RESOURCES

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His current work is mostly outpatient work, which is different from inpatient work, he said. During his time in the U.S. Navy, he did inpatient work, usually defined as treating people who are in a crisis state and are in more serious conditions. Outpatient work involves treating milder mental illnesses with patients who can schedule appointments to come see a doctor.

Inpatient work is done in a secure mental health facility, facilities which are now less available than they were in the past, Hardwig said.

"There are now these gaps in services," he said. "The gaps have always existed in rural areas, but now the gaps exist everywhere."

Those gaps exist because of a focus on deinstitutionalization in the U.S. that's taken place over the last 30-40 years. Many state-run mental health facilities have shut down resulting in a lack of places to take people who need mental health crisis treatment.

"Prior to 1950, we really didn't have effective treatments for serious mental illness," Hardwig said.

Moral treatment was in place at the time and Hardwig said it did a lot of good. It focused on creating a safe, healthy environment where people could be treated.

"We really didn't have a lot more to offer, but that by itself did a lot of good," he said.

However, an anti-institutionalization movement started to gain traction and resulted in the closure of many of these facilities. Facilities were often overcrowded and poorly staffed which helped turn the public against institutions.

Drug-based treatments also emerged in the 1950s which allowed patients to better control conditions like schizophrenia.

"It didn't cure the disorder, but it allowed people to get well enough that they could come home," he said. "They could leave the hospitals and be cared for in outpatient clinics."

The 1963 Community Mental Health Act provided for funding for community mental health centers, which would help pick up the slack caused by the closure of many mental health institutions. However, many of the people who were relying on drugs to curb their symptoms went off them after they left the hospital, Hardwig said. The new outpatient clinics weren't equipped to handle this problem.

"We treat willing people," he said. "They have to come to see us, we can't go to them."

The problem snowballed and left many people with mental illnesses without the treatment they need. Many ended up in jails or prisons because there was nowhere else for them to go.

Jeff Hardwig

Terry Murray

Dan Odegaard

Addiction has also been criminalized, Hardwig said, and people who are dealing with chemical dependency aren't getting the help they need to get better.

"It would be a lot cheaper to provide chemical dependency treatment," he said. "Even if only a fraction of them responded to any given treatment."

Attitude problem

The mental health crisis has evolved into an issue partly because of the way mental health has been treated in the medical field over the years, Hardwig said. It's not as flashy as cardiology or neurology, so in a way it's become the black sheep of the medical community.

"All psychiatrists have suffered disparaging remarks against psychiatry by physicians from other specialties, especially during medical school training," he said. "It takes courage to enter this field and to sit with our patients in their suffering even when we cannot offer a cure."

There's a stigma attached to treating the mentally ill similar to the social stigma people with mental illness face from society.

"I feel some of the stigma that my patients feel," Hardwig said. "I feel even in the house of medicine, treatment of the mentally ill is often not a priority."

A new movement, integrated care, has started to bring mental health back into the fold. Ignoring mental health issues in patients causes more medical problems, so doctors are starting to incorporate mental health into regular care.

"You just can't ignore that aspect of one's health," Hardwig said. "You can't carve it out and separate it, put it in another building. Mental health is just part of overall health."

While attitudes may be changing and mental health may be starting to receive more attention, we're in the situation we're in now because of what we did, Hardwig said.

"Society has the mental health system it paid for," he said. "And I'm on the job. I'm here. I'm seeing them. But I can't take care of the problem by myself."

There is a shortage of mental health professionals, but it's getting better. licensed professional clinical counselors and licensed marriage and family therapists are some of the newer psychology licenses that are helping to fill the void caused by a shortage of psychiatrists.

Local response

To help find a solution to the mental health treatment shortage, county officials put together a mental health crisis committee, which features members from the Essentia Health-International Falls Clinic, Rainy Lake Medical Center, law enforcement staff, court staff and county health and human services staff.

The committee was formed two years ago, according to Terry Murray, Koochiching County Health and Human Services director. It used to meet every two months at the beginning, but now he said it meets once a month.

Initially, the committee focused its energy on determining what all the issues and problems were. Recently, however, the committee's focus has changed and the issue's urgency resulted in more frequent meetings.

"We started looking at the options, what's out there, what can we do," Murray said. "Luckily, there are some options that are coming at the state level."

The committee is also staying up-to-date on current bills in the state Legislature designed to address the mental health care shortage. They would provide grants to counties to establish regional hubs, which would provide crisis services for a larger area.

"What the legislation covers, more or less exactly, is the problem that we're facing," Murray said.

In order to combat the increasing cost of mental health transfers, the county has to use funds designated for crisis prevention.

Local solutions

There's a variety of different ways to add mental health crisis beds in Koochiching County, Murray said. They could be added to the Koochiching County Law Enforcement Center, RLMC or the Pineview Recovery Center in Littlefork.

The vacant Northome Health Care Center wouldn't be a good solution because of its location. Driving someone the 70 miles from the emergency department at RLMC to Northome wouldn't be an ideal fix, Murray said.

"Northome's a long ways to go," he said. "It's hard to get mental health professionals to work in that area, much less locating them in Northome."

Because people with mental health issues are brought to the RLMC, Murray said his ideal solution would be to find a way to add beds to the RLMC hospital campus.

It wouldn't be feasible to have mental health beds at RLMC at this time, RLMC CEO Dan Odegaard said.

The hospital doesn't see patients with mental health issues on a daily basis, Odegaard said, but the number of patients entering the emergency department for mental health issues has been increasing the past few years.

"This has been an ongoing issue for a very long time," he said.

A new facility in Duluth, the Birch Tree Center, is a resource the county can access. It filled a gap left when the Bridge House, a similar facility in Duluth, closed in 2012, and required some convincing of the state government.

"We more or less fought the state through the whole thing, they didn't think we needed it," Murray said. "It was a struggle but we got it in place."

Where to focus

The Minnesota Medical Association tried to address the bed shortage in 2008 and come up with recommendations on how to fix it, Hardwig said. The advice wasn't followed because of a realization the funding wouldn't be there to fix it.

"You slice the pie only so many ways, there's no new money," he said. "So rather than build more beds, we need to build these community resources that were really supposed to be there in the first place."

And Murray said prevention saves money in the long run, meaning this situation is a perfect example.

"It's a no-brainer, it's going to provide better services for our mental health population in crisis," he said. "But it's also going to save money."

Odegaard said a two-pronged approach focused on increasing inpatient mental health beds and boosting community support services would be the best solution.

"Community support service could perhaps reduce the need for mental health inpatient services," he said.

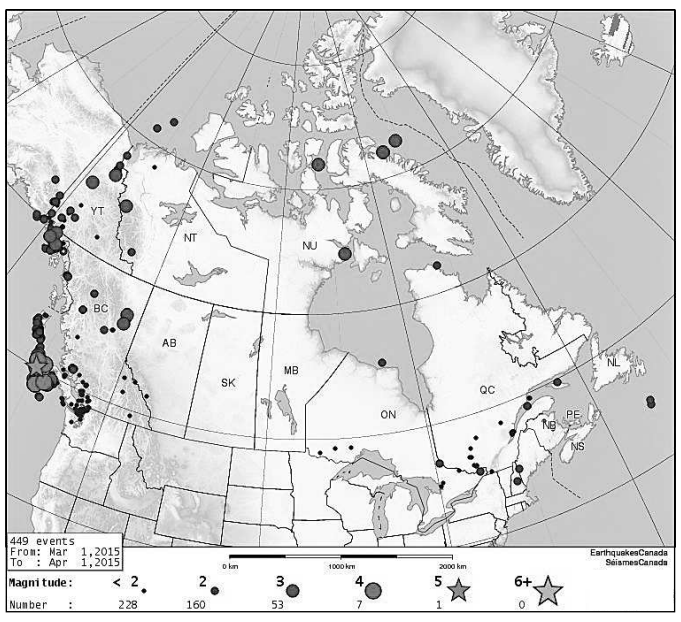
Community resources would help fill the gaps in services, Hardwig added, which would in turn reduce the stress on the available beds. Those resources could be crisis beds in a safe facility and stable housing for people who would instead be homeless.

"You're still going to need inpatient beds, though," he said. "You cannot, with these intermediate resources, eliminate the need for inpatient beds for all patients."

Another way to help the issue would be an attitude change, involving how communities treat people going through a mental health crisis. These people are neighbors, friends and family, and deserve our help and effort, Hardwig said.

"This shouldn't be something where they send people away at the first sign of trouble," he said. "That they try to make it somebody else's problem."

The final part of this series focuses on bills in the state Legislature designed to mitigate the problem, and how legislators are trying to help.



Blast? Probably not

JOURNAL STAFF REPORT

Natural Resources Canada has now confirmed the earth shook in Borderland last week from an earthquake.

The agency reported a 1.2 magnatued earthquake located 18 miles north of Fort Frances at about 6:30 p.m. March 28.

However, some area folks wonder if a blast triggered the reading that shows as an earthquake.

See http://www.earthquakescanada.nrcan.gc.ca/recent/maps-cartes/index-eng.php

ST. THOMAS

➤ continued from A1

advisory board. "If someone wants to be here, we will figure out how to get them here. We don't want people to let the price be something that holds them back."

Meres said she has three young children – the oldest is a kindergarten student – and is hopeful they can attend St. Thomas into their junior high years.

"That's an ultimate goal," she said. "I hope we can get back to offering that some day."

Growing from the ground up

Bringing back fifth grade will impact the school's three fourth-grade students, which isn't a huge number, but the officials said the emphasis will be to increase enrollment in the younger grades first.

"We are adding a teacher to our staff," Hadrich said. "Next year, first and second grade will be split."

Ultimately, the priest said he is hopeful enrollment will be high enough for every grade to have its own teacher and, within the next five to seven years, he is confident that could happen.

"I want to add grades back as soon as we can, but we want to do it slowly so we can sustain it," he said.

Come one, come all

Meres said while the school offers a Catholic education, it is not limited to children who come from families of Catholic faith. If there's a perception in the community that says otherwise, it's not true, she said.

"We have plenty of students who are not Catholic," Flesland said, adding she is a member of another church in town.

"My daughter goes (to St. Thomas) and we have good discussions at home," she said. "She is adopting the things that fit her growth. We are all growing and learning a lot. It has been very good for our family."

Meres said those teaching at and attending the school aren't "sitting around saying 'Hail Mary' all day long.

"If people want to come check our school out, come see it," she said. "There are no strings attached. I think they would like what they see."

On the same note, Hadrich said sacrifices have to be made on all ends. The parish needs to sacrifice funds and parents need to make an effort, too.

"Sometimes the tuition gets the bad rap," he said. "If someone wants to come here, most people can afford it, it's just prioritizing. We challenge everybody that we all need to sacrifice for this to work. If we are all willing to try, we'll make it."

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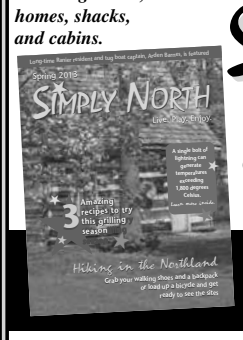

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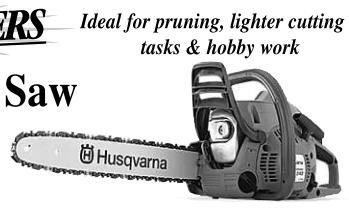

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