

[From Commissioner Hogan](#)

[OMH's Center for Practice Innovations](#)

[Promoting Cultural Competence](#)

[Medical Updates](#)

[OMH Division of Forensic Services](#)

[Recognition and Applause for a Job](#)

[Infusing Quality into Mental Health Care](#)

[From the Field](#)

[Well Done](#)

December 2010

From Commissioner Hogan



*Michael F. Hogan, Ph.D.
OMH Commissioner*

'Tis the Season to Celebrate the Strength of Individuals, Families and Communities

by Michael F. Hogan, Ph.D., OMH Commissioner

The holiday season and the end of the year are a time for taking stock. As we look at mental health and mental health care in New York, what is our assessment?

This issue of OMH News notes accomplishments, awards and achievements. There is much we can celebrate. Also in this issue, Dr. Lloyd Sederer discusses Seasonal Affective Disorder (SAD) and the safe and effective light therapy that many people use at this time when the daylight gets shorter and shorter. We are reminded that although this is a time of celebration it is also a time of loss.

Many among us continue to struggle in a challenging economy. A recent New York Times article notes the increasing challenge of mental health care in colleges and universities. Continuing state budget challenges--which we know are far from over--have led to contentious layoffs, and there will be additional budget cuts ahead. There have also been recent news stories about tragedies involving people with mental illness.

What we see in the news, both successes that are celebrated and losses that are mourned, is far less than the reality--both good and ill--regarding mental health and mental health care in New York. We know that the burden of mental illness remains great, and that it is made heavier by the reality that--even today--most people with mental illness do not get care. And the care that is given is often imperfect. Science has not yet produced cures, and the mental health "system" remains fragmented. Like the rest of health care in America, mental health care focuses on episodes of treatment, when most illness is long term and as the Institute of Medicine has noted, requires "continuous healing relationships."

But these deficiencies cannot blind us to the underlying truths of recovery and resilience. The fact is that most people at risk do not develop health problems--whether it is children exposed to trauma or soldiers in combat. And most people with serious mental illness experience recovery.

At this time of year, we should celebrate the strength of individuals, families and communities. We should applaud the professionals and friends who are there when things are at their worst. And we should resolve that in the New Year we will continue to work together--even better--to lift New York's mental health.

Happy Holidays.

Medical Updates



Seasonal Affective Disorder: How to Beat "Winter depression"

by Lloyd I. Sederer, M.D., OMH Medical Director

It was about 25 years ago when Sam consulted me about what had become almost a clockwise event in his life, and an unwelcome one. He lived in northern New England and was an executive in the hospital industry. For a number of years as the days grew short in the fall so did his mood. By late October, or early November, his energy began to wane and his usual can-do attitude became riddled with doubt. He felt depressed and discouraged. He fought to deliver at his usual high level of performance, but it was really hard to do. Regardless of what he did there was no relief until April or May when the depressive shroud lifted and he was back to being his usual self.

Seasonal Affective Disorder (SAD), sometimes called "winter depression," became widely recognized as a psychiatric diagnosis in the mid-1980s. Medical literature on this condition dates back to the early 1970s and was familiar to its sufferers well before the mid-1980s. SAD is more than having lower energy in the doldrums of winter -- it is a clinical depression - but one characterized by seasonal variation and that returns like a bad dream for more than one year. That was what Sam had and there was relief in sight.

When I told Sam that he could try bright lights to help his depressive symptoms, he liked that idea. He was not keen on medications and while better disposed to therapy, particularly problem solving therapy, the prospect of waking early and sitting before a lamp and doing his paperwork fit far more into his already overscheduled routine. And it also made sense to him since when nature's light dwindled so did his usual internal blaze.

A very reliable questionnaire for depression that individuals can use is called the [Patient Health Questionnaire-9](#) (the PHQ-9). This simple test asks you nine questions about mood, energy, sleep, appetite, concentration and feelings about yourself. Each question asks the respondent to score from "not at all" to "nearly every day" so there is a composite score that can be as high as 27. Over 10 is suggestive of a depression, and over 20 is highly suggestive of a severe depression. Almost like a blood pressure, this short questionnaire can identify a problem with very high confidence.

What makes SAD different is not its symptoms of depression, but its seasonal nature. It is a *seasonal depression*. Sometimes there is a seasonal heightening of mood in the spring (though this is far less

common). What also makes SAD different is that it can be treated with light.

I suggested to Sam that he get hold of full spectrum lights and sit before them for at least a half hour first thing in the morning. Back then the technology was far less advanced and the devices far clunkier than they are today. After a couple of weeks he noticed he felt better. He looked forward to his light treatments -- even getting a morning head start on the unending paper work that seems to bedevil all of us, not just administrators. When spring came he carefully and slowly decreased his use of the lights and nature took over. But when October came the following fall he had his light box ready to go. He needed it and it served him well.

Twenty-five years later has led to considerable research on SAD and what are optimal wavelengths of light that should be delivered at what times of day for how long. Early morning light for 30 minutes, with the convenience of administering at home, seems to work best for most people, but not all. The best time to begin is usually shortly before a person normally awakes, but there can be considerable variation from person to person at the very least related to when someone goes to sleep. The choice of wavelength and device are best discussed with the doctor who is making the diagnosis and treating the depressive condition.

Right now, all around the northern hemisphere, some people are noticing that the shortening of days is affecting their mood. When seasonal mood problems reach the level of a clinical depression, something needs to be done -- and *can be done*. What often gets left off the list of treatments for depression, which typically are antidepressant medications and therapy (especially cognitive-behavioral therapy or CBT), is light. For many with SAD, light treatment will be safe, effective and affordable. If you think you have this condition, talk to your doctor about lighting up your day, and your mood.

This column originally appeared in the November 23, 2010 Huffington Post.

[From Commissioner Hogan](#)

[OMH's Center for Practice Innovations](#)

[Promoting Cultural Competence](#)

[Medical Updates](#)

[OMH Division of Forensic Services](#)

[Recognition and Applause for a Job Well Done](#)

[Infusing Quality into Mental Health Care](#)

[From the Field](#)

Recognition and Applause for a Job Well Done

OMH, RFMH, OASAS & Center for Practice Innovations at Columbia Psychiatry Win Gold Brandon Hall Award for FIT Training Courses

The New York State Office of Mental Health (OMH), Center for Practice Innovations at Columbia Psychiatry (CPI), Research Foundation for Mental Hygiene (RFMH), the Office of Alcoholism and Substance Abuse Services (OASAS), and Allen Communication Learning Services were awarded the Brandon Hall Research 2010 Excellence in Learning Gold Award for Best Custom Content. OMH, CPI and partners are being recognized for their Focus on Integrated Treatment (FIT) training course. The FIT course is a series of web-based-training modules for mental health professionals to improve treatment for people coping with co-occurring mental health and substance use disorders (COD). At any given time, over 5 million people in the United States have COD.

Michael F. Hogan, PhD, Commissioner of the New York State Office of Mental Health said, "Making health care better and more efficient requires specific actions, like helping providers to improve their practices. Using research-proven treatments is one approach, but traditional training is expensive in terms of travel time and taking people away from their duties. FIT offers an alternative: an internet based approach that provides access to national experts and can be used at any time. For this to work, training content must be high quality. This award--along with participation by over 1,000 people in this learning program--proves that FIT is meeting our high expectations."

Karen M. Carpenter-Palumbo, Commissioner of the New York State Office of Alcoholism and Substance Abuse Services, said, "Clinicians, supervisors and administrators who take part in this state-of-the-art, online learning are helping us provide critically needed treatment to New Yorkers with co-occurring disorders. We are very fortunate to have such outstanding partnerships to create and support the Focus on Integrated Treatment model. With it we are saving resources, enhancing our services, and most importantly, improving the lives of those who need these services."

National data show that half of the people with COD don't receive treatment. A third of people with COD get only mental health or addiction care. Only about one in ten get treatment for both disorders, and only about two percent get care that is evidence-based and integrated. CPI and its partners are using FIT to bridge these divides

[From Commissioner Hogan](#)

[OMH's Center for Practice Innovations](#)

[Promoting Cultural Competence](#)

[Medical Updates](#)

[OMH Division of Forensic Services](#)

[Recognition and Applause for a Job Well Done](#)

[Infusing Quality into Mental Health Care](#)

[From the Field](#)

by training practitioners how to provide effective combined COD treatment.

The Brandon Hall Excellence in Learning Awards program is in its 16th year of recognizing the best in innovative learning content, technology, and initiatives in workplace learning.

OMH's Center for Practice Innovations at Columbia Psychiatry Receives SAMHSA Science to Service Award for Wellness Self-Management

The New York State Office of Mental Health (OMH) is pleased to announce that The Center for Practice Innovations (CPI) at Columbia Psychiatry is a recipient of the 2010 Science to Service award, presented by the Substance Abuse and Mental Health Services Administration (SAMHSA). OMH created the Center for Practice Innovations in 2008, to promote the widespread adoption of evidence-based practices by agencies serving adults with serious mental health problems.

The Center is being recognized for developing practical resources, tools, training materials and evaluation methods that successfully assist mental health agencies to adopt and sustain the wellness self management program (WSM). WSM is a strength-based, curriculum-supported program that provides consumers with information, skills and strategies to manage their own mental health challenges and engage in actions that support recovery. It is an adaptation of a nationally recognized evidence-based practice for adults with serious mental health problems.

WSM was developed as a collaborative effort among OMH, the Urban Institute for Behavioral Health in NYC, and the leadership, staff and consumers of the numerous mental health agencies across New York State. These partnerships were instrumental in establishing practical and effective approaches to the adoption and sustained use of WSM across program types, clinical conditions, and cultural populations.

This national award, presented to only seven programs in the category of mental illness and recovery support services, recognizes the successful and important work of the CPI. Congratulations to the leadership and staff of the center, as they work to improve communities and the lives of individuals by closing the science to service gap. Visit the [CPI website](#) to learn more about the various initiatives and resources available at the Center.

[From Commissioner Hogan](#)

[OMH's Center for Practice Innovations](#)

[Promoting Cultural Competence](#)

[Medical Updates](#)

[OMH Division of Forensic Services](#)

[Recognition and Applause for a Job](#)

[Infusing Quality into Mental Health Care](#)

[From the Field](#)

[Well Done](#)

OMH Division of Forensic Services / CUCS Reentry Coordination System wins 2010 PATH Exemplary Practice Award

From the OMH Division of Forensic Services

The Center for Urban Community Services (CUCS) is the winner of the 2010 PATH Exemplary Practice Award in the Leadership and Collaboration category for the New York City Reentry Coordination System (RCS). In July 2009, the OMH Division of Forensic Services and CUCS jointly developed and launched RCS for Housing to manage access to the dedicated supportive housing units in NYC for individuals who are seriously mentally ill and getting released from the NYS prisons. In July 2010, RCS was expanded to include management of referrals to case management/ACT, and outpatient clinic services.

The RCS Housing and Case Management *Reentry Liaisons* provide mental health services information, case management/ACT and housing placement assistance to the Central New York Psychiatric Center Pre-Release Coordinators who have discharge planning responsibility for persons with a serious mental illness. This includes reviewing applications, arranging video-conference interviews, providing referral assistance to appropriate case management/ACT, housing programs and mental health services, and tracking outcomes.

In its first year, RCS made 420 housing referrals and arranged for videoconferencing for 108 inmates. In addition, 79 inmates were placed into permanent housing. As Sue Smith, Director of CUCS' Housing Resource Center sums up, "RCS is an example of many systems working together to successfully address barriers to housing for this often stigmatized population. We are proving that by working together we can ensure that inmates with serious mental illness are stably housed upon release."

Infusing Quality into Mental Health Care

Learning Collaboratives on Preventing Use of Restraint and Seclusion Now Working Statewide

From the OMH Office of Quality Management

In October 2010, OMH initiated a series of virtual learning collaboratives (LC) on preventing the use of restraint and seclusion. Funded by a SAMHSA (Substance Abuse and Mental Health Services Administration) State Incentive Grant to build capacity for alternatives to restraint and seclusion, these collaboratives meet monthly via teleconferencing and webinars. The first three years of the NYS grant (Positive Alternatives to Restraint and Seclusion, or

[From Commissioner Hogan](#)

[OMH's Center for Practice Innovations](#)

[Promoting Cultural Competence](#)

[Medical Updates](#)

[OMH Division of Forensic Services](#)

[Recognition and Applause for a Job Well Done](#)

[Infusing Quality into Mental Health Care](#)

[From the Field](#)

PARS) specifically focused on two inpatient hospitals and one RTF provider. The focus is now on statewide dissemination and the learning collaboratives touch a much broader group of RTFs and hospitals. LC calls allow providers to engage in discussion and planning, to implement a series of small scale changes, and to test and refine these changes over time to effect long-term improvement.

The premise of the collaboratives is that the mental health system can best make advances to improve quality of care when everyone works together, including oversight groups, experienced leaders and experts in the field, recipients and families, and mental health providers. OMH initiated the collaboratives to provide such an array of leaders, consumers and providers a context in which to work together to promote trauma-informed, recovery-oriented care; to create treatment environments that are free of coercion and violence; and to minimize the use of restraint and seclusion throughout the New York State mental health service system.

The sessions are based on the six core strategies to reduce the use of seclusion and restraint developed by the National Association of State Mental Health Program Directors (NASMHPD). Led by national experts, the collaboratives provide the opportunity to learn from colleagues through presentations by provider participants as well as providers from around the country that have achieved success in the collaboratives' goals. Most importantly, they provide a context in which the participating providers can discuss and test their ideas, successes and difficulties in a forum of their peers.

The learning collaboratives consist of multidisciplinary performance improvement teams representing thirteen residential treatment facilities and twenty-four psychiatric hospitals and general hospital psychiatric units. Of the participating hospitals, eleven are focusing on child/adolescent care and thirteen are focusing on adult care. Providers are encouraged to identify a recipient, peer mentor or family member who can join with their leadership team and engage in the collaborative session. Also participating are representatives of YOUTHPOWER! (a peer advocacy group), regional parent advocates, and the OMH Office of Consumer Affairs. The inter-agency PARS steering committee and select central office and field office staff are also invited to participate on a listen-only basis.

Leaders of the collaboratives were selected for their expertise and experience in promoting trauma-informed care and recovery, and in transforming treatment cultures from coercive to collaborative settings where restraint and seclusion are minimized and ultimately eliminated.

[From Commissioner Hogan](#)

[OMH's Center for Practice Innovations](#)

[Promoting Cultural Competence](#)

[Medical Updates](#)

[OMH Division of Forensic Services](#)

[Recognition and Applause for a Job Well Done](#)

[Infusing Quality into Mental Health Care](#)

[From the Field](#)

They are:

- Maggie Bennington-Davis, MD, is Chief Medical and Operating Officer for Cascadia BHC in Portland, Oregon, which serves more than 15,000 children, teens, adults, and seniors annually in a broad continuum of services. She is the co-author of the book entitled, *Restraint and Seclusion: The Model for Eliminating Their Use in Healthcare*.
- Beth Caldwell, MS, has provided training and technical assistance for over 30 years to human services programs throughout the country that promote the achievements of special needs individuals and families. Her expertise encompasses organizational change, program development, interrelationships of various systems, and evaluation. Through September 2010, she worked through NASMHPD's Office of Technical Assistance (OTA) to provide assistance to SAMHSA grant recipients throughout the country.
- Janice LeBel, Ph.D., was a founding member of the OTA teaching faculty, working to advance implementation of trauma-informed care and restraint/seclusion prevention efforts throughout the United States and internationally. In this capacity she provided training and on-site consultation to programs that are looking to change their organizational culture and clinical practice.
- Carolyn McGrath, RN, is Executive Director of the University of Massachusetts Medical School Adolescent Treatment Programs, a faculty member of the Medical School and clinical instructor in the Department of Psychiatry. She has worked in child and adolescent residential and hospital treatment programs for the last 23 years and directed the first restraint/seclusion free children's unit in Massachusetts.

Lessons learned from the collaboratives will be shared during a 2011 statewide conference.

Promoting Cultural Competence

OMH Releases Statewide Cultural Competence Plan

by Emy Murphy, Chief Diversity & Compliance Officer



The New York State Office of Mental Health (OMH) is pleased to release its New York State [Cultural Competence \(CC\) Statewide Plan for 2010-2014](#). The CC plan addresses policies, procedures, and practices designed to promote cultural and linguistic competence in the services under the purview of OMH, including OMH-operated facilities, funded programs, and licensed programs.

[From Commissioner Hogan](#)

[OMH's Center for Practice Innovations](#)

[Promoting Cultural Competence](#)

[Medical Updates](#)

[OMH Division of Forensic Services](#)

[Recognition and Applause for a Job Well Done](#)

[Infusing Quality into Mental Health Care](#)

[From the Field](#)

The CC plan has been developed to reduce mental health disparities experienced by ethnic minorities and other populations who are traditionally underserved and underrepresented. It is imperative that our work together be intentional and strategically monitored.

The implementation of this plan will require the collaboration of OMH's executive leadership through the OMH Cultural Competence Steering Committee, the NYS Multicultural Advisory Committee, and the NYS Centers of Excellence for Cultural Competence at the Nathan Kline Institute and the NYS Psychiatric Institute. It is our hope that the plan will serve as a blueprint which can be used by county directors and local agencies to develop cultural competence plans of their own. The Bureau of Cultural Competence will be glad to provide technical assistance as needed.

We look forward to taking this journey with you.

From the Field



Lifenet [Network Of Care Website](#) Expands To Provide A Wealth Of Behavioral Health Resources

by Randy Martin, PhD, Director of Crisis & Behavioral Health Technology, LifeNet, MHA-NYC

LifeNet, the award-winning behavioral health crisis, information and referral hotline network for New Yorkers, has partnered with the nationally acclaimed *Network of Care* web portal to provide increased access to a comprehensive array of behavioral health resources. LifeNet's new *Network of Care* website (www.800lifenet.org ) is a highly interactive, easy to use, single source of information available at the fingertips of mental health and substance abuse providers, consumers, families and the general public. The LifeNet network of nine specialty hotlines and its expanded website are free services provided by MHA-NYC (the Mental Health Association of New York City), a leader in applied behavioral health information and technology.

Network of Care (NOC) is a virtual behavioral health community developed by Trilogy Integrated Resources. It is a recognized best practice that is now being used in over 400 locations throughout the United States. NAMI New York City Metro brought NOC to the region in 2008; in July 2010, MHA-NYC integrated NOC with LifeNet's website, creating one of the most robust NOC web portals in the nation. Highlights of the LifeNet *Network of Care* website include:

[From Commissioner Hogan](#)

[OMH's Center for Practice Innovations](#)

[Promoting Cultural Competence](#)

[Medical Updates](#)

[OMH Division of Forensic Services](#)

[Recognition and Applause for a Job Well Done](#)

[Infusing Quality into Mental Health Care](#)

[From the Field](#)

- [Searchable database](#) of over 4,000 mental health, addiction, problem gambling, and support services
- [Health Library](#) with over 30,000 articles on a broad assortment of behavioral health topics
- [Interactive Tools](#) to help consumers assess their behavioral and emotional health and resilience
- [Videos and narrated PowerPoint presentations](#) on important mental health and substance use issues
- [Social Network of Care](#) resources including discussion boards, blogs, and forums for behavioral health professional and consumer groups
- [Community Calendar](#) where stakeholders can post and view upcoming workshops, conferences, support groups, and special events.
- [Confidential Personal Health Record](#) that can store current and prospective service providers, personal and family medical histories, medication records, health directives, and other key medical facts that can easily be shared electronically with health care providers if desired.

LifeNet's website has traditionally been a highly utilized tool for mental health and substance abuse providers to quickly locate services along the full continuum of community-based supports for discharge planning and referral purposes. The new and expanded LifeNet *Network of Care* portal now offers something for everyone, putting vital behavioral health information and knowledge about available resources into the hands of all New Yorkers, a primary mission of MHA-NYC.

Providers, consumers, family members and the general public are encouraged to take full advantage of the new website's wide-ranging services. Please feel free to send your feedback through the [brief survey](#) on the website or by [email](#).

OMH News is published monthly for people served by, working, involved or interested in New York State's mental health programs. [Contact the editor.](#)

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