

NEVER say NEVER



*In the midst of the seemingly endless storm,
look to the promise of the rainbow -
the rain shall not prevail!*

Spring 2017

Stigma & OCD

Understanding of and attitudes toward OCD and other mental illnesses have changed much over the years. However, myths and misconceptions still abound, and so prejudice, discrimination, and pervasive stigma continue to exist in our society. [Community Network Services](#) (CNS), a non-profit human services agency, describes the problem:

"Stigma is commonly held beliefs about mental illness that are not based on fact, but on opinions and misinformation. According to the Surgeon General's 1999 report on the state of the nation's mental health system, stigma was found to be one of the number one barriers that prevent people receiving the care that they need."

Most concerning is the notion that suffering individuals will choose to hide their condition and not seek the professional care that they need. In this issue of *Never Say Never*, we include articles that address various aspects of stigma, how to recognize it, and how to combat it.

HELP WANTED

As you all know, The OCD Foundation of Michigan is a (very, very) small nonprofit whose sole mission is to provide information and support to the OCD community in and around the State of Michigan. We have no office or paid staff and depend on our dedicated volunteers to do the business of the organization. The one thing that we would like to see happen is to infuse the OCDFM with some new blood and fresh ideas. If you want to help us do what we do, why not consider joining the Board of Directors? Your only real commitment is to attend monthly meetings, which are held on Skype, so no travel is necessary. We want your insight and your ideas. If you are interested in volunteering your time, please contact us at ocdmich@aol.com.

THE OCD FOUNDATION OF MICHIGAN

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* Thanks to Mark Fromm, President of Business Growth Today, Inc., for hosting our website.

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NEVER say NEVER

is the quarterly newsletter of The OCD FOUNDATION OF MICHIGAN,
a 501(c)(3) non-profit organization.

Please note that the information in this newsletter is not intended to provide treatment for OCD or its associated spectrum disorders. Appropriate treatment and advice should be obtained directly from a qualified and experienced doctor and/or mental health professional. The opinions expressed are those of the individual authors.

To submit articles or letters, write or e-mail the OCDFM at the above addresses.

LIST OF SELF-HELP GROUPS

ANN ARBOR:

1st Thursday, 7-9 PM
St. Joseph Mercy Hospital Ann Arbor
Ellen Thompson Women's Health Center
Classroom #3
(in the Specialty Centers area)
5320 Elliott Drive, Ypsilanti, MI
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail OCDmich@aol.com

DEARBORN:

2nd Thursday, 7-9 PM
First United Methodist Church
22124 Garrison Street (at Mason)
In the Choir Room (enter under back stairs)
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail OCDmich@aol.com

FARMINGTON HILLS:

1st and 3rd Sundays, 1-3 PM
BFRB Support Group
Body-Focused Repetitive Behaviors
Trichotillomania and Dermatillomania
(Hair-pulling and Skin-picking)
Beaumont Hospital Botsford Campus
Administration & Education Center, Classroom C
28050 Grand River Ave. (North of 8 Mile)
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail rlade9627@aol.com

GRAND RAPIDS:

Old Firehouse #6
312 Grandville SE
Call the Anxiety Resource Center
(616) 356-1614
www.anxietyresourcecenter.org

Anxiety Disorders

Meets every Wednesday, 4:30 to 5:30 pm and
7 to 8:30 pm (two groups offered at this time to keep
group size smaller)
A weekly support group open to anyone who has an
anxiety problem (including trichotillomania and
Obsessive-Compulsive Disorder).

Teen Anxiety Disorders

Meets every Wednesday, 4:30 to 5:45 pm
A weekly support group open to teens aged 14-18
who have an anxiety problem.

Open Creative Time

1st Wednesday, 6:00 to 7:00 pm
Take your mind off your worries by being creative.
Bring a project to work on or enjoy supplies that are
available at the ARC.

Social Outing Groups

Offered once a month.
Dates and times change.
Check the ARC website for current listings.

LANSING:

3rd Monday, 7-8:30 PM
Delta Presbyterian Church
6100 W. Michigan
Call Jon at (517) 485-6653

LAPEER:

2nd Wednesday, 7:30 - 9 PM
Meditation Self-Healing Center
244 Law St. (Corner of Law & Cedar Streets)
Call Mary at (810) 441-9822

PETOSKEY:

DISCONTINUED

ROYAL OAK:

1st Wednesday, 7-9 PM
Beaumont Hospital, Administration Building
3601 W. Thirteen Mile Rd.
Use Staff Entrance off 13 Mile Rd.
Follow John R. Poole Drive to Administration Building
Park in the South Parking Deck
Meets in Private Dining Room
(If the building is locked, press the Security button next
to the door, tell them you are there for a meeting, and
they will buzz you in.)
Call Terry at (586) 790-8867
E-mail tmbrusoe@att.net

Understanding Mental Health Stigma and Discrimination

*This wonderful presentation on the nature of mental health stigma comes courtesy of the website **See Me**, Scotland's Programme to tackle mental health stigma and discrimination (seemescotland.org/stigma-discrimination/understanding-mental-health-stigma-and-discrimination/), and is reprinted here with their kind permission.*

Mental health problems can be hard for anyone to cope with but it can be made worse by having to deal with stigma and discrimination from others who are not equipped with the facts.

Many people will not seek support due to the stigma they expect to face and the self-stigma of feeling a burden. No one should ever be made to feel ashamed or embarrassed to tell anyone that they experience mental health problems. Together, we have a shared responsibility to understand what mental health stigma and discrimination feels like and drive home the message that everyone is entitled to and deserving of help and support. **To stigmatise and discriminate is to mark someone as different.**

Self-Stigma

Fear of stigma and discrimination means for many that there is deep rooted self-stigma.

Self-stigma often brings itself to light from existing prejudicial attitudes. Anyone with mental health problems can start to believe what is being said about their illness from what others say publicly.

It can lead people into believing that they aren't capable of things such as getting a job, or going into further education. This can result in them withdrawing, feeling frustrated, angry, experience low self esteem and lack of confidence in their future. As a result many are at risk of defeating their own personal goals and ambitions. Everyone has the right to lead a fulfilled life and people who intimidate others or make them feel worthless need to be challenged.

Prejudice

Prejudice is when people form an opinion before becoming aware of and understanding the relevant facts.

Prejudice can also stir up emotional responses such as fear or anger towards the people who are being stigmatised. These judgmental preconceptions endorse negative stereotypes which can have a major impact on someone who experiences mental health problems. These attitudes can have a major impact on people's lives – making them feel bad about themselves:

- *'You aren't ill with depression, you're just lazy'*
- *'You must be violent if you have mental health problems'*

(Continued on page 5)

- *'You are ill so you can't be responsible to take any decisions yourself'*
- *'You just like to be organised and clean, that isn't an illness'*
- *'If you only had a job then you wouldn't be feeling sorry for yourself'*
- *'What do you have to be depressed about, you have a good job?'*

Stereotyping people can have a major impact on people's lives - making them feel worse about themselves and hindering recovery. We need to understand the impact that words and actions can have and challenge judgmental behavior and preconceptions at its roots.

Discrimination

Discrimination is when someone treats you less positively or appropriately than other people because of your mental ill health.

Examples of discriminatory behaviour:

- Not inviting someone for a job interview based on disclosure of a mental health problem
- When an employer fails to make reasonable adjustments at work
- Harassment, intimidation, name calling, humiliation, degradation
- Failing to take a patient's concerns seriously including dismissing physical health conditions due to mental health history
- Holiday insurance cover is more expensive if mental illness declared.

If you have experienced anything like this, or know someone who has, your human rights have not been respected or upheld. That's exactly the kind of behaviour that we need to stop. By speaking up and speaking out we can change attitudes and lives.

Experiencing Stigma and discrimination

If you have experienced stigma and discrimination due to mental health problems then it's likely to have had a profound impact on your day to day life because things that other people take for granted are harder to deal with.

It can be difficult to talk about your own mental illness and when people do speak out they often feel that they are let down and misunderstood by family, friends, health professionals and work colleagues. Whilst recognising that this is often unintentional, it can have a big effect on being able to deal with your illness.

(Continued on page 6)

Stigma and discrimination can make you feel like you don't matter and it can be frustrating to think that others view a mental health diagnosis as a more important part of your personality than the person themselves. The impact that the actions and reactions of others have on an individual should not be underestimated. Stigma and discrimination can leave you feeling isolated and can affect your day to day life.

Common issues that people face

- Difficulty in finding and keeping a job
- Isolation from friends, family and daily activities
- Harder to stay in stable long-term relationship
- Fear to open up to professionals, family and friends about mental ill health
- Anxiety about health due to overwhelming belief of not being listened to
- Avoiding speaking to doctors about mental health concerns which means treatment and care is not given. This can also have a knock on effect on recovery
- Making excuses for not going out places due to the fear of just telling people about feeling unwell mentally
- Low self esteem from believing the stereotypes portrayed about mental ill health
- Physical health can be affected too
- Negative experiences makes it harder to ask for help

Where does stigma and discrimination occur?

Anyone can be stigmatised at work, university, by a friend or sitting behind their keyboard chatting on social media. In reality, we're not immune from stigma and discrimination anywhere. That's why we all need to be prepared to challenge stigmatising behaviour and discrimination wherever we come across it:

- Education settings from school, college and university
- Workplace environment: in employment or whilst applying for a job
- Within the health service amongst other health care professionals

(Continued on page 7)

- In ourselves – we self-stigmatise
- Through the media. From television programmes to radio, newspapers and magazines we read
- Social settings such as a night out in the pub
- On public transport
- At home or from family members and friends
- Because of your social class
- When you experience mental illness along with another diagnosis e.g addiction

Challenge inappropriate behaviour

Put yourself in the shoes of the person who is at the receiving end of the words, behaviour or actions and imagine how that makes them feel. Together or as individuals we need to have the strength to challenge anyone who fails to treat someone with a mental health problem with respect, dignity and as an equal.

Often, the people behaving inappropriately may not mean to cause harm and are ignorant of the negative impact of their actions or words. Simply by explaining the situation may be enough for them not to make the same mistakes again. The good news is inappropriate behaviour is increasingly not tolerated as awareness and better understanding about mental ill health continues to spread. However, phrases and words will still crop up in our day to day lives from direct conversations, our experiences and in the media. Phrases like 'pull yourself together' or 'there are people worse off than you' can hurt and affect those battling mental ill health.

Examples of casual stigma:

- Language used (nuts, mental, psycho, weirdo, a bit OCD).
- Reinforcing stereotypes such as the mental patient Halloween costume, Frank Bruno psycho headline.
- Unhelpful comments - "Is that you out on day leave?" said taxi driver.
- Pictures used to depict mental ill health like the "head clutcher".

(Continued on page 8)

Other things to look out for

- Avoid making a judgment based on a diagnosis of mental illness
- Don't ignore a cry for help from a friend or family member as you see their behaviour as attention seeking when in actual fact, seeking attention is nothing to feel ashamed about but a sign of strength.
- Making someone feel different due to mental ill health which can hinder recovery by causing self doubt over the validity of the illness – 'am I really ill?'
- Recognising that opening up to friends and family is still too daunting an experience for many with mental ill health. Be patient and wait till they are ready. Don't show frustration and be there to listen non-judgmentally when the time is right.
- Don't steer clear of someone with a mental health diagnosis. They are still the person you know but are unwell.

The role of family and friends

Family and friends often play an important role in supporting loved ones with mental health problems but at times they are the cause of unintentional stigma and discrimination.

It is equally important that the person experiencing mental illness recognises that saying the right words and handling challenging emotions and behaviour can be difficult for the loved ones too. They often have little support or people with whom they can share their fears and frustrations.

Things to look out for

If you notice a loved one acting differently then it may be a sign that they are experiencing mental health problems and need your support. Those we have the strongest bonds with might notice that there is something wrong first but don't feel offended if your friend or family member doesn't feel comfortable in sharing it with you. Self-stigma makes it more difficult to engage and ask for support, particularly from those closest to them. This isn't as a personal insult as many people react differently and may wish to confide in a professional, another friend or might not be ready to talk.

Don't focus on the negative aspects of mental health problems or show that you are scared or intimidated as that will become apparent. You are also likely to need to talk to someone about your fears and concerns

(Continued on page 9)

and that's OK. It's more than likely that family members or friends will want to share how they are feeling with someone they trust. They need to be ready to do so.

A few handy tips to consider when it's time to talk

- Be there to offer non-judgmental advice and to listen
- Avoid using cliché phrases such as 'it will pass' or 'just need to occupy your time'
- Avoid arguments and confrontation
- Offer to help in any way you can
- Help out with practical things such as shopping, cleaning, looking after children, collecting medication.
- Allow family/friend space and time if they need it, don't overcrowd them
- Don't show concern or fear through your body language
- Encourage them to seek professional advice when they feel ready
- Be direct and don't patronize
- Remember that mental illness doesn't solely define a person
- Do your own research or speak to someone you trust so you can offer more practical support and are better able to deal with the situation you face

You may be causing problems unintentionally

It's distressing to realise when you are trying your best to support a loved one but inadvertently seem to be making things worse by saying the wrong thing. Everyone is unique and while many people may experience far worse situations throughout life, it will prove invalidating to your loved one if you dismiss the distress they are feeling at that time. Be mindful that the severity or experiences of others mean little to them when they are at their most vulnerable. What is going on for them in their own head and life is the most crucial and shouldn't be compared to anyone else.

Illness doesn't discriminate and neither should we. Whatever you are feeling, don't lose contact with the person. Make sure you leave the door open for them to reach out to you when they are ready.



Mental health: Overcoming the stigma of mental illness

**False beliefs about mental illness can cause significant problems.
Learn what you can do about stigma.**

By Mayo Clinic Staff

Stigma is when someone views you in a negative way because you have a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage (a negative stereotype). Unfortunately, negative attitudes and beliefs toward people who have a mental health condition are common.

Stigma can lead to discrimination. Discrimination may be obvious and direct, such as someone making a negative remark about your mental illness or your treatment. Or it may be unintentional or subtle, such as someone avoiding you because the person assumes you could be unstable, violent or dangerous due to your mental illness. You may even judge yourself.

Some of the harmful effects of stigma can include:

- Reluctance to seek help or treatment
- Lack of understanding by family, friends, co-workers or others
- Fewer opportunities for work, school or social activities or trouble finding housing
- Bullying, physical violence or harassment
- Health insurance that doesn't adequately cover your mental illness treatment
- The belief that you'll never succeed at certain challenges or that you can't improve your situation

Steps to cope with stigma

Here are some ways you can deal with stigma:

- **Get treatment.** You may be reluctant to admit you need treatment. Don't let the fear of being labeled with a mental illness prevent you from seeking help. Treatment can provide relief by identifying what's wrong and reducing symptoms that interfere with your work and personal life.
- **Don't let stigma create self-doubt and shame.** Stigma doesn't just come from others. You may mistakenly believe that your condition is a sign of personal weakness or that you should be able to control it without help. Seeking counseling, educating yourself about your condition and connecting with others who have mental illness can help you gain self-esteem and overcome destructive self-judgment.
- **Don't isolate yourself.** If you have a mental illness, you may be reluctant to tell anyone about it. Your family, friends, clergy or members of your community can offer you support if they know about your mental illness. Reach out to people you trust for the compassion, support and understanding you need.
- **Don't equate yourself with your illness.** You are not an illness. So instead of saying "I'm bipolar," say "I have bipolar disorder." Instead of calling yourself "a schizophrenic," say "I have schizophrenia."

(Continued on page 11)

- **Join a support group.** Some local and national groups, such as the National Alliance on Mental Illness (NAMI), offer local programs and internet resources that help reduce stigma by educating people who have mental illness, their families and the general public. Some state and federal agencies and programs, such as those that focus on vocational rehabilitation and the Department of Veterans Affairs (VA), offer support for people with mental illness.
- **Get help at school.** If you or your child has a mental illness that affects learning, find out what plans and programs might help. Discrimination against students because of a mental illness is against the law, and educators at primary, secondary and college levels are required to accommodate students as best they can. Talk to teachers, professors or administrators about the best approach and resources. If a teacher doesn't know about a student's disability, it can lead to discrimination, barriers to learning and poor grades.
- **Speak out against stigma.** Consider expressing your opinions at events, in letters to the editor or on the internet. It can help instill courage in others facing similar challenges and educate the public about mental illness.

Others' judgments almost always stem from a lack of understanding rather than information based on facts. Learning to accept your condition and recognize what you need to do to treat it, seeking support, and helping educate others can make a big difference.

This article comes from the Mayo Clinic and can be found here:

www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477

Words of Wisdom

"Don't believe everything you think" - Unknown


"Sometimes the people around you won't understand your journey. They don't need to, it's not for them."
- Joubert Botha

"A diagnosis is burden enough without being burdened by shame and secrecy."
- Jane Pauley

"To not have your suffering recognized is an almost unbearable form of violence."
- Andrei Lankov

"Mental illness is nothing to be ashamed of, but stigma and bias shame us all."
- Bill Clinton

The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care

Psychological Science in the
Public Interest
2014, Vol. 15(2) 37–70
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³Mount Sinai Hospital, New York City, New York

Summary

Treatments have been developed and tested to successfully reduce the symptoms and disabilities of many mental illnesses. Unfortunately, people distressed by these illnesses often do not seek out services or choose to fully engage in them. One factor that impedes care seeking and undermines the service system is mental illness stigma. In this article, we review the complex elements of stigma in order to understand its impact on participating in care. We then summarize public policy considerations in seeking to tackle stigma in order to improve treatment engagement. Stigma is a complex construct that includes public, self, and structural components. It directly affects people with mental illness, as well as their support system, provider network, and community resources. The effects of stigma are moderated by knowledge of mental illness and cultural relevance. Understanding stigma is central to reducing its negative impact on care seeking and treatment engagement. Separate strategies have evolved for counteracting the effects of public, self, and structural stigma. Programs for mental health providers may be especially fruitful for promoting care engagement. Mental health literacy, cultural competence, and family engagement campaigns also mitigate stigma's adverse impact on care seeking. Policy change is essential to overcome the structural stigma that undermines government agendas meant to promote mental health care. Implications for expanding the research program on the connection between stigma and care seeking are discussed.

*This research paper appeared in the journal **Psychological Science in the Public Interest** as cited above. It directly addresses the problem of stigma and its impact on an individual's decision whether or not to seek treatment for a mental illness. We have included here the Summary only, as the paper is long and quite technical. You can read it in its entirety at journals.sagepub.com/doi/full/10.1177/1529100614531398.*

Also note the accompanying commentary by Former First Lady Rosalynn Carter on behalf of the Carter Center Mental Health Program, included here on page 13. It can be found at journals.sagepub.com/stoken/rbtfl/5CFcNxCFBLrB2/full

Creating and Changing Public Policy to Reduce the Stigma of Mental Illness

Former U. S. First Lady Rosalynn Carter, Rebecca Palpant Shimkets, Thomas H. Bornemann

The Carter Center Mental Health Program's mission to increase access to mental health services began more than 30 years ago and continues to be at the heart of our work. We do everything within our power to create better care and, ultimately, better lives for people with mental illnesses and their families.

One does not work long on mental health issues before recognizing the additional hardships caused by stigma. Problems that we confronted early on continue to this day: poor funding for research and services, especially compared to support for other illnesses that are far less prevalent and disabling; structural forms of discrimination that impede an individual's progress toward a meaningful life in the community; and widespread, inaccurate, and sensational media depictions that link mental illnesses with violence. The authors of "The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care" examine these issues, with an emphasis on the enormous challenge of changing the attitudes of individuals. At The Carter Center, we are focusing our attention toward creating or changing public policies in order to encourage behavior change with the hope that one day attitudes will follow. Over the years, we have learned that public policy can be an important factor in reducing stigma.

"If health insurance will pay for it, it is OK to have mental illness." This became our motto during the decades we worked to promote mental health parity—the premise that diseases of the mind and brain should be treated no differently than afflictions of the body. President Carter's Presidential Commission on Mental Health resulted in the Mental Health Systems Act of 1979, which embedded insurance parity for mental illnesses. Unfortunately, this aspect was never implemented as planned. Thousands of organizations, including The Carter Center, persisted over 30 years, and mental health parity legislation finally passed in 2008. In November 2013, Health and Human Services Secretary Kathleen Sebelius announced the long-awaited parity regulations at our national symposium on mental health policy at The Carter Center. One of the biggest structural forms of stigma, resulting in discrimination against millions of people, finally was eradicated!

As we worked on mental health public policy in recent decades, new and important developments profoundly changed the lives of people living with serious mental illnesses and made possible progress in the fight against stigma. A powerful consumer and family movement brought strength and advocacy to the public policy debate. Among its accomplishments are the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination against people with disabilities, and the Civil Rights of Institutionalized Persons Act of 1980, which protects the rights of individuals who reside in local or state mental health facilities, nursing homes, correctional facilities, and institutions for the developmentally and intellectually disabled. The cause has advanced in the courts as well, especially in the Olmstead Supreme Court decision, which is associated with the ADA and ended some of the structural forms of discrimination that had stood in the way of community living for those with serious mental illnesses. More recently, the emergence of Certified Peer Specialists—a workforce of consumers of behavioral health services—has helped shift our focus from simply stabilizing a condition to bringing about recovery.

In addition, in the 1980s and '90s, enormous progress in the research and science of services and treatment yielded evidence of mental health recovery. A diagnosis of mental illness no longer brings the fear of lifelong institutionalization but instead can mean a journey to recovery and a meaningful life in the community. Recovery has become a powerful antidote to stigma.

Despite all of this hard work and progress, however, in our own state of Georgia, over 130 unexplained deaths occurred in our state mental hospitals between 2002 and 2006. *The Atlanta Journal-Constitution* published a series of

(Continued on page 14)

stories about this tragedy. As a result, the Department of Justice investigated and brought against the state of Georgia a civil rights suit and an Olmstead suit that demanded sweeping reforms throughout the system, including the development of an array of community-based crisis services. Over the last several years, The Carter Center has been working closely with the state, behavioral health advocates, and the Department of Justice to build a stronger community mental health system in Georgia. Today, thousands of Georgians with serious mental illnesses have the opportunity for a full life with a spectrum of services and supports available. Once again, public policy and the law have helped overcome stigma and dramatically changed how our mental health system treats people.

Over the past few decades, many human and financial resources have been expended to address system failures and the broader issue of stigma and the resulting discrimination, with some modest gains. Millions of Americans access mental health services each year and, according to the Centers for Disease Control and Prevention's 2012 report "Attitudes Toward Mental Illness," the majority of Americans now believe that recovery from mental illnesses is possible with treatment. Sadly, despite this progress, old fears persist, and the belief that mental illnesses lead to unpredictability and violence remains intractable. Violence associated with mental illness is extremely rare, but when it does occur, it is widely publicized via smartphones, tablets, computers, and television. Frequently, failures and gaps in the mental health system are present in these rare cases of violence. These instances solidify the public's negative perception of mental illnesses.

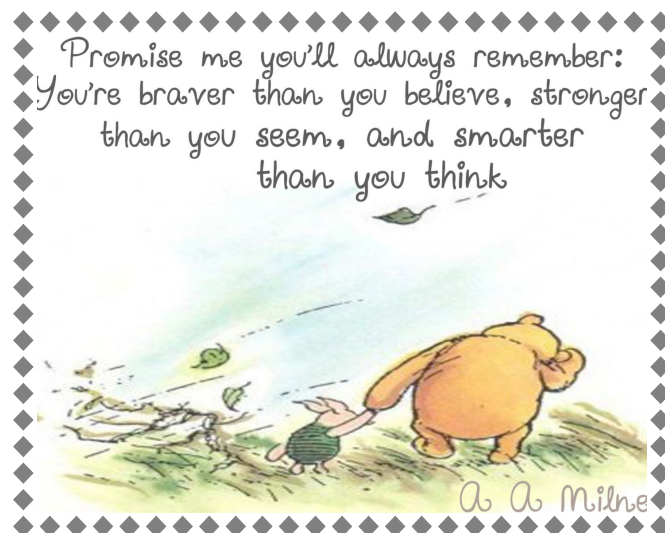
We remain confident, nonetheless, that there is hope for the future. Critical to our success will be the ability of those who are concerned with mental health to come together at all levels to promote research and services. This issue of *Psychological Science in the Public Interest* makes a strong start in consolidating and disseminating what we now know—that public policy, the law, and media remain our greatest resources to stimulate change and spur action. We also need to build bridges to other fields that connect to mental health, such as public health, primary care, and education. Together, we can create robust systems and services all along the path of recovery and encourage early intervention and access to treatments without fear of labels or diminished opportunities. When that is achieved, we will know that our tireless efforts to eradicate stigma have been successful.

Follow The OCD Foundation of Michigan on FACEBOOK

Always get the latest news and events. Go
to our Facebook page

www.facebook.com/pages/The-OCD-Foundation-of-Michigan/192365410824044

and click "Like".



PARTIAL HOSPITALIZATION PROGRAMS

There is a treatment option available for adolescents and adults in many areas that is often not known or considered by individuals who are struggling with OCD, anxiety, or depression. Partial Hospitalization Programs (PHP) are intensive programs offered by hospitals and clinics, and can benefit those who need more help than traditional outpatient settings can provide. They typically run five days a week, from 8 or 9 am to 3 or 4 pm, and can include group therapy, private time with a psychiatrist, art or music therapy or other activity time, and education programs. They usually include lunch, and some include transportation. Here, we list some of these programs for your information.

St. Joseph Mercy Hospital, Ann Arbor, MI

Adult Partial Hospitalization Program, 734-712-5850

www.stjoesannarbor.org/AdultPartialHospitalizationProgram

Adolescent Partial Hospitalization Program, 734-712-5750

www.stjoesannarbor.org/AdolescentPartialHospitalizationProgram

Beaumont Hospital, Royal Oak, MI, 248-898-2222

www.beaumont.edu/centers-services/psychiatry/partial-hospitalization-program

St. John Providence Hospital, Southfield, MI, 800-875-5566

www.stjohnprovidence.org/behavioral-health

New Center Community Services, Detroit, MI

www.newcentercmhs.org/partial-hospitalization-program

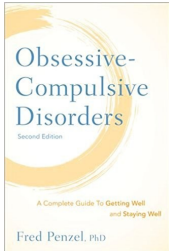
Allegiance Health, Jackson, MI, 517-788-4859 or 517-789-5971

www.allegiancehealth.org/services/behavioral-health/services/partial-hospitalization-program

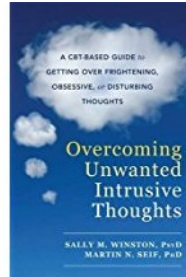
New Oakland Child-Adolescent & Family Center, 5 locations in tri-county area, 800-395-3223

www.newoakland.org/mental-health-services/face-to-face-day-program.html

SUGGESTED READING

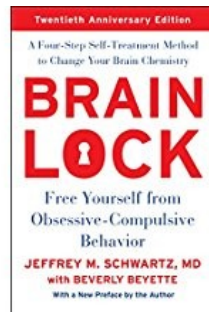


Fred Penzel, PhD
Obsessive-Compulsive Disorder
A Complete Guide To Getting Well and Staying Well
 Second Edition
 Oxford University Press, 2016
 ISBN 978-0190622633

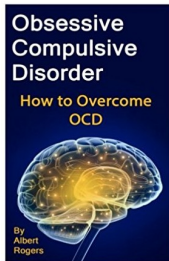
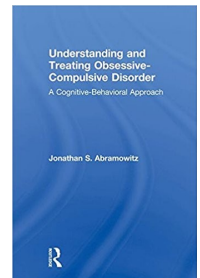


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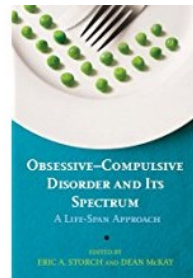
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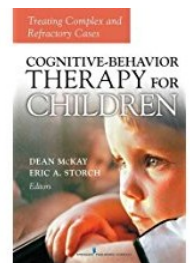


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The OCD Foundation of Michigan Mission Statement

- ♦ To recognize that Obsessive-Compulsive Disorder (OCD) is an anxiety-driven, neurobiobehavioral disorder that can be successfully treated.
- ♦ To offer a network of information, support, and education for people living with OCD, their families and friends, and the community.

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