is important to be specific. The group selected as the focus of activities will shape the nature of the outreach program. For example, the decision to target Latino families necessarily involves making language a major part of the outreach effort, since many community members will not speak English as their primary language. Keep in mind that there is linguistic diversity even among Latinos.

Note that targeting two groups can involve doing twice the work. If membership or participation is small, or if financial resources are severely limited, taking on this further work may not be a good idea unless you can gain additional help ahead of time.

Community Involvement

Involve community members in order to ensure that plans are relevant, responsive to the community's needs, and as culturally meaningful as possible. One of the most important parts of

developing an outreach plan is deciding on the major focus of activities. This should include education, ethnic-specific family support groups, recruitment of community members, and advocacy. A particular outreach program can include one, several, or all of these components. Consider ways to inform people about the planned activities. Pay close attention to how each community hears about programs and what is being offered. Utilize minority mental health professionals and mental health treatment programs serving predominantly diverse communities. Additional target groups for dissemination are local community organizations such as churches, ethnic clubs, sports facilities, and public educational institutions.

Don't forget to pay particular attention to those media outlets that are frequently used by members of the target community; advertising in culturally appropriate media will ensure that information reaches the people the group wants to inform. NAMI National's Multicultural Action Center has many resources designed to assist with outreach efforts to diverse groups. For a link to the many resources available for multicultural outreach, go to www.nami.org/multicultural.

Media Tools

Get Maximum Exposure by Working with the Media

Prepare for MIAW and BDAD by starting new relationships—and strengthening old ones—in the news media.

Media—print, radio, television, or Internet—help publicize events and communicate NAMI messages to the general public.

Media efforts help educate and influence local officials, lawmakers, business leaders, teachers, police officers, and others in a community. Through the media, you can reach people who may need help, but don't know where to turn.

NAMI has developed a comprehensive Media Tool Kit called "Public Relations 101,"available on the NAMI Web site at www.nami.org/publicrelations101, that can be used to support MIAW activities. It contains information about various strategies, as well as model press releases and other tools. Here are only a few:

Targeted Media Lists

Make a list of news editors and reporters to send news about MIAW activities or events. Most media lists today rely on e-mail addresses, but some reporters may tell you they still prefer faxes.

Follow-up telephone calls are important, so also keep a list of phone numbers. Keep an overall printed list as a worksheet for notes when you make calls.

The NAMI Web site allows affiliate leaders to create "list serves" that can be used to simultaneously send an e-mail to everyone on your media list. The tool is at http://mailgroups.nami.org.

Making a list takes time—it can be tedious—but it's worth it.

Focus on the geographic area for your community (state, metro area, or town) and on newspapers and radio and television stations inside it. Don't forget weekly newspapers or the newsletters of other community organizations. Include names by function: e.g., news editors and producers, calendar editors, and reporters, especially health and feature ones.

Contact information for a media organization often can be found on Web sites under "Contact Us" or on e-mail links built into the bylines of individual reporters on stories posted on Web sites. You'll need to browse each one carefully.

Some public libraries have media directories. Two on-line directories may be helpful also in compiling a list:

- www.newspapers.com
- www.radio-locator.com.

If all else fails, try calling switchboards. Ask for the name of news editors and then ask to speak with them. Ask them how best to send them your press releases.

E-mailing to Media Lists

Never send a press release or other information as an e-mail attachment. Always cut and paste the text of documents into the body of the e-mail.

Keep messages short: no more than 400 words (with short paragraphs). But you can include links to fact sheets or other public sections of the NAMI Web site.

Pitching Tips

Send press releases about scheduled events at least two weeks in advance. Follow up with another notice a few days beforehand.

Follow-up press releases or e-mail messages with phone calls 24-48 hours after they are sent. Keep your "pitch" to 30-60 seconds—especially on voicemail messages—unless an an editor or reporter starts engaging you in a longer conversation.

Suggest story ideas to individual reporters. Offer them consumers and family members who are willing to tell their stories interviews, reflecting NAMI messages such as hope and recovery or the need to improve mental healthcare.

Op-Ed Articles

Opinion essays that run "opposite the editorial page" in newspapers can be submitted to discuss in details a particular need or issue affecting the community. Local angles are important—based on local statistics or events.

Most op-ed articles need to be 600-800 words in length, but contact the editorial page editor to check on the length limit and to find out how an article should be submitted—there may be special email address. Editors will not agree to run an article based only on an idea. You have to write and submit an article for it to be considered. It may be accepted or declined. If declined, you can offer it to another paper; however, do not submit the same op-ed to different papers at the same time!

Letters to the Editor

They are different from an op-ed—often reacting to a recent story published in the paper or commenting on a local event. Most need to be 150-200 words in length, but as with op-eds, check with editorial page editors beforehand.

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