

DATE: June 9, 2015

LEADER: Ben Maas

TIME: 4:00-6:00 p.m.

RECORDER: Lisa Gjerde

COUNCIL MEMBERS			LIAISON MEMBERS			GUESTS
Name	P	A	Name	P	A	Name
Caroline Beise	√		Alene Chelman		√	
Sam Deweese	√		Melissa Hanson	√		
Lisa Gjerde	√		Gary Norman	√		
Lisa Inman	√					
Sue Kunitz	√					
Ben Maas	√					
Rod Sawtell	√					
Twyla Sawtell	√					
Becky Sorenson		√				
Eddie Tipton	√					
Virginia Wright	√					

Agenda	Activity/Discussion	Decision/Action/Conclusion
Call to Order	Ben called the meeting to order.	Approved by consensus.
Approve June agenda	Our guest speaker was unable to attend tonight's meeting. Ben made the motion to modify the agenda accordingly; Sam seconded.	Approved by consensus.
Approve April and May minutes	Ben made the motion to approve the April minutes; Sue seconded. Ben made the motion to approve the May minutes; Twyla seconded.	Approved by consensus.

<p>Roundtable Discussion</p>	<p>DSM-V (Diagnostic and Statistical Manual, Version 5)</p> <ol style="list-style-type: none"> 1. We discussed the fairly new DSM-V, which mental health practitioners use to diagnose mental illnesses. Gary explained that it is a way to classify mental illnesses by categorizing symptoms into a diagnosis. He said it is a “work in progress” that involves some degree of subjectivity on the part of its designers. Eddie noted that the DSM-V is also a research document. 2. The DSM-V is controversial, partly because, as Eddie explained, the committees that write the text often develop certain ideologies that they incorporate into it. Sam asked how the new DSM-V will affect practices and diagnoses. Eddie said the diagnoses were given 5 axes, but it’s now gone to one axis only. Also, insurance companies tend to want the ICD 10 codes (International Classification of Diseases), not the DSM-V codes. 3. Lisa I. said the diagnostic changes affect services; i.e., autism has been changed to autism spectrum disorder; the fear is that the level of services will change, too. 4. Eddie said hoarding has been removed from anxiety disorders and become a chapter on its own. 5. Eddie and Gary agreed that DSM-V drives practice and research. It is possible that one could be given an incorrect diagnosis, as the practitioner depends, in part, on what the client self-reports. Eddie said you can have a retrospective diagnosis (as in PTSD), if it can be traced back to a crisis, acute stress disorder or acute trauma. 6. Lisa I. explained that if one’s Global Assessment of Functioning is below 50, one can’t get help; we need to get rid of that number. She believes the DSM-V affects people with new diagnoses more than those who already have one. <p>Recovery from Mental Illness</p> <ol style="list-style-type: none"> 1. Lisa G. asked about the concept of “recovery” from a mental illness, if it’s more than just a byword. Eddie said people move on the spectrum (as aforementioned) and 	
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<p>Roundtable cont.</p>	<p>some symptoms go away. There are questions about being “cured” or simply having “improved,” especially with illnesses that have a larger medical foundation, such as autism or schizophrenia.</p> <ol style="list-style-type: none"> 2. Sam asked if one is in recovery, is one at risk for relapse? (i.e.: If you never have another precipitating event, are you at no greater risk than anyone who has ever had a mental illness?) Eddie said that heredity affects one’s vulnerability. 3. Caroline said a person can learn how to cope with their mental illness, and examples were given of celebrities and movies that have shown this. Sue asked how practitioners know if the patient is “cured.” Lisa I. said you can give assessments throughout treatment and revise the diagnosis accordingly. Eddie said the practitioner and client can design a treatment plan and agree as to what passes as functionality/improvement. Gary said certain tests, such as brain imaging or chemical changes in the body, can make “recovery” more medically-based. <p>Other Comments</p> <ol style="list-style-type: none"> 1. Ben mentioned funding being set aside for five regional treatment centers by 2017, with psychiatric beds (mostly for children). 2. Eddie mentioned that a rural Minnesota health group is having its annual convention soon and he plans to attend; he will get more information for us. 3. Some states have mental health kiosks in pharmacies and clinics to do assessments. Lisa I. said Crown College is looking for a way to provide an assessment for students on its website, which will then direct students to counseling services on campus. 4. Sam said there is no mechanism currently available on the Carver County website to direct people to local mental health resources. 5. Safe Haven, through Westwood Church, is now open to homeless youth. 6. Eddie said the State Committee for Hoarding Project organizes “clean-outs” twice a year in order to raise public awareness, in which volunteers clean the house of 	
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<p>Roundtable cont.</p>	<p>someone with a hoarding disorder. Would there be any interest within the community/county?</p> <p>7. Gary and Sam reminded the council of its need to find someone from an ethnically diverse background to be a member. The Board of Commissioners has appointed Becky Maas to our LAC, and she will start in July.</p>	
<p>Semi-Annual Review</p>	<p>Lisa G. thought it would be a good time to review the first half of the year to determine what should be included in our next letter to the Commissioners.</p>	<p>Lisa G. will write a review of the Jan-June 2015 minutes to discuss in July.</p>
<p>Future Agendas</p>	<p>Melissa is trying to get a speaker from the Department of Human Services (DHS) to present on the Olmstead Plan in August. We will have a consumer listening session in August. Gary said Melanie Warm from the Crisis Team will speak at the July meeting. Lisa I. suggested inviting the Minnesota ombudsman for mental health. The ombudsman oversees various offices, including group homes, and serves as a bit of a check and balance for DHS.</p>	<p>In August, we will meet from 4:00-5:00, and hold the consumer session from 5:00-7:00 p.m.</p>
<p>Other Notes/ Comments</p>	<p>Virginia brought up the issue of medical marijuana and how it might affect teenagers, especially those who are already taking other medications. She is concerned that teens often don't make wise choices. Eddie said in Colorado, where it's been legalized, it is too expensive for many people, so it is still sought "underground."</p> <p>Eddie attended the recent Minnesota Psychological Association's conference on the topic of telemedicine, providing treatment and diagnostics online. Part of the difficulty lies in interstate protocols and jurisdiction: e.g., is the practitioner licensed in the same state as the client? Also, who calls the doctor to task for violations made online? Once seven states have signed up, telemedicine can be endorsed.</p> <p>Lisa I. announced that she was recently promoted to the Director of Counseling Services at Crown College.</p>	
<p>Adjourn</p>	<p>Ben made the motion to adjourn. Sam moved and Caroline seconded.</p>	<p>Approved by consensus.</p>