

The Aitkin County Family



Winter 2015-2016



Public Health
Aitkin County
Prevent. Promote. Protect.

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“Make It Ok” in Aitkin County

Mental illnesses are treatable health conditions very common in the world today. They can affect anyone, regardless of age, race, religion, or income. But people are still afraid to talk about it due to shame, misunderstanding, negative attitudes, and fear of discrimination. Aitkin County has joined the Make It Ok campaign in the mission to get people to stop the silence, share stories, and dispel the myths surrounding mental illnesses. The more we talk, the more we understand, and the more we make it ok.



Talking more openly about mental illnesses is one way we can reduce the stigma and “Make It Ok.” Sometimes we resort to silence because it can be hard to find the words to say.

What can you say? Let’s pretend someone you know just told you they’re struggling with an anxiety disorder or depression. Here are a few things you might say:

- *Oh no, what can I do to help?*
- *I’m here for you if you need me.*
- *Things will get better.*
- *I can’t imagine what you’re going through.*
- *We’ll make it right. It’ll be ok.*
- *Can I drive you to an appointment?*
- *We love you.*

Don’t say: *Just deal with it. Snap out of it. Everyone feels that way sometimes. OR You may have brought this on yourself.*

Rule of thumb? Although talking about mental illness may be uncomfortable for you at first, know that it is also a difficult conversation for your friend or family member. Be nice. Be supportive. And LISTEN. Keep the conversation going. Offer to help. Make sure to be there when the going is tough.

I Pledge to Make It Ok

I’m doing my part to erase the stigma surrounding mental illness, Here’s how:

- 1. Learning:** The more we learn about mental illnesses, the more common we realize they are.
- 2. Talking:** The more we talk about mental illnesses, the closer we come to stopping the stigma.
- 3. Sharing:** Encourage others to join by taking the pledge.

You Can Take the Pledge to Make It Ok:

Go to <http://makeitok.org/>
and click on
*Take the Pledge
to Make It Ok*

Living with Attention Deficit Hyperactivity Disorder

By Stacey Durgin, Public Health Educator, & Sue Kanz

Perhaps the reason Sue Kanz was one of Rippleside's favorite teachers is that she recalls her personal struggles in public school systems. She remembers: "Sit down. Pay attention! Do as you're told!" and being sent to sit in the hallway when she could not. From experience, Sue knows that the worst thing you can do is to shame a child for how her body works, for her brain chemistry.

However, little Sue didn't know that her brain chemistry was different from most people's, that other children's brains didn't jump around the way hers did, that it was easier for them to be still. She just knew that she struggled in school and sat in the hall...a lot. Luckily, when she was 10-13 years old, she had the opportunity to attend an international school. This school implemented more "hands on" learning, quite literally giving Sue something she could grasp on to. She finally learned to read in the 4th grade, and she started with the classics, like *Little Women*.

Sue learned later, that the classics took her brain into flow state. The concept of **flow** comes from the research of psychologist Mihály Csíkszentmihályi. Dr. Edward Hallowell describes this state of hyperfocus as "you're doing something that really matters to you that is challenging...when you operate at your best." It is the reason that people with ADHD can read, play video games, or work on cars for hours without disruption. They make the best deep researchers. However, they have trouble finding their keys, remembering where they parked their car, or to pick up their groceries.

Sue knew there was something that wasn't right with her. At 25 years old, she exhibited what some people might interpret as signs of depression. Some days she was full of energy and "on". Others, she was down, unable to focus on anything. She went to a general physician who diagnosed her with chronic depression. "They really didn't know then what they know now," Sue explains. "You won't find many Baby Boomers with the diagnosis of ADHD, but that doesn't mean it wasn't there." The medication she was prescribed did help somewhat. Her lows weren't so bad. But the other "symptoms" persisted.

So she continued on with her teaching profession, got married, and had children, believing she was being properly medicated for depression and that she was basically a "scatterbrain". Until Erik, her youngest child, started school. Erik couldn't keep his hands to himself; he had to touch everything and everyone. He was consistently interrupting others and butting in, saying things that weren't quite appropriate. His teacher thought it was Attention Deficit Hyperactivity Disorder (ADHD).

Sue diligently brought her son to her family doctor, Dr. Mark Heggem, at Riverwood Healthcare Center. Dr. Heggem agreed that ADHD seemed like a distinct possibility. He started Erik on a low dosage of Ritalin to see if it would help with his behavior. Sue said that within the first week she saw a major difference. Erik was able to slow down, listen, and focus. At that time, Sue began to think, "Could this possibly be what is wrong with me?" But at the same time, she had never been diagnosed, and there didn't appear to be adult onset ADHD. Eventually, her symptoms were affecting her so negatively, she sought out her doctor again, who asked her if she would like to see Dr. Neifert, a psychiatrist. "Who better to know about your brain, right?" she said.

Dr. Neifert asked Sue about her symptoms and assured her she was not chronically depressed. He told her that her depressed state was the "down" side of her Attention Deficit Hyperactivity Disorder, and most likely influenced by the fact that people with the disorder happen to be very sensitive and take things very personally. Unsure of his diagnosis, she stated the differences between her and her son. Dr. Neifert explained that ADHD differs from person to person, that like most behaviors, it has a spectrum of symptoms, mild to severe, with common threads. He started Sue on Strattera.

Sue explains that she has always had a hard time explaining her thoughts to others. Sometimes she is "in her head" too much, and can't follow along. Other times, her brain jumps around and jumps ahead. While others are processing, she is moving ahead to doing, figuring out the details along the way. The best way she can describe the difference the Strattera has made is that when she is talking to others, they can "stay with her." Her brain isn't moving along so quickly that others don't understand how she got from A to Z, and she has more patience for slowing down and planning things out. She says it isn't a miracle drug, but, like others, she has coping mechanisms for her "disorder" to help her stay on track.

Like many others diagnosed with ADHD, Sue doesn't like the term "disorder." She says people with ADHD have *different* brains, maybe disorderly brains, and sometimes those differences are problematic. "The hardest thing about having ADHD," she says, "is the judgement from people that don't understand." People can be very condescending and judgemental about behaviors they see



Many people in Aitkin know Sue as a Guidance Counselor, a teacher, and a garden enthusiast at Rippleside Elementary. Her students loved her classroom for all of the hands-on learning they were able to do with a room filled with critters of every sort.

Did You Know?

Many health plans cover the cost of therapists and psychologists under the same terms that they cover other medical appointments?

(Continued on page 3).

as problematic. However, she says, for every weakness that ADHD causes, there is a strength. She explains, people with ADHD are the best multi-taskers because their brains *can* jump around. They tend to think outside the box. To them, “a new challenge is a new adventure.” can deal with change more easily than others: they adapt. They are progressive. They are 300% more likely than other people to start their own business. They are abstract. They think beyond the rules of society and question why.

When asked if she could change her life, so that she doesn’t and never did have ADHD, Sue said, “Absolutely not.” She said she would live with the drawbacks to have her “different brain,” As a society, we need to learn that not everyone is the same. Not just their culture but the way their brain works may be different. That person who clicks their pen or wiggles their foot during a test or a meeting is activating the part of the brain involved with movement, that also happens to be involved with their thinking. They are doing what helps them think *better*. It is no different than someone else writing a list or drawing a diagram to help them remember.

As parents, teachers, and community members, we need to ignite children with ADHD, let them get their hands on things and get dirty. When they seem to be “jumping subject,” ask them how what they are saying relates, so that we can keep up with them. Plug the child that always questions why into science, politics, or engines, and let him use his interests to enlighten us.

As friends, co-workers, and managers, allow the person with ADHD to do the “deep diving” into figuring things out. Allow them to be your creative entity, finding answers outside the box. Understand the drawbacks of their brains and help support them for the strengths they offer.

Learn to view ADHD as an Attention Dynamic Hyperactive Difference. Yes, medications can help relieve some of the distresses brought about by being “different brained,” but let’s not look to cure them. We wouldn’t want to lose our Pete Roses, Will Smiths, or Jamie Olivers or our Sir Richard Bransons, James Carvilles or Cammi Granatos.

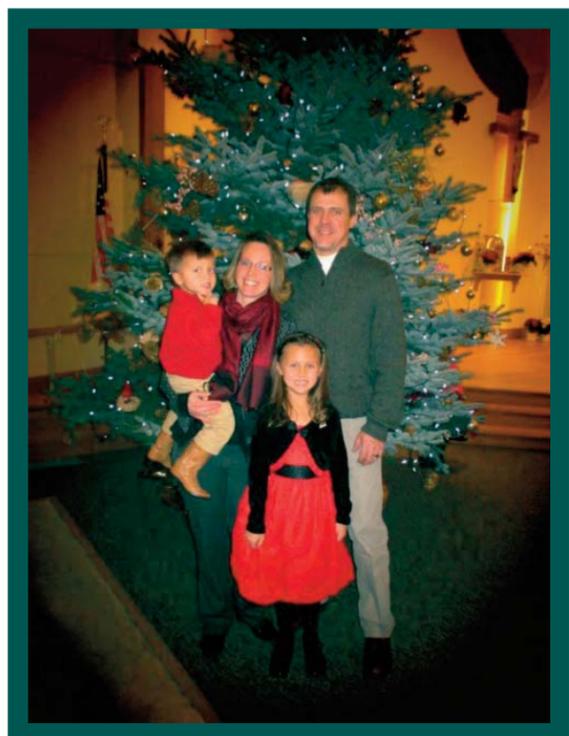
Holiday Blues

By Erin Melz, Public Health Supervisor

Holidays are known as much for stress and anxiety as they are for joyful times with family and friends. It is easy to get caught up in the holiday frenzy, but there's never a more important time to remember to take care of your own mental health. Despite our good intentions, remember that the holidays rarely turn out exactly how we plan them. Regardless of the circumstances, focus on making them a special time for you and your family, a time to give special attention to your physical and mental health.

Although the holiday season is generally a time of joy, parties, and gatherings with friends and family, it can be equally difficult for some. The flurry of activity and the commercialization of the season will sometimes bombard us with unrealistic expectations. Many of us at times feel overwhelmed; however, those struggling with mental health issues such as depression, grief or anxiety, may experience even greater difficulty. This is an important time to remember self-care and taking quality time for yourself. By remembering and following a few simple steps, you can maximize the holiday experience and minimize physical and mental distress.

- Set reasonable expectations--remember the spirit of the season you're celebrating. Try to eliminate competition and set spending parameters ahead of time. You, along with your family and friends, will have a more pleasant experience if you are not overextended.
- Don't take on more than you can handle. If your "to do" list becomes too long, divide the tasks over the course of a week. One long list suddenly looks shorter when there are only a couple of tasks to complete each day.
- Delegate tasks. Don't expect yourself to do everything, it's okay to ask for help.
- Schedule time alone. It doesn't have to be a lot of time. Fifteen minutes of quiet time can be quite rejuvenating, particularly when there is a lot of company or activity going on around you.
- Maintain routines. Try as much as possible to keep your normal routines like sleeping, meals, exercising, and taking medications.
- Be honest with family and friends. Make sure there's someone you can talk to over the holidays. You will feel better if there's an open line of communication, and so will they. Once you vocalize your feelings to someone you trust, you'll be better able to manage your moods.
- Make support group meetings a priority. Managing your mental health well is essential during the holidays. It's easy to let the normal routine slip away, but if you attend a peer support group, keep doing so. You'll not only be getting the support you need, but you will in turn be helping your peers as well.
- Be supportive. Family and friends can include their loved ones in holiday activities to the degree he or she is able to participate. Encouraging participation is important but being supportive and understanding when the time isn't right is essential too. Setting specific times for family traditions or gatherings gives everyone something to look forward to.
- Reach out. Feelings of isolation and loneliness intensify during the holidays. Being away from family and loved ones due to distance or physical inability is likely to enhance symptoms of illnesses like depression. Take special effort to reach out to those who may be alone during these times. Schedule time to visit with them and include them in your activities and gatherings.



Erin Melz, Public Health Supervisor, with her family at Christmas.

Be Well & Happy Holidays ❁

Making the Connection of Nutrition, Physical Activity and Mental Health

Compiled by: Amy M. Wyant, Public Health Educator



Rippleside Elementary School Head Cook, Wanda Blakesly, cooking fresh, local chicken from Willow Sedge Farm for Farm to School Day in October. Kids at Rippleside will enjoy farm fresh food for one meal each month at Rippleside, thanks to the enthusiasm of Wanda and her staff and Healthy Northland.

The old saying "you are what you eat" may have some truth to it. Most of us have likely experienced, in one way or another, how food can make us feel bad after eating it. Maybe you've felt uncomfortable and tired after a big Thanksgiving meal or energized to start your morning after a healthy fruit smoothie. Food affects both our physical and mental health. What we eat can determine how we feel, but how we feel can also determine what we eat.

Food and the chemicals in our brains interact to keep us going throughout the day. It is important to eat a variety of healthy foods, as they have different effects on our brains. For example, carbohydrates increase serotonin, a brain chemical that has a calming effect. Perhaps that's why people often crave carbohydrate-rich foods when they are under stress. Protein-rich foods increase tyrosine, dopamine, and norepinephrine, which help to increase alertness. In addition, certain healthy fats (omega-3 fatty acids) become part of the membranes of brain cells and control many brain processes. Poor nutrition or lack of a variety of healthy foods can contribute to depression by limiting the availability of these specific nutrients.

While what we eat can have a significant impact on how we feel, when we eat is equally important. Often the low energy levels that people feel throughout the day are a result of poor meal timing. For example, eating patterns that involve skipping meals may contribute to mood swings by causing fluctuations in blood sugar levels. Food restriction can lead to binge eating, bigger emotional responses, poor concentration, increased stress, and an overall lower sense of

well-being. Depression has been shown to develop in people with disordered eating who frequently restrict food. The optimal way to fuel your body is to space meals and snacks 3 to 4 hours apart and choose a healthy protein and carbohydrate source at each meal.

ChooseMyPlate.gov offers a look inside the different components that make up a healthy eating plan. Visit the link to ensure you are getting a variety of healthy foods for a healthy body and mind.

Next time you eat, pay attention to how you feel afterwards. Perhaps you'll begin to notice you're in a better mood and have more energy after eating a healthy meal. Remember to eat a variety of foods and space your meals and snacks throughout the day.³

In addition to eating healthy, regular physical activity can help keep your thinking, learning, and judgment skills sharp as you age. It can also reduce your risk of depression and may help you sleep better. Research has shown that doing aerobic or a mix of aerobic and muscle-strengthening activities 3 to 5 times a week for 30 to 60 minutes can give you these mental health benefits. Some scientific evidence has also shown that even lower levels of physical activity can be beneficial.¹

The health impact of eating a healthful diet and being physically active cannot be understated. Together, a healthful diet and regular physical activity can help people

achieve and maintain a healthy weight, reduce the risk of heart disease and stroke, reduce the risk of certain forms of cancer, strengthen muscles, bones, and joints, and improve mood and energy level.²

When you have anxiety or depression, exercising often seems like the last thing you want to do. But once you get motivated, exercise can make a big difference. Exercise helps prevent and improve a number of health problems, including high blood pressure, diabetes, and arthritis. Research on anxiety, depression and exercise shows that the psychological and physical benefits of exercise can also help reduce anxiety and improve mood.



Pictured left, Jeff Coombs, Mille Lacs Energy Cooperative, rides his bike to work!

Food affects both our physical and mental health. What we eat can determine how we feel, but how we feel can also determine what we eat.



The links between anxiety, depression and exercise aren't entirely clear—but working out and other forms of physical activity can definitely ease symptoms of anxiety or depression and make you feel better. Exercise may also help keep anxiety and depression from coming back once you're feeling better. Regular exercise has many psychological and emotional benefits, too. It can help you:

- ◆ **Gain confidence.** Meeting exercise goals or challenges, even small ones, can boost your self-confidence. Getting in shape can also make you feel better about your appearance.
- ◆ **Take your mind off worries.** Exercise is a distraction that can get you away from the cycle of negative thoughts that feed anxiety and help your mood.
- ◆ **Cope in a healthy way.** Doing something positive to manage anxiety or depression is a healthy coping strategy. Trying to feel better by drinking alcohol, dwelling on how badly you feel, or hoping anxiety or depression will go away on its own can lead to worsening symptoms.

Pictured left, Carol Kyar, Mille Lacs Energy Cooperative, rides her bike to work!

Starting and sticking with an exercise routine or regular physical activity can be a challenge. These steps can help:

Identify what you enjoy doing. Figure out what type of physical activities you're most likely to do, and think about when and how you'd be most likely to follow through. For instance, would you be more likely to do some gardening in the evening, start your day with a jog, or go for a bike ride or play basketball with your children after school? Do what you enjoy to help you stick with it.

Get your mental health provider's support. Talk to your doctor or other mental health provider for guidance and support. Discuss an exercise program or physical activity routine and how it fits into your overall treatment plan. Set reasonable goals. Your mission doesn't have to be walking for an hour five days a week. Think realistically about what you may be able to do and begin gradually. Tailor your plan to your own needs and abilities rather than trying to meet unrealistic guidelines.

Don't think of exercise or physical activity as a chore. If exercise is just another "should" in your life that you don't think you're living up to, you'll associate it with failure. Rather, look at your exercise or physical activity schedule the same way you look at your therapy sessions or medication — as one of the tools to help you get better.

Analyze your barriers. Figure out what's stopping you from being physically active or exercising. If you feel self-conscious, for instance, you may want to exercise at home. If you stick to goals better with a partner, find a friend to work out with or who enjoys the same physical activities that you do. If you don't have money to spend on exercise gear, do something that's cost-free, such as regular walking. If you think about what's stopping you from being physically active or exercising, you can probably find an alternative solution.

Prepare for setbacks and obstacles. Give yourself credit for every step in the right direction, no matter how small. If you skip exercise one day, that doesn't mean you can't maintain an exercise routine and might as well quit. Just try again the next day. Stick with it.



Laura Parkin, owner of Karmady Yoga & Fitness Studio, participating in the Hill City Back to School Health & Wellness Expo.

Do I need to see my doctor?

Note: Check with your health care provider before starting a new exercise program to make sure it's safe for you. Talk to your doctor to find out which activities, how much exercise and what intensity level is OK for you. Your doctor will consider any medications you take and your health conditions. He or she may also have helpful advice about getting started and staying motivated. If you exercise regularly, but anxiety or depression symptoms still interfere with your daily living, see your doctor or other mental health provider. Exercise and physical activity are great ways to ease symptoms of anxiety or depression, but they aren't a substitute for psychotherapy or medications.⁴

[1] <http://www.cdc.gov/physicalactivity/basics/pa-health/index.htm#ImproveMentalHealth>

[2] <http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity>

[3] <http://www.nchpad.org/606/2558/Food~and~Your~Mood~Nutrition~and~Mental~Health>
National Center on Health, Physical Activity and Disability

[4] <http://www.mayoclinic.org/diseases-conditions/depression/in-depth/depression-and-exercise/art-20046495?pg=2>

You CAN Choose to Live a Happy Life

By Stacey Durgin, Public Health Educator

As a child growing up in rural Minnesota and a teenager attending Aitkin High School, Brenda Johnston didn't always have it easy. She grew up wearing a back brace for her scoliosis, but she described her younger self as a strong, healthy country girl. Living on a farm, she knew how to pull herself up by her bootstraps and get the job done.

It was an unexpected surprise when, during her first year of college, Brenda awoke in a hospital bed. Her dorm's floor monitor found her passed out at her desk... not too uncommon for a college freshman. However, Brenda was unresponsive.

Brenda said that was her first clue that something was wrong. Not exactly sure what had happened, Brenda was afraid to return to college. She went back to help out on the family farm. She eventually went on to become a Certified Nursing Attendant and married. She had always enjoyed taking care of others and enjoyed being a CNA. However, it was that generous, caring side of Brenda that others were willing to take advantage of. She says having a mental illness is hard enough. However, some people seem to sense where you are weak, and they can use that to build a prison that it seems you can't escape.

Brenda knew that something wasn't right and began seeking treatment in her twenties. She was diagnosed with bi-polar disorder at 29 and began taking a depression medication. She told her doctor it wasn't working; she didn't like how it made her feel. But, as Brenda said, they didn't have the kind of knowledge about the brain then that they do now. They also didn't have the medications. Even as newer drugs came out, her doctor was convinced Brenda should stay on the medication that was first prescribed.

After suffering a pulmonary embolism and a 7 day coma, Brenda saw a hospital psychiatrist who told her she was a bright, witty young woman, who was on the wrong medication. Bi-polar disorder "has to do with the chemicals in the brain," Brenda explains. "Mine are out of whack and the medication makes them right. It is a mental illness, but it is really a medical issue."



Brenda Johnston says she believes, "Success is not measured by the things we achieve, but by the obstacles we overcome."

Continued on page 7.

Clutter vs Hoarding... What is the difference?

By Ann Rivas, Adult Social Services Supervisor

Is your house a mess? Do you ever worry about stacks of unorganized "stuff" piled high? Is your garage so full you can't park your car inside? Most people just have clutter. A cluttered home is safe to move in and guests who come over have an ease to be there. Rooms are used for a specific purpose. A person who has hoarding habits often collects items. Anything and everything is collected. Most of the time, the items collected are of little value. A person who hoards finds it painful to "let go" of their "stuff."

Hoarding is a mental health disorder. Hoarding is related to a trauma experienced in life. Simply cleaning the space will not help with resolving the hoarding habits. Cleaning out a home can do more harm than good. It can cause relationship and trust to be broken and can cause more trauma to a person.



Individuals who hoard often struggle because of the "secret" they keep and the shame behind their mental illness/habits. The person who hoards may isolate themselves from others so they don't have to deal with others who may be asking them why they don't get rid of their "stuff."

Rule of thumb to help: Safety first. Make sure that in case of fire or emergency medical care that all flammable items are away from stoves or electrical outlets. Minimally a three foot pathway is necessary for an EMT to enter the home and exit safely.

How can you help:

A strong relationship is going to be helpful. The person who is demonstrating hoarding habits will trust you to help them get help. There are therapeutic services you could call: Insight Network – Brainerd 218-839-3095 or Nystrom & Associates – Baxter (218) 829-9307. If you feel a social worker at Aitkin County Health & Human Services could help the person coordinate services, please call (218) 927-7200.

"Stuff" that piles up may make the home unsafe. Safety not only needs to be looked into for not only the safety of the person who hoards, but also public safety implications. Safety and health risks associated with hoarding are:

Fire hazards

Mold, bacteria, dust, dirt that can cause asthma, allergies and headaches

Risk of falls/items falling

Poor nutrition, hygiene and grooming

Rodent/insect infestation

Animal/human feces remains that can cause tapeworm or cat scratch disease

Blocked exits

Risk of eviction and homelessness

Picture from *Compulsive Hoarding*, 10/21/15. 2015. https://en.wikipedia.org/wiki/Compulsive_hoarding#.

Ann Rivas, Adult Social Services Supervisor, is a strong advocate for persons with mental illness and helping others to understand those illnesses. Ann explains that for some individuals, mental illness is caused by a chemical imbalance. For others, mental illness is triggered by a traumatic life experience. Mental illness is a medical diagnosis.

Brenda felt a big difference with her new medications. However, she wasn't through with her life struggles. Thankfully, she had friends that helped her persevere, and not only escape relationships and situations that were harmful to her, but also survive her pulmonary embolism and recurring issues with her scoliosis.

Brenda thanks her Social Worker, Becca Person, for connecting her with Nurse Practitioner, Dr. Janet Larson of Riverwood Healthcare Center and with helping her find an apartment. "Becca is wonderful," she says, and "Janet Larson actually listens to you and to what you want."

Brenda relates that her problems with the depressive side of bi-polar disorder are much worse when she is under stress or living with someone who negatively influences her mental well-being. She encourages anyone with any mental health issues to leave negative influence behind them. "In every situation, there is a solution to the problem." She says she is living proof that someone with a mental illness can live a happy life. She says she wakes up every morning and remembers to be thankful she is alive, to put a smile on her face and a stride in her step.

Brenda's recommendations to anyone who believes they may be suffering from a mental illness, is to first, find a doctor with whom you are comfortable and who really listens to you. "You can have your hopes and dreams!" she insists, and your health care providers should be there to help you reach them. Second, take your medication regularly. Don't give up on any medication for at least six weeks. If you don't feel that things are improving then, go back to your provider and try something else. Next, be strong and leave negative influences behind you. "Nobody needs that!" And, finally, choose to be happy. Live your life by Brenda's motto:

Live well. Laugh often. Love much.

Volunteer Drivers Needed

Volunteer drivers provide a needed and appreciated service to eligible Health & Human Services consumers. You will receive mileage reimbursement based on the federal mileage rate, along with a stipend for trips 15 miles & over. If you are interested in becoming a volunteer driver, please contact Pam Karnowski at 218-927-7200 or 800-328-3744 or pkarnowski@co.aitkin.mn.us.

Discharge Planning to Help Individuals in the Aitkin County Jail

By Ann Rivas, Adult Social Services Supervisor

In February 2015, Tom Burke, Director of Aitkin County Health & Human Services, attended the NACo (National Association of Counties) conference. The "Stepping Up Initiative to Reduce the Number of People with Mental Illness in Jails" was presented at the conference. Counties all over the United States were encouraged to look to the leadership within their county to develop a project to focus on this initiative goal. Mr. Burke brought back the information to Aitkin County. The next few months Tom Burke and Ann Rivas, Adult Social Services Supervisor, collaborated with Sheriff Scott Turner and other jail staff to talk more about what could be done to do discharge planning with inmates who struggle with living with mental illness. Also discussed was how to provide training to all deputies about understanding the struggles individuals who live with mental illness go through. Awareness training can help with the de-stigmatization of having a mental illness.

Per NACo, there are 100 counties in the United States who participated in resolutions with their county boards and Aitkin County is one of them.

On June 23rd, 2015, the Aitkin County Board signed a Resolution supporting Aitkin County Health & Human Services in collaboration with the Aitkin County Sheriff's Department to offer voluntary discharge planning services to incarcerated Aitkin County residents who live with mental illness. The goal is to support Aitkin County residents in jail to integrate back into the community and receive ongoing support services.

Since June, Aitkin County Health & Human Services has been available for referrals to do discharge planning with inmates. A discharge planner helps assist with transition back into the community. Almost all inmates with mental illness or substance abuse disorders will leave jail and return to the same crisis that brought them there unless transition planning occurs. Many hard questions will be discussed, "Do you have a job?" "Do you need help coordinating transportation?" "Is substance abuse an issue in your life?" "Do you have housing?" "Do you need help attending health appointments?" "Do you take medications?" With the help of a discharge planner, a plan is developed by the person struggling with mental illness/stressors. A discharge planner will support the person in the jail, as well as when they re-enter into the community.

A National Alliance on Mental Illness (NAMI) educational presentation "Make It OK" will be scheduled routinely for inmates whom are interested in learning more about how to become more comfortable talking about mental illness, learning about the stigma surrounding mental illness and what they can do to change attitudes and, ultimately, people's lives.

The concept of discharge planning is not a "NEW" concept in jails/prisons. Individuals struggling with mental illness need support services. Incarceration does not help people who are mentally ill. "Discharge planners are available to help individuals who want to change the quality of their lives. "This is a voluntary service," says Ann Rivas, Social Services Supervisor. At a recent presentation in the Aitkin County jail, inmates voiced that it helps to talk about their mental illness and it is nice to have this service to assist people.

"WE NEED TO CHANGE THE CULTURE AROUND THIS TOPIC AND MAKE IT OK TO TALK ABOUT MENTAL HEALTH AND SUICIDE."

TXT4Life Suicide Prevention Program

MN TXT4Life Coordinator, Meghann Levitt

TXT4Life began as a program funded under a Garrett Lee Smith Substance Abuse and Mental Health Administration (SAMSHA) Grant for the seven counties (Aitkin-Carlton-Cook-Itasca-Koochiching-Lake-St. Louis), and four Tribes (Fond du Lac, Red Lake, Bois Forte, Grand Portage) of Northeast Minnesota. With substantiability in mind, Omnibus Bill funding was acquired in 2013 and 2015. This funding allowed the program to begin expansion to additional regions of Minnesota with the goal of covering the state border to border in the upcoming years. Funding also helped the service reach 24/7 availability in September 2015. Canvas Health/Crisis Connection oversees all TXT4Life activities and expansion.



The texting portion of the program allows a person in crisis to text into a confidential line where trained counselors assist them. By texting the word "LIFE" to 61222, the individual will be connected to these services. TXT4Life has provided over 19,000 counseling sessions since 2012. The top three primary concerns of texters are suicide, mental health, and relationships. Most texters are under age 22. The text line currently averages between 800-1000 conversations per month.

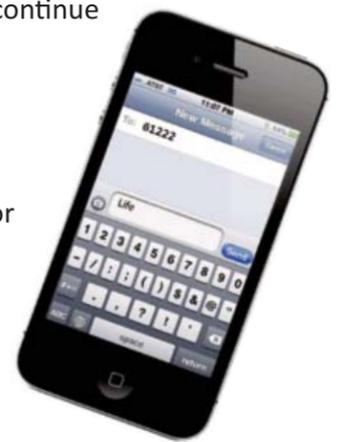


Meghann Levitt, TXT4Life Coordinator, at an event.

TXT4Life Regional Coordinators reach students through school presentations where education about suicide prevention and steps to help a friend in crisis are given, as well as resources, including TXT4Life and the National Suicide Prevention Lifeline phone number (1-800-273-8255). Information is also gathered from students about adults they trust, who they might go to in the time of a crisis. Additional training is offered to these adults. Student groups have also been established at various schools to continue the promotion of TXT4Life and participate in suicide prevention/awareness activities.

Trainings are available to anyone and given across the region and state. The trainings include QPR – Question, Persuade, Refer (both in-person and online options), and ASIST – Applied Suicide Intervention Skills Training. Training, education, marketing, regional and state collaborations, and innovation has made this project a rapid success. Over 2650 community members and professionals, across the region, have been trained in QPR and/or ASIST since 2012.

For more information on TXT4Life, please visit www.txt4life.org, or contact the Northeast MN TXT4Life Coordinator, Meghann Levitt, at 218-878-2846 or meghann.levitt@co.carlton.mn.us.



txt4life

Connecting with Legal Resources

The Volunteer Attorney Program (VAP): www.volunteerattorney.org. Income eligible individuals with private attorneys willing to give legal assistance for free or at a low fee. VAP provides assistance for civil, non-fee generating matters. Local services are generally provided in Aitkin the 4th Tuesday Call: 218-723-4005.

The State Court website: <http://www.mncourts.gov/> Easy to navigate. Topics include step-by-step videos under the Self-Help Center tab, regarding divorce, custody, child support, and conciliation court. There are also videos educating newcomers on the court process and procedures, a section entitled "Frequently Asked Questions" on the jury process, a huge selection of fill-in-the blank legal forms, and a variety of other items.

I-CAN! <https://secure.icanefile.org/mnplus/start.aspx> is for parties wishing to obtain a divorce without hiring an attorney. The site has a service where you may ask questions and receive the answers in PDF format. There are also step-by-step instructions on the court process. Participants can submit the finished forms to someone for review on completeness, although the site does not offer legal advice.