



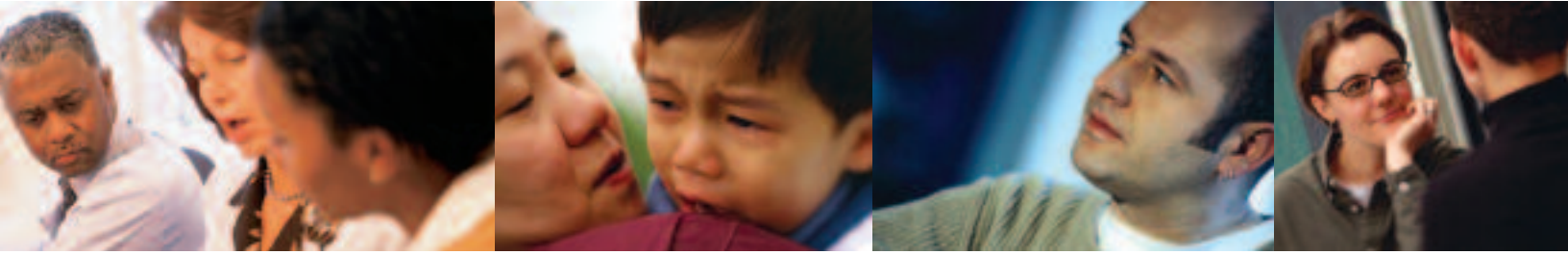
enrichments

Enriching lives
and communities
THE SAINT PAUL FOUNDATION

Helping donors and communities enrich lives through philanthropy • Winter 2007

Human pain does not let go of its grip
at one point in time. Rather, it works its
way out of our consciousness over time.
There is a season of sadness.
A season of anger.
A season of tranquility.
A season of hope.

– Robert Veninga



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To learn more about the organizations featured in this edition of *Enrichments*, visit:
www.guildincorporated.org
www.hamclinic.org
www.hsicare.org
www.mentalhealthmn.org
www.namimn.org
www.peopleincorporated.org

A list of 2006 grants made by The Saint Paul Foundation, related to the featured topic, can be found at www.saintpaulfoundation.org

A Necessary Discussion

Here at The Saint Paul Foundation we are continually inspired by the stories of both our donors and the organizations we support. All of us have goals for what we hope to accomplish in life. However, in our society there are people who can't attain the goals they set for themselves. Moments of confusion, stress and depression interfere, making them unable to live life to its fullest.

In this edition of *Enrichments* we focus on mental health and how numerous organizations and individuals in our community are working to erase the stigma many mental health issues create, not only for those with such an illness but also for their family, friends and co-workers. These are real issues that may make some of us uncomfortable, but we need to get past the discomfort to have the conversation.

In each edition of *Enrichments* we strive to raise awareness of issues that are important to many of us. While significant progress has been made in creating greater awareness of mental health issues, there is more that we can do as a community to address the needs of those with mental illness. Our hope is to shed some light on a topic that affects us all.

Carleen K. Rhodes, President

A New Way to Give

This past August, President Bush signed the Pension Protection Act of 2006 into law. One provision of the Act allows participants of traditional and Roth IRAs to make direct transfers from such plans to qualified public charities without having to take such distributions into their taxable income.

To take advantage of recent legislation, donor David Feinberg created the David E. Feinberg and Hughes Family Fund with The Saint Paul Foundation to support the Shalom Community Alliance with a gift from his IRA account. “The minute I read about this opportunity, I took action,” says David. “I switched my 401(k) to an IRA and made the gift. It was a very educational experience for me.”

For those with an estate over the federal taxable limit, giving a gift from an IRA account may be the way to go. “Among the benefits of this Act is the fact I will get to see where my money goes and how it is used before I die,” says David. “I encourage other people who are eligible to go this route if it makes sense for them and if they can live without the annual distribution from their IRA. For me, this was the right choice and I plan to do the same in 2007.”

“The minute I read about this opportunity, I took action. I switched my 401(k) to an IRA and made the gift. It was a very educational experience for me.”

— David Feinberg

David E. Feinberg and Hughes Family Fund

To make this type of donation, you must fit the following parameters determined by the Pension Protection Act of 2006.

- Donors must be age 70½ or older on the date of the gift.
- Donors may give up to \$100,000 without having to count the distribution/charitable gift as taxable income, but there is no income tax deduction for the gift.
- Gifts to Unrestricted Funds, Field of Interest Funds, Designated Funds, Scholarship Funds and special initiatives of the Foundation, including Words Work!, the Community Sharing Fund, the Management Improvement Fund and the endowments of SpectrumTrust, qualify under this Act. Gifts to Donor Advised Funds and Supporting Organizations do not qualify.
- Charitable gifts must be made outright to a public charity. Life income gifts do not qualify.
- This program is effective for distributions made in 2007.

For more information, please contact The Saint Paul Foundation at 651.224.5463 or visit www.saintpaulfoundation.org.



Mental Health: Awareness,

Addressing mental health issues is complex because it cuts across age, gender, culture and class. Quality programming exists, but finding enough resources to allow everyone access is a challenge. And while awareness has been raised, more still needs to be done to expand care options and build a supportive community.

A Spectrum of Issues

An estimated one in four adults suffers from a diagnosable mental health disorder each year. In addition, mental health disorders are the leading cause of disability in the United States for people ages 15 to 44.

In Minnesota and other states, medical professionals continue to document a growing number of mental health issues, including depression, bipolar disorder, suicidal tendencies, anxiety disorders, eating disorders, Alzheimer's disease and post-traumatic stress disorder.

Sandra Meicher, executive director of the Mental Health Association of Minnesota, says that increased awareness of mental health issues has given

rise to a higher number of recorded cases of mental illness. "Attitudes and acceptance are getting better, but there is a ways to go," says Meicher. "Advocacy has made a difference, but we still come across large pockets of the population that haven't heard the message yet."

Meicher credits the *Surgeon General's Executive Summary of Mental Health*, published in 1999, as a breakthrough in making more Americans aware of mental health issues. "For the first time many people began to take note of mental illness and they became educated enough to recognize symptoms in themselves and those around them," she says.

Age, Status Not Important

Whether it's a teenager who struggles with social acceptance or a homeless adult who can't cope with a mental illness, various organizations in Saint Paul and surrounding communities are working to provide the necessary information and tools to support, educate and overcome the effects of mental illness.

Ranked second behind motor vehicle accidents, suicide is the number two killer of American teenagers. NAMI-MN (National Alliance for the Mentally Ill – Minnesota) Executive Director Susan Abderholden says that children are being introduced to more and more stressors, leading to serious mental health issues. "The earlier we can educate people about this topic, the sooner they can get the support and treatment they need," she says.

Meicher says there is a clear link between poverty and mental illness. She estimates that at least half of all homeless Minnesotans have some form of mental illness. "We are working to address that problem and help those people find treatment, which will enable them to go back to work and bring in an income that can help change their situation," she said. "Even if they get involved somewhere as a volunteer, they are learning how to cope and increasing their self-esteem."

According to a 2005 report of the Wilder Research Center, Ramsey County recorded its highest

Help and Hope

number of homeless individuals in 15 years with 4,543 reported cases. Single adults accounted for most of the increase. Mental health disorders were significantly higher for homeless individuals who were military veterans.

At Saint Paul-based People Incorporated, Executive Director Tim Burkett and his staff work to support men and women without a permanent home who display symptoms of mental illness and chemical dependency. “Over the past 37 years we have expanded our original mission and adapted our services to meet the needs of individuals with mental illness,” says Burkett. Most of People Incorporated’s clients are over the age of 18 and have a serious or persistent mental illness such as major depression, schizophrenia, paranoid or delusional disorder, antisocial personalities or bipolar disorder.

In 2005, 4,818 participants were served through People Incorporated’s community support services, intensive residential treatment and homeless outreach. “The number of documented cases of mental

illness among homeless populations is growing,” says Burkett. “Our goals include reaching out to these people so they can be rehabilitated and enjoy an independent and meaningful life.”

Knowing Where to Turn

Nowhere is the lack of proper care for low-income Minnesotans with mental illness more evident than in the emergency rooms of local hospitals. Many uninsured individuals turn to the emergency room when more specialized care is not available. According to the *National Hospital Ambulatory Medical Care Survey*, emergency room visits by adults seeking care for a mental health issue increased five percent in the past 10 years. In addition, federal spending for mental health services has declined in proportion to overall health care spending. According to the survey, this lack of funding is a direct correlation to the rise in emergency room visits by those with mental illness.

At the nationally recognized Hamm Clinic in Saint Paul, the focus is on mental health care,



education and research. The Clinic has developed a multidisciplinary approach to care. Disciplines of psychology, social work and psychiatry work together to treat the whole patient.

“Each of us needs to take a leading role in raising the standard of mental health care,” says Dr. James Jordan, director of Hamm Clinic. “Nothing could be more critical in maintaining the quality of life in which Minnesotans take pride.”

The consensus among experts is that the time is right to make significant gains in improving overall mental health. “The stars are aligned to make huge gains and improve overall mental health,” says Abderholden. “If we don’t deal with the problems now, we now know it will further impact other parts of society in a negative way.”

Therapy, Other Treatments Available to Treat Depression

Donna Johnson, PhD, Licensed Psychologist, Human Services, Inc.

The first step in treating any form of mental illness is identifying the problem. Many times the signs of depression are misidentified as simply feeling crabby, sad or mad. The symptoms of clinical depression also may include changes in appetite, weight loss or gain, a change in sleep habits, and even the sensation of moving in maple syrup, where thoughts aren't clear and even the simplest of decisions seems difficult. Some people suffering from depression consider suicide or experience passive thoughts of death and/or wanting to be dead. Feelings of guilt and worthlessness also may be present, such as a sense that everything they do is wrong.

Depression can be prompted by an event such as the loss of a loved one or it can come out of nowhere. I help clients consider four broad categories of functioning to determine a possible cause of symptoms as well as how and where the

symptoms have affected their lives:

- Relationships with others
- Relationship with themselves
- Work or school life
- Social community

Seeking help is a terrifying experience for many people. Depression often has stigma attached to it that may prevent individuals from acknowledging the problem. At times, I compare it to diabetes. Something is off kilter in one's body and with treatment a person can live a normal life. However, it is often more socially acceptable to have diabetes than it is to be affected by depression.

The most important aspect of treating depression with therapy is the client-therapist relationship. I always encourage clients to meet with at least two therapists if they are not comfortable with the first professional they meet, because therapists have different personalities and approaches. It is important for a client to find someone with whom they feel comfortable and can trust. With comfort and trust, therapy can take many forms, from using behavior checklists to role-plays to talking and processing emotions to psychoanalysis.

Cultural Obstacles

Dr. Richard Oni
Progressive Individual Resources

When people immigrate to the United States there are more barriers than just language to overcome. Many times there are cultural differences that impede individuals from assimilating into American culture. These differences are sometimes mislabeled as a mental illness.

Mental health is based on culture and how one reacts with his or her surroundings. Our organization works with immigrants, mostly of African descent, to educate both the immigrant needing care and potential caregivers.

My organization is working to make school and work more comfortable for new immigrants. The first step in the process is to provide an understanding of other cultures. Without that, we can't begin to help. One standard approach doesn't work for everyone, especially if that person is new to the culture and language that helps determine an issue.

The term "mental health" needs to be redefined in a nation as diverse as this one. I am trying to encourage the use of a universal



language when trying to diagnose a mental health issue. This will put people at peace and make them more comfortable when sharing their feelings and pain.

In the American healthcare system, there is a lot of stigma placed on medical diagnosis. We need to stop using negative terminology when trying to support an individual. For example, many new immigrants do not know the meaning of the term “therapy.” Therapy can be a very long process. However, we are finding that because of language barriers and difficulty understanding terminology, many immigrants do not attend subsequent therapy sessions, when in fact more may be needed.

I have witnessed many immigrants and children subjected to a never-ending cycle of care. Their needs cannot be addressed by a medical professional, because the basis of their pain is not being conveyed in a way that leads to the right kind of care and treatment.

Aging With Support and Dignity

Pat Becchetti, R.N., case manager

**Sara Barney, team leader
Guild Incorporated**

Older adults face many changes and challenges in their lives and one of them is coping with mental illness. Sometimes older adults don't recognize that they need help with mental health issues; other times they simply don't know how to get the help that they need. Common barriers for older adults who need help are: a lack of financial resources and transportation or a limited availability of services specific to the geriatric population.

At Guild Incorporated, we assist adults of all ages, including older adults who have serious and persistent mental illness. On the Short Term Services Team, we serve people experiencing acute symptoms, often in a crisis situation, who are faced with involuntary treatment such as psychiatric hospitalization.

We generally work with two types of older adults on this team – those who have a history of mental illness and those who are experiencing symptoms for the first time. Sometimes we see people who have a history of mental illness, but have been cared for by a spouse or partner. When the spouse or partner dies, the illness becomes visible to those outside of the household and the process of identifying needs and finding appropriate care begins.

We work alongside people in their community to find creative and alternative solutions to hospitalization. We help people stabilize their mental health by developing a treatment plan, assisting them in navigating the mental health system and providing them with needed support. We also educate family members about mental illness, symptoms, available treatment options and how they can be supportive during what can be a difficult time for everyone involved. Typically, we work with people for about six months and then refer them on to longer-term services, if needed.

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Success takes many forms for us – helping people get their lives back is very rewarding. Many of the people that we work with are treated successfully with a combination of medication and assistance. By educating their family and continuing appropriate levels of community support, many of our clients return to living independently in their own homes.

A Parent's Journey – From Coping to Advocacy

Martha Muska, donor advisor, The Saint Paul Foundation

I have seen and experienced the challenges of mental illness. My son Donny was diagnosed as manic-depressive and coped with the condition for several years. I knew I had to do something to become an advocate for other parents who were going through the same situation.

Through my Donor Advised Fund, the Martha and William Muska Fund, I have been able to support numerous organizations that help people with mental health issues. Besides financial support of organizations focused on mental health, I have worked to initiate events where experts, leaders of organizations and policy makers could come together to exchange ideas and thoughts.

Mental illness is such a serious issue in our society. It breaks my heart to see how it impacts so many people. As a donor, I feel like I am helping advance progress in this area. I am not going to be able to take my money with me when I die so I might as well put it to good use now and help people who need support.

After experiencing what it's like to have a young adult suffer with mental illness, my goal is help other parents so they never have to feel the way I did. There is so much more I can do, now and in the future.

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Moving?

Please contact the Foundation with your new address and phone number so we can keep our mailing list current.

Foundation Announcements

The Foundation welcomes:

- Carolina Bradpiece, SpectrumTrust director
- Sharon DeMark, program officer
- Teri Jones, receptionist
- Donna Paulson, administrative assistant

