

MONTANA MENTAL HEALTH *Bulletin*

The Newsletter of the Montana Mental Health Association, whose mission is educating and advocating for the mental health of children and adults in Montana. MMHA is an affiliate of Mental Health America.

Pilot for Law Enforcement Training Set to Launch Next Month in Havre

What happens when law enforcement is called by the family of someone having a mental health crisis? How should police officers respond to a person exhibiting signs of psychosis in a public place? And what are the symptoms of mental illness and community resources available for treatment and services? These are some of the topics to be covered in a new training offered by the Montana Law Enforcement Academy (MLEA) to sheriffs and peace officers in Havre next month. If successful, the Academy plans to offer the course around the state.



While there are a growing number of officers who have gone through a 40-hour Crisis Intervention Team (CIT) training program, many smaller communities find it difficult to arrange for an officer to be gone for a full week. The rationale for this training by the Montana Department of Justice's Law Enforcement Academy faculty is that a one day class brought to a community, would reach many more officers, and significantly improve their skills around interacting with someone who may have a mental illness.

"We would like community mental health professionals to participate in at least part of the day," said Jerry Williams of the Montana Law Enforcement Academy, who is putting the training together and has himself attended the longer CIT training. "Just getting these two groups communicating is a good thing to come out of the training." The other main goal is improving the way officers deal with people in crisis. Crisis behavior results when individuals experience a temporary breakdown in

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Youth Need to be Involved in Preventing Suicide

By Char Windhausen

The Montana Mental Health Association's youth led suicide prevention project is a statewide effort to reduce youth suicide through involving youth themselves in the creation of outreach projects. Suicide is the second leading cause of death for youth ages 15-24 in Montana. Only unintentional injuries such as car accidents, drowning and fires kill more of Montana's youth. It is estimated that every suicide directly impacts at least 6-8 people. It is a tragedy not just for the family of the person, but also for their friends, peers and sometimes the entire community.



Many youth suicide prevention activities that occur throughout the country are planned and implemented with little or no input from the youth themselves. **Teens and young adults need to be more engaged in the effort.**

The youth suicide prevention project addresses that problem. The project gets kids to develop their own media projects that have a suicide prevention message using the types of communication that are most familiar to them. By using text messages, social networking sites like MySpace, as well as video broadcasting sites like YouTube, the teens will better connect with the messages because they created them.

Teens and young adults are more likely to share feelings of depression and thoughts of suicide with their friends than they are with the adults in their lives. This is why

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Public Policy Update

In the State Capitol:

The Legislature continues to hold Interim Committee meetings, and is beginning to consider what possible legislation might arise from the studies they are now undertaking. Here are some mental health highlights.

Law & Justice Interim Committee:

This committee met earlier this month and broke into two work groups: one to consider issues around the intersect between mental health and the adult criminal justice system; the other to look at the juvenile justice system as a whole, including mental health. The juvenile working group decided to focus future meetings on crisis and early intervention services, and looking at the transition of youth from the juvenile justice system. There was discussion of support for treatment courts in the adult work group, as well as on Calif.'s Prop. 36, which changed state law to allow first- and second-time nonviolent, simple drug possession offenders the opportunity to receive treatment instead of incarceration. The committee also discussed whether further examination was needed to determine if treatment of people with mental illnesses in the state

correctional system and in county jails would meet the constitutional tests of recent court cases. They will meet next on February 28-29.

Committee on Children, Families, Health, Human Services will be meeting on January 24 – 25 to review proposals submitted for a study of the Montana mental health system.

Committee on Administration and Veterans' Affairs heard a report on the progress of the Post Deployment Health Reassessment Program, including the MMHA radio campaign that began this month. They meet again on February 22nd.

A SUPER SUMMIT will be held in Helena Feb. 13 to gather consumer & advocate input into next biennium budget. Call AMDD at 444-7209 for details.

On Capitol Hill

Efforts are underway to restart the push for parity legislation this year. If you would like to send a message to our delegation urging them to support parity, go to our website, www.montanamentalhealth.org, and click on "Push for Parity."

Contact the Montana Mental Health Association at:

P.O. Box 88, Bozeman, MT 59771

Toll free: 877-927-MMHA (406) 587-7774; fax 587-7794

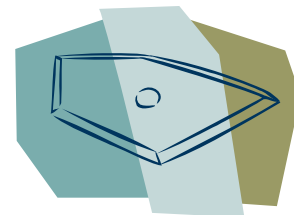
www.montanamentalhealth.org

President, Elaine Schoyen. Full board list is on our website.

**Executive Director, Tracy Velázquez,
tracy@montanamentalhealth.org**

The views and opinions expressed in this newsletter do not necessarily reflect those of the Montana Mental Health Association, its board or staff.

Touching Base:



The Bulletin talks with Karl Rosston, the state's new suicide prevention officer

Bulletin: What attracted you to the position of Suicide Prevention Officer for the state of Montana?

Karl: Personally, it's an important issue. I'm a survivor of suicide; my sister died by suicide when I was 20 and she was 27. She'd just graduated from medical school, and talking about mental health problems was taboo in my family. I only found out later she was suffering from anorexia and clinical depression. And professionally, it was an area I'd already been involved in. I graduated with a degree in psychology from U of M, and received an MSW from the University of Denver. I worked on suicide prevention and assessments at the Univ. of Colorado, where I taught for several years before returning to Montana. I was Director of Social Services at Shodair. I applied for and received a grant to do suicide prevention trainings for teachers. I went all across the state, from Darby to Wibaux, mostly on my own time. I'm glad to have the opportunity to help increase suicide prevention activities at the state level.



Karl Rosston, Montana's first Suicide Prevention Officer

Bulletin: What are your goals for 2008?

Karl: Stabilizing the suicide hotline is my first goal, increasing the funding and ensuring that programs we fund meet national standards. I'd also like to explore more school-based interventions. We also are looking to use mass media to increase public awareness.

Bulletin: There is a lot of discussion about suicide prevention for certain populations, such as veterans and American Indians. Will you be looking at addressing the needs of special populations?

Karl: Certainly. I'm planning to visit with the Post-Deployment Health Reassessment Task Force. And I've already been in contact with Donnie Wetzel, who is

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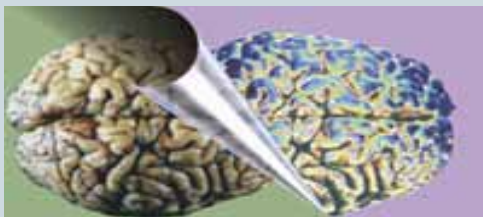
Science Solutions

Bridging mental health research & clinical practice



Schizophrenia-Related Gene Linked to Imbalance in Dopamine Pathways

Forms of a gene known to increase risk for schizophrenia may create an imbalance in brain pathways for dopamine. The findings could help explain how this key chemical messenger goes awry in the disorder, which affects about one percent of adults. The findings hint at a genetically-influenced imbalance between the pathways mediating D2 and D1 dopamine receptors in schizophrenia. <http://www.nimh.nih.gov/science-news/2007/schizophrenia-related-gene-linked-to-imbalance-in-dopamine-pathways.shtml>



Behavioral Therapy Effectively Treats Children with Social Phobia

A behavioral therapy designed to treat children diagnosed with social phobia helped them overcome more of their symptoms than the antidepressant fluoxetine (Prozac), according to a study published in the December 2007 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry* <http://www.nimh.nih.gov/science-news/2007/behavioral-therapy-effectively-treats-children-with-social-phobia.shtml>

Depression's Flip Side Shares its Circuitry

Humans tend to be overly optimistic about the future, sometimes underestimating risks and making unrealistic plans, notes a recent NIMH-funded study. Yet "a moderate optimistic illusion" appears to be essential for maintaining motivation and good mental health. Researchers have now shown that such "optimism bias" may be rooted in the same brain circuitry as depression, which is marked by a tendency to be overly pessimistic. The study was reported in the October 24, 2007 issue of *Nature*. <http://www.nimh.nih.gov/science-news/2007/depressions-flip-side-shares-its-circuitry.shtml>

Making Your Printed Health Materials Senior Friendly

A new tip sheet from the National Institute on Aging (NIA) offers suggestions for how to write and design health information to accommodate cognitive and physical changes that often accompany old age. It includes resources for more information. <http://www.nia.nih.gov/HealthInformation/Publications/srfriendly.htm>

CSAP's 4th Annual Community Prevention Day, Washington, DC, February 11, 1008

Sponsored by SAMHSA's Center for Substance Abuse

Prevention (CSAP) this gathering of CSAP grantees, community organizations, prevention leaders, and public health activists from across the country will provide training on substance abuse prevention, as well as networking with partners within their region. <http://cadca.org/events/forum/forum18/csap.asp>

National GAINS Center Conference—Creating More Effective Services, Washington, DC, March 18-20, 2008

The SAMHSA Center for Mental Health Services' National GAINS Center Conference represents a unique opportunity for practitioners and researchers working at the interfaces of the criminal justice and mental health systems to network, learn, and share knowledge on creating effective services for justice-involved individuals with mental illness. The purpose of this conference is to develop and expand the research base for effective criminal justice/mental health programs and policies. Registration, which is free, is open until March 1, 2008. <http://gainscenter.samhsa.gov/2008conference/>

Blending Addiction Science and Practice, Cincinnati, Ohio, June 2-3, 2008.

This NIDA conference provides an important opportunity for clinicians and providers to interact with the developers of empirically supported treatments in awareness raising workshops focused on treatment implementation. <http://www.NIDA BlendingConference.info>

Depression Linked to Bone-Thinning in Premenopausal Women

Premenopausal women with even mild depression have less bone mass than do their nondepressed peers, a study funded in part by NIMH shows. The level of bone loss is at least as high as that associated with recognized risk factors for osteoporosis, including smoking, low calcium intake, and lack of physical activity. <http://www.nimh.nih.gov/science-news/2007/depression-linked-to-bone-thinning-in-premenopausal-women.shtml>



New Native American Center for Excellence to Strengthen Substance Abuse Prevention Efforts

SAMHSA announced its financial and technical sponsorship of the Native American Center for Excellence, Prevention Technical Assistance Resource Center – a first-of-its-kind national Native American-run project to promote effective substance abuse prevention programs in Native American communities throughout the US. <http://www.samhsa.gov/newsroom/advisories/0711294819.aspx>

Mental Health News

Great Falls MHA To Hold Annual Mtg & Dinner Feb. 19

Presentation of the Virginia Blend Award for outstanding service in mental health, plus installations of officers and new board members, a social hour and silent auction. Banquet tickets are \$20, for more info call Joelene Goodover at 268-6276.

Students with Disabilities: MYLF Forum Aps Due April 4

20 students to be selected to attend annual youth leadership forum July 14-18 in Helena. Call 442-2576 for more info.

Voices of Hope offering ASIST Workshop, January 21-22

Most people considering suicide share their distress and their intent. Training can help us see and respond to these invitations to help. The ASIST workshop is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. The cost of this training, to be held in Great Falls, is \$90 per person. Please call the Voices of Hope at 268-1330 for more info.

Training for Youth Leaders, Educators Now Available

MMHA has developed a training entitled, "Project T.E.A.M.: Trainings on Emotional And Mental Health." Youth-serving organizations are in a unique position to help kids get the help they need -- if leaders have a basic understanding of mental illness and its signs and symptoms. This workshop will give youth leaders the knowledge they need to assist youth in getting the help. For more info, contact us at 877-927-6642 or programs@montanamentalhealth.org.

Changes at the MMHA Headquarters

The end of 2007 brought some changes to our offices. Our new admin. asst. is Kamila Warden, and her email is kamila@montanamentalhealth.org. Also, we have moved to 205 Haggerty Lane, Suite 170, Bozeman. Please send mail to P.O. Box. 88, Bozeman, MT 59771. Feel free to stop by!

MMHA Launches Media Campaign on PTSD for MT Vets

MMHA has begun a statewide radio campaign featuring a 30 second ad that will be for the next several months. The ad is outlines symptoms of PTSD and encourage veterans to get help. Our appreciation goes to MT Vets Affairs Dept. and the Montana Broadcasters Association.

MMHA Board Votes to Recommend Name Change

At the December board meeting, members of the MMHA

board voted to change the name of the Montana Mental Health Association to Mental Health America of Montana. See logo mock-up above. The name change will be voted on by the full MMHA membership at the May meeting. This change would keep us in sync with our national affiliate.



(Law Enforcement Mental Health Training, continued from page 1)

coping skills, including perception and decision-making and problem-solving abilities. Healthy people often seek help from others to compensate for the temporary inability to cope. But, individuals with mental illness may experience the crisis more severely, be less likely to seek assistance from others, or not understand that they are in crisis.

The MLEA Training will have four modules:

- Risk, both in terms of officer safety and safety of the person involved;

- Recognition, including a brief history of mental illness and treatment, as well as behaviors that may indicate someone is in crisis or has a mental illness;

-Response, including how to de-escalate a situation and gather information that could be helpful, both at the time of the interaction and later; and

- Resources, including what is available in the officers' community, as well as a discussion of what resources officers would like to have available.



While Havre is a pilot project, Jerry is hoping that those law enforcement personnel attending will see value in the program so that the Academy can offer more trainings elsewhere in the state later this year. To find out how your community might be added to the list of possible trainings, contact Jerry at the academy at 406-444-9958, or JFWilliams@mt.gov. ☺

(Touching Base with Karl Rosston, continued from page 2)

doing some great work in Indian country with the Planting Seeds of Hope project. I'm still learning all the systems, and also want to connect with the University System and Corrections.

Bulletin: There is concern about federal suicide prevention money for communities drying up. Any thoughts on how to address that?

Karl: I'm looking at other grants, talking with some other federal agencies such as NIMH, to see if we can keep our community projects going. They're doing great work. ☺

Is A State Psych. Facility For Youth In Montana's Future?

On December 10th, the Montana Department of Corrections, in conjunction with the judicial branch, hosted a video-conference meeting to “discuss the need for a state youth psychiatric center.” The video conference left participants with more questions than answers. To help fill in some blanks, MMHA turned to Steve Gibson, the Youth Services Director, Montana Department of Corrections, and Bonnie Adee, Bureau Chief for Children’s Mental Health.

Gibson stated that there are a small number of youth – less than 20 at one time – who have a serious mental health diagnosis, are involved in the juvenile justice system, and can’t be served in-state. Some of these youth have low intellectual functioning, and some have been turned away by in-state facilities because of a high level of aggressive, violent behavior. It is this population that Gibson believes would be well-served by a state facility.

Gibson pointed out that there are currently no state psychiatric beds for kids, so the state must contract with private providers in Montana and elsewhere for residential treatment. “Sometimes there is less available for children in our state than for adults,” Gibson stated. In terms of the population of kids who have a serious psychiatric condition and are in the juvenile justice system, Gibson indicated there are two problems with the current system. The first is the lack of guaranteed in-state beds. “Many providers aren’t able to take these very difficult-to-treat kids,” Gibson said. That often leads to sending the youth out of state, which brings up the second difficulty: monitoring the care these kids receive in facilities scattered across the country. These out of state placements also make family involvement difficult.

“I’m not saying that out of state care is bad,” Gibson added. “Just that it’s hard for us to know for sure the level of services kids are getting when they’re a thousand or two thousand miles away.” Gibson says he envisions the facility in a larger Montana city that has a strong medical center and a university, so the youth would have better access to appropriate care. “We have facilities such as Pine Hills and Warm Springs that were established over a hundred years ago. It would seem appropriate to establish a new facility such as this somewhere we can more easily recruit clinical staff and have access to community resources.” He noted that Pine Hills Youth Correctional Facility doesn’t have a psychiatrist onsite (relying on visits from a Billings-based doctor), and said he believed it wasn’t realistic to expect that they would be able to attract to Miles City the clinical staff

they’d need for this type of facility. He added that approximately 10 years ago, he tried to recruit for a psychiatrist for Pine Hills at a higher salary than was the norm and not one person applied.

Gibson says he doesn’t think the state is at a point to move forward with an RFP prior to gathering further information and creating a consensus, asserting, “we want to work in collaboration with public health and others.” One big concern is in further criminalizing mental health by creating a state facility that only those in juvenile justice can access. Gibson said he’d rather see a facility that treats youth with mental illness regardless of whether they’re in the justice system. “Otherwise we may have well-meaning individuals who know a kid needs help but can’t access treatment, who may be inappropriately referred to juvenile justice so they can access this facility.”



Corrections appears more ready than public health to pursue a state psychiatric facility for youth at this point, however. Bonnie Adee, the Children’s Mental Health Bureau Chief for the Department of Public Health and Human Services, said, “There isn’t good data on exactly what the need is. I know there are twenty-nine kids in out-of-state residential facilities as of 12/31/07 being paid for by Medicaid. Additional adjudicated youth on juvenile probation and youth in the custody of Child and Family Services are also out-of-state, with non-Medicaid funding. But right now it’s hard to track which of these are overlapping and get a real sense of the scope of the issue.” Adee indicated that, while she’s still in her first year as bureau chief, it’s one of her goals to improve infrastructure so the state can do better data-gathering.

Adee agreed that monitoring out-of-state placements is a challenge, but added, “We’re doing better at keeping kids in Montana. We’ve reduced the number of out-of-

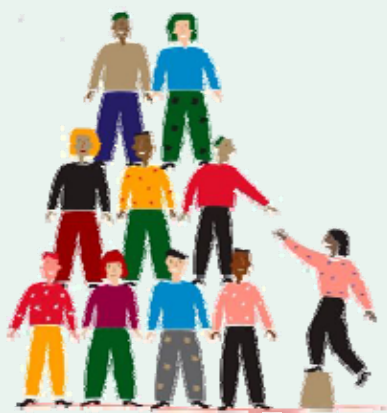
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MMHA OUTREACH IN 2008

Increasing understanding about mental health is one of the Association's top goals. For 2008, MMHA will again be the official National Institute of Mental Health (NIMH) Outreach Partner. As such, we receive for distribution brochures and booklets to share with providers, the general public, schools, libraries, etc. In addition, MMHA received a grant from Mental Health America's national office that will enable us to engage in a statewide public education effort during May — Mental Health Month. This grant is in partnership with our local affiliate, the Mental Health Association of Daniels County.

To receive copies of any of the brochures listed at right for yourself, friends, clients or others in your community, please fill out the form and mail to MMHA, P.O. Box 88, Bozeman, MT 59771. Or fax to 406-587-7794. If you would like a presentation on a mental health topic, call us at 1-877-927-6642. Some titles have limited availability.

MMHA TO HOST WEBINAR SERIES ON RECOVERY & CONSUMER LEADERSHIP



The Montana Mental Health Association will be hosting the U.S. Psychiatric Rehabilitation Association's webinar series: "**Forwarding the Recovery Paradigm: People in Recovery Leading the Way.**" This series will be offered in Helena. If at least 10 people sign up, we will offer it in Missoula and Billings as well. Participation is FREE to MMHA members and primary mental health consumers, and \$50 for the series for others. Please sign up below. You may attend individual ses-

sions for \$15 each.

Session 1: Maximizing the Effectiveness of Peer Support Programs-February 20. Peer support services are an evidence-based mental health model of care. This session will provide guidelines for maximizing the effectiveness of peer support programs.

Session 2: Creating a Supportive Culture: People in Recovery as Colleagues-March 5. This session explores how workplaces can utilize experiential knowledge, provide a supportive culture that clarifies performance expectations, encourages career growth, and honors the peer culture.

Session 3: People in Recovery as Organizational Leaders: Opening the Leadership Door-March 19. People in recovery are taking on leadership roles at health and human service organizations. This session addresses how people in recovery become catalysts for culture and systems change and practical steps for grooming people for leadership positions.

Session 4: People in Recovery Shaping Mental Health Services-April 2. Find how to support the achievement of meaningful roles for people in recovery such as serving on boards, providing community leadership, and advocating for local, regional, state, and national change.

Programs will generally feature 2-3 speakers each providing a 20-25 minute presentation, followed by a 20 minute Q&A. Persons who participate in the full 4 part series are eligible to receive a certificate of completion upon successfully passing an exam. CEUs will be available at an additional fee for those attending the 4-part series.

TO SIGN UP: Please send us an email to: programs@montanamentalhealth.org or call our office toll-free at 877-927-6642. We will get additional information from you at that time.

| NIMH BROCHURE ORDER FORM | |
|--------------------------|---|
| Name: | |
| Address: | |
| City and Zip: | |
| # | Titles available |
| | Always Embarrassed: Social Phobia (Social Anxiety Disorder), 9 pp |
| | Helping Children and Adolescents Cope with Violence and Disasters: What Rescue Workers Can Do, 16 pp. |
| | Helping Children and Adolescents Cope with Violence and Disasters: What Parents Can Do, 16 pp. |
| | Panic Disorder: A Real Illness, 8 pp. |
| | Post-Traumatic Stress Disorder (PTSD): A Real Illness. Also available in Spanish . |
| | When Unwanted Thoughts Take Over: Obsessive-Compulsive Disorder, 8 pp. |
| | When Worry Gets Out of Control: Generalized Anxiety Disorder, 8 pp |
| | A Look at Attention Deficit Hyperactivity Disorder |
| | Attention Deficit Hyperactivity Disorder, 40 pp. |
| | Autism Spectrum Disorders, 40 pp. |
| | Attention Deficit Hyperactivity Disorder, 40 pp. |
| | Teenage Brain: A Work in Progress, 2 pp. |
| | A Story of Bipolar Disorder, 20 pp. |
| | Depression, 24 pp. |
| | Depression: A Treatable Illness |
| | Depression: Easy to Read, 16 pp. |
| | Real Men. Real Depression. (RMRD) It Takes Courage to Ask for Help (tri-fold) |
| | Real Men. Real Depression. Posters |
| | A Look at Attention Deficit Hyperactivity Disorder |
| | A Story of Bipolar Disorder, 20 pp. |
| | Panic Disorder: A Real Illness, 8 pp. |
| | Post-Traumatic Stress Disorder (PTSD): A Real Illness Also available in Spanish . |
| | Eating Disorders, 21 pp. |
| | When Worry Gets Out of Control: Generalized Anxiety Disorder, 8 pp |
| | Medications for Mental Illness, 39 pp. |
| | Panic Disorder: A Real Illness, 8 pp. |
| | Schizophrenia, 20 pp. |

(Youth Need to be Involved in Suicide Prevention, continued from page 1)

MMHA's media project focuses on peer-to-peer outreach. The goal is to educate young people about what the signs are for a person who is depressed or suicidal, and what to do to help them. This is one of the first steps in creating communities that are capable of dealing with the topics of suicide and depression.

The first step of the project is to provide the youth with QPR (Question, Persuade, and Refer) training which gives them some basic knowledge about recognizing the signs of suicide in their peers. This is to ensure that they are able to act properly if someone came to them and expressed suicidal thoughts. The youth are taught to ask directly about suicidal feelings, persuade the person to get help and refer them to a trusted adult.

The second step of the project is to connect the youth with media experts in their communities.

They will receive training on effective media presentations as well as on how to use the technology to create them. The youth will come up with a media project using any type of media they wish

and submit it to an advisory board which will make sure it is appropriate to send out to the public. The MMHA is also offering a \$250 cash prize for the best advertisement and two \$100 prizes for the runners-up. The winners will be determined by a panel of suicide prevention experts from around Montana. If your school, youth group, or prevention coalition is interested in participating in this project, or if you are interested in volunteering media expertise, call Char Windhausen at the Montana Mental Health Association at 877-927-6642 or email char@montanamentalhealth.org.

If you or someone you know is contemplating suicide, call the Suicide Prevention Lifeline at 1-800-273-TALK.

Char Windhausen is an Americorps VISTA serving at the Montana Mental Health Association. ☞



YOUTH SUICIDE PREVENTION MEDIA PROJECT CONTEST

Reach out to your friends and save a life! Create a project that will encourage youth to seek help and give them facts about what to do if they think someone they know is considering suicide. First prize: \$250. Two second prizes will receive \$100. All contest entrants will receive a gift certificate or prize for participating.

Projects can include "traditional" media such as newspaper, TV or radio, but can also include internet-based outreach (such as myspace, facebook or YouTube), mobile communications devices, or other forms of technological communication.

Rules: Project creators must be age 24 or younger. Projects can be done by individuals or groups. A youth advisory group will judge projects. Projects must be submitted to MMHA for review, to ensure that content is consistent with what are known to be effective suicide prevention messages.

There will be a training for all those interested in creating a project on Saturday, February 23, from 10 a.m. - 4 p.m. in Bozeman, that will include how-to's for using the media and creating projects. To attend the training or receive an entry form, contact Char Windhausen at 1-877-927-6642 or char@montanamentalhealth.org.

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state admissions, and through the KMA (Kids Management Authority) community teams, we are improving discharge planning, which is also reducing relapses.. In terms of the Medicaid population, at the end of 2007 there were just over a hundred Medicaid funded in-state kids as of 12/31/07, primarily at Shodair and Acadia."

When asked if it would be cost-effective for the state to have its own facility rather than pay private providers, Adee said, "That's one of the big questions. But you have to balance that against the possibility that 'if we build it, they will come.' It's our philosophy to treat kids close to home and in a community setting whenever possible. That is the least restrictive setting. It's cheaper if a facility runs at capacity, so if we build a facility with excess capacity, kids may be placed there who really would do just as well in a less intensive setting."

Adee also believes more due diligence must be done before any decisions are made. "Let's get a work group going, develop a work plan. It may be that we need some outside help to help us make these decisions. ☞ whatever we do, we need to make sure that we're giving the new KMA system-of-care model a chance to work. We really haven't had enough time to evaluate what the capacity really is or could be in the communities." ☞



Lots Planned for "May is Mental Health Month!"

There's still a chill in the air, but it's never too early to think about Spring. And with Spring comes May is Mental Health Month! A great time to learn and share and build understanding about the importance of mental health. Below are some ways you can plan to participate:

1. **Attend our annual Conference, to be held May 30-31 in Bozeman.** The call for presentations is open! If you would like to give a 60 minute presentation at our conference, please send a proposal to: tracy@montanamentalhealth.org. The theme of this year's conference is: "New Directions: Innovations in Mental Health." If you want to discuss possible presentation ideas, or know someone we should send a conference brochure to, call Tracy at 877-927-6642.
2. **Become a May Mental Health Ambassador.** With the help of a grant from Mental Health America, we will be creating great outreach packets for the media, educators, primary care providers, elected officials, etc. If you would like to help distribute these materials with a "local touch," please email to info@montanamentalhealth.org and say you'd like to be a May Mental Health Ambassador. We'll contact you to talk about your local campaign for America's Mental Health.
3. **Take a Mental Health Day!** We are piloting our "Take a Mental Health Day" fundraiser, where folks like you get pledges to devote a day to Mental Wellness. Contact kamila@montanamentalhealth.org to receive sign-up materials!

