Mental Health Association in Michigan

THE ADVOCATE

MAY 2022 ISSUE

Letter From the President & CEO

Dear Friend and Supporter of the Mental Health Association in Michigan:

Welcome to the Spring edition of the Association's print newsletter, *The Advocate*. This month we celebrate Mental Health Month, founded in 1949 by Mental Health America, which was known at the time, as the National Mental Health Association. The goal of Mental Health Month is to bring about a greater awareness of the importance of focusing on mental health, both individually and collectively.

When the National Mental Health Association adopted May as Mental Health Month in 1949, it was coming on the heels of the 1948 film, *The Snake Pit*, which depicted the horrific conditions that existed in state psychiatric hospital across the United States. Based upon the book of the same title, published in 1946 and written by Mary Jane Ward, the film inspired investigative journalists to look more closely at life in the state-funded asylums.

In 1948, investigative journalist Albert Deutsch authored a book, The Shame of the States, that documented the deplorable and often inhumane conditions in many of the state psychiatric hospitals. In 1946, President Harry S. Truman signed the National Mental Health Act, which created the National Institute of Mental Health (NIMH).

It is vital we remember the ways in which individuals with more significant mental health conditions were given or not given "treatment." It was not more than 70 years ago, there were almost 500,000 individuals being held in state psychiatric hospitals across the United States. It was not until 1954, a drug was invented that could provide some relief from the deleterious impact of psychosis and Schizophrenia. Thorazine, a drug created by the French, was thought to be a "miracle" cure and a way to bring individuals who had been long-time residents of psychiatric hospitals

MHAM's Statement on Racism & Equality

The Mental Health Association in Michigan considers racism to be detrimental to the individual, collective mental health, and well-being of persons of color. MHAM understands that racism undermines mental health. MHAM is committed to anti-racism in all that we do. The time is now for those systems that are inhabited by racism and discrimination to be reformed and MHAM is committed to working toward that end.

back to the community. Even Thorazine had its side effects and was not a panacea for all the symptoms associated with certain mental illnesses.

In 1963, President John F. Kennedy signed the "Community Mental Health Centers Construction Act" into law and the community mental health movement was born. The focus on community integration and treatment has also proved to be both beneficial and challenging as the public mental health system, which is tasked with providing specialty services and supports to the most vulnerable citizens, is struggling to meet its statutory obligations. Lacking in funding, qualified mental health professionals, this includes peer support specialists, and uniform access standards across the state, the ability to keep individuals with more significant disorders in the community is hampered by the lack of resources and oversight by the state. Although treatments for mental illness have evolved over the past 70 years, the state of Michigan is experiencing other forms of "snake pits."

Homelessness among our citizens with serious mental illness is pervasive and many persons with mental health conditions are finding themselves in jails and prisons. This is despite the fact much has been written about these social problems that defy any attempt at a rational solution extending beyond short-term attention by policymakers and journalists.

As of this writing, many children, youth, and young people who are in the throes of uncontrolled symptoms of mental illness are stuck in hospital emergency rooms, awaiting inpatient treatment that does not always arrive. Suicidal kids with significant behaviors are often discharged from the emergency room, despite the fact the symptoms that lead their parents to take them to the emergency room persist. Michigan may not have overcrowded psychiatric hospitals, but it does have emergency rooms stuffed with individuals who need treatment but cannot get it. Unfortunately, an additional problem is the lack of appropriate inpatient psychiatric treatment for all ages, but especially for children and youth. Although we no longer have the sprawling, Kirkbride-inspired Victorian state hospitals in our state, we do have another crisis: nowhere for those who need inpatient care to go when it is needed.

The Mental Health Association in Michigan (MHAM) was founded in 1936 by a group of individuals, primarily medical doctors, who recognized the need for the state to address the needs of individuals with mental health conditions. Originally known as the Michigan Society for Mental Hygiene, the first meeting was held on January 7, 1936, and it was decided Dr. S. Rudolph Light, who "because of his experience in connection with institutions for the insane and the fact he is a psychiatrist," would be named the first board president. The focus was to be on a variety of areas including education and research in psychiatry. From that time forward, and after changing its name, MHAM has continued its tradition of ensuring mental health is at the forefront of public policy in Michigan.

MHAM has been talking about the crisis facing our state regarding the lack of access to mental health supports and services for children, youth and adolescents. As the K.B. v. Lyon lawsuit (the lawsuit has been amended and names MDHHS Director Elizabeth Hertel as the defendant) continues without resolution, hundreds of children, youth and families across this state are unable to access the mental health services and supports necessary for them to become mentally health. In subsequent editions of "The Advocate" and in the electronic monthly newsletter, "Mental Health Matters," MHAM will be highlighting the problems many families are experiencing as they seek to access mental health services for their children.

In this edition of, *The Advocate*, we share the story of a mom who has been seeking long-term treatment for her daughter, Andrea. Andrea's story reflects many of the struggles children and youth adopted out of the foster care system experience because of their trauma history. You can read more about Andrea on page 8.

For us and those of you who live with a mental health condition or substance use disorder, mental health matters. Every day.

Thank you for your ongoing support of the Association. We appreciate your loyalty over the many decades MHAM has been serving as the mental health policy advocate for you and those you love with mental health conditions and addictions.

May is Mental Health Awareness Month

Each year millions of Americans face the reality of living with a mental illness. During the month of May, MHAM joins the national movement to raise awareness about mental health and provide resources for you and your loved ones.

The stigma around mental health and treatment has long existed, even though this has started to change. Still, people hesitate to seek help or even talk about it with their loved ones for fear of being judged and facing unnecessary backlash. Simple logic dictates that if we are hurt anywhere, we must seek treatment to get better. This applies to both our mental and physical well-being.

Mental Health Awareness Month was first celebrated in 1949. It was commemorated by the Mental Health America, which was then known as the National Committee for Mental Hygiene and then later as the National Mental Health Association before it got its current name. The association was founded by Clifford Beers. Beers, who was born in 1876 in Connecticut, was one of five children in his family who all suffered from mental illness and psychological distress. All of them also went on to spend time at mental institutions and it was from his hospital admittance he discovered the mental health field had a notorious reputation for malpractice, maltreatment, and immense bias.

Beers founded the National Committee for Mental Hygiene. Beers and his colleagues wanted to find ways to make sure mental health patients not only received the right care, but also did not feel alone in their fight against mental diseases.

Mental Health Awareness Month is well-worth acknowledging. Mental illness – from depression to PTSD to OCD to substance abuse – impacts the lives of millions of individuals every day. We can use this time to better our education and understanding of mental health in all its forms.

Join us as we come together with community members, survivors, and mental health advocates to increase awareness and reduce the stigma surrounding mental health.

MHA Mental Health America

Addressing mental health symptoms early is critically important for overall health.

The delays in treatment for mental health conditions are longer than for many other health conditions. Getting screened increases the chances of getting treatment. MHAM has free, anonymous, and scientifically validated mental health screens at https://www.mha-mi.com/Mental-Health-Screenings

The State of Mental Health

This year Mental Health America (MHA) published a report on the state of mental health in America with the goal of providing a snapshot of mental health status among youth and adults for policy and program planning, analysis, and evaluation. The report is a collection of data across all 50 states and the District of Columbia and seeks to answer the following questions:

- **How many adults and youth have mental health issues?**
- **How many adults and youth have substance use issues?**
- **How many adults and youth have access to insurance?**
- **How many adults and youth have access to adequate insurance?**
- **How many adults and youth have access to mental health care?**
- **Which states have higher barriers to accessing mental health care?**

Michigan received the following rankings:

Overall Ranking	18
Adult Ranking	18
Youth Rankng	27
Prevaience of Mental Illness	21
Access to Care Ranking	25

Using national survey data allows for the measurement of a community's mental health needs, access to care, and outcomes regardless of the differences between the states and their varied mental health policies. The rankings explore which states are more effective at addressing issues related to mental health and substance use. The rankings include the following components:

Overall Ranking: Indicates prevalence of mental illness and rates of access of care for adults and youth.

Adult Rankings: Prevalence of mental illness and rates of access to care for adults.

Youth Rankings: Prevalence of mental illness and rates of access to care for youth.

Prevalence of Mental Illness: Prevalence of mental health and substance use issues.

Access to Care Rankings: The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and mental health workforce.

While the above measures are not a complete picture of the mental health system, they do provide a strong foundation for understanding the prevalence of mental health concerns, as well as issues of access to insurance and treatment, particularly as that access varies among the states. To gain greater insight into the mental health status among youth and adults in America and view additional rankings, you can view the MHA's State of Mental Health in America report in its entirety here: www.mhanational.org/research-reports/2022-state-mental-health-america-report

Emergency in Children's Mental Health

There is a national emergency in children's mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

As our nation struggles to keep children in school, parents and educators alike are confronted with the increasingly complex mental health needs of children who are stressed out, anxious, depressed, and worse. Their needs are overwhelming our educators, who themselves are often overworked, underpaid, and don't always have the training and supports to adequately help children who are struggling.

From 2009 to 2021, the share of American high-school students who say they feel "persistent feelings of sadness or hopelessness," rose from 26 percent to 44 percent, according to a new CDC study. This is the highest level of teenage sadness ever recorded.

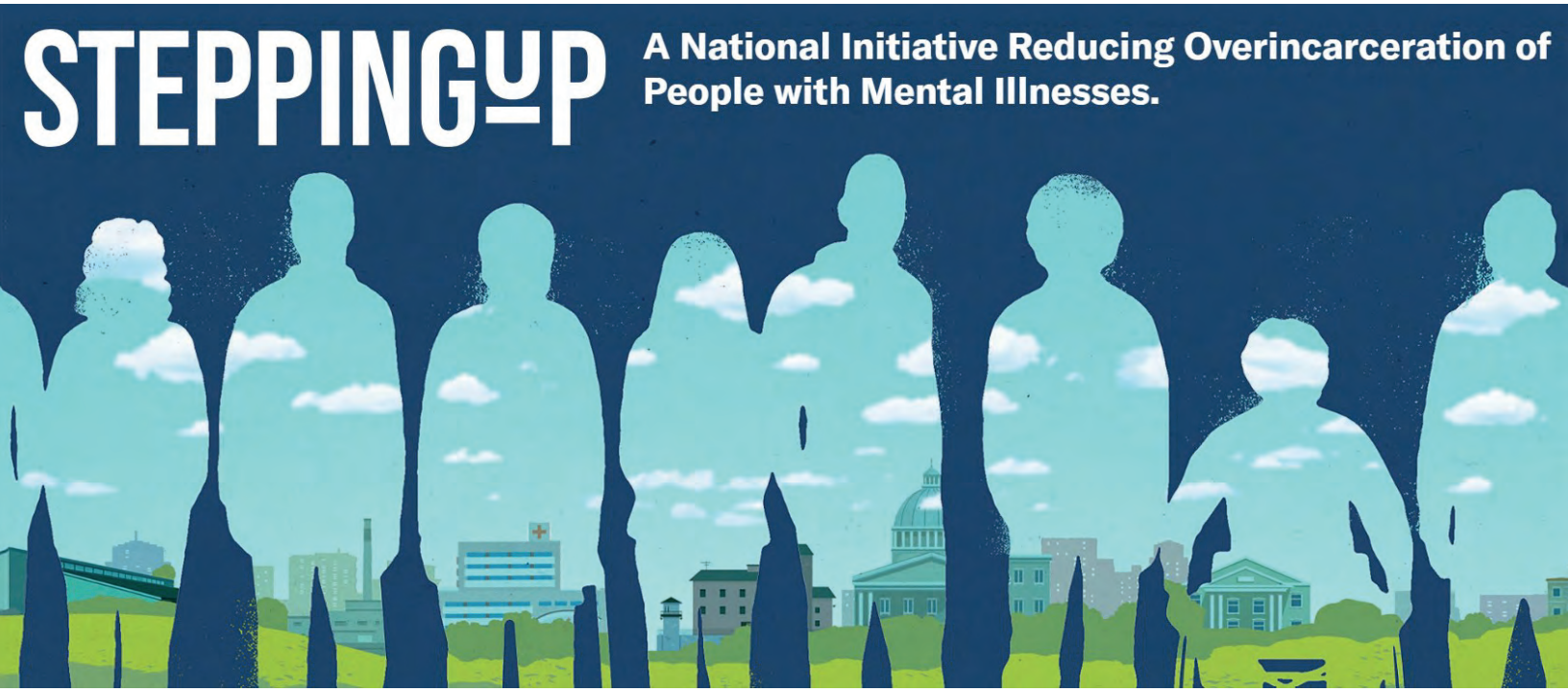
A CDC survey of almost 8,000 high-school students, which was conducted in the first six months of 2021, found a great deal of variation in mental health among different groups. More than one in four girls reported they had seriously contemplated attempting suicide during the pandemic, which was twice the rate of boys. Nearly half of LGBTQ teens said they had contemplated suicide during the pandemic, compared with 14 percent of their heterosexual peers. Sadness among white teens seems to be rising faster than among other groups.

Specifically in Michigan, there is an estimated 1,521,000 K-12 students in 2022 with 125,000 reporting major depression and 74,000 of these students who do not receive treatment. To make matters worse, the ratio of school psychologists to students is 1:2,184 with the recommended ratio be 1:500. According Mental Health America's, America's School Mental Health Report Card, Michigan ranks 27th out of 50 states for overall youth mental health.

In 2021, pediatricians, child psychiatrists and children's hospitals declared a national state of emergency for youth mental health. The groups highlighted suicide is the second leading cause of death for youth ages 10 to 24 and they have seen high rates of loneliness, anxiety, depression, trauma, and suicidality in youth. Children with mental health problems often struggle in school and at home, and are more likely to encounter challenges as adults. Despite how common mental health conditions are in youth, many do not get the services they need, which can lead to worsened conditions that are harder to treat and to poorer life outcomes.

Comprehensive school mental health systems work in partnership with youth, families, and communities to promote a positive school climate, to help develop life skills, enhance knowledge of mental health, and to provide more intensive services for youth with greater challenges. School mental health services lower barriers to care and reduce inequities for underserved youth.

When youth get support early, they have better outcomes and young lives are kept on track. One of the most effective approaches to get youth the help they need is to meet them where they're at, in schools, with comprehensive mental health systems.



Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

I. The Call to Action

Stepping Up is a national initiative to reduce the number of people with mental illnesses in jails, launched in May 2015 with the goal to incorporate best practices and develop models for data collection and evaluation that can be emulated by local governm ents and law enforcement. It is a partnership between the National Association of Counties, the Council of State Governments (CSG) Justice Center and the American Psychiatric Foundation.

Since *Stepping Up* was launched, over 500 counties have joined the initiative to reduce the number of people with mental illnesses in jails. Counties of all sizes have made progress toward establishing accurate, accessible baseline data on the prevalence of mental illness in their local justice systems, which has led to innovative policies and programs, increased connections to potentially life-saving treatment, and, in many cases, tangible reductions in the prevalence of mental illness. Counties are encouraged to enroll in the initiative and report their progress.

II. Introducing: Set, Measure, Achieve

The initiative launched a call to action called "Set, Measure, Achieve" directed at *Stepping Up* counties to establish and reach measurable goals that demonstrate reduced prevalence of mental illness in jails. By setting prevalence reduction targets, measuring progress, and achieving results, participating counties were expected to be better able to assess their efforts and help advance the national movement to reduce incarceration among people with mental illnesses.

Counties participating in Set, Measure, Achieve are expected to be better positioned to identify successes and opportunities, allowing for more targeted and data-driven requests for local, state, federal, and philanthropic support. Setting prevalence reduction targets will also amplify counties' transparency efforts and ensure coordinated cross systems work toward common goals. The initiative offers participating counties broad based technical assistance for setting reasonable targets, implementing data collection, and analyzing results.

III. Stepping Up in Michigan

As of July 2021, Michigan has 27 step up counties.

Free technical assistance in Michigan to *Stepping Up* counties is provided by the Center for Behavioral Justice (CBHJ) with the support of the Mental Health Diversion Council and Michigan Department of Health and Human Services. One component of this assistance involves developing systems for counties to track their own progress by integrating and reporting on data from the jail and community mental health.

The integrated data collects information from multiple sources to enhance collective knowledge among stakeholders, increase data-driven decision-making and foster continued collaboration across community systems. By building a sustainable data system and technical infrastructure, stakeholders can routinely track and report on outcomes of interest including four key indicators:

- Prevalence of persons with behavioral health concerns in the jail.
- Length of jail stay.
- Connections to mental health and substance abuse. treatment
- Recidivism

The integrated data can help counties:

- build evidence-based support for funding access and allocation.
- measure impact of policy and service changes.
- identify service gaps and needs.
- closely monitor services provided to at-risk populations.
- prioritize concerns and community action steps.
- collaborate across community systems.

How the data collection and reporting works:

1. Integration of data from the community behavioral health provider and jail that make up key measures of progress. This includes jail data produced with prisoner screening results sent securely to the CMH on a regularly-scheduled basis. CMH receives and processes the jail data and matches records with those found in jail data to create a merged data set.

2. Analysis of data relevant to progress measures. CMH information technologists merge the dataset using key measures.

3. Reporting of results by CMH to community stakeholders on an ongoing basis that summarize progress and provide insight about concerns.

Sources: *Information on the national Stepping Up initiative and the Michigan counties which have enrolled can be found at https://stepuptogether.org.*
Information on the Center for Behavior Health and Justice is available at https://behaviorhealthjustice.wayne.edu.

Andrea's Story

Editor's Note: The state of Michigan is facing an ongoing crisis as many of its children, youth and adolescents experience significant symptoms of mental health disorders. For example, according to Mental Health America, Michigan ranks 32nd in the nation for the lack of access to treatment for youth with a major depressive episode. According to the annual "State of Mental Health Report 2022" released by Mental Health America, over 59% of these youth did not have access to treatment.

For many of our younger citizens, depression and anxiety remains manageable with the right psychiatric treatment. For others, however, symptoms can become uncontrollable and manifest in a variety of behaviors that includes threats of harm against themselves or others. For these children, some of whom are or were in the foster care system at an early age (but may have been adopted) and some who have significant early developmental trauma, the behaviors and the psychiatric symptomatology cannot be managed with traditional behavioral health treatment such as psychotherapy and psychotropic medications.

For these kids, finding effective treatment can be as elusive as the lack of available treatment options. Despite the fact it is 2022, there remains a shortage of effective treatments that can address the range of behaviors some kids experience. Additionally, there are young people who would benefit from longer term specialized residential options that can provide them with the structure they need to regain a sense of self-regulation. These are only a few examples. The options for mental health treatment in Michigan are limited. There is the traditional outpatient mental health provider who can provide relief to those with mild to moderate conditions. If there is an exacerbation of symptoms or, if the young person is in the throes of a crisis, then inpatient services may be necessary. But, if a child or adolescent exhibits behaviors indicative of an underlying mental health condition that cannot be addressed in the outpatient setting, the only option may be inpatient psychiatric care.

Oftentimes, however, inpatient care is time limited and works toward symptom stabilization and fails to address the underlying condition. For those with more moderate to severe conditions, the trips to the local emergency room become a revolving door. Families are advised, "Your child does not meet criteria for inpatient care." Or, "We don't have any beds," to "Your child's behaviors are too severe." All these responses lead to nowhere with the exception the young people and their families/guardians are left with no viable solutions. Sometimes the consequences for the lack of appropriate treatment options are tragic.

There is an acute shortage of inpatient psychiatric beds in our state. The situation is worse for kids. Michigan has a single remaining state psychiatric hospital for kids located in Northville, Michigan. It is called, Hawthorn Center. It has a 6-8 month waiting list. Many parents who seek placement at Hawthorn are denied. This is despite the fact many of these kids who need to be at Hawthorn engage in extreme behaviors that sometimes require law enforcement's assistance to manage. Unfortunately, many of these children and youth find themselves in county juvenile detention centers when they really need inpatient psychiatric care, and this includes specialized residential programs that do not exist anymore.

Specialized residential programs were more plentiful 20 years ago. Over the years, Michigan has been considered more progressive when it changed its mental health public policy by closing down state hospitals and chose to move toward community treatment for children and youth with significant behavioral health concerns. The idea was these kids could and should be treated in the community.

Source:
https://mhanational.org/issues/2022/mental-health-america-youth-data#five.

And many of these kids can be successfully treated in the community with the right services and supports. Specialized services, which are only available through the local community mental health system, include wraparound, home-based services, respite, community living supports, youth peer supports and parent support partners, to name a few. The problem: These services are not readily available although they may be determined to be "medically necessary." These services have been in short supply for years and the problem has been exacerbated by the need for qualified staff and the pandemic.

The dilemma becomes this: the philosophy is kids should be kept at home with appropriate services. But what happens when outpatient services are unavailable and inpatient services are lacking in supply?

MHAM has been following the stories of families who have been negatively impacted by the change in mental health public policy. These are families who have children that have visited the local emergency room because their child was suicidal or engaging in threatening behaviors, only to be denied inpatient care. These are families who have fought hard to obtain services from the local community mental health agency, but have been told the services, while needed, are not available.

MHAM will be highlighting the individual stories from families about their experiences inside the public and private behavioral health system in our state. In this edition of, The Advocate, we are going to take a look at Andrea's story. Her story is indicative of the experiences other families across the state have encountered while seeking mental health services for their kids.

Andrea's Story
By Mollie Bonter, her Mom

Our story started in October 2020, and since that time, our thirteen-year-old daughter, Andrea, has spent 344 days, and counting, in one form of hospital or another due to ongoing suicidal ideation and self-harming behavior. When we first started this journey with our daughter, we only had private insurance and later we received Medicaid when we adopted our daughter and her brother in 2012. Since then, we have added services through the local community mental health services provider and a special Medicaid waiver for children with Serious Emotional Disturbance (SED).

Prior to October 2020, Andrea was succeeding at school, had friends and was on a traveling competitive tumbling and trampoline gymnastics team. She had some difficulties emotionally due to being adopted and what it meant to be removed from her biological parents' care at the age of 2. She was also remembering abuse in the foster care system. It wasn't until the Covid shutdown took away her access to school, friends, and gymnastics that we saw a drastic decline in her mental health that led to where we are now: almost constant suicidal thoughts, daily self-harm that has increasingly gotten worse to the point where during one recent hospital stay she was ripping her own fingernails out, root and all.
Andrea is currently at Hawthorn Center in Northville. Before she arrived at Hawthorn, she had four inpatient psychiatric stays. It was not easy to get her to Hawthorn. We had to go through a variety of inpatient stays to get her there. Beginning in February 2021, all inpatient facilities within the state of Michigan denied admission to our daughter due to a multitude of reasons: no beds, acuity too high, chronicity, long wait lists for 1:1 care, etc. The insurance company had one opinion and the mental health providers had another. This resulted in contradicting recommendations.

In August of 2021, due to the lack of availability of beds within Michigan facilities, we were able to look outside the state for placement and found a residential facility in Savannah, Georgia that was willing to accept Andrea into their 6-month program. We moved Andrea from the local children's hospital to Coastal Harbor

residential on August 13, 2021, where she lived and went to all day therapy, Dialectical Behavioral Therapy, and school every day until our insurance forced us to bring her home on December 5, three months short of completing the program.

From October 2021, we had twice weekly meetings with Coastal Harbor staff, our insurance company and the local community mental health agency to discuss Andrea's placement at Coastal Harbor. The insurance company was always pushing for discharge even when Andrea was voicing suicidal plans and was continuing to try to kill herself while at Coastal Harbor. The insurance company's reasoning for pushing for discharge was she was failing at treatment so there was no reason for her to stay. We fought weekly with them to keep her in care. It took until mid-November for Andrea to finally agree to try to participate in her treatment plan at the residential facility and she started to show improvement.

As soon as she showed even the smallest improvement, the insurance company changed its reason for wanting discharge from failing at treatment to succeeding at treatment. At first, her doctor at Coastal Harbor was on the side of her needing to remain in treatment stating, "It would be criminal to discharge Andrea home in her current mental state," but due to the insurance company's continued pushing for discharge and threats to not pay for her residential stay, the facility changed its mind and agreed with discharge after only two days of additional treatment.

After discharge, Andrea made it home 30 days before attempting to hurt herself at school on January 5, 2022, resulting in another admission to the local hospital in Grand Rapids. This time the hospital didn't even try to get her admitted into an inpatient facility. They didn't want to admit her at all despite the fact Andrea would tell every doctor and nurse who came into her room "You can't make me use the tools from therapy! If I want to die, it's my choice and no one can stop me from killing myself." While in this five-day admission, the psychiatrist at the local children's hospital made the diagnosis Andrea is not safe to go to a traditional school setting because there is not enough supervision to keep her from hurting herself while at school. This resulted in her having to do online/virtual school and she was failing.

On February 8, 2022, Andrea again tried to end her life, while at home, she tried to jump off the back deck onto the second story of the home multiple times. This resulted in the Ottawa County Sheriff having to come to our home to secure her until the ambulance could arrive to take her again to the local children's hospital. While the sheriffs were at our home, she attempted to take their firearms and continued to try to hurt herself by banging her head against the floor. The two sheriffs at our home did an amazing job at trying to keep her safe from herself while also trying to calm her down. Unfortunately, she had to be restrained to the stretcher when the ambulance arrived and again when we arrived at the local children's hospital ER.

Andrea was again admitted for observation at the children's hospital where she had been for over 30 days. While there, she does not receive any psychiatric care, and very minimal medication management. When we have requested medication changes with support by her outpatient psychiatrist, we have been told by children's hospital staff they are a, "medical hospital not a mental health facility."

While there, Andrea is under 24-hour supervision by a nurse that sits outside her closed door and watches her through a window. She has only a mattress on the floor with no bed because she has broken pieces of the bed off to self-harm during past stays. Andrea is not allowed to use any utensils when she eats her meals because she will use them to self-harm. If there is a part of her meal that can't be eaten with her fingers, the staff tears a piece off styrofoam for her to use as a spoon. As I stated earlier, she has resorted to pulling her own fingernails out because it is the only way for her to self-harm now that they have restricted her so fully while at the hospital. Despite all these behaviors and threats of suicide, the insurance company was threatening to send Andrea back home.

During this admission, we have weekly care conferences with children's hospital staff, insurance company staff, CMH staff, and her outpatient psychiatrist. During every care conference, the insurance company has advocated for discharge home to the least restrictive environment despite CMH and the children's hospital originally advocating for continued inpatient care. We were not able to find an inpatient facility willing to accept Andrea again. The response was, "She needs longer term care that is more intense care than she can receive at the short-term inpatient settings, and we recommend residential care."

On March 11, we received an email stating the insurance company was seeking discharge home with the plan being additional services were to be provided through community mental health. The CMH therapist and I replied to this email requesting reconsideration of the discharge since no changes to the outpatient services provided by CMH had been made and Andrea's ongoing plan was to end her life.

Finally, in late March of this year, our daughter was finally admitted to Hawthorn Center for long-term care.

It has been heartbreaking over the last eighteen months to fight so hard everyday to get our child help that just isn't available. We have reached out to attorneys, state representatives, congresspeople, and many outpatient therapists. Everyone we have spoken to tells us the same thing, "the system is broken." We want to know: How can so many people know a system is broken, but no changes are being made to fix the system in a timely manner?

I think the most heartbreaking thing we have been told throughout this process by numerous sources is the only way to get out daughter the help she so desperately needs is to relinquish our parental rights to our daughter back to the State of Michigan and put her back in the foster care system. Every time we are told this, we think, "this can't be an option" or "this can't be true that foster kids get help faster than kids with families." But we found out, sadly, this is true. We were told the wait list for the state hospital is a yearlong for Andrea, but she was able to get in sooner.

There is so much more I could write, but this summarizes our story. We truly feel if Andrea had not been placed at Hawthorn when the insurance company was refusing to pay for her inpatient stay, then I am sure our story would have a different ending. But, this is not how it should be.

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Planned Giving Opportunities at MHAM

Making a charitable contribution to the Mental Health Association in Michigan (MHAM) is a great way to give back as you age and accumulate wealth. The strategy you choose will depend upon your individual goals, tax and financial plan.

Bequest by Will
Including a charitable bequest in your will is a simple way to make a lasting gift to MHAM and your community.

Life Insurance
Giving through life insurance is one of the simplest ways to make a significant contribution to MHAM and establish your legacy of giving.

Gifts of Publicly-Traded Stock
Shares of appreciated publicly traded stock are an effective way to support\ MHAM and avoid taxation on the gain.

Gifts from Retirement Plans
Retirement plan assets (those in qualified plans and IRAs) are ideal for charitable giving purposes because these assets are often heavily taxed when passed to non-spouse beneficiaries.

For more information about how your planned gift can benefit the Mental Health Association in Michigan, please contact the MHAM office@mha-mi.com. We also recommend that you consult with your tax advisor or planning professional.

988 Coming Soon: New Number to Call for People Facing Mental Health Crises

Everyone deserves access to the support they need, when they need it – and that includes mental health support. That's why this year, starting on July 16, 2022, anyone facing a mental health crisis can call 988 and get connected to the National Suicide Prevention Lifeline (also called the Lifeline).

The line will be staffed with trained crisis counselors who know what callers are going through and know what local resources might make a diffe ence. The phone line is staffed 24/7, and is free and confidential.

When someone is facing a mental health concern or living with a mental health condition, it's really common to feel like no one understands what you're going through. It may be difficult to imagine that someone who picks up the phone could totally understand what you're feeling, and even harder to imagine that recovery is possible.

The current way of doing things isn't working. Calling 911, the de facto response in our country, is not serving people in a mental health crisis well. A police response can inflict additional trauma on someone in crisis, or worse, attempt to criminalize the person.

Unlike 911, counselors will be at the other end of the Lifeline when you dial 988. They are trained to understand exactly how you're feeling and to pair you with resources that are specifically tailored to helping you meet the moment you're in.

Having concerns about your mental health is a common experience. It's time to make this kind of support just as common. This is why 988 is an easy, three-digit phone number to remember. This resource was created for everyone, including you: if you're ever feeling like you need help with a mental health or substance use crisis, but not sure if you should call, starting in July, you can just dial 988. It is a direct connection to compasionate, accessible support.

It's never too early – or too late – to seek help. In the U.S., the average amount of time between the onset of symptoms of a mental health condition or challenge and a diagnosis is 11 years. It's never too early to get support: If you're facing a mental health crisis for the first time, reaching out can help.

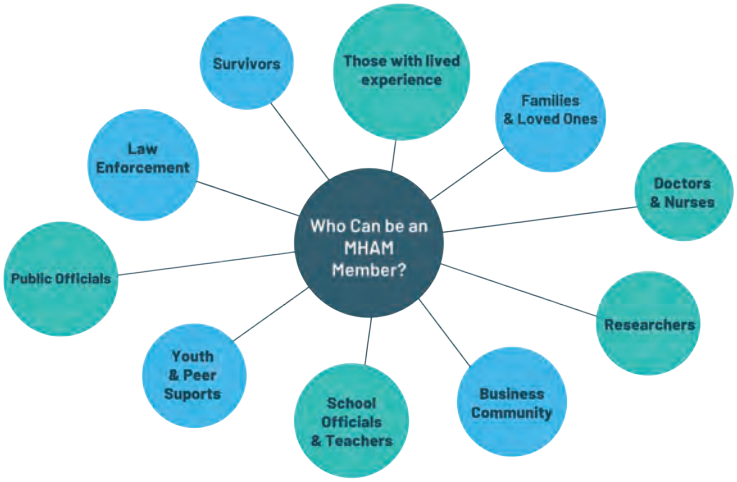
Mental health challenges and crises are widespread. This is why resources and support for people facing mental health and substance use crises must be just as widespread. Starting July 16, 2022, it will become even easier for people living with these challenges to get the help they need.

If you or someone you know needs to be connected to someone who will understand what you're going through and how to help, they can soon call 988 to be directly connected with a trained crisis counselor at the National Suicide Prevention Lifeline.

Note: 988 will not be available to everyone until July 16, 2022. In the meantime, if you or someone you know is in crisis, please continue to contact the National Suicide Prevention Lifeline at 1-800-273-8255 or the Crisis Text Line by texting MHA to 741741.

Membership in the Mental Health Association in Michigan

The Mental Health Association in Michigan (MHAM) is an organization focused on advocating for individuals with mental illness. Being a member of MHAM allows you to have a more active voice in this discussion, participate in a variety of advocacy activities, and links you to others addressing these and related concerns. Becoming a member of MHAM also puts you in excellent company and signals your interest in being counted among the most involved and forward-thinking organizations in the country.



Become a Individual Member | $50*

Benefits of Membership:

- Printed newsletter informing you of news within the organization and current information on mental health issues.
- Monthly Mental Health Matters e-news to provide you public policy updates and other information that impacts behavioral health care.
- E-mail updates on upcoming MHAM events.
- Free or discounted registration fees for MHAM events and educational programming.
- Contribution letter for your tax records to a 501(c)3 non-profit organization.

The Mental Health Association in Michigan is designated as a 501(c)3 non-profit organization by the Internal Revenue Service. A copy of the designation letter is available upon request.

*Discounted Membership: $25

- Students
- Retiree
- Active Military/Veteran
- Person with Lived Experience & Financial Hardship

Organizational Membership | $300

Benefits of Membership:

- All the benefits of an individual member, plus:
- Electronic contact with other MHAM members to share information and ideas, get and give support, identify problems, find solutions and work collaboratively with other MHAM members.
- MHAM legislative alerts, news releases, calls to action and policy updates.
  Email distribution of the above to up to 3 employees, board members or associates.
- Organizational link on the MHAM website.
- Half-page ad in each printed newsletter, *The Advocate (printed twice a year).*
- Banner ad two times a year in *Mental Health Matters.*
- Contribute two articles a year in *Mental Health Matters.*

MHA
Mental Health Association in Michigan

Become a Member
Go to www.mha-mi.com/Become-a-Member and fill out the online form. Payment can be submitted online. Membership are based on a rolling calendar year.

The Mental Health Association in Michigan
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Thank You!

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The Ethel and James Flinn Foundation
World Heritage Foundation
Rollin M. Gerstacker Foundation
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Intra-cellular Therapies (Itci, Inc.)
Hope Network
Sunovion Pharmaceuticals
Takeda Pharmaceutical
Otsuka Pharmaceutical
Johnson and Johnson Health Care Systems