Mental Health Matters for Violence Prevention Project

A Multi-Faceted Approach to Risk Factors and Solutions

Presentation Overview — October 2007

Introduction

In the United States, thousands of lives are lost each year, and billions of dollars in medical care and direct and indirect losses are attributed to violence. In cities across the country, aggression and crime -- whether child abuse or other domestic conflict, assaults, gang aggression, gunshots that result in death, disability or injury - also directly and indirectly affect the mental health of individuals, functioning of families and quality of life in communities in multiple ways.

Momentum is building in Milwaukee through a growing group of professionals, community-based

organizations, grassroots activists, families and other concerned citizens engaged in shared leadership roles through the Mental Health Matters for Violence Prevention Project (MHMVP). They advocate to reduce family and peer influences; what and prevent violence through a public service approach that challenges assumptions, stereotypes and many things we take for granted.

The MHMVP project's integrated approach is based on biopsycho-social research foundations that shed light on risk factors, and behavioral science principles that offer solutions to facilitate healing, change and progress. This holistic perspective addresses such as issues

as: How human beings behave as individuals and within groups and cultures; factors that influence the way people think, feel and act, including health status, cultural, roles people play when they are members of a group; why people value certain ideas, customs and traditions; what factors determine how individuals develop their identity, values and character, and how we deal with those who are different, in addition to relevant societal problems, the human condition and the potential for transformation in general.

Program Summary

The Mental Health Matters for **Violence Prevention Project** encourages us to move beyond surface explanations, and makes it possible for everyone in a community to participate in small and large

ways through proactive problemsolving.

The project kicked off on June 6, 2007 with a large display poster – featuring a "jungle" background theme -- in The Shops of Grand Avenue mall in downtown Milwau-

kee, accompanied by a dedicated website with educational and resource information, and public service messages including poster ads and articles in community-based newspapers and participation on local radio programs.

Project Components

Various project components to benefit the general public and targeted communities include:

- Linkages to internet resources and telephone contacts (offered by a local help line) for information and referrals to behavioral health and counseling services in their area.
- Opportunity to participate in educational workshops on mental

health and violence prevention (and separate trainings available for staff at community-based organizations).

- Exposure to learning from the experience of families affected by violence, who are available to speak to various communitybased groups.
- · Access to articles and educational materials from diverse professionals, activists and other

resource contributors through the project website:

www.leflorecommunications.com/ mental health matters.

• Ability for youth and adults to participate in a creative contest (essays and art relevant to mental health awareness and violenceprevention themes; the theme for essays is: "How I am Demonstrating the Change I Want to See in the World").

Project Methodologies

Three primary theoretical models serve as the foundation of approaches integrated into the Mental Health Matters for Violence Prevention Project. Mental illness is real, as the Medical Model suggests that certain conditions may have a genetic or organic component. Research into possible biological causes of certain kinds of abnormal behavior suggests that biological disturbance (including various forms of brain damage that may evolve from prolonged substance abuse or severe brain injury) may be accompanied by forms of psychological disturbance.

The Environmental Approach suggests that "problems in living" simply reflect the human condition. American Psychiatrist Thomas Szasz claimed that most of what the medical model calls mental illnesses are not illnesses at all but rather "problems in living." He said these problems arise from difficulties with adapting to life, dealing with change and coping (the manner in which people deal with and manage stress in their lives). When people are unable to adapt and cope well, the result may be deviations from moral, legal and social norms of society. Szasz indicated that by labeling such deviations as "sick" deprives individuals of responsibility for their behavior -- such as "if they're sick, they can't help it," and relegates them to the passive role that impedes a return to normal and productive behavior.

The **Youth Futures Model**, which has been implemented by Dr. Johnnie Johnson and colleagues at the University of Wisconsin-Extension, is a dynamic process for promoting community empowerment through collaboration among diverse stakeholders. Youth Futures is an ecological, risk-focused, available to the general public to provide a prevention-oriented model based on several premises, including recognition that preventing risky youth (and adult) behaviors

requires addressing risk and protective factors within the context of social ecology, including the family, peers, community, school and work settings, individual attributes, media and religion, etc.

The Mental Health Matters for Violence Prevention Project further integrates components of evidence-based research and goals of Healthy People 2010; the National Education Goals (1997), which call for safe and drug-free schools; the American Academy of Pediatrics' Health (AAP) Status Goals that call for a reduction in domestic, community, media, and entertainment violence; and the Hamilton Fish Institute on School and Community Violence national sources.

All resources used by the project are comprehensive framework for understanding the intertwined issues related to violence and mental health.

A Variety of Risk Factors

Various bio-psycho-social stressors and risk factors potentially contribute to violence. This requires broadening our understanding of the continuum of mental health issues that impact the functioning of individuals, and other underlying "whys' for more effective problem-solving.

Consider cultural and environmental factors. Various experts interviewed for a recent (2006) A&E TV documentary titled "Copycat Crimes," acknowledge that popular culture and media can negatively influence the thinking and behavior of many. The National Association for the Education of Young Children (NAEYC), in a publication titled "Media Violence & Children: A Guide for Parents" (1998), also cited several problems.

Milwaukee, believes impulsivity is a common factor in most violent acts, and that senseless violence encompasses mental, environmental and psychosocial components. His assessment is based on neuropsychiatric research that describes how the frontal lobe of the human brain takes almost two decades to fully develop and mature. The frontal lobe has been called the "CEO of the Brain," and the pre-frontal cortex is associated with executive functioning that deals with our ability to appreciate consequences, plan for future events and

understand and integrate a proper sequence of activities for goal-directed behavior. Given that this portion of the brain is very sensitive to injury through alcohol, direct trauma and various psychiatric disorders, people tend to become more impulsive when this part of the brain is injured or compromised, according to Dr. Bell.

No matter the underlying causes of violence, a major consequence for individuals affected directly or indirectly is often psychological pain. Such pain becomes manifest through a variety of feelings, thoughts and behaviors.

Sue McKenzie, Director of Programs for InHealth Wisconsin, a non-profit health education organization, said:

"Many youth and adults mention Dr. Michael Bell, a Psychiatrist based in violence (words and/or actions) to self or others being the result of frustration, and we are hearing more people talking about the idea that violence (their own or a loved one's) may be the result of depression and the stigma that keeps people from selfawareness and reaching out for assistance. I believe we need to help youth and adults name violence as a desperate act of someone who is hurting at some level. Maybe this would lessen the tendency to see violent people as powerful and even someone to idolize. Imagine if teens' response to a peer who is angry and out of control is to feel

concern for their mental health rather than thinking that supporting a friend means getting violent with them."

Jenni Sevenich, Chief Executive Officer for Westside Healthcare Association, Inc., said:

"People often talk about needing to take care of the whole self - body, mind and soul. We are encouraged to eat healthy, exercise, and get regular checkups for the body. It is acceptable to attend church, synagogue, or mosque, or just pray or meditate by oneself to take care of the soul. So why is there still a stigma attached to the practices that help us take care of our minds? People seem very concerned about the level of violence in our community and say we need to do something. We can make an effort to take guns off the street, but unless we address the issues that make someone angry enough, depressed enough, or apathetic enough to want to shoot another in the first place, we are spinning our wheels."

Often, in the aftermath of senseless violence, deep fears about living in an unsafe community are magnified. A question many people have is essentially, "How can we keep our sanity, when all around us people are losing theirs?"

Understanding the Continuum of Mental Health Issues

We live in a nation where nearly half of all Americans have a psychiatric disorder at some time in their lives -- usually depression, problem drinking or some kind of phobia (Archives of General Psychiatry), and where one in every five Americans experiences mental health issues or mental illness in any given year (U.S. Surgeon General's Report). A strong need exists to shift perceptions, and reduce the stigma and barriers to seeking help for mental health.

A comprehensive 1999 U.S. Surgeon General's Report defined mental health issues as marked by alterations in thinking, mood and behavior that cause distress or impair a person's ability to function. The Diagnostic and Statistical Manual, published by the American Psychiatric Association, cites five categories of psychiatric diagnoses: Adjustment, affective (mood), anxiety, behavioral and thought disorders.

Due to the persistence of various attributes without actually destroying the assumptions, stereotypes and stigma, there is body. Thus we may "break" a horse or even

limited understanding about the continuum that defines mental health issues. Yet, many patterns of dysfunction that may be accepted in the mainstream society as "normal" deserve closer scrutiny.

Mental health requires acknowledgment of one's need to grow. Goodness, the opposite of evil, promotes life and liveliness, according to M. Scott Peck, M.D., psychiatrist and author of "The Road Less Traveled" and other books. Evil is that which opposes the life force, and specifically murder, unnecessary killing -- killing that is not required for biological survival. Peck illuminated the concept by saying that killing is not restricted to corporeal murder; it also includes that which kills spirit. "There are various essential attributes of life – particularly human life – such as sentience, mobility, awareness, growth, autonomy, will. It is possible to kill or attempt to kill one of these attributes without actually destroying the

a child without harming a hair on its head," Peck wrote.

Violence in both physical and psychological forms can damage lives -- the minds and spirits of human beings - and communities. Certainly, we are not responsible for the negative thinking and inappropriate behaviors of other people. And certainly, others must face consequences for poor choices and be accountable if decisions they make result in loss of life or other senseless violence.

But do many of us – and to what extent, if so -- contribute to the problem? Although the reality is that many people simply do not care for different reasons, not caring is one thing. Actively engaging in activities that promote and support the conditions for violence is another. These kinds of issues are important to explore in greater depth when we consider that violence is in some ways predictable, and intervention or prevention are possible in many situations.

Making a Difference as Change Agents

The MHMVP project emphasizes individual and collective responsibility as the foundation for solutions at multiple levels, to increase hope over despair. We need to promote mental health as a crucial part of overall health and well-being for people across the lifespan.

People who've historically felt they do not have political power often overlook the personal power they can develop. A traditional view has persisted to suggest that law enforcement, public officials, psychiatrists, counselors and others should be held more responsible than others for improving lives and changing communities most affected by violence. The Mental Health Matters for Violence Prevention Project encourages the concept of "personal power" that enables individuals and families to be part of problem-solving, rather than just depend on the so-called "experts."

Personal power evolves from acceptance of personal responsibility and willingness to learn and grow. It requires willingness to examine ourselves, to gain clarity about and embrace our strengths as well as recognize our limitations, as we seek to change those things within our control individually and learn to accept things we cannot control. In the process, average citizens can overcome passive approaches and

unrealistic expectations that are based in part on learned helplessness, tendencies to always blame external sources, and to deny responsibility due to misperceptions.

Quality of life requires access to physical and mental health resources to meet the needs of all people.

Stephanie Harrison, Executive Director, Wisconsin Primary Health Care Association, said:

"For far too long, mental health has been relegated to the back seat of the overall health care delivery system, which only perpetuates the stigma that patients feel when they experience difficulties in life and want to seek out help. More and more, research demonstrates that mental health has a profound impact on a person's overall health, and the health care industry is beginning to take notice."

Yet, Wisconsin remains one of a handful of states that does not require parity for mental illness in insurance coverage (Milwaukee Journal-Sentinel, 5/31/07).

Individuals and groups all have potential as change agents, to make a difference in their immediate environment. Communities can become empowered through shared leadership from diverse stakeholders, with ownership by different participants engaged in problem-solving.

This applies to individuals and families, grassroots activists, health, education and other professionals, community organizations, business, public officials and others who can directly impact the environments where they exercise "power," authority or influence.

Ultimately, attending to our own mental health is one of the most proactive approaches to being part of the solution. The American Mental Health Counselors Association (AMHCA) is spearheading efforts nationwide to promote more public awareness of mental health as opposed to just mental illness. After all, "mental health" is a positive term that emphasizes wellness rather than illness, and also reflects an orientation toward people healing, growing and becoming more aware and conscious.

The Mental Health Matters for Violence Prevention Project is ultimately about people becoming empowered to support lifeaffirming choices for themselves and others.

The general public can obtain information and resources from the project website at www.leflorecommunications.com/mental health matters.

Project Developer/Director

Fannie LeFlore, MS,LPC,CADC-D, is a Writer/Editor and Special Projects Consultant. As Owner/President of LeFlore Communications, LLC, she works with schools, community organizations and businesses using the combination of skills

she honed in two major career areas.

LeFlore is a former, award-winning newspaper reporter. She was Co-Writer / Editor of a book, "The Road Less Traveled and Beyond" (1997) by M. Scott Peck, M.D. From 1992 to August 2005, LeFlore worked as a mental health and/or substance abuse counselor, and later as a manager in social service, education and community health programs. She maintains professional licenses in Wisconsin, and is a member of the American Mental Health Counselors Association.



Fannie LeFlore

The Mental Health Matters for Violence Prevention Project was initially sponsored by Community Intervention Programs Inc. (CIP)/ LeFlore Communications. CIP, founded by Fannie LeFlore in 1995, became the non-profit component of LeFlore Communications in 2005.

Consulting Psychiatrist

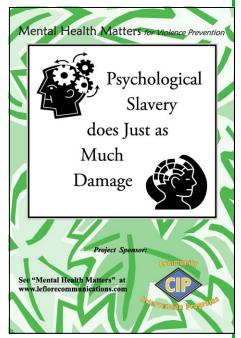
Michael Bell, M.D. Dr. Michael Bell is featured in the "Guide to America's Top Psychiatrists," May 2007 from the Consumers Research Council of



America. Dr. Bell joined the staff of Milwaukee Health Services, Inc. as a Psychiatrist in August 2004, and served as Director of the organization's Behavioral Health Services Center (BHSC). He is an Assistant Clinical Professor of Psychiatry and Behavioral Science at the Medical College of Wisconsin. Dr. Bell and Fannie LeFlore co-authored, "Psychiatric Perspective Addressing the Roots of Violence in Milwaukee," published in The Wisconsin Psychiatrist, Winter 2006-07.







Project Posters on Public Display in June, July and August 2007.



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