

Mental Health Connections



Winter 2005

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MHA Increases Awareness on National 2-1-1 Day

Efforts to increase community awareness of the easy-to-remember, three-digit number, 2-1-1, has been a relentless pursuit of the Mental Health Association in Waukesha County (MHA) since its inception in June 2002. In 2004, February 11th (2/11) was selected as National 2-1-1 Day. For the second year in a row, MHA celebrated 2-1-1 Day through various community awareness activities. MHA's belief in the benefits of having this number available is supported by our dedication to providing the most comprehensive information and referral services through 211/First Call For Help (FCFH). In addition, our trained telephone counselors also provide supportive listening and crisis intervention including suicide prevention. Such high standards of excellence are understood best in light of our long history of providing services to Waukesha County residents.

Long before 2-1-1 was the brainchild of a partnership between United Way of America and the Alliance of Information and Referral Systems (AIRS), even before MHA had an office; an individual operated a hotline out of her house called First Call For Help. This humble beginning, over 43 years ago, expanded in 1975 when MHA opened the first office on Moreland Boulevard. At that time an official 24-hour call center began and telephone counselors were hired to staff the hotline.

When the Federal Communications Commission (FCC) approved the use of 2-1-1 as the telephone number to call for social service information and referrals, MHA was the natural choice. Thus the Wisconsin Public Service Commission designated MHA as the operating agency to bring 2-1-1 to Waukesha County residents through the existing First Call For Help Program.

MHA has been successful at increasing awareness of 2-1-1 in our community, demonstrated by our call volume over the past several years. From 1998 to 2002, call volume increased on an average of 5% per year. In 2003, the first full year 2-1-1 was operational, call volume increased a staggering 19% from the previous year.

Although 2-1-1 has proven to be a valuable resource for Waukesha County and other communities across the United States, 2-1-1 coverage is still not available to most U.S. residents. For example, Wisconsin has call centers in five counties that provide service for 13 counties. This means that only 13% of Wisconsin is 2-1-1 accessible. Current legislation is calling for a \$600 million grant over 5 years from the Department of Health and Human Services to help implement 2-1-1 call centers and improve those already operational.



(continued on page 6)

A Letter From the Executive Director

Have you noticed recently how often people speak of mental health? "I want good mental health", "what is best for my mental health", or "it's not good for my mental health". What they might be speaking of is "balance"? What most of us fail to realize is that life teaches us about balance, if we pay attention to the signals? Unfortunately, we miss the signals. We fail to recognize there must be discord to achieve harmony. There must be darkness before light. Frigid cold teaches us to appreciate warmth. Anyone who has been an underdog knows about the upper hand. Sadness helps us appreciate joy. Whether we consciously strive for balance, or accidentally recognize it has been forced upon us, balance is the key for a healthy life. Now there are problems with this, most people do not like discord because it is too uncomfortable. They failed to learn that good and bad is a package deal. People want the good stuff without those difficult life lessons or interpersonal struggles. And, then I don't know about you, but most of us, live totally out of balance. People measure worth in proportion to what they do and accomplish in our society. In other words, the more I do, the more valuable I am! It is this do-more-better-faster approach that leads to imbalance. Balance does not require you to do anything better or faster than anyone else. It requires only that you make a conscious effort to enjoy what you're doing, and learn to be present in every aspect of life. Rest. Work. Play. If you do not focus on rest you cannot work, and if you do not work you will not have the money to play! If you don't play you aren't ready to rest. It is all a balance; it isn't one or the other. It is taking some of both, a little bit of this, and a little bit of that! It is being responsible and also taking time to play. So, how do you achieve "mental health"? Focus outward and there is reward. Find the passion in your work and it becomes pleasurable. Take time to play in bare feet. It will keep you connected to the innocence of childhood. Put on your high-heeled stilettos or shiny black spats, and go dancing. It will keep you in touch with the rhythm of life. Rhythm is balance, a state of being in proportion, until one set of elements equals another. And yes, when you are in proportion it is achieving "mental health". Perhaps if each Waukesha County resident focused on life balance rather than achievements we could move our community towards greater mental health.

Yours very truly,

Lisa McLean

MHA Executive Director

SHOP AT PICK N' SAVE RAISE MONEY FOR MHA

Mental Health Association in Waukesha County is part of Pick n' Save We Care Program. One percent of grocery purchases made by individuals in the Program go to the charity of their choice.

If you would like to elect MHA to receive 1% of your purchases simply:

- Go to the Service Desk at your local Pick n' Save
- Tell the cashier that you would like to sign up for the Community Dollar Program
- Fill out the Roundy's Savers Club Application
- In the space provided for charity code, enter 502500

Thank you for choosing MHA!

New Prevention Education Materials

Waukesha County's 5th Edition of the Youth Yellow Pages will be published and ready for distribution in late February. Youth Yellow Pages is a self-referral directory, written just for youth. It focuses on issues youth encounter and offers information and referral numbers to find answers and services. It is not just for emergencies. It contains information about physical, emotional, educational and recreational services. Some of the topics include: Alcohol and Other Drugs, Eating Disorders, Peer Pressure, Self-esteem and Volunteerism. MHA would like to thank the Community Outreach Steering Committee at Community Memorial Hospital and the Waukesha Youth Collaborative for contributing to this project. We would also like to thank Addiction Resource Council for assistance in editing the publication. To request a copy, please call 211/First Call For Help at 2-1-1 or 262.547.3388.

Six new videos have been added to the Video Lending Library offered through the Community Prevention Education Program. The video titles are: Self-Injury: From Suffering to Solutions; Dying to be Thin; How to Build Self-esteem; Hope and Solutions for OCD (Obsessive Compulsive Disorder); Resisting Peer Pressure; Coping with Depression; Harassment Hurts. The new videos will be added to the existing library collection; consisting of 95 videos. The videos are lent, free of charge, to Waukesha County schools, agencies, social service organizations, churches and businesses. If you are interested in one of the new videos, or a complete catalogue of titles, contact Nicole Schoenemann at 262.547.0769 at ext. 113.

Approaches to Help Control Hallucinations in Schizophrenia

Hallucinations are one of the most disruptive symptoms associated with schizophrenia. Symptoms of schizophrenia can be classified into two types, negative and positive. Negative symptoms by definition are a restriction or reduction in normal functions such as, reduced motivation, movement, or emotion expression. Positive symptoms on the other hand are defined as an excess or distortion of normal functioning. Positive symptoms include hallucinations, delusions, or disorganized thought process. While the most common treatment for positive symptoms is medication, there are other treatments, which are often used in combination with medication.

The book, *Sensory Deceptions*¹, by Peter Slade and Richard Bentall, discusses several methods to control hallucinations. One method discussed, operant conditioning, is a method to modify behavior by pairing the desired or undesired behavior with a consequence. A consequence, discussed by Slade and Bentall to control hallucinations is the use of timeouts. For example, if a person begins to hear voices when they are reading a book they may stop reading and switch tasks to try to help control the hallucination.

Systematic desensitization, a technique in which, the patient tries to adapt to the hallucinations in hopes that over time the hallucinations will be less disruptive

as the patients sensitivity to them decreases. Thought stopping is when the patient focuses on the hallucination, rather than attempting to ignore it. Once the patient begins to experience a hallucination, the patient may be instructed to say the word "stop" until the hallucination subsides.

Another technique discussed in the book is counter-stimulation. This technique requires the patient to try to counteract the hallucination by introducing different stimuli, often an auditory stimuli such as music, reading out loud, placing headphones over his/her ears, or humming. Patients are also encouraged to use self-monitoring to record occurrences of hallucinations as well as severity and length. Self-monitoring of hallucinations may help identify events/emotions that trigger hallucinations.

The final technique discussed by Bentall and Slade is Aversion therapy. Aversion therapy is a form of operant conditioning in that it pairs a negative consequence with the hallucination such as the patient self-administering an unpleasant noise/sound during a hallucination.

¹ Bantell, R. & Slade, P. (1998) [Sensory Deceptions: A Scientific Analysis of Hallucinations](#). John Hopkins University Press.

Volunteer Opportunities at the Mental Health Association in Waukesha County

The Mental Health Association in Waukesha County, Inc. celebrates the opportunity of continuing to serve residents of our community with the help of caring volunteers. Thank you to the individuals who have donated time and energies to volunteer for our agency in the past.

MHA currently has the following volunteer opportunities available:

Community Prevention Education:

- A volunteer is needed to assist in the technical aspects of Waukesha Teens On Line.
- Human service professionals are needed to speak on mental health issues for Speakers Bureau.

HELP Center

- Masters-level counselors are needed to assist in free short-term counseling services.

Administration

- A volunteer to assist with MHA business lines and light clerical duties.

If you are interested in volunteering for one of the above opportunities or to pursue other volunteer opportunities, please contact Jeanne Parsons at 262.547.0769 ext. 108.

Save the Date: MHA's Annual Golf Outing

Join us for MHA's 28th Annual Golf Outing on Monday, June 13, 2005 at Merrill Hills Country Club in Waukesha. We are predicting fair skies and 75-degree weather for this year's Outing! A shotgun scramble takes place after lunch, followed by 18 holes of golf on the beautiful Merrill Hills course. Dinner and silent auction will conclude the day. All proceeds support the programs operated by the Mental Health Association in Waukesha County, Inc.

Ways you can help and become involved:

- Serve on the planning committee,
- Attend the event,
- Become a sponsor, or
- Donate an item for the auction.

For more information contact Nicole Schoenemann at 262.547.0769 ext. 113.

A Wining and Dining Success

On November 11, 2004 MHA held Nautical Nights, its 1st Wine Tasting Event. The evening was an absolute success. Guests enjoyed an exquisite menu prepared by renowned chef, Chad Proulx and culinary staff, as well as ample selections of wine from around the world.

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Nautical Nights was a very successful event. We are grateful to all the in-kind donors and volunteers who made a great contribution to the success of the event. Committee Co-Chairpersons, Debbie Bayee and Meghan Walsh provided innovative ideas and perseverance, which made this first event an evening of enjoyment for all. We would also like to thank Sarah Davies, David Hart, Buck Houston, Mike Mercado and Jon Myers for serving on the Wine Tasting Committee. Thank you for your commitment to the Mental Health Association in Waukesha County, Inc.

MHA Welcomes New Staff

Adriane Seever, who had been employed as a telephone counselor since 2003 was promoted to full-time Resource Development Specialist. Adriane, a 2004 Carroll College graduate, received a degree in Psychology, and has many skills that she brings to the position. She is detail orientated with excellent communication and follow-through, which makes her a perfect fit for the position.

Eva Klamann was promoted to 211/First Call For Help Associate Coordinator. Eva had also been a telephone counselor since 2003. She is a 2003 Carroll College graduate, and received a degree in Psychology. Eva's knowledge of 211/First Call For Help and MHA has proven to be instrumental in her success as Associate Coordinator. She has strong communication and problem-solving skills.

Devan Jackman has joined the MHA team as Community Prevention Education Assistant. She is currently in her last year at Carroll College, earning a double major in Psychology and Organizational Communication. Devan is completing her internship in this position at MHA until her graduation in May. In Devan's short time at MHA she has proven to be a hard worker with great strengths in organization.

World's Greatest Cookie Sale

On November 28, 2004 MHA participated in the World's Greatest Cookie Sale at Country Springs Hotel in Waukesha. This is MHA's 10th year participating, and each year we look forward to kicking off the holiday season with the festive fund raiser.

MHA would like to thank all of the volunteers that made and packaged cookies for the Cookie Sale. We would like to especially thank **Waukesha State Bank** for their contribution to MHA by making dozens of cookies. We would not be able to participate in the fund raising event without the dedication and help of so many.

Thank you for Building Hope for a Better Tomorrow!

An Overview of Schizophrenia

Schizophrenia, the disorder discussed in this newsletter, is a disorder that drastically influences an individual's life, as well as family and friends of the person. It is important to understand the disorder and recognize early signs so that treatment may be sought.

The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, which is commonly referred to as the DSM-IV, is a compendium of diagnostic conditions and criteria for diagnosing mental illnesses. Schizophrenia and other Psychotic Disorders, which is a DSM-IV classification, refers to a variety of disorders. Some examples of disorders in this classification include: Schizophrenia, Schizoaffective Disorder, Delusional Disorder, and Schizophreniform Disorder. This article will focus specifically on five subtypes of schizophrenia. An explanation of the various other disorders in this classification can be found through the National Institute of Mental Health website, www.nmhi.nhi.gov.

Schizophrenia, in simplest terms, is a disorder of thinking and mood. Schizophrenia is a severe and persistent mental illness and can cause the person with the disorder to lose touch with reality.¹ People with schizophrenia experience various symptoms, some of which may be more disruptive to daily functioning than others. Two of the more disruptive symptoms are delusions and hallucinations. Delusions are false beliefs, such as thinking people are after them.

Hallucinations are unreal perceptions of the environment, and may be auditory, visual, olfactory (smell), or tactile (touch) in nature.² Other symptoms include disorganized thinking or speech. Negative symptoms are characterized as the absence of normal functioning, thoughts, or behaviors. Negative symptoms include: social withdrawal, absence of emotional expression,

reduced energy, or motivation. While we tend to think of Schizophrenia as one diagnosis, there are actually five sub-types of schizophrenia. Listed below are the five sub-types with brief descriptions:

Paranoid Schizophrenia: A person with this diagnosis often experiences delusions of persecution (people out to get them, spying on them, or listening to their thoughts), and/or delusions of grandeur (belief that the person has special powers such as being a disciple of God or can read people's mind).² Although people with this diagnosis may have very intense feelings, their demeanor can actually range from being extremely stable to quite intense.

Disorganized Schizophrenia: These individuals display more exaggerated behavioral traits, such as acting out inappropriately or speaking incoherently. The person can burst into laughter or tears with no appropriate stimulus to have influenced the response behavior. The delusions or hallucinations experienced by a Disorganized Schizophrenic tend to focus more on the inner-self or body than Paranoid Schizophrenics.² Delusions may include thoughts that a body part has been removed or that there is something wrong with their body's normal functioning. These individuals often do not perform proper hygiene or grooming behavior.

Catatonic Schizophrenia: Individuals with this diagnosis have motor control symptoms. This can be demonstrated by displays of extreme excitement, agitation, and an inability to gain control of movements, or be entirely immobile or frozen. In many cases, individuals will freeze into uncomfortable positions, even staying frozen if someone moves them into a new position. After coming out of a catatonic state, some patients have reported delusions focused around

death and catastrophic events, fearing that movement will provoke the catastrophic event.¹

Residual Schizophrenia: This is characterized by an absence of positive symptoms, such as delusions, hallucinations or disorganized thoughts. Instead, the diagnosis is indicated by the presence of two or more of the more minor or negative symptoms, such as social isolation, marked impairment in functioning, very particular behavior, serious impairment of personal hygiene, or blunt, flat or inappropriate emotional expression.²

Undifferentiated Schizophrenia: This diagnosis is used for individuals who do not fit into one of the above sub-types. Schizophrenia is one of the more common mental illnesses affecting approximately 1 in 100,000 individuals or 1% of the population. Schizophrenia affects men and women in equal numbers, although on average, males appear to develop schizophrenia earlier than females. Generally, men show the first signs of schizophrenia in mid 20s and women show the first signs in late 20s.¹

In the newsletter there are two articles that discuss various techniques to control hallucinations. This article is intended to provide some background into the disorder. If you would like more information about schizophrenia or any mental health topic please contact the Mental Health Association at 262.547.0769 or by calling 211/First Call For Help at 2-1-1 or at 262.548.3388 and they can direct you to the appropriate resource.

¹ Sue, D., Sue, D., Sue, S. (2005) *Essentials of Understanding Abnormal Behavior*, Houghton Mifflin Company, pp. 273-284.

² Raulin, M. (2003) *Abnormal Psychology*. Allyn and Bacon, pp 103-114.

MHA Program Updates

211/First Call For Help

2004 was a busy year for the 211/First Call For Help (FCFH) Program. The Program received 31,616 calls. The types of calls that were handled were 3% crisis, 25% information, 32% referral, and 40% supportive listening. The hotline was utilized most for people in need of emotional support (i.e. parenting concerns, relationship issues, and daily living support).

It is important to the program that callers of 211/FCFH are able to develop a plan to deal with the problem or issue they called about before ending the call. In 2004 84% of callers were able to "state their next step" or communicate a plan of action to the telephone counselors upon ending the call.

Community & Advocacy Outreach

A total of 114 clients received services from the program. In addition, the Gift Lift Project had another successful year, distributing gifts to 493 clients. Special thanks to all the participating churches, St. Williams Catholic Church, St. Mary's Catholic Church, Vernon Lutheran, St. Theresa's Catholic Church, and Brookfield Presbyterian. Without their kindness MHA would be unable to offer such a successful project. Also, a special thank you to the Lang Company who donated over 400 calendars toward the Gift Lift Project.

Community Prevention Education

The Community Prevention Education (PE) Program continues to educate individuals, and eliminate the stigma associated with mental illness. More than 64,000 materials were distributed throughout Waukesha County in 2004. Additionally almost 3,500 individuals were educated about mental health through the 75 Speakers Bureau presentations or 74 videos viewed through the Video Lending Library.

Mobile Crisis

The Mobile Crisis Program had 141 individual requests for Mobile Crisis Workers in 2004. The program has begun to service youth in crisis or on the weekend to avoid costly hospitalizations. The program had a 44% increase in the number of juveniles served. The Mobile Crisis Program provides emergency mental health crisis intervention services for the residents of Waukesha County on weekends and holidays.

HELP Center

The number of client contacts increased substantially (38%) compared to 2004. The total number of client contacts for the program was 92. Three new volunteers, Carol Palmert, Susan Jaeger, and Diane Bass began offering HELP appointments in late 2004.

National 2-1-1 Day, continued from page 1

The **Calling for 2-1-1 Act** needs the support of individuals across the United States. We are encouraging everyone who reads this article to contact your local and state representatives and ask them to support the federal legislation for 2-1-1. A toll-free number is available, through an automated system, connecting you directly to legislators so that you can voice your support of the 2-1-1 services. Simply call **1-888-PASS-211 (1-888-727-7211)**.

To increase awareness of 211/FCFH in our community, MHA organized several activities on National 2-1-1 Day. During the week leading up to February 11, 2005, MHA staff provided presentations at a local college to increase both student and faculty awareness of 211/FCFH. Additionally during the week, 211/FCFH materials were distributed to local agencies including: libraries, government agencies, and medical clinics. On February 11th, informational booths were staffed at Community Memorial Hospital and at ProHealth Care Waukesha Memorial and Oconomowoc Memorial Hospital. The booths allowed MHA staff the opportunity to talk face-to-face with individuals about 211/FCFH. This successful week of events was just the beginning of a yearlong effort to increase awareness of 211/FCFH.

Auditory Hallucinations: A Case Study

The following article is a summary of a case study conducted by Julie A. Suhr from the University of Iowa College of Medicine on a patient with late-onset hallucinations following a stroke.¹ Auditory hallucinations may be caused by stroke and are more often a symptom experienced by individuals with various mental illnesses. This article provides techniques that may assist people coping with hallucinations caused by a mental illness. In this study, an individual began to experience auditory hallucinations 10 years following a stroke, which resulted in extensive damage to the right hemisphere of his brain. The most damage occurred in the temporal lobe and the primary lobe and association auditory cortices, which are responsible for detection and interpretation of sound and speech, especially emotional tone.²

The Patient

The patient, a 52-year-old man had worked in a factory setting making tools for the past 11 years. According to family members the man was described as a "hard worker, who had a life long tendency to be suspicious of other people's actions", although this never resulted in abnormal functioning. When the man was 42 he suffered a stroke which resulted in extensive damage to the right hemisphere of his brain, mainly the areas of the temporal lobe and adjacent cortical areas. The man physically recovered quickly from the stroke and returned to work. The man was placed on a Phenytoin, an anti-epileptic medication to help stabilize electrical activity in the brain. Ten years later at the age of 52 the man began to experience late-onset hallucinations. He began to hear noises such as telephones, doorbells, and voices that he identified mostly as those of his co-workers. The man attributed the noises to gaining "super-hearing", as a result of his stroke. He believed that co-workers were saying negative comments about him or could read his mind, as the people seemed to say what he was thinking. He became paranoid of co-workers and feared he would lose his job. His wife noticed a marked change in his behavior and took him to the clinic at a local university.

Once at the clinic an EEG was performed that indicated mild abnormality and changes in brain waves in the right posterior temporal region, that plays a role in the perception and recognition of auditory stimuli.² The man was again placed on Phenytoin, and began cognitive-behavioral therapy in an effort to reduce and cope with the auditory hallucinations. Cognitive-behavioral therapy works to change the way a person thinks or interprets events.

Treatment

The man and his wife began a cognitive-behavioral treatment program that included five outpatient sessions. The purpose of the treatment was to initially educate the man and his wife about brain structure and effects of seizures in the brain. The sessions then included exploring alternatives with the man, related to causes of his experiences. In order to have the man understand and accept alternatives to his theory on "super-hearing", the patient began hypothesis testing. For example,

because the man believed that the voices were in fact coming from the co-workers he decided that if he wore earplugs the voices would be harder to hear. He tried this and found that it made no difference in the voices. He was then able to rule out that these voices were coming from the co-workers and rather move towards accepting that the voices were a result of a seizure-related hallucination.

Once the patient was able to begin accepting this alternative, he was taught distraction techniques as a cognitive coping technique to deal with the auditory hallucinations. These techniques included talking with someone, turning on the television, radio, CB radio, or changing tasks. The man would practice these various techniques once he began to experience a hallucination.

Outcomes

Follow-up sessions were conducted with the patient four times over 20 months. During these follow-up sessions the man was asked to rate the following symptoms: agitation, irritability, depression, anxiety, paranoia, decreased work function, "unusual" behavior, inattention, decreased social interaction, and hallucinatory activity. These ratings were then compared against each follow-up as well as to ratings provided at treatment on-set. The ratings indicated that by the time the first follow-up was complete many symptoms were rated as mild or none compared to severe or frequent at treatment on-set. At the end of 20 months, although hallucinatory activity was present daily throughout treatment all other categories were rated either none, mild, or improved. The man continued to use the hypothesis testing and distraction to successfully manage his symptoms. Family input was also gathered on the symptoms, which indicated the same results. Family noted improvement in social interactions as well. A follow-up at the three-year mark was conducted and this revealed that the man was still continuing to manage symptoms successfully using the techniques, he remained fully employed and socially active.

Summary

While this study is limited to a single case, other research has been conducted on using cognitive therapies to manage both auditory and visual hallucinations, especially among patients with schizophrenia. Findings have indicated positive results in the use of cognitive therapy, such as distraction, combined with medication on the management of such hallucinations. If you would like to learn more about mental illnesses please call Mental Health Association in Waukesha County at 262.547.0769 or 211/FCFH at 2-1-1 or 262.547.3388.

¹Suhr, J. (1998). Behavioral management of chronic hallucinations and delusions following right middle cerebral artery stroke. *Psychotherapy: Theory, Research, Practice, Training*, Vol 35 (4), 464-471.

²Restak, R. (1988). The Mind explanation of brain areas pp.18-20



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