

Stanislaus County Behavioral Health & Recovery Services  
A Mental Health , Alcohol and Drug Service Organization

# MHSA NEWSLETTER

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*...a newsletter to share information about Stanislaus County's Mental Health Services Act (MHSA) programs with staff, consumers, stakeholders, other county departments and the community at large.*

**syn • er • gism \sin-ər-ji-zəm\ n:**  
the interaction of discrete agencies, agents, or conditions such that the total effect is greater than the sum of the individual effects

*by Philip C. Hoile, Ph.D., Health Mental Health Team Coordinator*

Why would the coordinator of the Health Mental Health Team start an article with the dictionary's definition of the word "synergism"? Well, I'll tell you why. It's because "synergism" is a great way to describe what happens when programs such as the Health Mental Health Team and other MHSA programs develop close working relationships with partner agencies in the community who assist our mutual consumers. Having two or more agencies working closely together in a coordinated manner provides an enhanced level of care for our consumers compared to having each agency try to help a consumer independently. In other words, the MHSA "essential element" of community collaboration encourages us to work with partner agencies, and by doing so, the benefits afforded to our consumers is much greater than the "stand-alone" helping efforts provided by independent, isolated, "silo" programs.

The Health Mental Health Team is an MHSA-funded program allowing a specific number of consumers to receive intensive, individually focused services. Serving a smaller group of people is what allows our program the time and ability to develop and maintain close working relationships with community agencies. Because the Health Mental Health Team primarily focuses attention on the mental health concerns of individuals with diabetes or hypertension, working closely with local primary care providers is vital to the well being of those individuals.

The fact that many local physicians have gotten to know Health Mental Health Team staff members by name helps our consumers receive informed, client-specific treatment in the doctor's office. By maintaining close communication with the physicians treating the consumers in our program, our clients receive attention from doctors that is often difficult to obtain from busy medical practices. Maintaining a close working relationship with primary care providers through a process of active advocacy for our clients results in consumers receiving an improved (dare I say, "synergistically enhanced") quality of physical health care.

Furthermore, the Health Mental Health Team can provide enhanced mental health services because of our relationship with our consumers' physicians. One of the benefits of having close relationships with local primary care providers is that we learn from these doctors how physical health conditions affect, and are affected by, mental health conditions. Finally, and probably most importantly, Health Mental Health Team consumers benefit because instead of receiving disjointed, uncoordinated care from professionals who don't communicate with each other, they are participants in an organized professional effort to assist them in their personal paths toward recovery.



**The MHSA-CSS (Communicate, Share and Support) Meeting is held the 4th Monday of each month at 10:00 a.m. in the Redwood Room, 800 Scenic Drive (unless otherwise notified).**

## WHAT IS “RESILIENCE” ANYWAY?

by Carol Jo Hargreaves, CSOC/ASOC Implementation Mgr.

“Wellness for recovery and resilience” is one of the five essential elements of the Mental Health Services Act (MHSA). What does this mean anyway?

In the guidelines for the new MHSA Prevention/Early Intervention component, we find this essential element refers to, “Belief in and support of a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.” Further, the word “resilience” refers to the personal qualities of **optimism** and **hope**, and the personal traits of **good problem solving skills** that lead individuals to live, work, and learn with a **sense of mastery and competence**.

If you look up “resilience” in Wikipedia, the free on-line encyclopedia (see <http://www.wikipedia.org>), you’ll find that it’s what researchers now refer to as **“the capacity to endure stress and bounce back, the capacity that may be available to a given person at some times and not others, under some threats not others.”**

The American Psychological Association (APA), on its Help Center website (see <http://apahelpcenter.org>), says a combination of factors contributes to resilience. The primary factor is having  **caring and supporting relationships that create love, trust, provide role models, and offer encouragement and reassurance**. APA lists the following 10 ways to build resilience:

1. Make Connections
2. Avoid seeing crises as insurmountable problems
3. Accept that change is a part of living
4. Move toward your goals
5. Take decisive actions
6. Look for opportunities for self-discovery
7. Nurture a positive view of yourself
8. Keep things in perspective
9. Maintain a hopeful outlook
10. Take care of yourself

For children, research by the Search Institute of Minneapolis, MN, has shown that particular developmental assets contribute to resilience. Sacramento County Office of Education’s Asset Development Center website (see <http://www.scoe.net/assets>) contains age-specific lists in .pdf format of 40 Developmental Assets, both internal and external. These are healthy practices and behaviors as well as means to inoculate young people against high-risk, unhealthy behaviors. The more developmental assets a young person experiences, the more likely s/he is to make healthy choices and avoid high-risk behaviors.

Learning from the past through journaling, introspection, meditation or other spiritual practices can help strengthen resilience. Staying flexible and maintaining a well-balanced life is another key.



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## Update on Prevention Early Intervention Community Planning Process

by Karen Hurley, MHSA Coordinator

In Stanislaus County, the community planning process for Prevention Early Intervention (PEI) will begin in August 2008. Active planning for PEI has been delayed by other work related to the BHRS budget and other MHSA planning documents. This has been confusing because we are often at the front of the pack and “frisky implementers.” Not this time, but don’t worry. To do PEI “right” and ensure a robust, involved community process, we are waiting until full attention can be devoted to it. The added benefit is that we learn from the experience of other counties as well as taking the opportunity to understand how to use PEI to expand our agency’s capacity to support and partner with community-based mental health and wellness efforts.

A series of webcasts has been offered in recent months that has been helpful to stakeholders who attended. The webcasts have been presentations of projects around the state that are examples of the types of projects that can be funded with PEI. Each webcast is focused on a specific Priority Population targeted in PEI.

The Priority Populations of MHSA-PEI are as follows:

- Underserved cultural populations, all ages
- Individuals experiencing onset of serious psychiatric illness, all ages
- Children/youth in stressed families
- Trauma-exposed, all ages
- Children/youth at risk for school failure
- Children/youth at risk of Juvenile Justice involvement

It has been a long time since BHRS has had any funding for mental health prevention in the community. It’s very exciting to have the opportunity to bring it back in a new and expanded form driven by MHSA essential elements. With PEI there is great potential to reduce the costs related to longer-term mental health treatment, special education, welfare supports, and criminal justice system involvement. There is additional potential to build real partnerships with community-based supports such as primary care, schools, in-home support services, community centers, family resource centers, and others.

Commencement of the Community Planning Process will be posted in this newsletter, the local MHSA website: [www.stanislausmhsa.com](http://www.stanislausmhsa.com), via e-mail to everyone who has expressed interest, and other announcement methods as well. If you wish to be notified of future webcasts and/or stakeholder meetings, please contact Teresa Garibay @ 525-6247.

MHSA’s Prevention/Early Intervention component is the driving force for transformation of the mental health system from Fail First to Help First! Don’t miss the opportunity to contribute to this important process.

*If you have questions or suggestions regarding MHSA, please forward them by I.D. mail or email to:*

*Carol Jo Hargreaves, BHRS/Administration*

*Email: [chargrea@co.stancounty.com](mailto:chargrea@co.stancounty.com)*

*Karen Hurley, BHRS/Administration*

*Email: [khurley@co.stancounty.com](mailto:khurley@co.stancounty.com)*