Louise Wahl Memorial Writers Contest Winners Issue

News, Commentary and Arts by Psychiatric Survivors, Mental Health Consumers and Their Families

Counterpoint

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Influence of Drug Money Contested

Advocates Diagree On Accepting Grants From Pharmaceuticals

by ANNE DONAHUE
Special to Counterpoint

MONTPELIER — Two prominent Vermont advocacy groups have broken into a public dispute over whether it is ethical to accept grant money from the companies that market psychiatric medications, including the mixing of such funds with a state grant for an anti-stigma campaign.

The debate began when Ken Libertoff, the Executive Director of the Vermont Association of Mental Health, wrote a letter to an audience including state legislators that criticized the use of such grants by non-profit advocacy groups.

The note, sent by email, linked the Vermont branch of NAMI (the National Association for Mental Illness) with practices of its parent organization because it accepted money to subsidize its fund-raising and public awareness walk event in May.

NAMI-VT's Executive Director, Larry Lewack, disputed any impact on the agency's policies and said that Libertoff's "anger is really misdirected."

"I happen to agree with the underlying issue...I think the pharmaceutical industry has been horrible" in the ways it attempts to influence doctors' prescribing patterns, Lewack said.

But he said grants to non-profits that are for "doing things we want to do anyway" are not where the problem lies, because they do not influence advocacy positions. Small state chapters have a limited ability to influence what their national organizations may be doing, he said.

Lewack pointed out that Libertoff's parent organization also took pharmaceutical money, so any implication that accepting such grants made advocates "little more than tools...(that do) the bidding of the pharmaceutical industry" applied to VAMH as well.

Libertoff agreed, but said that VAMH had written a letter to its national board using much the same language as in his email to legislators, expressing "outrage over their lack of candor" and suggesting they were "little more than subsidiaries for the pharmaceutical companies."

VAMH is now considering "disaffiliating" with its national group over the issue, and

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Mental Health, Prison Issues, Hit Spotlight

MONTPELIER — Three different review groups and a legislative oversight committee have jumped into the issue of mental health needs within the criminal justice and corrections systems, and how those needs intersect with planning for the future of services currently provided by the Vermont State Hospital in Waterbury.

Controversy has existed for years over whether there is adequate inpatient hospital capacity for those in prison that need it; whether an adequate number of new beds are being planned; where the intense needs of some inmates would be best met; and whether planning is considering the differing needs of those grouped under the label of "forensic" patients.

The new attention came about this spring through three primary drivers:

- State regulators granted the Division of Mental Health approval to begin planning for replacement hospital facilities with a condition that it include "consideration of the need for inpatient mental health treatment for inmates and other offenders...after giving due consideration for the overall mental health treatment capacity of the correctional system;"
- The legislature passed two bills, one that includes both review of the administration's planning and making recommendations about needs, and the other that directs an oversight committee to delve into additional issues about mental health services in Vermont's correctional system; and
- The state's chief justice obtained a grant to create a task force for collaboration between the courts and the corrections system to address the needs of persons with mental illnesses.

A "corrections inpatient work group" also met several times to provide input to the administration and the Futures planning committee on the inpatient capacity.

In 2006, an actuarial consultant estimated that there were no significant unmet capacity

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RAISING AWARENESS — The Vermont branch of NAMI held its first public education and fundraising walk this May. More photos on page 3.

Futures Group Ended in Law

MONTPELIER — The stakeholder group created in 2004 to provide input into planning for replacing the Vermont State Hospital was abruptly terminated by the legislature this year, one year after it had been extended to 2009.

The new year's state budget instead creates a consumer and family advisory council for "mental health services transformation" that no longer requires specific involvement in the principles or planning of the Futures project.

The change came at a time that the legislature become more directly involved in what a new state hospital should look like, hiring an independent consultant and backing away from its 2006 approval of the concept of a primary facility located as part of Fletcher Allen Health Care in Burlington.

The Futures group, which will end in June,

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Advocates Dispute Influence of Drug Money

(Continued from page 1)

Libertoff said VAMH itself had rarely accepted any such funding, that it would not in the future, and that he was discontinuing attendance at conferences or other events sponsored by drug companies.

"The time has come to have a public disclosure and discussion" about the impact, he said.

Libertoff said he was "appalled and disappointed" that NAMI-VT had also solicited pharmaceutical money to "mix and add" to an anti-stigma campaign funded by the state, something he complained about in a formal letter to the Department of Health last fall without receiving a response.

The NAMI-VT web site describing the anti-stigma plan notes that two partners dropped out after the issue arose, but that the plan was nonetheless approved and funded by the state in January.

Other partners, however, such as the Howard Center, stated they were unaware of the drug company co-sponsorship.

Michael Hartman, Deputy Commissioner of the Division of Mental Health, agreed with Libertoff's contention that there were no clear policies on such funding, and said that the division is now working to develop one that would include all state contractors, such as NAMI-VT.

In the case of the current anti-stigma grant, Hartman said that the matter was discussed with Lewack, and that specific restrictions were imposed.

"What NAMI has been informed of in regards to this money is that no pharmaceutical promotion — posters, pens, infomercial type of PR — can be utilized in connection with money from DMH/VDH (the state.)

"Any activity related to the anti-stigma work that might utilize pharmaceutical funds — e.g., speakers — have to indicate the use of that money, but cannot have the promotion," Hartman wrote in his e-mail response to Counterpoint.

Libertoff said for advocacy groups to believe that the drug industry was providing millions of dollars purely to help promote unbiased public education was "a foolish position or an uneducated position."

As for-profit companies, "they're not doing it just for good will," he said.

He said that the potential for influence on policy was more than just theoretical; that in both treatment practices and policy positions, "there's inherent conflict" from both direct and subtle pressure to encourage medication use.

NAMI's "strong bias for medication, in particular psychotropic medication," is an example, he said, in light of the silence on the issue that "the cost of these medications are a great barrier to access."

He said he has been growing in the conviction that the overwhelming focus on medication as the primary treatment for mental illness "has potentially robbed us" of funding and support for other important treatment components, such as individual therapy.

The same arguments have been made for many years by consumer activists, but not by mainstream organizations.

Libertoff said it was also "a matter of public confidence" in the legitimacy of national leaders. He singled out NAMI, the American Psychiatric Association, and Mental Health America (the new name for the Association for Mental Health, the parent organization of Libertoff's organization.)

Lewack, however, insisted that such funding did not influence its public policies. Lead sponsorship of the fund-raising walk in May by the AstraZeneca corporation involves no "quid pro quo."

"It will enable us to hire more staff" for its support of families and educational work in Vermont, Lewack said.

He said that acknowledgment of all sponsors will be indicated at the walk, but not in any promotional way. He said most of the sponsors were local.

The anti-stigma campaign plan on the NAMI-VT web site contains no information regarding funding by sources other than the state, nor is it referenced in the organization's spring newsletter where the state's approval of the plan is announced.

At least one of the "partners" in the plan listed on the web site was not aware of the controversy over the blended funding.

Todd Centybear, Executive Director of the Howard Center in Burlington, said it was probably listed as a result of contributing to the initiative, but "wouldn't, at this point anyway, push to distance ourselves from the effort unless the campaign materials themselves were 'distasteful,' misleading, or otherwise being subverted by a big pharma message." He said, however, that the Howard Center itself has a strict policy regarding drug companies that prohibits any staff from accepting any gifts, the soliciting of any grants, or acceptance of offers for staff training events "even if it does not appear to be connected with a particular drug or class of drugs they produce."

Libertoff said that particularly if advocates "don't see the inherent conflict of interest" given the drug industry's "great desire to influence policy in every state," in underscored the importance of "a good public debate" on what rules or guidelines should be considered acceptable in Vermont, and he said he was giving "a pledge to make that a public forum."

Libertoff's more public stance was apparently spurred by the May 10 publication of a major article in The New York Times which addressed the dramatic rise in the use of psychotropic medications for children, based in significant part on promotional speeches by physicians who were paid for their presentations, and who had become prominent based upon research on the particular drug, also paid for by that manufacturer. (See related article on this page on prescribing patterns in Vermont.)

State Drug Board To Review Kids' Psychiatric Prescriptions

MONTPELIER — Spurred by concerned clinicians, consumers and advocates, Vermont's Medicaid drug utilization review board has voted to have a study done of the prescribing patterns for psychiatric medications for young children in the state.

The initiative reflects similar concerns that led to a bill in the state legislature aimed at reducing the impact of drug marketing to physicians.

The growing concern about the investment the pharmaceutical industry makes to influence which drugs doctors prescribe was the focus of a New York Times article that addressed the dramatic increase in the use of "off label" (unresearched and unapproved) new antipsychotic medication for children.

The Vermont review board voted to "initiate a review of the Medicaid pharmacy claims to determine how many Vermont Medicaid recipients age six and under are currently receiving treatment with one or more medications which are used in the treatment of psychiatric disorders," according to a statement released by the state's Office of Vermont Health Access.

Gathering of data will extend over several months and then will be discussed by the board to determine what, if any, further steps should be taken, the statement said.

A March letter from the Vermont Association of Mental Health co-signed by eight other organizations urged the state develop a monitoring process for the use of such medications.

The New York Times May 10 article attributed the increased use in significant part on promotional speeches by physicians who were paid for their presentations, and who had become prominent based upon research on the particular drug, also paid for by that manufacturer.

The article said that research was not highly conclusive of benefits, but the drugs had clear negative side effects.

The indirect encouragement for "off label" (unresearched) use of drugs through promotional lectures is a particular issue in psychiatry because of the frequent "trial and error" nature of drug treatment, the article said.

The high priced "atypical antipsychotics" represent a shift from the use of antidepressants to treat childhood emotional disturbance, the Times article said. The drugs have experienced huge growth in sales coinciding with significant increases in children being diagnosed with bipolar disorder.

The drugs, which can cost $1,000 to $8,000 for a year's supply, are huge sellers word wide. According to the Times, in 2006 Zyprexa, made by Eli Lilly, had $4.36 billion in sales, Risperdol, made by Johnson and Johnson, $4.18 billion, and Seroquel, made by AstraZeneca, $3.42 billion.

The Vermont legislature had drafted a bill that would block direct sales marketing by pharmaceutical companies that were targeted to doctors based on researching the individual doctor's current prescribing patterns, but it was withdrawn after a United States District Court ruled that a similar New Hampshire law was an unconstitutional interference with the right to free speech by the companies.

A revised bill was passed that enables individual doctors to request the state to block sales representatives from targeting them in this way. The bill has not yet been signed by the governor. AD

Another Way Director Applicants Sought

MONTPELIER — Applications are being sought for a director of the Another Way drop-in center on Barre Street. Current Director Bill Newhall is planning his retirement after 20 years in the position.

Office management skills are essential. Interested persons can call Bill at 454-8078 or Roxy Smith at 229-0920 for more information.

LEGISLATIVE REPORT

Forensic Evaluations

The Legislature voted to leave in place a change in the law in 2005 that permits a judge to order an inpatient mental competency exam only if a qualified mental health professional (screener) finds that the defendant is in need of hospitalization.

The law was revised two years ago to permit the Commissioner of Mental Health to determine which inpatient hospital would be appropriate for the person, instead of being automatically sent to the Vermont State Hospital. The change in the screener's recommendation from being advisory to being a condition for an inpatient order occured at the same time.

The criminal court still controls the order for a comptency examination to take place, as well as whether the person will be eligible for bail (which would permit the examination to be outpatient.) A person not released on bail or conditions, but not in need of inpatient hospital care, can have a competency exam in prison.

The court administrator, Lee Suskin, objected to keeping the change, saying it was contrary to standard practice for a judge not to control a decision. Susking supported the recommendations of a 2005 study group that recommended different changes.

However John McCullough of the Mental Health Law Project objected, saying that unnecessary hospitalization interfered with the rights of individuals who are charged with a crime to be released on bail.

Physician Assisted Death

A bill that would have permitted terminally ill patients to receive a prescription to cause an earlier death failed in the House of Representatives. The bill was strongly opposed by disability rights organizations, which expressed concerns about the social message being sent if life with a disability was considered to have lost dignity.

The law was ammended in the House Judiciary Committee to require all persons who requested prescription to be required to have a mental health evaluation, to avoid the challenge that it discriminated against those with a mental illness in its original draft, which required such evaluations only if there was a mental illness suspected. However the bill failed on a vote of 86-60 on the House floor.

Youth After Foster Care

New resources were added to allow teenagers to remain in a foster home after turning 18, with the agreement of all parties. It also allows young adults who were formerly in foster care to get extra assistance until they turn 22.

The bill removes the copayment fee for Medicaid for these young adults, and includes further study on addressing youth who lose help with access to mental health services when they turn 18.

Still Pending

Since the legislature's two-year session is only half complete, bills introduced this year remain active for consideration next years. Bills still pending that relate to mental health issues include: mandating public membership on the Vermont State Hospital governing body; removing the VSH exemption that permits non-nursing personnel to administer medications; improvements in the Vermont insurance parity bill; and changes to consent provisions for children being admitted to psychiatric hospitalization. AD

Advance Directive Policy Set at State Hospital

WATERBURY — The governing body at the Vermont State Hospital has adopted its formal policy updating how advance directives for health care are reviewed, now that legislation passed in 2005 is going into effect.

The policy makes it clear that no health treatment may be provided that is not approved in a person's advance directive or by ther person's agent, if a patient has an advance directive and no longer has capacity to make his or her own decisions.

The only exception is if a Probate Court names a guardian with specific authority to make a certain decision that overrides the directive.

The policy establishes a clear process for staff, including the new requirement of checking the state registry to find out if a newly admitted patient has an advance directive on file.

A patient has the right to have assistance and protection against influence from others if he or she wishes to write an advance directive while in the hospital. The policy states that in these situations, a VSH physician should record the patient's mental status at that time, in case the person is not competent to be creating the directive.

An advance directive only takes effect if a person loses capacity to make health care decisions. It can be challenged in court if there is evidence that the person signed it while under coercion, of at a time when he or she did not have capacity to make the decision.

Attorneys for the Division of Mental Health advised governing body members that an emergency intervention as a result of a safety crisis was not considered "health care," so an advance directive could not prevent staff from using emergency restraint or seclusion if it was justified. Instructions about what was most helpful to respond to a crisis should be followed when pocible as a good clinical response, board members noted.

Members also discussed the fact that a person who wrote an advance directive with a refusal to accept any medication would be unlikely to be accepted at any community hospital, since those hospitals would not want to admit a patient knowing they might encounter long delays in treatment efforts. Such individuals should think through their decision based on all the potential resulting outcomes, it was noted.

Access to instructions and sample advance directive forms (including a link to a form drafted by Vermont Protection and Advocacy specifically for those with mental health issues) can be found by clicking on the "Advance Directives" link on the home page of the state Department of Health, www.healthvermont.gov. AD

New Recovery Web Site

A Vermont peer specialist has developed a web site on mental health recovery. Steven Morgan says he created the site to make resources more accessible. Examples of topics include being healthy, finding work, and volunteer activities. Morgan is affiliated with the Black River Peer Recovery Center in Springfield. The web address is www.vermontrecovery.com.

Inpatient Consent Revisions Ready

BURLINGTON — Voluntary admission consent forms that require patients to agree to up to a four day delay after requesting discharge will soon be a thing of the past in Vermont.

A new informed consent process for voluntary admissions has been approved by the Division of Mental Health and is currently being integrated into use at all psychiatric inpatient hospitals in the state, according to Medical Director Bill McMains, M.D.

The new form — which explains the hospital's right to briefly stop a voluntary patient from leaving if safety is an issue — comes after almost a year-and-a-half of negotiations between advocates, hospitals, and the Division.

Psychiatric unit directors had expressed concerns that ending the four-day delayed discharged agreement (often called a "conditional voluntary" admission) could result in patients who were at serious risk being able to simply leave without notice.

The issue came to public attention in the fall of 2005 when the Rutland Regional Medical Center psychiatric unit began requiring crisis team staff to obtain "conditional voluntary" agreements from clients in the field before agreeing to accept them for admission.

The new form is a voluntary consent to admission which informs the individual the laws that could affect rights as an inpatient.

An individual could choose to not seek admission after learning about restrictions, unless the admitting staff believed they were a sufficient danger to self or others that an involuntary emergency exam needed to occur. In that case, a decision against consenting to admission could result in an involuntary admission.

The form explains that consent to admission amounts to an agreement to cooperate with a treatment plan developed along with staff, but notes the legal right to refuse medication. It advises patients that the exception is the emergency use of medication — or physical restraint or seclusion — in the event of an immediate threat to safety on the unit that cannot be addressed in any other way.

The patient agrees to inform staff if they wish to discharge themselves against medical advice, or before the discharge date that is part of the treatment plan.

Under those circumstance, the individual could be stopped from leaving for a brief period if staff believe they need to be assessed for safety. If that assessment determined that the person is a danger to self or others, an emergency examination process could then result, and if the patient continued to refuse to stay voluntarily, a petition for a commitment hearing could be filed.

The new form represents the first time that voluntary patients will be informed in advance of the ways in which the decision to seek admission could result in involuntary treatment.

The consent form also tells the individual that because of the presence of other patients who are in the hospital involuntarily, the unit they will be on is likely to be locked, the first time that hospitals have been required to be advise patients in advance that they will be on a locked ward. (Fletcher Allen Health Care is the only hospital with one of its two units unlocked.)

Although the requirement to use the new form has been finalized by the state, hospitals have been given time to complete internal implementation planning. AD

Futures Group Ended in Law

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represented a cross-section of the state's mental health practitioners, advocates, hospitals, community agencies, consumers, family members, and state hospital staff.

It will be the responsibility of the new Commissioner of the Department of Mental Health to appoint and staff the new advisory council, which the statute says "shall include consumers and their family members" without further detail.

The position of the Commissioner and a Department have been restored, effective on July 1, also through legislative action this spring. In 2005, reorganization of the Agency of Human Services fully integrated mental health services as part of the Department of Health.

Although a Commissioner has not yet been named by the governor, a recent application for a federal grant identified the current Deputy Commissioner for Mental Health, Michael Hartman, as Commissioner effective July 1.

The Health Department has received approval from state regulators to begin spending planning money to develop an application for the full project. The conceptual certificate of need was issued in April by the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA).

The state's application is based upon the development of a primary site operated by Fletcher Allen with satellites operated at Rutland Regional Medical Center and the Brattleboro Retreat. The cost estimates for the plan range from $50 to $100 million.

The BISHCA approval came with a number of conditions, however, to ensure that all options that meet the requirements are fully explored. Most were based upon adopting issues identified in January in recommendations by BISHCA's advisory committee, the Public Oversight Commission.

The conditions include implementation reports every six months and an overall deadline of two years. They require demonstration of the long term ability to sustain both the new facility and the community mental health system, demonstration of quality of care, and demonstration that the proposal is the least expensive plan to meet the established need.

The authorization from BISHCA has been appealed by the Vermont State Employees Association, which had objected to language in the certificate that it asserted had a bias in favor of a new facility being attached to an existing medical hospital. The VSEA has promoted an option which would keep a new institution in the central Vermont area, continued as a separate facility operated by the state.

The shift in course by the legislature — the elimination of the Futures group and the decision to hire outside consultants — came with the start of a new, two-year legislative election cycle and new leadership and committee membership, particularly in the Senate.

Incoming legislators also reacted strongly to the high estimates for construction in Burlington, and began to press for more in-depth analysis of different ways to create the services, leading to the decision to have the entire plan reviewed from the start. The legislation also seeks a review of different ways to access matching federal funds without the requirement of a direct medical hospital affiliation.

The independent evauation of the project for the legislature is being conducted by Richard Searles, a former mental health commissioner in three states, including Vermont. Additional consultants on the team include Con Hogan, a former Commissioner of Corrections and Secretary of the Agency of Human Services, and Thomas Morse, a former Deputy Commissioner of Social and Rehabilitative Services, both from Vermont.

Under the statute that authorizes their hiring, the consultants are expected to provide services in four areas:

A) compile, analyze, and review the planning that has been done to date for replacing the services now provided at the VSH, including a review of the feasibility of recertifying the existing state hospital and obtaining authority to secure federal funding to support its operations;

(B) investigate and make recommendations on the necessary steps to secure federal funding for the development of one or more regional or satellite psychiatric facilities in conjunction with other general hospitals and institutions for mental diseases, or stand-alone facilities, or both;

(C) review and make recommendations regarding the feasibility of all the options available to the state for providing inpatient psychiatric services, taking into account the capacity needed; the time required to achieve the delivery of services; projected capital and operational costs; assurances of quality of care; the extent to which there will be integration with the chronic care initiative and integration of mental health care with overall health care; and the alternatives of public, private, public-private partnership, or other combination of operation and ownership structures; and

(D) analyze the impact of the population involved in the criminal justice system on the needs, services, and costs of inpatient psychiatric hospitalization.

The 2007 legislature provided no additional funds beyond what had already existed for new planning for the project. It rejected the proposal of Governor Jim Douglas to start putting savings aside by reserving any unexpected tax revenues in a special fund. AD

VSH Futures Project Status Report

- **50 Specialized and Intensive Care Inpatient Beds**
  - Planning money approved by regulators
  - Legislature hires consultant to take new look at plan
  - Retreat proposes 16-bed inpatient unit
- **16 Residential Recovery Beds:**
  - Williamstown "Second Spring" open with first 4 clients
  - No current additional site development work
- **6 Long-Term Secure Residential Beds:**
  - Work group postponed indefinitely
- **Care Management System:**
  - No update on bids for development of technology

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Augmented Community Services in Plan

- **10 new crisis diversion beds:**
  - First four added beds approved; more in budget
- **Housing**:
  - Futures recommendation for $3 million not funded; $460,000 approved in budget
- **Peer Services:**
  - Work group continues; new year funding added
- **Non-Sheriff Transportation:**
  - Annual report reflects no statewide implementation
- **Enhancing Community Adult Outpatient:**
  - No developments; no funding added this year
- **Offender Outpatient Services:**
  - No developments; no funding added this year

Two Locations Prep For New Crisis Beds

BURLINGTON — Two community mental health agencies have received contracts from the state to begin crisis bed programs in the northeast and northwestern sections of the state that have the least current access to psychiatric inpatient or hospital diversion care.

Northwest Counseling and Support Services has begun development of a community hospital observation bed at Northwestern Vermont Medical Center in St. Albans, and two crisis stabilization beds to help prevent hospitalization.

Its program plan also includes crisis outreach services that will expand screening and diversion opportunities in working with its CRT clients.

In St. Johnsbury, Northeast Kingdom Human Services is establishing two crisis beds integrated with its existing emergency services. The agency's proposal said it expected to be able to use the program for multiple needs, as available, ranging from emergency triage or observation, brief respite stays to prevent imminent crisis, and to help with transitions back to the community when a hospitalization does occur.

Both programs will be for voluntary use only. They are part of the overall Futures plan to reduce reliance on inpatient hospital use.

Last year's state budget started the funding cycle for the first four new beds. More are expected to be added this year. AD

VSH: 'Sea Change' or 'Meaningless Exercises'?

WATERBURY — Vermont's decertified state hospital is either making a "sea change" forward in improved treatment approaches, or remains stuck in "meaningless exercises" that fail to bring it to basic standards, depending on the point of view presented.

The Division of Mental Health walked the line between those perspectives and submitted a federal grant application for reducing use of restraint and seclusion that acknowledges that while "there is not general agreement" on how much improvement has occured since 2004, it is clear that "much work remains to be done."

The application is one among ongoing efforts to re-establish licensure by 2009, according to a time line provided to the state Board of Health.

The Division said it recognised some stakeholders have "limited confidence" in the possibility for change, but that "Vermont has learned a great deal from its past efforts" to reduce restraint and seclusion. The application proposes a number of steps to increase "buy-in" and strengthen leadership.

It commits to developing a strategic plan, and to implementing "sensory modulation" as a technique to help individuals through "self-soothing" and with changes in the environment, such as creating "comfort rooms."

One organization closely involved in monitoring the hospital, Vermont Protection and Advocacy, said in its letter supporting the need for the grant that leadership must be the primary focus, or "the rest will be little more than meaningless exercises."

The VP&A letter said that the "infusion of state resources" since 2004 "has yet to lead to systemic changes" and that its reviews demonstrate ongoing failure to adhere "to the most basic standards" in the use of restraint and seclusion.

In other updates related to VSH:

- Executive Director Terry Rowe reported that she returned from a National Council of Mental Health Directors meeting hearing a strong message about how "consumers really need to be a strong presence" at VSH. A new patient representative position is being filled by a consumer.

- The Statewide Program Standing Committee on Adult Mental Health, which Rowe was addressing, reported on its struggles to maintain consumers members under the recent lower membership cap, the requirements for multiple nominees, and the long process; similarly, ublic member seats on the VSH governing body have been left unfilled since as long as two years ago, despite waiting applicants.

- Rowe acknowledged that months have gone by without resolution of the issue of routine criminal background checks being performed for employees (the majority) who were already on staff when it began as a standard practice. The employee union has not yet responded to the VSH contention that this is a "non-negotiable" issue under their contract, she said.

- Medical Director Tom Simpatico, MD, reported that the recent feedback of a VSH treatment consultant gave "the sense that we were making clear progress" in links between treatment planning and programming, which represents a "sea change" in something that is "the heart and soul of how we provide treatment."

"Teams are now thinking about what patients are going to experience on the unit therapeutically," he said at a recent governing body meeting, illustrating with a checklist of treatment planning options that showed "what can be prescribed" to meet the goal of 20 hours of treatment per week.

Board members questioned the list, which included "social skills practice" such as Bingo, crossword puzzles, walking, movies and relaxation for more than half of the hours of treatment offered. "Most of them sound like classic 'state hospital' activities," commented Michael Hartman, Deputy Commissioner for Mental Health.

- As follow up from last year's Department of Justice evaluation, "as needed" medication orders must now be re-prescribed weekly. VSH has also sharply reduced the use of "pre-placement visits," under which patients were residing elsewhere but still considered VSH patients, allowing them to be returned to the hospital without court process.

- "Just beginning" is the practice of nursing supervisors "debriefing" at the end of a shift if emergency restraint or seclusion was used; staff have commented on learning that "how they were managing it" rather than the emergency itself was often what resulted in staff injuries.

- A new "clinical research information system" (CRIS) will help to meet Justice Department record keeping standards, but "we don't know what the resolution is yet" on ownership and protection of patient data, Rowe said. AD

Prison Issues Hit Spotlight

(Continued from page 1)

needs at VSH for corrections. Several advocacy organizations have continued to maintain that the consultant relied on inadequate figures provided by the Department of Corrections, and this past January the Public Oversight Commission found that the Department of Health's estimates were "strongly at odds with the unmet needs described by witnesses..."

The Public Oversight Commission is the public committee that makes recommendations on health care projects to regulators in the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA), which must approve all major projects.

In granting planning approval in April, BISHCA noted that reviews had to consider what services were being provided in corrections, "because an assessment of correctional system mental health treatment capacity will have significant planning consequences for the nature and need for inpatient mental health treatment capacity for inmates and other offenders."

BISHCA also directed the Department to review whether the same facility should serve both patients involved with the criminal justice system and those being held under an emergency evaluation or civil commitment. Two years ago, the Futures Advisory Committee had recommended that patients should be treated based upon clinical needs, not court status, and the issue had not been discussed since.

New Legislation

In April, the legislature voted to authorize $100,000 to be spent from Futures planning money to hire a consultant to review all of the work done by the Department of Health and to make and independent recommendation to lawmakers about the best options for replacing VSH. (See article about overall Futures planning on facing page.)

The work of the consultants specifically includes the responsibility to "analyze the impact of the population involved in the criminal justice system on the needs, services, and costs of inpatient psychiatric hospitalization."

Corrections Oversight Committee

In addition, the legislature passed a bill to direct the Joint Corrections Oversight Committee (legislators from committees on appropriations, judiciary, institutions, and human services who meet when the legislature is not in session) to focus this summer and fall on mental health.

The bill direct the committee to coordinate with the legislative consultant "to to ensure that corrections mental health needs are integrated with the continuum of mental health care, including replacement of the services currently provided at the Vermont State Hospital." It identifies three groups of "forensic" patients whose needs must be reviewed as part of the VSH Futures planning:

a) inmates with acute mental health needs;

b)criminal defendants committed for pre-trial forensic evaluation in an inpatient hospital setting; and

c) criminal defendants found incompetent to stand trial or insane at the time of the offense.

The bill also directs the committee to review whether a separate inpatient facility is needed for the corrections population, and whether a "therapeutic residence" level of care in corrections would meet some needs that might otherwise require inpatient care.

It also requires review of the definition used by the Department of Corrections to determine that a person has a "serious mental illness," which triggers some treatment requirements, and a review of the use of psychiatric medications in corrections.

Chief Justice's Task Force

A final new initiative began through a Council of State Government's Supreme Court Chief Justices grant for promotion of collaboration between criminal justice and mental health.

Vermont Chief Justice Paul Reiber will be leading the Task Force. Its stated purpose is to create a "coordinated strategic plan...to address the needs of people with mental illnesses, divert them from the criminal justice system, increase their functioning and reduce recidivism."

The grant application noted the many initiatives around the state that reflect concern about the numbers of persons in prison with mental illnesses; without treatment, corrections becomes "a revolving door for most of these folks."

It cited one model that uses "points of interception" along each step of the criminal justice system where a person with a mental illness might be able to be diverted from or kept from "going deeper" into the system. The opportunity points include the role of court diversion, forensic evaluation, inpatient commitment, and community re-entry after prison.

"This initiative would get all the players in the same room, focused on the same issue, in addition we would asses Vermont's state of affairs and identify the gaps and resources needed," the application said.

Individuals and groups already committed to participation include state mental health, corrections, criminal justice, and judicial leaders; legislators; and NAMI-VT. The funding will be used to hire a consultant to direct the task force. AD

OPEN HOUSE CELEBRATION — A community open house for the ribbon cutting ceremony for Second Spring drew in local residents from Williamstown, consumers, new staff, and administration representatives. Above, left photo, Human Resources Director Lori Schrober talks with Morgan Brown; right photo, Acting Health Commissioner Sharon Moffatt enjoys a moment with Todd Centybear, Executive Director of the Howard Center for Human Services in Burlington. The Howard Center joined with Washington County Mental Health Services and the Clara Martin Center in Randolph to create a new corporation that runs Second Spring.

(Photos by Judy Rosenstreich, courtesy of the Division of Mental Health)

First of New Futures Programs Opens and Takes in Residents

WILLIAMSTOWN — Roy Riddle just can't hide his excitement when he's talking about Second Spring.

The community recovery residence — the first new program under the 'Futures' project to replace services at the Vermont State Hospital — held its opening ceremonies here this April and as of mid-May, four residents had moved into the former farmhouse and inn, designed to be an alternative to extended hospital stays.

"Our main goal is to empower the client who comes to us" by identifying "what they want to achieve" instead of telling them what they must do, Riddle, an R.N. and the new director, told the Statewide Program Standing Committee for Adult Mental Health at its May meeting.

Riddle said that a full complement of staff is now in place, including a full time psychiatrist , social worker, and vocational director, and 20 full time recovery staff; one peer support worker has been hired and others are being interviewed.

The program has a regular capacity of 11, with three additional bedrooms on an as-needed basis. A community open house was held on March 31, including a ribbon-cutting ceremony with Governor Jim Douglas.

The plan has been to phase in patients from the state hospital until the program grows to its capacity; at that point, there will be two staff positions for every one patient.

Because of the focus on building skills to return to the community, there will be a great deal of community interaction, Riddle said. "We're going to be on the road a lot...(getting) back into the public mainstream" and participating in community events.

Planning will be very tailored to individual goals. Already, examples are springing up.

One client, who has a love of animals and had to give up her pets when she entered the hospital, is interested in volunteering at an animal shelter. Staff have initiated the contacts to explore this option.

Another resident is anxious to regain employment, and his plan involves working to build a resume.

Riddle said the hope is that both the positive environment and the vocational-educational focus will means that recovery may be "a lot quicker there than at the state hospital," with an average length of stay of a year to a year and a half.

Most residents will be transferring from the Brooks Rehab unit at VSH, although some may come directly from another unit, he said. Planning begins with potential residents while they are still inpatients, and begins with day visits to Second Spring.

Linking with home community mental health agencies is an essential planning component, Riddle said.

"We have to get people back into their home area...if we're going to be a successful program."

Standing committee members raised a number of questions related to medication management and to safety.

Clare Munat said she understood "why a person might not want to take medications," given the many side effects, yet often "need them to stay on an even keel."

Riddle said that the policy at Second Spring was that "we do not force medication on anyone in any way...That's not on the agenda."

Second Spring social worker Linda Kramer, who also attended the meeting, explained that the program was embracing the philosophy of "shared decision-making" and helping individuals to prepare to be their own self-advocates for the treatment that works best for them.

It will be an educational change that will help them be prepared to be self-reliant in the community, in contrast to the state hospital, where the focus is on "medication compliance."

Riddle agreed. If a decision leads to a relapse in illness, the person's status at Second Spring will depend upon the severity of symptoms, he noted. However, "The final decision (on medication) will be up to that individual."

Standing committee member Marty Roberts said the approach was importance, since "'compliance' implies you're doing it for someone else" instead of making a decision that is based upon understanding your own needs.

Questions also arose about the transition from a highly secure hospital facility to the unlocked Second Spring program.

Riddle said that prospective residents will be well screened for readiness for the move; it would be highly unlikely, for example, that someone with a recent history of violence would be an appropriate match.

"We're more like a home," he said. Individual readiness and ability to be safe will determine whether staff need to accompany someone going outdoors, but being able to handle these responsibilities "are the skills they're going to need back in the community."

Likewise, there is no plan for a "close down" time for the night.

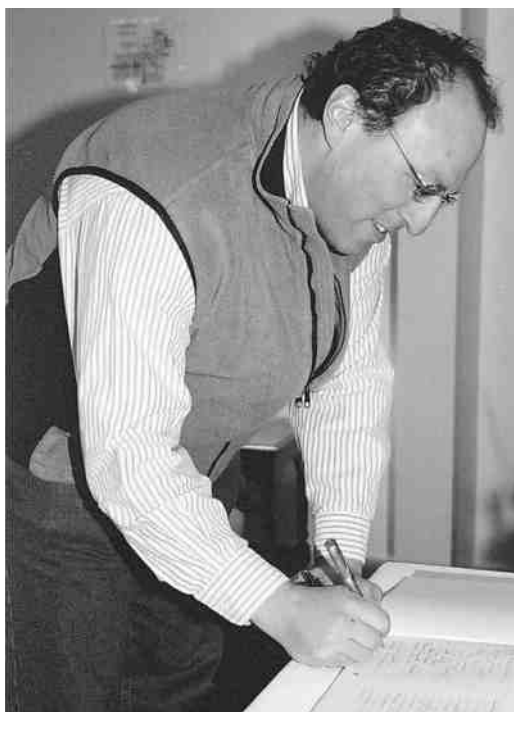
There will be an outdoor smoking gazebo — residents and staff alike will be expected to respect a no smoking policy indoors — and someone might want to go out even late at night for a smoke.

During the night, the door will have a 15-second delay feature so that staff are aware a person is going outdoors. It would be likely that a staff person would then accompany a person going out for, as an example, a late-night smoke, it was explained.

"I'm sure there are going to be bumps in the road," Riddle said. "It's a brand new program." His enthusiasm in discussing it, however, made it clear that he expects to handle the bumps and make Second Spring a success.

The program is run by its own corporate nonprofit entity, created as a joint subsidiary of the Howard Center for Human Services, Washington County Mental Health and the Clara Martin Center. The new corporation is looking at developing at least one other new program under the Futures plan, Riddle said.

A RIBBON CUTTING CEREMONY with Governor James Douglas (center, with wife Dorothy to right) marked an open house at Second Spring in Williamstown. Among those gathered on the front steps, front row, from left, are Deputy Commissioner for Mental Health Michael Hartman, Acting Commissioner of Health Sharon Moffatt, and Secretary of the Agency of Human Services Cynthia LaWare. Hosts and visitors at the event included (upper left) Michael Curtis of Washington County Mental Health Services being served at the buffet by chef Shelly Blakely; (lower left) chef XXXX XXXX; (lower center) Jeff Rothenburg of the Clara Martin Center signing the guest book; and (lower right) Andy Potter of of WCAX Channel 3 talking with Jeanne Kennedy. (Photos by Judy Rosenstreich, courtesy of the Division of Mental Health)



COMMENTARY

Reflections on the 'Second Spring' Community Recovery Residence

by Morgan Brown

A friend of mine who — as I understand it — had been born and raised in the Williamstown area, whose grandparents had once owned, worked and farmed the property of what later became the (now former) Autumn Harvest Inn, told me about how some of their family would often gather at the Inn for small reunions once a year or so and also tour the place.

Morgan Brown

One weekend day during mid-August of last year my friend brought me for a ride there and showed me around as best they could.

It was of course evident at the time that some of it would certainly require quite a bit of work and rehabilitation, however it was also clear to me that it was a nice place. Additionally, I also sensed a strong healing energy in and around the entire property, both inside and outside.

Overall, I believe this is an excellent site and property, not just because of the scenery either. There is definitely a healing energy and I hope it stays that way.

If the concept of recovery is to be much more than just a part of its general name or description as a Community Recovery Residence (CRR), and is actually its very foundation and functions as the core within everything else that goes on there, hopefully the healing energy I could sense flowing freely throughout the former Inn and surrounding property will then end up becoming a real part of the lives of everyone who enters, stays, works and eventually moves on from the Williamstown CRR once it opens. This will hopefully continue as well as throughout its entire operation — until maybe one day it is no longer needed as a CRR.

Although, typically, I would not want to live as a resident of a mental health facility of any type, no matter how much the concept of recovery may be said is a part of its name or program, ironically enough it seems to me that particular place is somewhere I could either manage to live or work regardless.

These reflections of mine are being shared since it seems to possibly be a statement, especially from the likes of myself. This is particularly so given the fact — one many people either simply are not aware of or otherwise do not remember — that long before I ever ended up on the receiving end of the public mental health system, I was the child of persons who had been themselves, as well.

It started from my very first year of life with one of my parents, whom I was taken away from as a result and, then again, during my early mid-teen years, with the other parent who had been raising me on their own.

Virginia Tech: The Aftermath

Opinions on Access to Weapons:

Congress Eyes 'Loopholes'

WASHINGTON — An Associated Press news article reported that less than a week after the shootings at Virginia Tech, some members of Congress announced plans to introduce new laws to eliminate gaps that can allow someone with a history of mental illness to buy guns.

Sen. Charles Schumer and Rep. Carolyn McCarthy announced legislation that would require states to upgrade their reporting of mental health records to the federal database, the article said.

The bill would provide new money to states to help them automate their records, but also apply financial penalties on states that do not comply. The legislators said uniformity was needed between state and federal reporting to make background checks more dependable.

Vermont Senator Patrick Leahy was quoted on CBS' "Face the Nation" as agreeing there was a problem.

"I think everybody would agree that somebody with a psychological problem should not be allowed to purchase a weapon," he said. Leahy, who is the Senate Judiciary Committee Chairman, was quoted as saying he would hold hearings on guns in response to the Virginia Tech shootings.

Seung-Hui Cho, who gunned down 32 people on campus and killed himself, was evaluated at a psychiatric hospital in late 2005 and deemed by a judge to present "an imminent danger to himself as a result of mental illness," Ben Feller, the AP reporter, said. That should have disqualified him from purchasing a gun under federal law, experts say.

But Virginia court officials told the reporter that because the judge ordered only outpatient treatment they were not required to submit the information to be entered in the databases for background checks, the article said.

Guns Must Be Kept Out of Hands Of Seriously Mentally Ill

Anyone who has purchased a gun is familiar with the question that appears on gun-purchase applications: "Have you ever been declared incompetent or involuntarily committed to a mental institution?"

Virtually everyone agrees that individuals suffering from serious mental illnesses should not be allowed to purchase firearms, and most gun buyers assume that federal and state authorities verify the accuracy of the answers provided for the mental health question. That, unfortunately, is not the case... While the National Instant Criminal Background Check System criminal-record database is reasonably accurate, the same cannot be said for records of involuntary mental hospital commitments.

There are an estimated 3 million living Americans who have been involuntarily committed to mental institutions. The database only contains the names of about 90,000. There are only 17 states that provide information. A large number of the noncompliant states are grappling with serious health-information privacy issues. Under federal law, mental health records may only be released to medical professionals and health insurance or quality-control personnel.

Although federal and state laws establish involuntary commitment as a prohibiting factor for gun purchases, mental health professionals contend that there is no scientific basis for this prohibition. According to Dr. Paul Applebaum, vice president of the American Psychiatric Association (APA), "checking for involuntary commitments...doesn't make sense because past mental illness does not predict future violence." The Foundation for Research on Mental Health and the Law monitored 1,000 former mental patients for eight years after they were released from institutions. The researchers found that the former mental patients were only slightly more prone to violence than the general population. A study by the MacArthur Foundation indicated that former mental patients were no more violent than individuals who were not mentally ill.

There is no guarantee that the prohibition on involuntarily committed individuals will weed out the potentially most dangerous gun purchasers. Schizophrenics, severe manic-depressives and other seriously ill individuals may legally purchase firearms. Many of these individuals are highly intelligent and may be notoriously difficult to diagnose. In a statement, the APA cautioned that "psychiatrists have no special knowledge or ability with which to predict dangerous behavior" by patients. Firearms in the hands of these acutely disturbed individuals are a menace to society.

Some anti-gun organizations have suggested that all mentally ill individuals should be prohibited from purchasing firearms. Just for the sake of argument, how would one go about identifying all mentally ill people? The former U.S. Surgeon General estimates that 20 percent of Americans suffer from some type of mental illness. How would mental illness be defined? If all mentally ill persons were prohibited from owning guns, many nonviolent individuals would suffer unjust consequences...

A prohibition on gun purchases by all mentally ill persons would also deprive a large number of Americans of their constitutional rights without due process of law. Such legislation would undoubtedly be ruled unconstitutional.

We are still confronted by the dilemma of how to keep guns away from dangerous individuals while at the same time protecting the rights of law-abiding Americans. Continuing the gun ownership prohibition for involuntarily committed individuals seems reasonable. But federal and state governments must ensure that the database of involuntary commitment is complete and current.

Other potentially dangerous mentally ill persons must be prevented from purchasing firearms. This responsibility falls largely upon relatives, friends and medical personnel. There must be effective teamwork among these caregivers if there is to be any chance of keeping deeply troubled individuals away from firearms. Millions of mentally ill Americans live full and complete lives thanks to advances in medication and psychotherapy. Armed attacks by acutely mentally ill individuals are extremely rare and are "high impact" but "low probability" occurrences. While psychiatry is an imperfect scientific discipline, many of the most threatening mentally ill individuals can be reliably identified and denied access to firearms.

Excerpted from an article by John Hay Rabb on the "Guns and Ammo" web site.

Learn, Don't Blame, Consumer Group Urges

WASHINGTON — The National Coalition of Mental Health Consumer/Survivor Organizations (http://www.ncmhcso.org/), an organization of people with psychiatric histories, has asked that people learn from the tragic events at Virginia Tech rather than perpetuating misunderstanding.

The request came in a press release issued a few days after the shootings, in which a student was responsible for 33 deaths, including his own.

"We offer sincere sympathy to the families and friends of those killed and injured, including the family of Cho Seung Hui, as well as the entire Virginia Tech community," said Lauren Spiro, the Coalition's director of public policy. "We urge everyone to think compassionately about how to better engage people who are isolated, severely distressed, fearful and/or confused."

"Let's turn this crisis into an opportunity to understand more about mental health and create a more healthy and peaceful community," said Coalition member Can Truong. The Coalition also applauded Mental Health America for urging the public to avoid diagnosing others or engaging in "profiling" of groups such as those who appear to be foreign-born or people with psychiatric diagnoses.

"Reacting with judgment and labeling, fueled by the media, perpetuates misinformation and is a disservice to us all," said Spiro. She noted that according to a study published in the American Journal of Public Health in September 2002, "Violent crimes committed by psychiatric patients become big headlines and reinforce the social stigma and rejection felt by many individuals who suffer from mental illness.

"But our findings suggest that serious violence is the rare exception among all people with psychiatric disorders. The public perception that people who are mentally ill are typically violent is unfounded." In fact, research shows that people with psychiatric disabilities are far more likely to be victims than perpetrators of violent crime.

Given what has been reported about Cho's abuse by bullies, the role of trauma in the tragedy should be understood, the Coalition statement said.

"Ninety percent of persons receiving services in public mental health systems have been exposed to trauma," said Coalition member Mary Blake, a trauma survivor and a consultant to the National Center for Trauma-Informed Care. "Services must be sensitive to the fact of trauma in people's lives."

Arts

Poetry and Photography

Reality —
The Slap in the Face

I was walking
mindfully talking, to myself.
Then something knocked me to the ground -
Reality;
My thoughts took it off the shelf
from a place I had hidden it
behind everything else.
Suppressed, secluded from my mind,
because my addiction had taken over.
So many years ago I fell,
all those drugs that were set hence for me.
The escape from everyday pressures;
the past I didn't want to know.
Future, I was making it,
or, so I thought anyway.
Look at me now!
Am I doing the right thing?
Let me break it down...

A relationship supposed of love and caring
to cover up a childhood of hell.
Then came a little boy
to join this life of hell as well.
I stayed on this road
for so many years without veering,
not realizing because of my addiction
the direction this child's life I was steering.
Look at me now...once again.

I'm away from my child;
all those I love.
Putting the pieces back together;
trying to get all those fingers into one glove.
My mind ripped with guilt -
Away from my child
because I chose to endure
a lifestyle so wild
I'm bettering myself,
opening my mind, accepting the truthful side,
before I become a statistical number
due to committing suicide.
Now I have a chance
at a new life
There's someone waiting for me -
I want to make her my wife.
Can I do it?
Really make the change?
I know I can.

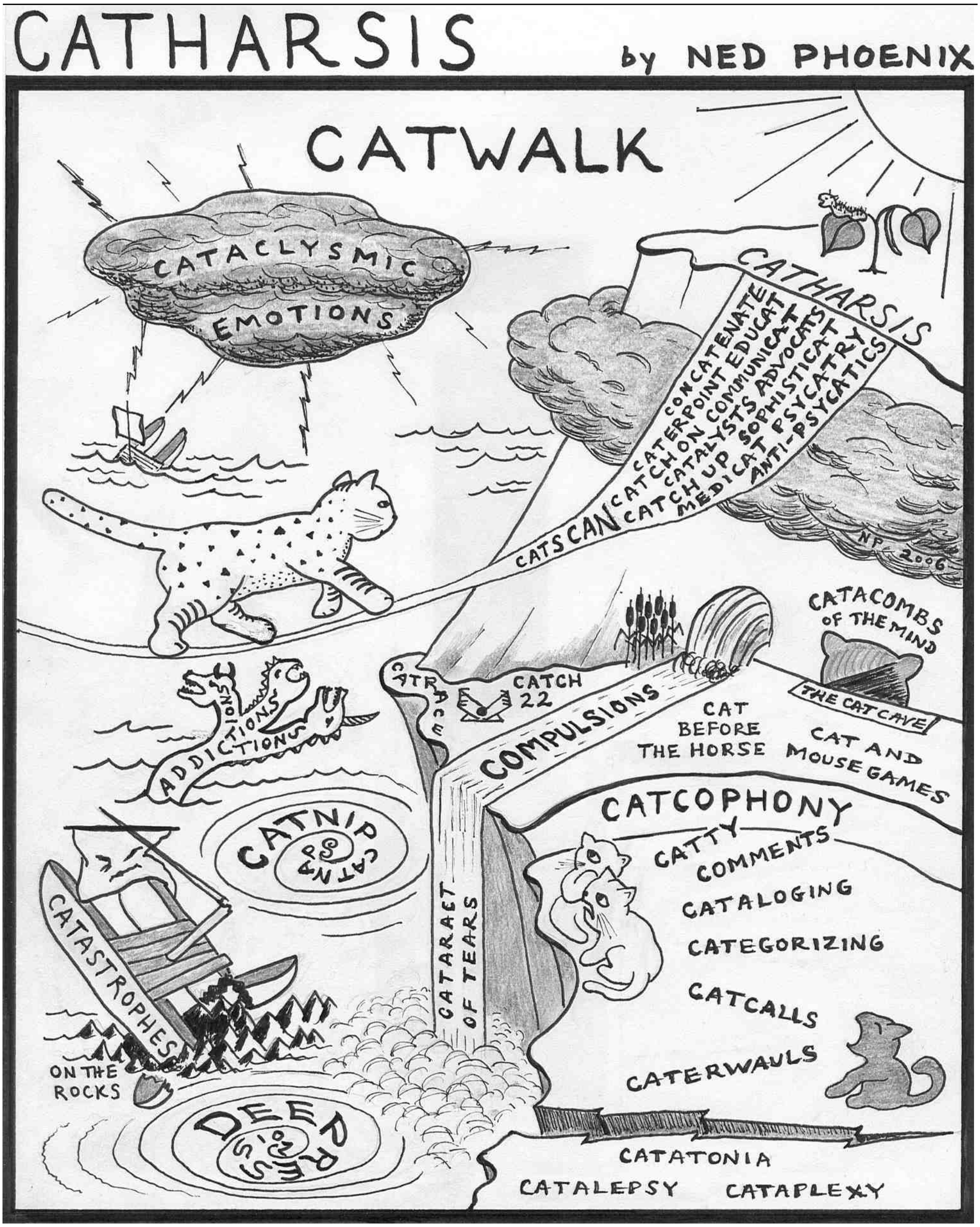
We have to rearrange;
our priorities have to connect
in order to succeed.
The urge to want
no more will I need.
Once you get past denial
and into recovery
you will make
a big discovery.
The person within
will come to the surface to take the other's place.
Prepare to get knocked off your feet.
That's "Reality," slapping you in the face.

Accept it, for you brought it about
because you want the change in you.
Remember when you're gone,
we're still here to love and support you.
All of the hell you've had to endure,
all the shame, pointing blame,
realizing now there's a cure.
Acceptance that it's you, you have to tame.

So when Reality strikes --
believe me It will --
Love your child --
Steer away from the pill...
Now that's Reality!

by Kevin Corcoran,
Burlington

PHOTOGRAPHY BY JEAN NEW



The Final Battle

He came into my life one day
and now he's got a hold on me.
No matter what I do,
No matter how hard I try,
He just won't let me go.
He drilled a hole in my brain
and filled him with thoughts of him.
I go to bed with suicide on my mind
and wake up in the morning with it
on my mind.

I fight this constant battle
night and day with suicide.
I talk to people of my thoughts
and I start to feel a little better
and then he grabs on
a hell of a lot tighter.
I fight the best I can
but I guess I'm not much of a fighter.
He's after me every day
in his cunning little way.

The daily battles we fight
I think I win alright.
But the question is
What about the final battle?
Speaking from my heart
I'm afraid of who might win.

by George Fisher, Barre

Louise Wahl Memorial Writers Contest Winners

First Place

When loves home, is where the sun sets

"Grandpa, you come get me. So we can go to the library together." Words of my three- year-old granddaughter. Spoken in the wee hours of the morning my time, yet it is only around 9 pm for her... One so dear to my heart, yet so far away….

Nor'easter snows still blanket the ground where I live… just enough spring for the birth of a new maple sugaring season, ice jams and flooding on some rivers, mud season on the dirt roads of Green Mountain Country….

Yes little one, I remember our walks to the library... How you loved playing with the wooden train set there... Your blue duck always snuggled beside you in the stroller...

How you loved those large chocolate chip cookies from the state house cafeteria... The look upon your face of a child's curiosity, when we walked through the Vermonter room, and you saw the painting upon the wall, and cathedral ceilings to you...

"Grandpa, you get on the train." "this is your home, you come live with me." "you get the train and be here tomorrow?" "you go to pre school with me." "and you can wear my pink tap dancing shoes and learn to tap dance with me."

Oh, my precious little one. How does grandpa explain the distance to you between the green mountains of Vermont, and the jewel of the missions in California… you know the surf of the pacific ocean. The orange trees, lemon trees, and palm trees of the pacific coast... you see western sunsets upon the ocean.. Little one I see sunrises out of the ocean to the east…

I say to you, my little one I love so much... "soon grandpa will be on the train again on his way to see you..." She speaks with empathy, "grandpa, yes you do this, cause you live here now with me." "I need you here."

Soon, my precious one.... Very soon... I will by train, see the windy city... From there I will take the Southwest Chief, across the Mississippi, gateway to the west... Through the flatlands of Kansas. Through mountain passes of the west like the Santa Fe Trail. Soon my precious little one I will be home.

For you are right in the wisdom of your youth... Home is not a place. It is what your heart knows when you're with loved ones… you are wise my precious little one, for one only three-years-old…

You understand the loneliness, of a dad whose family is gone...He has a place to live, but the home he knew for so many years, has moved away...

Second Place

How I discovered my cure for agoraphobia

by

Sitting in by my television one day, I looked at the window in hopes of seeing another way;
There I saw a butterfly flying away.
I stood to watch and see it play; it moved away towards my front door. I went to open the door and there were three more. I walked out and followed them to my front yard where they stayed for a while and then they got bored.
They then flew down the road and I knew, they were heading for somewhere new,
so I followed them, looking up and watching them. They took me to a special place near the water, with trees all around and grass grew tall as if waving to me and saying, "come on over."
Over there was a rock to sit on and I watched as the birds flew from tree to tree
singing a song they wrote for me; I sat there on that rock for a long while
thinking this place was beautiful; then I noticed the butterflies had gone away.
My heart started to pound with fear. How was I to get back home?
I thought about it some more and remembered on the way here all the beautiful things I saw on my way: flowers of different colors, trees, some small, some tall, and feathers in the road.
I kept on; each step I took I would see something in the road that was new in some way. Soon on the road I saw something that looked familiar, a crab apple. I was thrilled!
I took the chance to go beyond what I told myself I could. I had allowed myself to explore. I fought the fear of going outside my comfort zone. My mind desired to follow the butterflies and face my challenges of feeling that I could not go outside my door.
I had only a little anxiety that day and told myself when my fear arose in my stomach, that it was those three butterflies just wanting to come out and play. I faced my fear that day!
Little did I know that after that day I could come to take on so many other changes. I had stopped drinking ten years ago and attended a lot of meetings; I conquered the fear of being in a room with a lot of people, because like the butterflies, those rooms taught me that I am a precious child of God and that I am loved.
I look every day for new challenges in my life. Now that I know that I can face my greatest fears; I feel I am now free to go play like the butterflies and be free.

Louise Wahl Memorial Writers Contest Winners

Poetry — Second Place

Leaving or Arriving

by Anne Averyt

Around the bend
of going home
I walked into
myself
fifty years ago
still believing
night would never
fall
without
someone
to catch it,
the cow really
could
jump
over the moon,
and people ate
from runcible spoons.

Something happened
on the road to today,
following
the bend
of going home,
past myself
still small
enough
to believe
in fairy dust,
now wise enough
to run from ghosts,
    to know
love never
    is enough.

Poetry — Tied forThird Place

Somebody Else's Mirror

by Karen Wetmore

I stand here looking and what do I see,
Someone standing there looking back at me.
Both of us are scowling, both of us look mad
One of us starts scribbling on a little yellow note pad.

I say, "Who goes there?" and there is no reply,
I say, " You better speak up before I say goodbye".
She curls her upper lip in an odd sort of way,
I don't think there are going to be any answers today.

I stand here waiting and what do I see,
A crowd of people standing there looking back at me.
Everyone demands answers which no one can supply,
"You better!" "I can't!" "You have to!" "I don't know why!"

We all take sides and pretend that we can choose,
"I'll be over here", "Go head, you'll only lose!"
Voices used like trumpets blow more and more off key,
"I know!", "No you don't!", "Hey what about me?"

I offer my mirror to the person standing over there,
Seven years bad luck, break it only if you dare.
I stand here puzzled by those that I see,
The same crowd of people look as puzzled as me.

"Give me back my mirror before 1 lose my mind!"
Someone hollers, "See? 1 knew it all the time!"
I stand side by side reflecting people just like me,
"Yes you are!", "No, I'm not!", "Little do you really see!"

When the clock strikes nine we all prepare to leave
The meeting is over and nothing was achieved.
Next time I stand here, I'm going to try to see,
What I look like to them when they mirror back to me.

I'll stand just behind them, a little over to the side,
That way if it's awful I'll have a place to hide.
There may be more than likeness and this will cause a furor,
It all depends on what 1 see in somebody else's mirror.

Louise Wahl Memorial Writers Contest Winners

Poetry — First Place

Sands Without Sea Shells

dedicated to the mothers of our soldiers in Iraq

by Irene MacCollar

In your little boy hair I smelled the sea.
I smelled all the salt and seaweed and even the crab shells
that poured sand when you picked them up and held them high.

In your little boy hair I smelled each and every one of those
slow-motion-home-movie days on the island.

I remember how your sun-bleached locks curled instinctively
around my fingers while you let me rock you in
the porch rocker as if you were still a little baby.
Far in the distance Fourth of July fireworks burst
silently over the mainland
like little flashes of heat lightning on the horizon.

How odd — I can smell your little boy hair here in this room
even though you are an entire ocean and so many miles away
marching in sand without seashells,
deep in a sea without waves.

Perhaps these sleepless nights are making me crazy
but I want to believe my love is so strong that I could call out to you now
and, just as you turn to see where my voice came from,

I would swoop you up from the incoming tide
to hold you tight in the safety of my arms.

Poetry — Tied Third Place

Images of Craziness

by Running Deer Sun Hunter-Bailey

Depression. a death disease
Ursus arctos horribilis
bitter, bellicose, biographies

Countess of Winchilsea
Mikhail Glinka
Pietro Testa

Fierce fires of madness
casket grey
The clor of loneliness

Torquato Tasso
Victor Hugo
Edgar Allan Poe

Tulip red rage
manic blitz
scrawled in poetic page

Hugo van der Goes
Vincent van Gogh
Michelangelo

Images of craziness
Nothing more
Nothing less...