Comprehensive PATHWAYS to stronger communities
FALL 2015
Let’s face it. Stigma about mental illness and other behavioral health disorders is a big problem. The majority of the public in the United States have stigmatizing opinions about mental illness. This is not limited to the uninformed. Professionals and even some mental health professionals ascribe stereotypes to persons with mental illness. Sensational news stories about acts of violence and other dramatic events often place blame on “psychotic killers” and “crazies.” Other media stereotypes include images of child-like beings or as persons who are responsible for their own mental problems due to defects in character. Things are never that simple.

To be sure, sometimes persons with severe and legitimate mental illness commit serious crimes. These make news. Numerous studies show that, while these cases exist, the vast majority of crime and especially sensational crimes are not committed by persons with mental illness. Frankly, one is at much higher risk of harm from the average street criminal than from a person with a serious mental illness. Multiple reviews of mass killings over the past 20 plus years show that the overwhelming number of these killers are motivated by personal grievances (e.g., fired by their employer) or by some ideology religious or political. Some would argue that someone would have to be crazy to do such a thing. That is simply not true. Unfortunately there are many simply bad actors who get lumped in with those with legitimate illness and needs for treatment.

These stereotypes place many burdens on those who suffer from the genuine medical conditions called mental illness. Stigma is the number one reason that people don’t get treatment. I can’t tell you how many times patients or even more often family members do everything they can to avoid getting help out of fear of being discovered as having a mental illness in the family. Studies show that less than 20% of those with treatable mental illnesses get treatment largely because of those fears. Loss of employment, insurance coverage, housing or other rights and privileges also arise from the stigma attached to being known as having a mental illness.

This is simply not right and it isn’t fair. Mental illnesses are treatable medical conditions and success can be measured. Did you know that well-treated serious depression can be treated more successfully than heart disease? We don’t scapegoat persons with chronic diseases like diabetes or congestive heart failure. Shouldn’t we be as compassionate to the 20% of us who will suffer a mental illness episode in our lifetime?
Some people are just naturally made to help others. One such person is Becky O’Grady, a Peer Support Counselor on the Rehabilitation Team in Yakima. Prior to working at Comprehensive, Becky taught elementary special education until her bipolar disorder made her unable to work. After taking some time off to focus on her own recovery, she began volunteering her time teaching English as a second language to monolingual Spanish-speaking children and adults. When approached about offering peer support to other people with mental illness, Becky (with her psychiatrist’s blessing) jumped at the chance. She felt “excited to meet people and to encourage them to learn to manage their illnesses and to take care of themselves.”

Though people have told Becky she is an inspiration to others, her focus is on recovery for both herself and her peers: “Peer support is not one-sided. It is rewarding to see people developing insight and making progress toward their treatment goals. And I get to interact with many people each week and learn things from them as well.”

Whether meeting for coffee, going for a walk or even feeding the ducks at the park, Becky goes out of her way to help clients get on board with treatment because, as she knows, “many people are much more comfortable meeting outside of the counselor’s office.”

With shared experience and understanding, Becky and the other Peer Support Counselors are helping to instill hope in clients who are just starting out in their recovery.

The PSCs at Comprehensive are trained and certified by the State of Washington to provide peer support services. Prior to becoming Certified Peer Support Counselors, they complete forty hours of training that includes discussions of ethics, job roles, communication and effective sharing of personal stories and must pass an exam. PSCs also attend continuing education trainings to enhance their skill set and further improve support to clients. Between these trainings and their lived experience, Peer Support Counselors provide an invaluable service to our clients and our communities.
Mental Health First Aid

Through our interactions with our clients and with the community, we know that stigma around mental health is one of the primary barriers that prevents people from seeking treatment. When people believe that the community around them will be unsupportive, or judge them negatively because of mental illness, they are much less likely to pursue or accept help for their condition. One way Comprehensive works to reduce the negative stigma regarding mental illness is by providing Mental Health First Aid trainings throughout central and eastern Washington.

Mental Health First Aid (MHFA) is an 8-hour training program designed to give the average person the skills and confidence to identify and respond to signs of mental illness and provide temporary support to the person in need until professional help can be sought. Though Mental Health First Aid trainings are most often given to social service professionals, educators, medical professionals and law enforcement, these trainings provide valuable intervention strategies that are useful for anyone who regularly interacts with the public. In addition to the standard version of the MHFA training directed toward adults, there are also specialized MHFA trainings for criminal justice or public safety staff and for individuals who work with older adults. In addition to the adult curriculum, there is also a Youth Mental Health First Aid training that focuses on responding appropriately to the unique mental and behavioral challenges experienced by adolescents.

Since it began in Australia in 2000, Mental Health First Aid has been adapted for presentation in 23 countries. The National Council for Behavioral Health provided the leadership to launch Mental Health First Aid USA in 2008. Since then, over 8,000 instructors have been certified and over 450,000 people have become trained in the curriculum. In Washington State, there are over 184 certified instructors who have trained nearly 10,000 residents.

Studies have shown that Mental Health First Aid works. A 2014 meta-analysis of related research concluded that Mental Health First Aid increases participants’ supportive behaviors and knowledge while at the same time reducing stigma by decreasing negative attitudes about mental health problems. Course evaluations consistently show that program participants have increased confidence in their abilities to provide first aid to individuals with mental illness. Some studies even show that participants’ own mental health improves as their knowledge gained from the program decreases stigmatizing attitudes.

Comprehensive has been offering Mental Health First Aid trainings since the program was introduced in the United States in 2008. We currently have 7 certified instructors within the agency who have collectively provided 40 trainings to over 1,950 individuals. In the last fiscal year alone, we provided 13 trainings to 294 attendees throughout eastern Washington. Our own MHFA evaluations show that people who attend these trainings feel better informed and more aware of mental illness, and feel more confident in applying their knowledge to help those who are experiencing a crisis. A better understanding of mental health issues results in lessened stigma—and increased likelihood that those who need help will have support in finding it.
In 2012, the Community Health Planning Committee started a multi-year process of examining Walla Walla County’s mental health services. Three key priorities came out of the process:

1. Increase local access to mental health services for all residents – insured and uninsured
2. Increase access to expert mental health support for primary care providers with patients unable to obtain specialized mental health care
3. Increase availability of qualified mental health prescribing professionals

Walla Walla’s size and relative isolation from larger population centers led the committee to seek outside help. In July of last year, Comprehensive contracted with Walla Walla County to provide mental health services. How has Comprehensive performed against the benchmark priorities since setting up shop in Walla Walla?

Q. What has Comprehensive done to beef up staffing and services to meet the needs of the community?

A. First, we enhanced basic services – therapy for individuals and families, case management, medication management and residential housing services. Plus, we have a Chemical Dependency Professional that does screening and referrals. We also added extensive staff training to enhance treatment of depression, anxiety, trauma, personality disorders and other serious illnesses. Evidence-based practices were implemented across the board in our treatment programs.

We added a WISE team (wraparound with intensive services) to treat children and families that have more intensive needs – where classic interventions aren’t enough. That team collaborates with other providers outside the agency.

We added a therapist one day a week to work out of the Community Health Center. There, we offer medical and mental health services primarily to alternative high school students. The therapist does evaluations and gets kids enrolled in services on the spot, which is really a big deal. It’s an important partnership for us and the community.

Recently we placed a therapist, three days a week, at St. Mary’s Outpatient Clinic. The hospital told us they wanted physicians to have immediate access to mental health services. Now, they can literally walk a patient to our office on site and get them enrolled in services. In some cases, people who come in for a medical problem are actually screened, identified and provided behavioral health services in the same visit. It meets an interesting need.

Another exciting service puts a full time mental health professional at Walla Walla County Jail. Part of that agreement provides four hours a week of prescriber time. So either a physician or an ARNP will provide medication management services. This is important because many inmates have serious mental health needs and it is an underserved population. The goal is to engage them in services, get them access to benefits they are eligible for and develop a coordinated plan of care after they are released.

Telepsychiatry for children is new and having a real impact, not just in Walla Walla, but everywhere it is being implemented. It is invaluable to a community like this because we have not had an evaluator/prescriber for children. It is literally remote child psychiatry. A nurse and the child sit in a room with a big screen, identified and provided behavioral health services in the same visit. It meets an interesting need.

Debbie Dumont is the Human Resources Manager at the Walla Walla Department of Community Health. When asked to characterize the impact Comprehensive has had in her community she said, “Bringing Comprehensive to Walla Walla has really been a game changer. They brought in evidence-based practices and have made themselves a critical partner in a number of areas in a very short time.”

Dumont cites the use of 1/10th of 1% sales tax funds for expanded access to mental health services as an example of Comprehensive’s impact. “We have seen a significant increase in access to services and reduction in hospitalization,” she says. “Comprehensive opened doors to services like their Bridges Evaluation and Treatment Facility, which has had real impact on our hospitalization rates.”

When Walla Walla created City Ambassadors positions to engage tourists and deal with a high-profile homeless presence in local parks, Comprehensive partnered with authorities to utilize the HARPS program. “Comprehensive worked hand in hand with the Ambassadors, connecting referrals to the new HARPS program,” Dumont explained.

The integration of behavioral health services through regional networks and the assistance of a regional provider like Comprehensive puts more programs in play for communities like Walla Walla. “When these new opportunities have presented themselves, Comprehensive has come to the table to provide help in innovative ways. That’s why I say they are already a critical partner to our community,” says Dumont.
Whether an illness affects your heart, your leg or your brain, it’s still an illness, and there should be no distinction…

It’s time to tell everyone dealing with a mental health issue that…getting support isn’t a sign of weakness, it’s a sign of strength.

– First Lady, Michelle Obama

The number of adolescents aged 12 to 17 experiencing a major depressive episode increased from 9.1 percent in 2012 to 11.4 percent in 2014. This represents 1 in 10 adolescents. Of youth who had a past-year major depressive episode, only 4 in 10 received treatment for depression.

Most adults (88.6%) agreed with a statement that treatment can help persons with mental illness lead normal lives. Fewer (57.3%) agreed with a statement that people are generally caring and sympathetic to persons with mental illness.
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