



Bi-Monthly Newsletter

Jan./Feb. 2022

A grassroots mental health organization dedicated to improving the lives of people who have mental illness, their families, partners, and friends

Free Program and Activities Calendar

OUR SUPPORT GROUPS CONTINUE TO MEET VIRTUALLY THROUGH FEBRUARY. YOU CAN PARTICIPATE EITHER BY AN EMAIL LINK OR BY CALLING IN AND ENTERING A MEETING ID NUMBER. PLEASE CONTACT US IF YOU HAVE QUESTIONS OR WOULD LIKE TO DO ONE. WE WILL THEN PROVIDE THE INFORMATION THAT YOU WOULD NEED FOR THE GROUP.

Support Group for Adults Affected by Mental Illness, their Families, and Partners

Monday: January 10 and January 24 & February 14 and February 28

We have Scheduled Zoom Meetings from 6-7 pm.

Sharing and Caring Education and Support Group for Adults who have Mental Illness, Family Members, and Partners

Tuesday: January 11 and January 25 & February 8 and February 22

We have Scheduled Zoom Meetings from 6-7:30 pm.

Education/Support Group for Adults with Mental Illness, their Families, and Partners

Thursday: January 13 and January 27 & February 10 and February 24

We have scheduled Zoom Meetings from 2-3:30 pm.

Online Board Meetings

Thursday, January 6-Board Meeting, 5:30-6:30 pm

Thursday, February 3-Board Meeting 5:30-6:30 pm

Please note that our support groups are for all adults, their family members, or partners who are dealing with mental illness. You can attend any of our groups, no matter your diagnosis or your family member or partner's diagnosis. Our services are a supplement to the assistance people receive from mental health professionals. In our groups, people can share information, get support, and learn about effective coping skills.

Educational Presentations

There are no presentations in January or February.

NATIONAL NEWS & INFORMATION

Key Findings from Mental Health America's Latest State of Mental Health in America Report

- **In 2019, just prior to the COVID-19 pandemic, 19.86% of adults experienced a mental illness,** equivalent to nearly 50 million Americans.
- **Suicidal ideation continues to increase among adults in the U.S.** 4.58% of adults report having serious thoughts of suicide, an increase of 664,000 people from last year's data. The national rate of suicidal ideation among adults has increased every year since 2011-2012. This was a larger increase than seen in last year's report and is a concerning trend to see going into the continuing COVID-19 pandemic.
- **Over half of adults with a mental illness do not receive treatment,** totaling over 27 million adults in the U.S. who are going untreated.
- **The percentage of adults with a mental illness who report unmet need for treatment has increased every year since 2011.** In 2019, 24.7% of adults with a mental illness report an unmet need for treatment.
- **A growing percentage of youth in the U.S. live with major depression.** 15.08% of youth experienced a major depressive episode in the past year, a 1.24% increase from last year's data.
- **Over 2.5 million youth in the U.S. have severe depression, and multiracial youth are at greatest risk.** 10.6% of youth in the U.S. have severe major depression (depression that severely affects functioning). The rate of severe depression was highest among youth who identified as more than one race, at 14.5% (more than one in every seven multiracial youth).
- **Over 60% of youth with major depression do not receive any mental health treatment.** Even in states with the greatest access, nearly one in three are going without treatment.
- **Nationally, fewer than 1 in 3 youth with severe depression receive consistent mental health care.** Even among youth with severe depression who receive some treatment, only 27% received consistent care.
- **Both adults and youth in the U.S. continue to lack adequate insurance coverage.** 11.1% of Americans with a mental illness are uninsured. There was a 0.3% increase from last year's data, the second year in a row that this indicator increased since the passage of the Affordable Care Act (ACA). 8.1% of children had private insurance that did not cover mental health services, totaling 950,000 youth.
- **Rates of substance use are increasing for youth and adults, even prior to the COVID-19 pandemic.** 7.74% of U.S. adults and 4.08% of youth had a substance use disorder in the past year. Substance use increased 0.07% for adults and 0.25% for youth over last year's report.

This year's report highlights two issues:

- **Suicidal Ideation and 988 Implementation:** With the passage of the new 988 number for suicide prevention and mental health crises, there is an opportunity to create a continuum of crisis care with adequate funding that ensures mental health responses to mental health crises and prioritizes equity, particularly for people of color.

- **Disparities in Mental Health Treatment for Youth of Color:** White youth with depression were most likely to receive mental health treatment and Asian youth were least likely to receive mental health care. Youth of color with depression, particularly Native American or American Indian, multiracial, and Black youth, were most likely to receive non-specialty mental health services in education settings. To create healthier communities, and to better serve students of color who may only receive mental health services in educational settings, schools need long-term financial support to build up sustained and sufficient school infrastructure. (10/19/21)

Expanding Mental Health Care is a Medical Necessity- The COVID Pandemic made a Long-Standing Problem even more Urgent

It is a classic refrain in psychological research: people are more resilient than they realize. The acute upheaval of the early pandemic era led to a spike in depression and anxiety. A year or so later those numbers appeared, in many studies, to return to prepandemic levels, reflecting the science that says most of us tend to bounce back from traumatic events.

But the longer-term disruptions, losses, and volatile shifts from hope to fear to languishing are harder to parse. COVID has already killed or disabled millions, deepened economic insecurity and racial inequality, and forced radical adaptations to daily life; its serious effects on mental health and well-being very likely will continue and in ways still unknown.

In 2020, the U.S. Congress responded to the mental health crisis by providing temporary funding for services and forcing the expansion of insurance coverage. These emergency measures must be permanently extended to meet emerging needs--and expanded to tackle long-standing and systemic inadequacies in care.

In September, the American Psychological Association called on Congress to do just that, along with mandating increases in the number of mental health providers. The *Lancet* COVID-19 Commission Task Force on Mental Health, meanwhile, wrote that the pandemic “offers a critical opportunity to invest in and strengthen mental health care systems to achieve a ‘parity of esteem,’ meaning that someone who is mentally ill should have equal access to evidence-based treatment as someone who is physically ill.”

The idea that mental health is less legitimate than physical health has led to paltry insurance coverage, a scarcity of counseling professionals, and regulatory hurdles that make finding care especially difficult in rural and other underserved locations. Yet research has continued to reveal that the separation between mind and body is a false one: chronic emotional distress can significantly increase the chances of developing serious physical disease.

Talk therapy is especially well-suited to telemedicine, which has grown rapidly as an emergency measure and can be adopted as a true alternative to clinical settings. Video-based sessions work as well as in-person sessions, perhaps because it is easier for people to show up consistently.

Insurance companies must continue to cover virtual appointments. Equally important are systemic policy changes to bolster socioeconomic support: it is harder to cope with emotional distress when also worrying about financial security.

Young people, in particular, have been hurt by pandemic disruptions. Many are struggling to see a hopeful future for themselves--a key to resilience. Researchers agree that preempting behavioral problems and mental illness makes more sense than beginning treatment after a crisis.

One way to proactively reach more young people is to teach cognitive-behavioral therapy and mindfulness in schools. Using standard textbooks and trainings, students could learn to self-soothe, regulate emotions, and form healthy coping mechanisms for stress. Such institutional programs would be especially helpful for the more than two million children worldwide who have lost a caregiver to COVID.

Two other groups of people need dedicated focus: those who were infected with COVID and those who treat them. In a recent global review, more than half of people who tested positive report symptoms of so-called long COVID, including brain fog, lethargy, and depression. Approximately one in three survivors has been diagnosed with a generalized anxiety disorder and one in eight with post-traumatic stress disorder.

Clinicians must prepare for a surge of patients who need psychiatric treatment. Nurses, doctors, and other health-care workers, too, need more institutional support; many still avoid speaking up about psychological distress, fearing (often rightly) that it could jeopardize their jobs. Ending the stigma of seeking care would help acknowledge the traumas of COVID, as well as the burnout that was already endemic in the profession.

The “end” of the pandemic must not signal a return to the status quo, if only because it is not the only global force threatening emotional resilience. Severe wildfire seasons, rapidly intensifying hurricanes, and deluges of rain--all consequences of climate change--mean that more and more people are experiencing terrifying disasters and loss.

Such upheavals will keep overlapping rather than dissipating. It is long past time to prioritize mental health as essential to overall health. Fostering resilience in a world of accelerating uncertainty depends on it. (Editors of *Scientific American*, December 2021 issue)

NAMI Poll Finds Broad Support for Mental Health Crisis Care

There is a July 2022 deadline for the nationwide launch of a new three-digit number, 988, for help with suicide prevention and mental health crises. A poll released from the National Alliance on Mental Illness, which surveyed more than 2,000 adults, has found deep dissatisfaction with the current state of mental health treatment and strong opposition to law enforcement responses to mental health crises. The poll shows that creating and funding a 988 crisis response system--an alternative to 911--shows broad support for a robust mental health crisis system, as well as federal and local action to fund it.

Eighty-six percent of Americans agreed that building and providing mental health crisis services can prevent people from cycling in and out of emergency rooms, arrests, incarceration and homelessness. Three-quarters of those surveyed are not content with the status of mental health treatment in this country, regardless of political affiliation, while 54% say there is significant room for improvement in addressing mental health and suicide crises. That number is far higher than for the need to significantly improve other medical emergency responses (26%).

While 72% of respondents have a favorable opinion of law enforcement in their own community, four out of five people believe that mental health professionals should be the primary first responders when someone is having a mental health or suicide crisis rather than law enforcement.

“By responding to a mental health crisis with mental health professionals, lives will be saved and people in crisis can get the right care when they need it most,” said Daniel H. Gillison Jr., NAMI CEO. “Mental illness is complicated and crisis care requires a broad continuum of crisis services, including culturally competent care, that can connect people with services in the community. This survey shows that we have an opportunity --and broad desire--to provide better mental health crisis care and reduce our dependence on law enforcement to respond to mental health crises. We call on policymakers to reimagine crisis response so everyone in crisis gets an effective response and is treated with dignity and respect.”

Millions of mental health crisis calls are made every year to 911 and local crisis lines. Most communities have no option other than a police response. According to *The Washington Post*, one in four people who were shot and killed by police between 2015 to 2020 had a mental illness, and of that number, one in three were people of color. About three in five respondents (62%) said they would be afraid that the police might hurt a loved one while responding to a mental health crisis, and almost half (46%), would not feel safe calling 911 if a loved one had a mental health crisis.

People of color and those with a mental health condition are more likely to agree that they would not feel safe or may feel afraid calling current emergency services (911 or the police) if a loved one needed help during a mental health crisis. Additionally, people do not believe those having a mental health crisis should be taken to jail or into police custody for help, which happens frequently in many communities.

The survey shows wide-ranging support for funding and covering mental health crisis services, supporting NAMI’s calls for government investment in crisis services and requiring that insurers cover the full range of crisis care. An overwhelming majority--90%--support the creation of 24/7 mental health, alcohol/drug, and suicide crisis call centers and 87% support requiring all health insurers cover mental health crisis services. In addition, 81% support providing follow-up mental health care, including medication or therapy, regardless of one’s insurance coverage or ability to pay.

Similar numbers support both state (85%) and federal (84%) funding for 988 call centers and crisis response services. Nearly three-quarters of adults surveyed--73%--would also be willing to pay a monthly fee on phone bills to support the 988 system, similar to fees charged on phone bills for 911. More than one-third of respondents were willing to pay a \$1 or more per month. Once respondents were told that 911 fees average \$1 a month, overall support for a fee increased slightly (78%) but support for paying at least \$1 grew (44%), indicating many prioritize the 988 number at least as high as 911 emergency services.

Despite the impending launch of 988 in July, a significant majority--80%--have never heard of the new emergency number, pointing to the need to educate people about the system and the support necessary to implement it. Only 4% of Americans are somewhat or very familiar with 988. (11/15/21)

The Pandemic Worsened Young People’s Mental Health

The United States surgeon general warned that young people are facing “devastating” mental health effects as a result of the challenges experienced by their generation, including the coronavirus pandemic.

The message came as part of a rare public advisory from the nation’s top physician, Dr. Vivek H. Murthy, in a 53-page report noting that the pandemic intensified mental health issues that were already widespread by the spring of 2020.

The report cited significant increases in self-reports of depression, anxiety and emergency-room visits for mental health challenges. In the United States, emergency room visits for suicide attempts rose 51 percent for adolescent girls in early 2021 as compared with the same period in 2019. The figure rose 4 percent for boys.

Globally, symptoms of anxiety and depression doubled during the pandemic, the report noted. But mental health issues were already on the rise in the United States, with emergency room visits for depression, anxiety and related issues up 28 percent between 2011 and 2015.

The reasons are complex and not yet definitive. Adolescent brain chemistry and relationships with friends and family are important factors, the report noted, as is a fast-paced media culture, which can leave some young minds feeling helpless.

“Young people are bombarded with messages through the media and popular culture that erode their sense of self-worth--telling them they are not good-looking enough, popular enough, smart enough or rich enough,” Dr. Murthy wrote in the report. “That comes as progress on legitimate, and distressing, issues like climate change, income inequality, racial injustice, the opioid epidemic and gun violence feels too slow.”

The surgeon general’s advisory adds to a growing number of calls for attention and action around adolescent mental health. In October, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children’s Hospital Association joined to declare “a national emergency” in youth mental health.

Although blame for adolescent distress is often pinned on social media, the research suggests that screen time alone does not account for crisis. Rather, social media and other online activities act more to amplify an adolescent’s existing mental state, causing some to feel more distress and others to experience enhanced feelings of connection.

Bonnie Nagel, a pediatric neuropsychologist at Oregon Health & Science University who treats and studies adolescents, said that online interactions appear not to satisfy core needs for connection. Recent research she co-authored shows that loneliness is a key predictor in feelings of depression and suicidal ideation. “I don’t think it is genuine human connection when talking to somebody with a fake façade online,” Dr. Nagel said.

At the same time, screen time may be displacing activities known to be vital to physical and mental health, including sleep, exercise and in-person activity, research shows. The current generation of youth express heightened levels of loneliness--more than any other age group--despite spending countless hours connected over media.

Authorities and scientists widely acknowledge that there has been insufficient research into the underlying causes. Dr. Murthy’s advisory calls for more resources to be devoted to understanding and addressing mental health challenges, and it urges a greater appreciation of mental health as a key factor in overall health.

“This is a moment to demand change,” the report concludes. (*New York Times*, 12/7/21)

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