

State of mental health and facilities in Tahoe

Publisher's note: *This is one of several stories about mental health issues in the Lake Tahoe Basin that will be running through October. The other stories may be accessed from the Home page under Special Projects, then click on Mental Health.*

By Linda Fine Conaboy

Living at beautiful Lake Tahoe and the lake's surrounding areas, where some of the most dazzling scenery in the world is always accessible, should contribute to a stress-free existence not to mention a well-balanced, mentally fit and happy population, right?

Partially right. It appears that living in stunning surroundings does not necessarily guarantee a cure for what ails us. And to compound that, there is a great divide when it comes to serving people with mental illness as opposed to those who have a physical ailment such as a sore throat, although physical and mental health cannot truly be separated.

Medical care for folks with mental health needs within the Tahoe basin, it seems, has long been on the decline, at least in the area of study that included South Lake Tahoe, El Dorado, Douglas, Washoe and Placer counties. However, new and concerned people have recently relocated to the basin, recognized the situation and are doing their best to rectify it.

Caring people like Jeanne Nelson and her husband, Alan, who are Family to Family instructors for the El Dorado County branch of the National Alliance on Mental Illness or NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness, are two of the bright

spots, doing their best to bring the situation to light.



The following is a list of some of the mental health resources available in and for residents of the Lake Tahoe Basin and Truckee:

- Nevada County Crisis Line – 530.885.2300
- Nevada County Suicide Prevention Lifeline – 530.885.2300
- Nevada County Adult and Children Line – 530.582.7803
- Placer County Adult Mental Health Services – 530.581.4054
- Placer County Children’s Mental Health Services – 866.293.1940
- Barton Community Health Center – 530.543.5623
- Barton Psychiatry – 775.589.8946
- Tahoe Safe Alliance domestic and sexual violence/child abuse
Kings Beach – 530.546.7804
Truckee – 530.582.9117
Incline Village – 775.298.0010
- North Tahoe Family Resource Center
Kings Beach – 530.546.0952

- Telehealth Adult Psychiatry – 530.543.5867
- A Balanced Life – 530.544.1748
- Carson Counseling and Supportive Services – 775.687.4195
- El Dorado County Mental Health – 530.573.7970
- El Dorado County Alcohol and Drug Program – 530.573.7959
- Family Resource Center – 530.542.0740
- Hope Lutheran Church – 530.541.1975
- Live Violence Free – 530.544.2118
- NAMI El Dorado County South Lake Tahoe – 650.740.5776
- Sierra Child & Family Services – 530.541.2111
- South Lake Tahoe Drug Free Coalition – 530.541.2445
- St. Theresa Church – 530.544.3533
- Tahoe Turning Point – 530.541.4594
- Tahoe Youth & Family Services – 530.541.2445
- Each Mind Matters at www.eachmindmatters.org
- Psychiatric Health Facility – 530.621.6210
- Spanish Wellness Support Group – 530.542.4912
- Narcotics Anonymous – 530.541.4100
- Alcoholics Anonymous – 530.541.1243
- Carson-Tahoe Behavioral Services 46-bed facility – 775.445.7350
- 24-hour crisis line – 775.445.7350
- Senior Pathways (age 50-plus) – 775.445.8181
- Willow Springs – Children's and

teen's residential treatment center
in Reno – 775.858.3303

- West Hills in Reno 95-bed
residential treatment center –
800.242.0478

- Northern Nevada Adult Mental Health
Treatment Center 70-plus beds –
775.688.2001

- Tele-Care El Dorado County
Psychiatric Health Facility in
Placerville 16 beds – 530.621.6213

- Sutter Hospital in Sacramento 69
beds – 916.386.3620

- Sierra Vista Hospital in Sacramento
120 beds – 916.288.0300

- Heritage Oaks Hospital in Auburn
125 beds – 916.489.3336

- Dignity, in-patient mental health
services in Woodland – 530.662.3961

24-hour crisis lines:

- El Dorado County Mental Health –
530.544.2219

- Live Violence Free – 530.544.4444

- Tahoe Youth & Family Services –
800.870.8937

- National Alliance on Mental Illness
(NAMI) – 800.950.6264

- National Suicide Prevention Hotline
– 800.273.8255

“Primary care physicians must incorporate mental health screening into their standard of care,” said Jeanne Nelson, adding that “families need to openly discuss mental health in the same manner as going to the dentist.

“Preventative care and sharing family histories of addiction and mental health issues are a must to help encourage early

intervention. Stigma prevents people from seeking help; it also makes individuals feel they can get better on their own.”

Although providers exist, knowing how to navigate through the system can be daunting. Many people, Nelson said, drive long distances to Sacramento, Roseville or Reno for treatment, because in-patient services simply do not exist within the basin.

She added, this is what comes with living in a beautiful, rural area, a sentiment put forth by nearly everyone who talked to *Lake Tahoe News* about the state of mental health at Tahoe and environs.

Sgt. Michael Seligsohn, coordinating supervisor with the El Dorado County Sheriff’s Office Crisis Intervention Team lamented that we are definitely facing a mental health care crisis in California and nationwide. He also echoed Nelson’s statement that living in a rural area can have drawbacks.

The CIT is a group of deputies assigned to the patrol division who are specially trained to recognize and understand mental illness and brain disorders. They are familiar with the resources available to support individuals in need and they are also trained to understand the impact on families.

“Acute psych beds are few and far between,” Seligsohn told *Lake Tahoe News*. “Mental health clinics that are available have very restrictive policies about whom they may treat based on diagnosis and insurance. Those with multiple problems, such as a psychiatric diagnosis, drug or alcohol issues and/or traumatic brain injury, may fall through the cracks in the system as the issues that they have are not all treated by the same clinician or even in the same clinical setting.

“To a real degree, the geographic isolation of the Tahoe basin from major metropolitan areas exacerbates the problem. As an example,” he said, “the nearest in-patient psych facilities are in Placerville and Reno. One receiving treatment in either

of these communities is a long way from home and support. Once separated from these facilities, follow-up with the treating psychiatrist may be difficult for some, and impossible for one of limited means.”

Seligsohn was upbeat as he described some of the services available at El Dorado County Mental Health including the Outpatient Clinic, and the Wellness Center and Intensive Case Management.

The same services exist on the West Slope of El Dorado County. In addition, in Placerville there's the Telecare El Dorado Psychiatric Health Facility, a 24/7 community-based, locked intensive inpatient psychiatric treatment program for individuals 18 and older who experience an acute mental health crisis.

“A key factor,” Seligsohn said, “is to understand that while there are beds, they are few. As an example, if detained in South Lake Tahoe on a 5150 (involuntary psychiatric hold), you can be confined to a location in California. It is not unheard of for patients to sit for days or weeks in a non-psychiatric setting, not receiving acute psych care, while waiting for a bed. On many occasions, beds have been found in the San Francisco Bay Area or even further.”

Seligsohn said that surprisingly, he is not aware of a facility that can provide psychiatric as well as medical care (wound treatment for example), concurrently. He added that the El Dorado County Sheriff's Office is committed to the idea that people ought not to be incarcerated for symptoms of mental illness.

Unfortunately, mental illness does not confine itself to only adults—it plays no favorites when it comes to age.

Cheyenne Lane is the supportive services Coordinator for Tahoe Youth & Family Services, which includes a drop-in center and a street outreach program providing services to runaway,

homeless, street, couch surfing and high-risk youth up to age 24. This facility is in South Lake Tahoe at 1021 Fremont Ave.

In addition, clientele can be aged-out foster kids, those from dysfunctional homes (where the streets are actually safer), youth with mental health issues and/or substance abuse problems, LBGT youth, parenting youth and simply those who have fallen through the cracks, a term used as a catchall within the mental health community.

“We provide a full continuum of services that include emergency shelter, 24-hour crisis line, case management, individual and family counseling, food, clothing, showers, laundry and other survival items,” she told *Lake Tahoe News*.

Additionally, Lane said her organization aims to improve youngsters’ safety, well-being, self-sufficiency and permanent connections to caring adults while maximizing their potential to become productive citizens of the community.

“We conduct weekly outreach to our schools, street outreach to local youth hangouts, post flyers and we are on social media,” Lane said.

In Truckee, Tahoe Forest Hospital serves a wide population and annually updates a list of local behavioral and mental health providers. This directory can be found by accessing the hospital’s **website**, scrolling down to Quick Links then clicking on Mental Health Crisis Information.

In Placer and Nevada counties, Phebe Bell, the program manager for county Health and Human Services said part of her department’s activities revolve around providing mental health services to people on Medi-Cal.

“I think we are effectively serving the people who meet these criteria. We provide therapy, psychiatry and case management as needed to people who need our services. The challenge comes for people who don’t meet those criteria,” Bell said.

Bell agreed with Sgt. Seligsohn, saying in general, people in rural communities struggle with mental health issues in some specific ways. "There is more stigma in rural areas about mental illness and about asking for help," she said. "Because our population base is small, we don't have as wide an array of services as are available in urban areas."

She added that like many resort communities, "We tend to have high levels of substance abuse, which can be closely connected to mental illness. I am not sure I would say we have a mental health crisis, but I do believe that we can do more as a community to support the mental health of all of our residents."

Bell said that when Placer and Nevada counties survey the community about health issues that concern them, mental health always ranks at the top of the list. "I think we continue to have room to improve. From reducing stigma around mental illness to improving comprehensive services for everyone, we have plenty of work to do."

Nelson said nationally there is a 50 percent deficit in psychiatrists, but at South Lake Tahoe, this problem is no longer a problem.

"The government recommends that a population of 32,000 have one psychiatrist," she said. "The Lake Tahoe Basin has three, although there are none in Douglas County, but you can use Telepsychiatry if you're chronic or severely disabled." Telepsychiatry can be accessed at Barton Community Health Center. Barton's main phone number is 530.541.3420.

Nelson commented that there is a striking difference in mental health services between Douglas County and the Lake Tahoe Basin. "Nevada has a long way to go in education, access and stigma," she said.

As an example, Nelson pointed to the new and innovative kiosks to be found around South Lake Tahoe, crammed full of

information about mental health. Each kiosk highlights local mental health services and educational materials printed in both English and Spanish.

They are at:

- Barton Community Health Center Lobby – 2201 South Ave.
- Barton Family Medicine lobby – 1090 Third St.
- Barton Memorial Hospital's Emergency Department – 2170 South Ave.
- El Dorado County Probation and Sheriff's offices – 360 Johnson Blvd.
- Lake Tahoe Community College in the Commons Area – 1 College Way
- South Lake Tahoe Library – 1000 Rufus Allen Road.

The burgeoning mental health situation at Lake Tahoe is in actuality one which many communities face. The area has dedicated people who are aware of the problem, who are trained in the field and who are determined to reign it in.

As Christopher Croft, the executive director of Tahoe Youth & Family Services puts it, "We're seeing more and more of the area service providers and community members collaborate to address the issues ... now, we're all attempting to work together to figure out care programs for community members."

Realities of mental health

challenge families

Publisher's note: *This is one of several stories about mental health issues in the Lake Tahoe Basin that will be running through October. The other stories may be accessed from the Home page under Special Projects, then click on Mental Health.*

By Kathryn Reed

It never goes away. That's the reality of living with mental health issues.

Amy Snelson is quick to admit she can't do it alone. It takes the support of her husband, family, friends and NAMI (National Alliance on Mental Illness) to help her cope.

She has three sons; all of whom have mental health issues.

"Opening up has been good therapy," Snelson told *Lake Tahoe News*. "The guilt is horrific. Had I known (the family history), I don't know if I would have had children." And with hindsight she wonders if she would have recognized the symptoms earlier.

Her sons are 23, 30 and 32. She lives in South Lake Tahoe with her husband, Gary, who is not the father of her kids. Snelson's sons live in Southern California. Once a month for a week at a time she goes down there. They are at different levels when it comes to being able to function in society and needing to be institutionalized.

Snelson is actively involved in their lives, advocating for care and yet keeping a respectful distance. While being a parent can be a balancing act even when children are adults without extenuating circumstances, when health issues are involved, grey areas of intervention are even greater.

Then there is the law that can prevent parents from taking action. With one child she is his conservator, so she has more

rights. But, still, it's not always enough.

"Doctors don't talk. There is never an open discussion and there is supposed to be," Snelson said. "I've asked for a re-evaluation of medications and nothing is happening."



Her story is not unique. That's the problem, and the sad reality.

Mental health in this country is not treated the same way as physical health. A stigma still surrounds matters of the brain. The uninformed believe people have control over mental health, or that it isn't real, or think people are weak, even less than whole.

What can be worse is the treatment once families start to get help.

"It's been a difficult journey because the mental health community is not cooperative," Snelson said. "Once they get someone stabilized, they kick them out."

Snelson has learned to be persistent, to keep pushing.

A family history of mental illness is common. So is having some traumatic event trigger an episode. That event can be anything from a car accident to being rejected by friends to violence.

Snelson's oldest son has been diagnosed as with paranoia schizophrenia; this was 11 years ago. His biggest delusion is that he believes his food has been poisoned. He's 6-foot-tall and weighs 121 pounds.

Her middle son tried to hang himself when he was in eighth grade. Of the three, he showed the earliest signs that something wasn't quite right. He deals with severe depression, but believes he can overcome this on his own.

The youngest has schizophrenia affective disorder.

There isn't a day that goes by that Snelson doesn't think about her kids. And many days she simply breaks down. She admits the stress affects her marriage, that she didn't expect to be buying her kids clothes and giving them gas money as this stage in their lives.

To help herself cope Snelson is involved in NAMI, which has a chapter on the South Shore. She also surrounds herself with positive people. She reads as much as she can; learning about her sons' illnesses, how to cope and ideas for working within the system. She also sees a therapist.

"The biggest things today I need to work on is I feel embarrassed and I feel guilty for being embarrassed," Snelson said. "How can a mother let her child wear dirty clothes or have body order?"

And, yet, they are adults and she can only do so much.

"My fear is what will happen when I'm dead in terms of their living situation," Snelson said.

Mentally ill suspects test law enforcement

Publisher's note: *This is one of several stories about mental health issues in the Lake Tahoe Basin that will be running*

through October. The other stories may be accessed from the Home page under Special Projects, then click on Mental Health.

By Susan Wood

El Dorado County Superior Court Judge Suzanne Kingsbury has learned personally there is no magic pill in terms of eliminating mental illness on our streets and in the judicial system.

Even with her steely resolve, calming demeanor and steady hand on the gavel that delivers justice in South Lake Tahoe, Kingsbury – who serves behind the bench of Behavioral Court among other disciplines – couldn't save her sister from a debilitating struggle with bipolar disorder.

She knew the fatal result of her sister's well being when she got a call from the coroner in Sacramento a few years ago.



“It was heartbreaking,” Kingsbury told *Lake Tahoe News*.

Like many, Kingsbury has seen her fair share of people “out there screaming and yelling and pushing shopping carts” barely able to hold onto some semblance of reality.

That's just how cunning mental illness is. Throw in alcohol and drug addiction, and the problem grows like it's on steroids.

“Often there are substance abuse issues. That's when it becomes difficult because you need these people to detox to get to the root of the problem,” the longtime judge explained.

Medication can only go so far. With bipolar disorder, aka

manic depression, the pharmaceuticals have side effects that prompt many afflicted to want to avoid them. The period of elevated mood counters the down times enough that some people suffering from it don't want to end the up feelings.

"They hate the lows and love the highs," Kingsbury said.

In the 1980s, the bulk of psychiatric hospitals in California closed, leaving the mentally ill to fend for themselves on the streets. When they're brought in, often from an episode with police, they can get an assessment and substance abuse help if necessary.

Transitional housing, including the few units available in South Lake Tahoe, provides for stability in the community for those just seeking another chance at life.

"Without the housing, a lot of folks will do OK for a while then things will go south," Kingsbury said.

Jail is not the housing answer

"Do you know what the largest psychiatric hospital is?" El Dorado County Undersheriff Randy



**El Dorado County
Undersheriff Randy**

**Peshon recognizes the difficulties his deputies have with suspects who have mental health issues.
Photo/Provided**

Peshon asked rhetorically, answering: "State prison."

"There is no easy answer. Part of the problems we face is the money we have for mental health is in a silo – some people might not fit the criteria," said Peshon, who worked in the county jail in South Lake Tahoe for years. He now works in Placerville as second in command.

Peshon has viewed the double-edged sword of the mounting issue. Medical privacy laws have become stricter, while the stigma attached to mental illness has increased. The burden lies heavily on law enforcement trying to quell or at least reduce the perplexing problem.

"If law enforcement is aware somebody is suffering from mental illness, we have officers who are trained in crisis intervention," Peshon said. "A lot of these situations are brought on because these people go off their meds."

From the county jail and mental health to the state court system and local beats of police and sheriff's departments, government continues to wrestle with the crisis.

In many cases, some refuse help. In others, the help fails to go far enough. Some are unaware of the assistance available – and sometimes, the system works for those who work it.

The highs and lows of fighting the good fight are as dramatic as the ups and downs of those struggling with mental illness.

Statewide, there are 112,300 people in California prisons, the Public Policy Institute reported. Last year 83,280 people were

in county jails. Estimates are that 15 percent of those incarcerated are mentally ill.

In the entire state, California hospitals have about 7,500 beds, the Los Angeles Times reported in a recent study. The vast majority of these beds – 92 percent – is filled by patients from the criminal justice system and is no longer available for those in need of civil commitment. Only 600 beds are available for those just checking in, to say for example, to help themselves.

In other words, someone suffering from mental illness is apt to fall into law enforcement's lap to gain safe harbor.

Officers want more tools

The lack of safe places to go represents a tough quandary for police officers who see the most unpredictable members of society who may either hurt themselves, loved ones or even those who may be passing by.

About a decade ago, a man who appeared to have a psychotic break stood in the middle of the street between the Taqueria and the former *Tahoe Daily Tribune* building and threatened to shoot himself in the head. At times, he laid down as if surrendering but kept a gun in his hand. Bystanders gathered around, exacerbating a pressing issue for police.

South Lake Tahoe SWAT Police Officer Brandon Auxier remembers the episode and points to it as just the tip of the iceberg in what police see almost daily.

"It's a constant problem. We pick them up then sometimes Barton does not have any beds, and they've had to travel hundreds of miles," Auxier said, adding he's noticed more calls lately resulting in "5150s." This term of condition relates to five-point restraints on the person who is suffering a mental breakdown.

“In the last couple of years, we’ve seen an increase,” the officer told *Lake Tahoe News*.

Many of those afflicted with mental illness are homeless. And with the popularity of the new winter warming center in the city, one can see there is a demand for a safe place for these people.

Auxier, a 13-year officer, has seen several repeat calls for those who are endangering themselves or others and create a scene. He’s part of a crisis intervention team, which prompts welfare checks on those who go through the county Mental Health program. Once a case is developed, restrictions abound on what caseworkers can do or say because of confidentiality issues.

Balancing the law of the land

And there lies a dilemma for law enforcement.

South Lake Tahoe Police Chief Brian Uhler would like to see more allowable communication between mental health caseworkers and police given the tenuous situations officers and the public are placed in when the call comes in.



***“When we know
the situation,
we can have
empathy and
some***

patience.”

***– South Lake
Tahoe Police Chief Brian
Uhler***

“It’s a huge issue. The expectation is for us to manage or know a mental health breakdown. When we know the situation, we can have empathy and some patience. The issue is we face laws that prevent health care professionals from even talking to us,” Uhler said. “I’ve learned that even if we had the psychiatrist involved, we could not even confirm if this person is a patient. So we’re stuck out there with no help from the mental health community even if they want to help. It takes a change in state law.”

Law enforcement has a balancing act dealing with these calls.

Officers need to turn on a dime in terms of showing control and strength, while gently switching to empathy and heightening their listening skills.

When they pick these people up, some cases end well over time

between bringing in the courts, transitional housing, medications, caring loved ones and police welfare checks.

But others break the hearts of officers – especially after they get to know the people behind the case numbers.

El Dorado County sheriff's Sgt. Michael Yarbrough empathizes with Chief Uhler on wanting to gather as much information as possible on someone struggling with mental illness creating a threat in public.

He's seen his fair share of crises as Officer of the Year honored by the National Alliance of Mental Illness.

Like Auxier, the county sheriff's department recognizes Yarbrough as spearheading the county sheriff's response through the CIT program. After all, he had three years on the police force on the rough streets of Stockton before landing in South Lake Tahoe in 1997.

Yarbrough said it's tricky dealing with the mentally ill. Officers need to maintain that sense of control but show it in a kinder, gentler way. Communication – verbal and non-verbal as in body language – is key.

"It's a different way of controlling, but you're still in charge," he said.

With "off-the-wall" individual behavior, Yarbrough has been trained and is experienced to see the body language and hear the responses of the subject of the call to be able to tell whether someone is undergoing a mental breakdown.

There's such a new perspective in law enforcement to deal with these calls.

"It's social services driven now," Yarbrough said, comparing the situations to the old ways of handling a call where officers would just pick up the parties and throw them in jail to simply get them off the streets.

“Sometimes it would take six hospital visits before (the subjects) get it or for their families to get it,” he said.



El Dorado County sheriff's Sgt. Michael Yarbrough is a leader in his agency when it comes to handling mental health issues. Photo/Susan Wood

Now officers are known to approach an individual with care, passing out pamphlets mentioning resources. Yarbrough reached in his desk drawer and quickly got out a county mental health brochure labeled "Guidelines for calling 911" in the event of a mental health emergency. Within the pamphlet, there's even a script a family member may use to call in a mental health crisis at home. Also included is a list of critical phone numbers of resources.

The sergeant understands the call often doesn't end with one response.

If he doesn't have the answer, a member of a multi-disciplinary team that serves as a local think tank in dealing with mental health cases may have it. The think tank involves

law enforcement, county jail, Mental Health Department and Barton Memorial Hospital.

The need is overwhelming. In three years, Yarbrough has seen 1,500 reports go through the system.

“It took some time to get (the caseload) managed,” he said.

He analyzed the cases to determine who would be best served by regular visits among his officer force. The dozen deputies who may go out on the welfare checks count medications, sit down with the subject for some positive reinforcement and talk to family members to get a sense of how the person is doing. They also keep an eye on whether clandestine substances appear.

“I’d say about 70-80 percent involve drugs and alcohol,” he said.

Yarbrough has become so keenly aware of the human condition he’s become an expert in the topic. He’s been invited to speak about the programs at a mental health conference in September in Sacramento.

“I can’t give enough credit to the whole collaboration. (The sheriff’s department) wouldn’t be able to do this on our own,” he said.

Beyond the agency resources, Yarbrough relies heavily on caring, knowledgeable family members.

Mental illness is a tricky condition to deal with because it comes with a stigma and emotions attached. Sometimes family members are reluctant to say something or intervene because they’re afraid of offending the loved one.

California AB1424, signed into law in 2015, requires any person who is authorized to have a person taken into custody for involuntary treatment consider available relevant information about the historical nature of the person’s mental disorder.

Upon the CIT visits, waivers are signed enabling family members to make critical decisions on the subject's behalf. There's a long questionnaire asking for information detailing the loved one's historical condition, with a list of phone numbers to contact in the event of a crisis.

Yarbrough sees the slow-moving legislative changes as long in coming and necessary to a person's well being because there is no easy fix.

"Why do we think the brain is the only thing completely immune to illness?" the sergeant asked. "That's the hardest thing for people to understand."

Help for those who help

The need to assist the mentally ill on the streets prompted retired San Rafael police Officer Joel Fay to make a business out of training officers to handle their calls.

The Marin County town has a plaguing homeless population with many classified as mentally ill.

"I thought: 'Where do these people go?'" he said.

He found a way to balance being a police officer and psychologist.

"I knew that police needed to change the way we respond to calls," he said. "For me, it was kind of like a mission in life."

He moved into the field of psychology before fully retiring from the force five years ago. He contracts with counties to bring his specific expertise to their law enforcement units.

El Dorado County, which included Yarbrough, is among the jurisdictions that hired Fay's business to assist them.

Fay trains the officers to look for signs of psychotic

behavior such as the subjects reacting to other stimuli. There are clues of what to look for – whether they “see” the officer, can they feel the officer’s presence and do they comply with requests. If they can’t meet any of the criteria, there are other forces at work in the subject’s brain.

“At that time, the officer knows to slow it down and make them come around to their way of thinking,” he said.

There are also telltale signs of depression the psychologist trains officers to look for.

“There are things to say to work with these people. I tell (the officers) that it’s important for you to stay calm,” he said. “I tell them to pretend like it’s someone you know.”

Fay admits it takes a while for law enforcement to change their frame of mind on dealing with these types of scenarios.

“The goal of the training is to show how to use less force and for officers and the citizens to get hurt less,” he said.

Granted, the approach sounds simple and inroads are being made to treat the mentally ill differently. However, there are still cracks in the overall system.

Fay was empathetic to Uhler’s complaints about not having enough information to keep all involved safe from harm. He echoed the chief’s sentiment about the need to change the laws.

“There are so many road blocks. One problem is the law requires a person to be in imminent danger to get some help,” Fay told *Lake Tahoe News*. “It’s very frustrating because frequently we’re not allowed to collaborate.”

Mental health on the case

Sabrina Owen, the manager of the county’s mental health programs, sympathized with law enforcement wanting more

information readily available on mental health cases. However, she reminded that privacy laws override the need to find an easier way to deal with public displays from those afflicted with a mental illness.

“It’s nice that family members can always call. We can take phone calls all day long and take information, but we can’t acknowledge a case or give it out unless a patient signs a consent form,” she said.

Nonetheless, the programs set into place seem to be working if one looks at the numbers.

Despite what law enforcement projects, mental health evaluations between jurisdictions in the city and county have trended downward in the last few years.

The sheriff’s department in South Lake Tahoe reported 543 cases assigned to subjects for 2014; 501 in 2015; and halfway through 2016 lists 187.

South Lake Tahoe 5150 evaluations number 404 in 2014; 381 the following year; and to date this year show 160.

Owen attributes the drop in statistics to the combined efforts of the CIT consortium and other similar programs.

The mental health professional views the well-being checks as a tried and true way of keeping a careful eye on people who face the very large swings in life’s ups and downs.

Owen strongly supports the idea of intensive case management. This means tracking the subject’s medication, meeting with the person and urging family and group therapy.

“And in respect to law enforcement as first responders, (the mentally ill) would just like to know someone cares,” she said.

South Lake Tahoe couple uses life's lessons to teach others how to cope with mental illness

Publisher's note: *This is one of several stories about mental health issues in the Lake Tahoe Basin that will be running through October. All stories may be accessed by going to the Home page, Special Projects, then hit Mental Health.*

By Jeanne Nelson

Nearly five years ago a kind nurse saw me sobbing in the waiting area of a psychiatric hospital.

I told her, "I don't know what to do to help our young adult son."



Because of overly restrictive HIPPA laws and our lack of psycho-education at the time we did not know the right questions to ask or the right information to proactively share to get him the help he needed and deserved. This kind nurse whispered in my

ear, "You need to find NAMI."

We had recently retired and moved to this beautiful rural area from the Bay Area. We could not find NAMI (National Alliance on Mental Illness) support and education locally so we would drive five hours each way monthly to attend NAMI Family

Support groups in Palo Alto. Our loved one was living in the Bay Area receiving mental health services and supports there.

Through NAMI support we found hope, education and healing. At first we did not comprehend that recovery was possible. The doctors and nurses helping our loved one were so confident about his ability to recover and thrive. We learned quickly the importance of believing in recovery and learned the important role psycho-education of the family/caregiver/friend community support system plays in the recovery process.

Based on our experience we felt compelled to help expand the availability of information about mental illness within the community; hoping to help others avoid the frustrations that we experienced. We now facilitate a NAMI monthly support group for family members and friends of those living with mental illness (second Tuesday of each month at 6pm at the South Lake Tahoe Library). We also offer a yearly evidence-based NAMI Family-to-Family class to help family members learn how to best help their loved ones, and themselves.

After struggling to find our way through the gaps in the mental health and criminal justice system for years we have identified several things that seem crucial to implementing an effective mental health support system, but are often unavailable. First and foremost there is a severe shortage of mental health providers. Psychiatrists are few and far between, and those willing to take on cases involving psychosis are mind-numbingly hard to find.

We need greater cross training for primary care physicians, cross training of mental health professionals in co-occurring addiction, and need greater cross-training of mental health professionals in actual brain science. The notion that bad parenting or purely trauma caused all psychiatric issues is outdated.



Jeanne and Alan Nelson use their experience to help others with mental health issues.
Photo/Provided

Trauma is a powerful thing, but genetic predisposition plays a strong role. We are fortunate in South Lake Tahoe to have two psychiatrists (three as of Aug. 1) plus tele-medicine for psychiatry. We also have many quality therapists locally.

LTUSD has secured excellent counselors, psychologists and nurses skilled in mental health focusing on early education and intervention.

We have far superior mental health services in our rural South Lake Tahoe than the vast majority of rural communities across the nation heavily due to the facilitation Barton Health has provided in pulling the community leaders and service providers together to work collaboratively on strategic

priorities. Still, the waiting lists are often several months long and you must have very specific types of insurance to access the providers.

Within the mental health system there is no universally recognized standard of care as there is in other fields of medicine. Policies must be enhanced toward a standard of care that is patient-centric. Metrics needs to drive this change in staff behavior and performance.

We had so many families calling us in the South Lake Tahoe area saying their loved one was released from the hospital but they do not have an outpatient appointment yet and they did not know what to do. This is one of the most common places our loved ones slip through the cracks.

This led us to publishing a post-hospitalization tip guide for El Dorado County. They are available at our NAMI support group meeting or one of the six new mental health kiosks located at these locations: Barton ER, Barton Family Medicine, Barton Community Health, El Dorado County Library on Rufus Allen Boulevard, and Lake Tahoe Community College.

Mental health care workers have not yet evolved to a community care approach. In-patient and outpatient workers need to see themselves as part of a single treatment team. The notion that my patient has been released from the in-patient psychiatric unit in Sacramento so my job is done needs to be more than just frowned upon. Policies must be enhanced toward a standard of care that is patient-centric.



Jeanne Nelson believes a sense of humor is critical to get through hard times.
Photo/Provided

We know that the jails in the United States are the largest provider of mental health services, and yet, they are not equipped to adequately deal with the mentally ill inmates. It is crucial to have a behavioral health court to divert some of the mentally ill arrestees to treatment, rather than jail.

Other counties such as San Mateo and Santa Clara have loads of folks lining up to get into those diversion programs and they have some superbly trained compassionate probation officers skilled at recognizing signs of de-compensation and skilled at facilitating treatment adherence.

Behavioral health court diversion programs require proactive collaboration by the jail nurse, probation, county mental health and substance abuse clinicians, the judge, and NAMI. If any of these key player-ingredients are not playing their position to proactively hunt for improvements in the overall program, we are falling short.

The Mental Health Commission (which is comprised of experienced volunteers) recently agreed to assess our EDC

Behavioral Health Court in South Lake Tahoe. Such assessments may inspire establishment of improved performance metrics. The results will be available by late summer.

Another thing that concerns us greatly is that many states across the U.S. have now "voted-in" marijuana as medicine, completely bypassing the FDA required studies to understand fully the potential effectiveness of a drug on a particular illness, as well as the side effects of the drug. Unfortunately, there is extremely limited research to support most of the claims of marijuana's efficacy as a medicine and there is significant research to suggest that marijuana has a role in the onset of schizophrenia. Thirty-eight percent of those living with alcohol addiction and 53 percent of those with drug addiction have a co-occurring mental health condition and many do not realize it. This is why we emphasize the importance of having the crucial family history conversation with adolescents so they understand family genetics and the risks their choices can play on their life-long wellness.

We often think about how things could have been if we had been better educated about mental health before our journey began and consider what we would have done differently. We now know that family/caregiver support is a key ingredient in the recovery journey.

We now know who to talk to and what questions to ask psychiatrists and other mental health professionals. We know to use California's AB-1424 form (medical history) and advise all family members with loved ones with mental health conditions to get familiar with this form (available on the El Dorado County website or at our NAMI support group meetings).

In hindsight we should have intervened much sooner in spite of others believing it was "just marijuana" causing the symptoms. We would have attended NAMI support group earlier in the process. We would have attended NAMI education sooner and

would have pursued understanding our family history by assessing both addiction and mental health genetic predisposition risks sooner. We would have had crucial conversations with our children earlier.

South Lake Tahoe has made impressive improvements in mental health services and support in the past year, and we are on the verge of a major transformation in the coming years. The better educated we all are about mental illness, the greater our progress and transformation will be.

We encourage a sense of humor within our family and in our community. My husband makes me laugh every day. This spring he surprised me with daffodils he planted in the shape of a giant happy face.

Jeanne and Alan Nelson are the NAMI – National Alliance on Mental Illness – representatives on the South Shore.

South Shore educators grapple with mental health issues throughout K-12 spectrum

Publisher's note: *This is one of several stories about mental health issues in the Lake Tahoe Basin that will be running through October.*

By Terra Breeden

In Lake Tahoe Unified School District, 42 children were taken to Barton Memorial Hospital for suicidal tendencies this past

school year.

The growing problem of mental health-related issues in children and teens has education officials on both sides of the state line scrambling to become de facto experts in a field that until a few years ago was not on anyone's radar.

"In my experience there has been an increase in mental illness," Nancy Cauley, principal of Zephyr Cove Elementary, told *Lake Tahoe News*. "There needs to be more time taken to examine what we need to do as a community to support these students."

According to the National Alliance on Mental Illness (NAMI), 20 percent of children ages 13-18 live with a mental health condition. These conditions include mood disorders, depression, and anxiety disorders. Although the South Shore is a small community, the wave of mental health problems affecting youth is a big concern.

At South Tahoe High School, Nicole Bergner works as an intervention counselor and gives extra support to higher needs students.

"I see a lot of students with anxiety, depression and trauma-related fallout from family issues," Bergner said.

Even with the increasing awareness, figuring out the cause of mental health problems in youngsters is tough. Cauley speculates that the recent economic recession may have affected children as much as adults.

"The economic downturn of 2008 had a huge impact on the emotional well-being of children," Cauley said. "When a parent loses their house, job or income it affects the child. Stability is important and it plays a big part in a child's emotional well-being and how they respond in the classroom."



“Teachers and counselors do what they can to support students and families, but it’s hard in a rural community with limited resources and social workers.”

– Teri White, Douglas County School District superintendent

Nicole Zunino, the intervention counselor at South Tahoe Middle School, told *Lake Tahoe News* that social media is also a cause of mental health issues in youngsters. On social networking sites such as Facebook and Instagram, impressionable children are hit with a barrage of images and advertisements, coercing them to compare themselves to others and influencing their self-esteem.

The rise in school shootings nationwide has created fear on campuses and contributes to student mental health issues such as anxiety disorders, as well.

“I wonder why we are seeing so much anxiety and what comes to mind is that this generation is seeing school shootings regularly and we are living in this time of fear,” alternative education counselor for LTUSD Amy Jackson said.

Jackson told *Lake Tahoe News* that after her young son experienced a school shooting drill, which is now a commonly practiced training drill at schools, he was fearful, and later, wanted to talk about it.

The reasons for mental health issues are vast and they effect children differently depending on the child's age.

"With younger children, there might be more issues with their family environment and with older children it tends to be more peer-related," Terri White, superintendent of Douglas County School District, told *Lake Tahoe News*.

Lake Tahoe teachers and faculty are trying to identify the problems that arise at different ages. But in elementary schools, recognizing a mental health issue can be especially difficult.

"Elementary kids hide it pretty darn good," Jackson said. "The little guys need counseling, but these mental issues can be hard to identify. You don't see the symptoms until middle school or high school."

Identifying a mental health problem is much easier when the child is an adolescent. However, by this age, the perils of anxiety or depression can be far greater.

"For us, the thing we see with adolescents is suicidal tendencies and trying to deal with their problems by turning to risky behavior," White said.

Lake Tahoe education officials are doing whatever they can to combat mental health problems in schools. At STMS, faculty members conduct six prevention groups a week to help students cope with anxiety and depression. In the weekly meetings, students are taught to regulate their emotions instead of acting out. Relaxation techniques, deep breathing exercises and "I"-statements are utilized to assist children in dealing with their mental health issues.

"Teachers are the first line of defense," Nicole Zunino, intervention counselor at STMS, said. "They are the eyes and ears of the school. We pick students with patterns of behavior and academics to place in these groups"



10 warning signs of mental health issues in teens

- Being sad or withdrawn for more than two weeks
- Severe mood swings that cause problems in relationships
- Intense worries or fears that get in the way of daily activities
- Drastic change in behavior or sleep habits
- Repeated use of drugs or alcohol
- Extreme difficulty concentrating or staying still
- Seriously wanting to harm or kill oneself
- Not eating, throwing up or using laxatives to lose weight
- Significant weight loss or weight gain
- Sudden overwhelming fear for no reason.

Source: *NAMI*

For children with mental health problems, it's important for parents to be involved. Recognizing their child's harmful behavior and providing support is the first step. LTUSD education officials work closely with students, but stress the importance of parental participation.

"We try to get parents involved because the outcome will be better," Zunino said. "We also work really closely with agencies in town like Barton Health.

LTUSD students with known mental health problems are given personalized counseling and support from intervention counselors like Bergner and Zunino. LTUSD also provides specialized education programs to ignite their interest in school subjects and divert them away from harmful behavior.

"We are very good at customizing a student's education," Jim Tarwater, superintendent of LTUSD, said. "We have certain programs that will hook a kid and have stories where kids have had 180 degree turn-a-rounds."

In Douglas County, schools have a hard time providing counseling for students with mental health issues. Currently, there are no mental health counselors on staff. There simply aren't enough resources available for DCSD schools to provide on-campus counseling.

"If we have children who are struggling with mental health, we refer them out and connect them with outside agencies like the Tahoe Youth & Family Services," White said. "But that can be difficult because of health insurance."

White hopes to rectify the lack of support and provide more in-depth care to students with mental health problems. DCSD has applied for a social worker grant through the Department of Education and has plans to work with Project AWARE, which provides social workers to schools through a partnership with UNR and the Department of Education.

“Teachers and counselors do what they can to support students and families, but it’s hard in a rural community with limited resources and social workers,” White said.

At Zephyr Cove Elementary, Principal Cauley says that regardless of limited resources, children with mental health-related problems are given individualized support at the school.

“When we are made aware that a child needs mental health support we work with the parents and community to help that child,” Cauley said. “No matter what a child has, we always work with every possible team member to ensure that student is successful in school.”

Breaking down the basics of mental health

Publisher’s note: *This is one of several stories about mental health issues in the Lake Tahoe Basin that will be running through October.*

By Lake Tahoe News

Mental illness is a growing problem throughout the country, and Lake Tahoe is not immune to this trend.

Barton Health is taking an active role in bringing help to people in this area by hiring more specialists, adding services, and being a leader in getting people to be more aware about what mental illness is and what can be done to help people.



Kim Kilgore, a licensed clinical social worker at Barton Community Health Center and Barton Family Medicine, provides counseling services for adults experiencing mild to moderate mental health issues. Here she provides insight about mental

illness and health issues in the greater Lake Tahoe community.

Why should people care about mental health?

Kim Kilgore: We all know and love people who are affected by a mental illness. The stats show us that mental health conditions shape the society we live in and affects us all.

For example, according to Barton's Community Health Needs Assessment, 10.3 percent of the population reported fair or poor mental health and 31.4 percent showed symptoms of depression.

From a national perspective, the National Alliance of Mental Illness (NAMI) shares these facts:

- 43.8 million Americans experience a mental illness each year
- 26 percent of homeless adults are living with a severe mental illness
- 24 percent of state prisoners have a "recent history of a mental health condition"
- Depression is the leading cause of disability worldwide
- Serious mental illness costs the U.S. \$193 billion in lost revenue each year
- Suicide is the 10th leading cause of death in the

United States, 90 percent who commit suicide have an underlying mental illness

· Nearly 60 percent of adults with a mental illness did not receive mental health services in the previous year and 50 percent of youth (ages 8-15) did not receive treatment.

Define mental illness.

Kilgore: The National Alliance for Mental Illness defines mental illness as a “condition that impacts a person’s thinking, feeling, or mood and may affect his or her ability to relate to others and function on a daily basis.”

How common is it to have a mental health issue?

Kilgore: Approximately one in five people have a mental illness, according to NAMI. The Substance Abuse and Mental Health Service Administration (SAMHSA) state that 18 percent of adults have a mental illness. Anxiety disorders are the most common mental illness in the United States.

What did this area’s Community Health Needs Assessment (CHNA) reveal about mental health on the South Shore?

Kilgore: According to the CHNA, the suicide rate in El Dorado County is higher than the California average and neighboring Douglas County. Two-thirds of participants surveyed believe mental illness is a major problem in our area, which has led to more community actions and cooperative efforts to address mental health.

How is mental illness hereditary?

Kilgore: Many mental illnesses have been linked to genetic components. For example, adults with relatives that have bipolar disorder are 10 times more likely to develop bipolar disorder. According to current research, bipolar disorder has the greatest genetic link of all mental illnesses. SAMHSA also breaks down other mental illness and the genetic component on

their **website**.

Is there a way to prevent mental illness?

Kilgore: Mental illness can be caused by a variety of different events including genetics, environment, lifestyle choices, substance abuse, and traumatic incidents. One of these events, or combination of events, can create conditions which may lead a person to develop or be more susceptible to developing a mental illness.

Evidenced-based prevention strategies include:

- Destigmatizing mental illness.
- Education about common signs and symptoms of mental illness.
- Identifying signs/symptoms and providing early intervention when a person develops a mental illness.
- Abstinence or reducing use of drugs and alcohol.
- Increasing an individual's protective factors (which include: social support, self-esteem and self-control). Access to mental health and substance abuse treatment.

When should someone seek help? And where?

Kilgore: If signs and symptoms of mental illness are lasting for weeks to a month at a time and are impacting everyday life and relationships, it is time to get help. Mental illness is treatable. A person should talk to his or her healthcare provider about the symptoms or request a referral for mental health counseling. You can also contact the health insurance company and request a list of mental health providers in your area.

If a person needs immediate assistance and having thoughts of self-harm or harming others, 24-hour help is available by

calling 800.272.8255. The person can also call 911 and request a “welfare check.”

What can a relative or friend do to support a loved one who may be suffering from a mental health issue?

Kilgore: Some ways a relative or friend can show support for a loved one suffering from a mental health issue are:

- Help a loved one find resources for help where he or she lives.
 - Learn more about mental illness.
 - Listen empathetically and with compassion
 - Contact your local NAMI chapter or get tips from **NAMI online**.
-

Demand for mental health care grows in Tahoe

Publisher’s note: *This is one of several stories about mental health issues in the Lake Tahoe Basin that will be running through October.*

By Kathryn Reed

Mental health is a growing problem on the South Shore that is affecting all ages and has no socio-economic boundaries.

More people are committing suicide. Substance abuse is an issue, which exacerbates mental conditions.



These are some of the findings in Barton Health's latest Community Needs Assessment. Officials from the Tahoe healthcare conglomerate spoke to the South Lake Tahoe City Council this month – which is Mental Health Awareness Month. A

different foursome – three from Barton, one from NAMI (National Alliance on Mental Health) – gave a talk a few days earlier at Lake Tahoe Community College.

“We see worsening trends,” Clint Purvance, CEO of Barton Health, said.

The top three priorities from the 2015 assessment are mental health, substance abuse and access to services. All are interrelated.

South Lake Tahoe has a higher rate of suicides compared to the state and national averages, as well as more drinkers and drug-induced deaths. The access to primary care physicians, though, is less than the state and national averages.

Barton is going after grants to help implement programs to help address these issues.

What worries Purvance is that there are so many outside factors contributing to one's mental health that are out of the immediate purview of Barton, such as homelessness among school-age youth and adults living in motels.

When Councilman Tom Davis asked Purvance to put a price on dealing with the issue on a communitywide basis, the answer was at least seven figures with no true number having been calculated.

For Barton, the next steps are to maintain and expand mental health services, spearhead community collaboration and

engagement to improve the care flow system, and to build awareness through education and prevention campaigns.

At the community talk Tracy Protell – psychiatrist at Barton; Betsy Glass, licensed clinical social worker at Barton Community Health Center; Kate Mosher, licensed clinical social worker with Sierra Child and Family Services; and Jeanne Nelson of NAMI El Dorado gave some insight about they see in the community, particularly regarding depression.

“The key is all levels are treatable. You really can get the brain back to a healthy state,” Protell said.

She said depression is often misdiagnosed in younger people as attitudinal behavior issues.

A clinical diagnosis of depression is when someone has five of the following nine symptoms for more than two weeks:

- Sadness/irritability
- Anhedonia
- Sleep disturbance
- Decreased energy
- Appetite disturbance
- Difficulty with concentration
- Excessive feelings of guilt-worthlessness
- Psychomotor agitation/retardation
- Suicidal thoughts.

The experts are proponents of starting with lifestyle changes – eating, sleeping, exercise, social interaction – before medication.

Therapy, though, is also a viable option for many people.

However, there is an extensive wait list for psychiatric and psychotherapy through Barton. The good news is new patients are prioritized, with the most severe cases rising to the top.

A third psychiatrist is coming on board with Barton this summer, which should help.

Money can also be a deterrent for people when it comes to seeking care.

NAMI offers some free group therapy sessions and has a wealth of information. El Dorado County operates a 24-hour crisis line. A therapist will meet patients at Barton Hospital's emergency room.

Spreading hope for those with mental illness

Publisher's note: *This is one of several stories about mental health issues in the Lake Tahoe Basin that will be running through October.*

By Kathryn Reed

Recovery is possible. That is the overriding message from parents of a mentally ill son.

Jeanne Nelson cried in the shower every day for a year grieving for the loss of the life her son could have had, she struggled with guilt for not knowing sooner and therefore not getting him help sooner.



“I wonder if he had gotten help sooner, if his cognition would be higher,” she said.

Nelson and her husband, Alan, are the NAMI – National Alliance on Mental Illness – representatives on the South Shore.

Their son is doing fine; lives on his own, has a job. He’s on medication, with long lasting injectables his solution. It’s just not the life he had dreamed about. Adjusting expectations – that’s another thing everyone in the family has had to do.

The couple spoke April 13 at Temple Bat Yam in South Lake Tahoe about what they have learned and now what they have to offer others. There was a time when they didn’t believe their son had any hope for a normal life. That is why they are quick to share that things can get better – for everyone.

NAMI started in 1979 in New York with two moms with grown children who had mental issues. The grass-roots movement has expanded to every state.

One of the big issues with any mental condition is the stigma. NAMI is helping to break down those barriers. The hope is one day mental issues will be talked about the same way physical conditions are. After all, the brain is an organ just like the heart and no one winces at discussing heart issues.

“Telling someone to snap out of it is like telling someone who is deaf to listen harder,” Jeanne Nelson said.

Considering 20 percent of the population is living with a mental health condition, the topic is relevant. One problem, though, according to Jeanne Nelson, is that on average the

delay in getting treatment is eight to 10 years after symptoms first arise.

Signs to look for include excessive worrying or fear, mood swings, a high-degree of sadness, confused thinking, avoiding social interaction, cutting and change in sleep patterns.

Types of brain disorders include depression, bipolar, schizophrenia, obsessive compulsive disorder, anxiety, posttraumatic stress disorder, and eating disorders.

It's also good to know one's family history because mental illness can be hereditary.



Jeanne Nelson on April 13 talks about mental illness.
Photo/LTN

Even after a diagnosis it can still be difficult to get help. Psychiatrists are in short supply throughout the country. In-patient treatment programs – especially in rural areas like Lake Tahoe – don't exist.

Many who are in jail are there with some sort of mental illness. Help for them varies from facility to facility. Substance abuse and mental health often go hand-in-hand.

Jeanne Nelson said there is a tremendous difference between what happens in California and Nevada.

“There's less oversight in Nevada. It has the worst mental

health care in the nation," she said.

The *Reno Gazette-Journal* this year exposed some of the squalid conditions of clients in Northern Nevada that has gotten the state's attention.

The couple said it's important for the advocates of those with mental issues to be vocal, file grievances when necessary and document everything. And while health care officials cannot share information about a patient who is 18 or older without that person's permission, it is perfectly fine to provide doctors with insight about the patient that might help with a diagnosis or care.

—

Notes:

· NAMI support group meetings are the second Tuesday of the month from 6-7:30pm at the South Lake Tahoe Library.

Spotlight on mental health on the South Shore

Publisher's note: *Beginning today Lake Tahoe News will be delving into the topic of mental health in the Lake Tahoe Basin. This is the first of several stories that will be running through October.*

By Jessie Marchesseau

Considering one in five adults experiences some sort of mental

illness in any given year, it's no surprise this subject hits close to home for so many.

Yet even with such high numbers, mental illness still carries a stigma. Doing away with this stigma is a key factor to ensure people receive the necessary treatment, explained Michael Ward, project facilitator for the Mental Health Cooperative on the South Shore. He said mental health needs to simply be considered a part of the health system as a whole, not a separate issue.



"We're not going to make real progress without helping our community to understand that it's OK to talk about these problems," said Rhonda Sneeringer, chief medical officer for Barton Health.

Barton hosted its third annual mental health forum on April 7 at Lake Tahoe Community College.

About 70 people attended, and nearly everyone seemed passionate about the topic. Many were industry professionals such as doctors and therapists; some were employees and volunteers for local health organizations. Representatives from area schools attended, as did the South Lake Tahoe chief of police and community members whose lives have been affected by friends or family with mental illness.

And over the last few years local entities have been joining forces to make that a reality.

Progress so far

Talking about and recognizing mental health issues are some things health service providers have been encouraging within the community, especially with the younger generations. The

fact that 50 percent of chronic mental illness begins by age 14 and 75 percent by 24 are reasons to make sure kids and teens are informed, too. This is partly why local schools were prolific recipients of the Barton Foundation's community health grants last year.

Kindle Craig, Barton Health's director of Strategy and Development, took a moment to acknowledge the grant recipients which also included Live Violence Free, NAMI (National Alliance for Mental Illness), Sierra Child and Family Services, and the South Tahoe Drug Free Coalition, as well as funding for brochure racks displaying informational mental health brochures.

Craig explained to *Lake Tahoe News* there is a waiting list to receive mental health treatment in South Lake Tahoe for all ages. Wait time depends on the specific circumstances of each individual, and navigating the system to find the correct type of treatment can be difficult.

This makes South Lake Tahoe's mental health needs seem dire. But as part of the larger picture, she said, in relation to the rest of California, South Lake's situation is comparatively not bad. However, being in a rural community means that even one tragic mental health crisis, such as a suicide, can affect a large portion of the population.

These are some of the reasons Barton Health chose to lead the effort to improve the state of the local mental health system. But Craig stressed they are not doing it on their own; this is a collaborative effort between Barton, El Dorado County and other area health providers.

"We have a collective awareness of the issue, and we all have a collective buy-in," Craig said.

She described it as all the entities extending their reach a little bit, and together they can fill in the gaps. This idea has proved effective, and the system has come a long way in

recent years, thanks, in part, to annual forums like this one.

Last year's forum was a full-day workshop out of which came the Mental Health Cooperative and a long list of goals for the following six months. Among those goals were a wellness service directory, securing new leadership for the local NAMI chapter, developing two new transition houses for those in need and opening a warming room for the homeless. Ward announced 95 percent of the dozens of goals on the list were completed within the specified timeframe.

After seeing how far the mental health arena has come, the focus turned to what will be coming up.



Barton Health's annual mental health forums are making a difference on the South Shore. Photo/Jessie Marchesseau

The future

First on the radar for the upcoming year is Mental Health Awareness Month in May. Entities all over town will be hosting events, some attendees even created events on the spot. A calendar will be available online within the next couple weeks. Buttons depicting green ribbons were distributed to wear, and residents were encouraged to raise awareness via social media throughout the month of May using the hashtag #eachmindmatters.

As for the Mental Health Cooperative, its list of initiatives

for the upcoming year is lengthy but revolves around three main topics: access, awareness and resources. One of the first orders of business, however, is a trip to Washington, D.C., where representatives will be seeking grant money from the national Health Resources and Services Administration with which to implement these initiatives.

Barton is also making efforts to provide more access to mental health services. It has increased the number of available social workers and counselors, and will be hiring a psychiatrist this summer.

Even though substantial progress is being made, there is a long way to go. It is still essential for individuals to do their part.

How we can help

Sabrina Owens, program manager of El Dorado County Mental Health in South Lake Tahoe, gave a short presentation to educate viewers on how to recognize and take proper action when it comes to mental health issues. She pointed out how symptoms can often be vague and overlap from one illness to another. Symptoms such as excessive sleeping, dropping grades in students and unusual behavior could be signs of a greater underlying problem.

Being able to diagnose the issue is not the goal, simply acknowledging an issue and encouraging the person to seek further evaluation is what is important. Time is of the essence in mental treatment, so she encouraged people to be diligent and not just let possible symptoms slide by.

The forum wrapped up with an interactive exercise where the room broke into groups, each with a specified "patient." The groups then had the task of talking through the chain of events leading to recovery and identifying the issues that could arise along the way.

Obstacles including insurance, education, misdiagnosis, avoiding treatment and navigating the system were identified, among others. The exercise opened eyes and discussions about where the system can fall short, what could use more improvement, as well as how we can all help loved ones and others in our community get the treatment they deserve.

In the end, attendees from all walks of life left educated, inspired and motivated.

“We’re all just trying to create a vibrant, healthy community,” Ward said.