

IMPLEMENTATION OF A WARM LINE FOR ARCATA AND THE
SURROUNDING AREA

By

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ABSTRACT

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Problem: The issues I am focusing on are implementing and sustaining a mental health peer support “warm line” for Humboldt County; one that does not currently, exist. This type of “warm line” can assist our community by increasing resources, decreasing social isolation, and achieve rapport with relationships regarding peer to peer support. Most mental health services that serve large numbers of people only exist through our County programs. Methods: I used qualitative research methods by interviewing two supervisors of hotlines; Humboldt Domestic Violence Services (HDVS) and Rape Crisis Team. I then used the snowball technique and interviewed two counselors. My purpose was to acquire professional opinions concerning the needs in Humboldt County regarding mental health support for all its adult population. Results: Asking four qualitative questions gave overwhelming answers of: no, there are not enough services; what does exist is not working; the alternative of Kunle’s warm line is welcomed and needed. Conclusion: the services that are available may be helpful to the people with the highest of need, those who are going to harm themselves or someone else. Those people who do not meet the urgent criteria are not seen right away. To get an appointment regarding a

person's mental health it is scheduled for 3-4 months later. Many people, as a result, go without the support for basic mental health needs in this county. Kunle's warm line can reach more people who do not meet the criteria for highest of need by Humboldt County Mental Health.

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INTRODUCTION

Depression may touch the lives of many people we love and these can be challenging times. When people discuss depression most think it is the “blues” or sadness that occurs occasionally throughout life and usually passes after a few days or weeks. However, according to the literature this is known as minor depression (National Institute of Mental Health, 2013). There are a few types of depression currently talked about which consist of minor depression as stated above, Dysthymic depression, and Major depression which may last years and can interfere with life’s occurrences such as work, studies, appetite, sleep, and activities once enjoyed (National Institute of Mental Health, 2013).

People who experience major depression may see a diminishment in their life activities. For example, a person who once enjoyed fishing now does not participate in this activity, possibly due to major depressive episode. Major depression can be debilitating, creating the feeling of a constant state of being in a downward spiral to a dark existence and living into this place for a “long time.” When experiencing major depression some people may have many ‘episodes’ during their lifetime (National Institute of Mental Health, 2013). Many people experience intense feelings and low activity levels when diagnosed with major depression. People experience and express the symptoms of depression differently.

Using a warm line may help callers to talk about their feelings, problems and experiences with a confidential, trained, and compassionate peer. A peer is an individual

who gives social, emotional and practical support. In addition, a peer is an individual who experienced life's ups and downs and can show empathy to a caller's challenges. Many peers that have been trained to support callers have developed their own positive ways of living and can listen to another person going through similar situations (VA Ann Arbor Healthcare system, 2011). Kunle's warm line will not only educate and provide resources and referrals to other community agencies in the area when needed but also provide support to its callers.

The peer support warm line will be available for all adults in Humboldt County with access to a phone. People living in rural areas may have access to this warm line service. Kunle will offer the callers social support including people living in rural Humboldt County. There is a need for people to have these services which they can contact over a phone. Kunle warm line services will be available even though they cannot access transportation. Through this warm line Kunle will also be able to decrease local social isolation that people experienced in this county. Social isolation has been seen with forty-one percent of people living in Humboldt County not living in the inhabited area around Humboldt Bay (Humboldt County Health and Human Services, 2013).

Kunle Centre will have a cell phone to start the program and then, once established we will open a center and more phone lines may be available. When the center is opened Kunle will hold groups and other supportive community endeavors. Peer support and volunteers are committed to opening the warm line, the center, and a warm house to support individuals, groups, and the community of adults in Humboldt

County. Kunle will bring the community together to support mental wellness for adults through a peer support program.

THE GOAL

Our goal is to educate community members regarding mental illness. Also, through empathy and compassion trained peers will support callers' experiences aiming for mental wellness. Most people at some point in their lives will need emotional support and/or psychological stability. This will be accomplished by having trained staff and volunteers on this warm line available to normalize individuals' feelings and experiences in life.

LITERATURE REVIEW

Mental Health Resources for Adults in Humboldt County

There are mental health services throughout Humboldt County. However, they are largely located in Arcata and Eureka. These services are minimally available for the underserved population defined as people who have been diagnosed with a mental health condition due to the lack of services. Mental illness does not discriminate or make judgments towards people. It is an equal opportunity experience that touches many people at some point in life. The following are resources and facilities, located in Arcata and Eureka that have some mental health services. These services are unlike what Kunle and the warm line will be, because the warm line is for all adult's in the community. Kunle centre will be a meeting place to socialize, grow, and be involved with groups.

The dinning center on Second Street in Eureka (also known as "the free meal") has some counseling available for homeless people and very low income individuals. Hospice of Humboldt offers free groups for grieving individuals who have survived a loved one's death. The National Alliance on Mental Illness (NAMI) offers advocacy and education for family members who have people in their life with a diagnosed mental health condition. Humboldt Family Service Centre offers counseling for low income individuals and families.

In Eureka, there is a service through county mental health, at Sempervirens, for individuals diagnosed with a mental health condition. These services are not enough. People without diagnoses who live in Humboldt County have a hard time obtaining

counseling to remain mentally well. There are many private therapists working throughout Humboldt County: some take insurances, such as Medical and/or Medicare while others are privately paid. Many people have realized that Humboldt County needs to have more services and alternatives to Sempervirens and its facilities of same day services and Psychiatric Emergency Services, (PES). The PES program provides a few services: crisis intervention services 24-hours-a-day, seven days-a-week, in a psychiatric emergency room; 23-hour crisis stabilization to prevent the need for inpatient hospitalization; and a team consisting of a physician, nurses, mental health workers and clinicians (<http://co.humboldt.ca.us/hhs/mhb/emergencyservices.asp>).

Continuing in Eureka, there is the residential facility of Crestwood Behavioral Health Inc. This site includes “Courtyard Community” for people 60 and older. “Bridge House” is another section of Crestwood Behavioral Health Inc. where adults’ can have residential living. This facility includes the rehabilitation day program which people are directed to various groups during the day. They also have the Mental Health Rehabilitation Program which is an intensive unit giving one-to-one attention due to the capacity of 16 people (<http://www.crestwoodbehavioralhealth.com/eureka.html>).

There is a center called the Multiple Assistance Center, also known as “The MAC”. The MAC provides an environment where families with children find respect, dignity and some services to assist them in overcoming the challenges of homelessness. The MAC offers services to participants including: on-site case management; an on-site licensed daycare equipped to provide supportive groups for children ages 2-5 and an array of activities to foster intellectual and emotional development; a licensed kitchen

that serves three nutritious meals a day; life skill classes; a therapeutic children's program for children of all ages; and outpatient mental health services on-site, with individual, family and group counseling available (<http://rcaa.org/division/family-services/program/multiple-assistance-center>).

In Arcata at Humboldt State University (HSU), there is the Counseling and Psychological Services (CAPS) on campus for the students supports them with brief counseling at six to eight sessions in a semester. A 24-hour crisis line is also available for students when HSU is not in session. Couples counseling is available but at a price per session for non-students. Also available at HSU is the Community Counseling Clinic. However, emotional situations often times cannot be put on hold. Therefore, there is a need for all adult community members to be supported in mental wellness (www.humboldt.edu/counseling/). Also in Arcata is the Emma Center; there they support women only and offer the following services: Trauma Support Groups, Healing Arts Services, Counseling Assistance, (on a limited basis), Lending Library, Referrals to Services, and Educational Workshops on Traumatic Stress. All of their services are free or low-cost (<http://www.emmacenter.org/olddefault.htm>).

The following are agencies that do or may offer some mental health services: Open door clinic in Arcata and Eureka; North Country Clinic in Arcata; Veterans Clinic in Eureka; Tri-County Independent Living in Eureka; and Loving Hands Institute of Healing Arts in Fortuna. The difference between all of these services and what Kunle will be offering is the warm line. Kunle center is based upon peer relationships that work intensively on mental health needs of the community. Through the involvement in this

community project, people will be helping this newly forming non-profit, assist community members with their mental wellness.

Social and Geographic Isolation

Social isolation affects people in a variety of living situations and locations from urban to rural. However, living in rural areas increase risk factors. By living in a rural area, some people may have limited access to services and have higher health risks (MedlinePlus, 2013). Humboldt County has an entire population of 134,827 (US Census, 2012). This population encompasses an area of 4,000 square miles (Gutierrez, M., Belanger, K., Redfern, J.F., Goolsby, L., Richgels, J., 2012). Many people live around the coast of Humboldt Bay in Arcata and Eureka, but there are small towns scattered and populated throughout the county including eight federally recognized Indian reservations (Gutierrez et al. 2012). The higher health risks that can be experienced range from chronic illnesses such as: Alzheimer's, diabetes, substance abuse, cancer, heart disease to mental health conditions. The mental health experiences can be depression and anxiety which all vary in severity from person to person (MedlinePlus, 2013).

Not only social but geographical location plays a role in which services a person may want to get to when needed it becomes needed (MedPlus, 2013). Due to the rural area of Humboldt County, health services in general can be difficult to get to by driving because some people do not have transportation. This can be due to the poverty levels, lack of food, clothing and job insecurities. In a survey "of those responding who fell at or below federal poverty levels, 40 percent said their income was insufficient to meet

basic needs (housing, heat, food, clothing, and transportation) and 36.3 percent said their income was barely enough to meet basic needs” (Faulkner, 2008).

When people are struggling to pay for everyday needs, health concerns seem to wait until an individual gets ill. Having support services in Humboldt County can help people get out of bad situations rather than live in stressful life circumstances for years. When one cannot feed or clothe the family, mental health needs can arise and the necessity for a warm line becomes evident. The services from the warm line will be free of charge to people using this support.

In Humboldt, many health care sites are not located in the rural areas; instead, most are located on the coastal populated areas of Arcata and Eureka. Also, the bus system does not drive to rural sections of this county. Having a warm line in this geographical rural location, people may see Kunle as a ray a light in times of darkness. Kunle may help some people who have been socially isolated as a result of the high risk factors stated above. This warm line can also refer out to agencies that assist with food, clothing, shelter, and health care.

Depression and Suicide

Depression is linked to suicide (Smith, 2013) and not seeking help can have devastating effects not only for the person, but also for family and friends. Being supportive can make this seem less scary for those friends and family members if an individual in their life has depression. At the same time, knowing that depression is a risk factor for suicide can help everyone support the individual, friends, and family

(Smith, 2013) when you know a few facts and are able to debunk the myths. Depression affects more than 6.5 million people in the United States (Duckworth, 2009). Common symptoms of depression can include: feeling sad or often guilty, eating or sleeping more or less, not enjoying things you normally like, feeling tired or irritable, having problems with concentration or decision making, and thinking about suicide (Chang, 2012).

Possible suggestions to the individual who is feeling depressed are see a doctor, therapist, and be supportive. Secondly, we can also listen to our friend or family member and take what s/he says seriously. Lastly, we can offer her/him hope that the depression will get better in time (Chang, 2012). “Depression is more than the occasional sad thought or unhappiness due to a death, breakup, or disappointment; although these events can lead to depression. Everyone experiences highs and lows in their lifetime, but depression doesn’t always happen due to a specific negative event” (Porter, 2013).

Some additional myths to be debunked are “talking only makes it worse”. When a person has depression it is more harmful to be alone with their own thoughts (Porter, 2013). Communicating their feelings and thoughts is best done with a person who is a supportive, reliable and non-judgmental listener and is critical in the treatment of depression (Porter, 2013). This is where Kunle’s warm line will come in as a supportive network of trained peers that want to see mental wellness in our community and not the stigma of mental illness. Some people may fear that “antidepressants will change your personality” (Porter, 2013). The medications work by changing chemicals in the brain. Antidepressants are made to change the chemicals in the brain (Porter, 2013). The last myth found is people think that “depression only affects women”. Women are found to

be affected by depression twice as much as men, but depression also affects men (Porter, 2013). Men actually have a higher completed suicide rate than women. This can be because some cultures and families discourage men from talking about their feelings and seeking help. Mistakenly, some people believe depression is a disease that only affects women (Porter, 2013).

Men who experience depression in this culture have to combat the stigma of “a sign of weakness and excessive emotion” (Smith, 2013). Men who have depression are less likely to admit their feelings of self-loathing and despair (Smith, 2013). Also, in comparison with men, women, are more likely to experience guilt, over or under eat, and gain or lose weight (Smith, 2013). Depression in teens may be seen as hostile and temperamental. Some teens are sad when they have depression. Depression affects everyone, however this diagnosis is not a normal life experience (Smith, 2013). According to Smith, depression in older adults comes along with poor health, high mortality rate, and an increased risk of suicide. Diagnosis and talking about feelings and thoughts are important when it comes to depression. It can mean life or death for some people.

In fact, assisting people who have depression, to ask for help, is one reason Kunle will open. We will work to increase the knowledge and understanding around mental wellness and mental illness. By making our services available to the community we can access many people and assist them in their recovery through truth, facts, and building support networks that work for them individually.

Peer Support

Peer support for mental health assists people who have a mental health diagnosis along with those who have symptoms of mental illness. Those peers who have made positive life changes and choices come to a point of understanding and hope. They can support another peer in the process of recovery through the strength of their own experiences. As a result of going through this process peer staff are giving hope and working on societal change. Peer to peer support provides individuals with emotional, informational, practical, and social ways to help people transition towards mental wellness (PEOPLE, Inc.). Furthermore, the peer to peer model is a support system of giving and receiving. It has been founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful (Mead, 2001).

People who are diagnosed with psychiatric conditions have been treated like victims (Mead, 2001) by the system and “monsters” by society. This is due to the “social and cultural ostracism and consequently has developed a sense of self that reinforces the ‘patient’ identity” (Mead, 2001). To break this cycle peer relationships look at individual strengths, does not ridicule when hospitalized, and helps pick these people back up. Recovery is seen in the “undoing of the cultural process” (Mead, 2001) that was created by society in the first place.

The peer consumer movement works at “seeking social justice through understanding mental illnesses in terms of human rights” (Mead, 2001). The common theme is the experience of oppression in our culture in the past and continues to be seen today. Peer support does not look at psychiatric models and/or diagnostics. This type of

support does not work from the medical model (Mead, 2001). Thus, an equal environment is created and people relate to each other through empowerment and appreciation of skills.

Many people who have been diagnosed have taken on the identity role of “mental patient”. Because this occurs, people who are diagnosed find affiliation with others who are also diagnosed (Mead, 2001). This leads to the rest of the community seeming like they do not understand. This can create an, us versus them split (Mead, 2001). The relationships that are created are done so differently. These relationships can take place in drop-in centers, counseling centers, and/or hospitals. “Peer support, becomes a natural extension and expansion of community [instead of workers] modeling professionalized caretaking” [which labels ‘consumers’ as defective] (Mead, 2001). Through peer relationship support, people who have been diagnosed can see themselves having personal worth and social power (Mead, 2001). “Being labeled, or even living with perceived unacceptable differences, creates a self-image or central belief that controls the way we live” (Mead, 2001). Kuntz will create an environment and have groups that can increase self-image, self-esteem, personal worth, and power.

Peer Warm Lines

Warm lines are relatively new pre-crisis development that has been formed to provide social support (Pudlinski, 2001). Traditionally, a peer warm line is a compassionate listening line for those callers diagnosed with a psychiatric label. The operators are peers who are in recovery and are trained in listening attentively with

compassion and offer support and hope (Weinstein, 2010). The operators will support the caller and guide them to understand their own strengths in the process of recovery to become mentally well. Most peer warm lines operate from the point of having the caller find, discuss, and implement their own value and wisdom within their lives (Weinstein, 2010).

The time of operation of a warm line is typically from evening through late night and sometimes into the early morning hours. A warm line is created as an alternative to the traditional crisis “hot line” (Dalgin, Maline, Driscoll, 2011). They have been seen to be on the rise throughout the world (Lawn, S., Smith, A., Hunter, K., 2008). Currently, warm lines exist throughout the U.S. There are some warm lines scattered throughout the Bay Area and Southern California. Humboldt, Trinity, and Mendocino do not have these warm lines in place, yet. This is why it is important for Kunle to start and sustain this warm line.

Kunle, located in Humboldt County, is the non-profit starting the warm line, will focus its listening line on the entire community. One does not need to have a psychiatric diagnosis to talk and gain support from the operators of the warm line. In this way Kunle will be supporting people in gaining mental wellness at school, work, home, or any environment Humboldt citizens find themselves in throughout the day or night.

Respondents from a study of one warm line were asked, “What types of crisis support services have they used in the last 90 days?” Respondents mention the following: “I use to use crisis almost every night, now hardly ever”; “[I] haven’t called crisis [and] use it less and less”; and “[I] would turn to the warm line before crisis” (Pudlinski, 2011).

In 2009, people who use a warm line were asked, “Does using the warm line reduce your need for crisis services?” 42.2% out of a population of 120 people commented, “Very likely” (Pudlinski, 2011).

When respondents were asked, “Does the warm line contribute and impact your personal recovery processes”, 73% of warm line callers stated, “yes” (Pudlinski, 2011). Further, comments included: “I’ve gotten more out of [the warm line] than the three years of counseling”; “It has helped keep me out of the hospital”; “I used it heavily after I was hospitalized, it really helped to stabilize me and structure my evenings” (Pudlinski, 2011).

METHODOLOGY

I used qualitative research methods by interviewing two hotlines in Humboldt County. These interviews helped me to determine the need for Kunle's warm line to open in Arcata, California. The two organizations I decided on were Humboldt Domestic Violence Services, (HDVS) and the Rape Crisis Team. I asked nine questions to supervisors at these locations. I then used the snowball effect from these interviews and acquired two local counselors to interview. My purpose was to obtain their professional views on what they thought Humboldt County needs when it comes to mental health support for the adult population.

IMPLICATIONS

Effects

Since the warm line is beginning to be introduced, the effects of opening the warm line in Arcata, California are left to be seen. It has potential of creating a new model for local mental health and wellness services. Peer support and warm lines are a relatively new way of looking at mental health, the services available, hope and healing. The opening of this newly forming non-profit and warm line could narrow the gaps that many people have fallen through and continue to do today. Some people who fall through the cracks may live with homelessness, drug use and/or abuse, and jail time. Some people could also end up dying as a result of their mental health condition and social stigma.

Competent and humane mental health services are in high need throughout California and the United States. The service this warm line will be providing for the public is part of the change this county and the system of mental health service's needs. Once a strong relationship with the community has been developed, Kunle will then be able to assist people who receive mental health services and live in the rural areas within Humboldt County.

As a result of having a working peer support model in this community we may be able to lower the stigma and discrimination people who carry mental health diagnoses experience. In addition, using peer support models with warm lines and mental wellness centers can radically change the mental health system as a whole.

Suggestions

Kunle will need to offer trainings for the warm line, by inviting volunteers and the community, to have a successful warm line and volunteer recruitment program.

Interfacing with Humboldt State University's (HSU) social work and psychology programs will benefit both, Kunle and the HSU internship programs. Also, Kunle may have a dinner reception and presentation for specific community members to receive their support and buy-in. Once Kunle has a physical location for the center we will need to have an open house to show the community what we do and to obtain future donations and support from Humboldt County and beyond.

As Kunle gains momentum and begins to open each part of the program, we will want research studies and needs assessments to be completed by students from HSU and volunteers from the community.

RESULTS

After interviewing the hotlines and counselors in Humboldt County I have gathered the following information. All the people I interviewed are interested and want to see Kunle's warm line open and be sustainable in the future. First, are the outcomes from Humboldt Domestic Violence Services (HDVS) and Rape Crisis Team who each answered the following question: "Do you think the services provided by Humboldt County mental health are enough for this community?"

Maryann from Rape Crisis responded with,

No...We have very limited resources for the needs in this community. There is a need for variety of services. There are not enough providers to provide services for those who have medical or CMSP insurance. I think there are wonderful organization connected to County Mental Health like the Hope Center and those kinds of places. There is the suicide hotline...some of the people we provide services to have found this line helpful. Some have not. I think being clear about the limitations of services is very important. There are definite limitations to most of our services and that can get very confusing for Consumers. Sometimes they feel they are ineligible for the services versus boundaries being set. That is where a warm line could be helpful. Assisting Consumers in understanding the various limitations of services.

Carey from HDVS commented by stating,

"No, my experience since I have moved here is, if you are not in a crisis situation, like you are [not] going to harm yourself or others, it takes quite a while to get an appointment at Humboldt County Mental Health. So, you have to be in the highest of need to get services immediately. This [information] is from my experience working at HDVS. [There have been] many who have experienced mental health issues. [Looking at] my work experience [the services] are not sufficient and admission services are not sufficient."

It is understandable from the answers to this interview question that Humboldt County needs more mental health opportunities for hope and healing from mental health

diagnoses and experiences. Not enough mental health services for our community exist because the services that are available are “not sufficient” enough. The workers seem so busy with the goings on of systemic problems that the system, itself needs an overhaul. I think we need to have mental health reform in this country, or at least in the state of California. Additional results from the interviews are:

When interviewing two local counselors’ they responded to the question, “Are there enough mental health services in Humboldt County?”

Samantha King stated,

“No, there is only one Mental Health facility within the county of Humboldt. The Mental Health facility here is so overcrowded that many clients go in and out like a revolving door. Often because of the overcrowding, clients are sent down south for treatment and many are let go to soon with medication in hand and no support to assist in taking the medication. The encouraging benefits of our Mental Health facility is that, it has the PEZ unit, which is a life saver for many individuals who are in crisis and the means to get assistance with an individual with potential crisis can take place through 51/50 or requesting a Welfare Check. County mental health is doing what they can, but their hands are tied, their short staffed and held to restricting regulations/policy that makes it impossible for many individuals’ to get the help they need”.

Marnie Lucas responded by saying,

“No, there are a lot of MFT’s in Humboldt County but there are not a lot of accessible mental health services besides Humboldt County Mental Health that people can afford. Now, there is Humboldt Family Service Center and the County but that is about it. So, getting mental health services to ALL the people is needed. The people in Humboldt County that [need services], become an underserved population.”

Adding this question involves counselors that work in direct practice with people who receive mental health services and this carries an in-depth knowledge about the lack of services in this rural area and the need to have more accessible services. More peers entering the counseling field can help direct practitioners involvement by listening to the

people who receive services and their families more rather than the broken system. Real life experiences are often richer and full of knowledge and wisdom which can be discovered through those healing from a mental health condition. The academic literature can only take us so far. We need a combination of direct practice with counselors and peer specialists who have lived experiences with mental illness. This kind of involvement may help people who receive services reach for their own personalized way of healing and generating hope.

Samantha King and Marnie Lucas answered the question; “Are the services that are available for mental health substantial for the size of the population?”

Samantha King stated,

“No, there are high rates of mental illness in this county. A lot are homeless and some people with mental illnesses are living on their own without family support. Many individuals with families do not know how to support their loved ones mental illness, which often creates family disruption and family domestic violence. Our size in Humboldt County with mental illness is rising with speculations that San Francisco has in the past sent many mentally challenged clients on greyhound buses to Humboldt County, to relocate them. These individuals’ often are homeless and lack the skills to obtain them on their own, more so, it is not easy to get social services assistance, for it is required that one has an address. Many homeless individuals with mental health conditions are often taken advantage of because of their lack of support.

“Approximately 20-25% of the single adult homeless population suffers from some form of severe and persistent mental illness (National Resource and Training Center on Homelessness and Mental Illness, 2003).

The Last question, I will show the results for is, “Do you think an alternative is needed to help with non-crisis calls coming into hotlines?”

Samantha King responded with;

“Yes, [I have] refer[ed] many individuals to the county mental health hotline. These individuals merely want someone to listen to them and the need, to hear someone else’s voice that embraces empathy and concerns. Through experiences with these particular calls from individuals with mental health issues, the call can take some time; to get a clear picture of what is going on with the caller, therefore, time may be a factor on how many calls the warm line can take, unless there is a time limit. It has been noted by many of the calls coming in [to HDVS] that [her client’s] do not want to call the Mental Health Crisis line.”

Marnie Lucas responded by stating,

“Yes, I think it would be useful because of comorbidity, alcohol and drug issues, longer term personality structural issues, things that the crisis line [at HDVS] is not intended for, to deal with. People that have issues with abandonment, or anxiety, they just need that little bit of touch time. I am sure that would be useful. I spend a lot of my time on the phone helping people to relax and calm themselves down breathing in for 8 and then breathing out for 8. So, they can reattach themselves to their pre-frontal cortex so they can do some self-talk for themselves. They have started this in the schools, to help kids self soothe and to get awareness through some of the basic mindfulness tactics.”

Maryann Hayes Mariani stated,

Yes...I think having a warm line is helpful, I think especially in rural and isolated areas people need some jumping off point to check in to Yes...I think something...and if they hear about referrals from a couple of different sources...sometimes they services that are available and the specific eligibility requirements can feel very supportive for a person. It often happens that people are referred to a service that no longer exists for the eligibility requirements have changed. That can be very disappointing and also set up additional barriers to receiving appropriate services. Resources become confident in exploring that...Repetition is helpful. To hear about it [the service] from more places than one, can be helpful. I think if they are having more positive contact. The staff of the warm line being informed about the various change frequently in this day and age and that greatly impacts appropriate resources. We try to continually maintain a current referral list.

CONCLUSION

Throughout this research I have come to see how important this warm line is for Humboldt County. Kunle will not merely be opening a phone line for support but building relationships with individuals and the community. Also, Kunle will be adding an additional agency and resources, creating a stronger and healthier county, and opening a window for discussion about mental health in general but through the peer support model.

Because of the geographic isolation that exists in this part of California, many people become socially isolated. When mental health situations come up people can access Kunle's warm line and connect to another person who is and has the resources to give out to people. Because of the geographical isolation Kunle will also be linking people to other agencies when needed. The trained peer support worker will be able to assist an individual who is depressed or anxious by giving them the time to describe how they are feeling and thinking. The origin of peer support is working from a relationship building model, not the medical model.

Peer supported programs can be that change this country needs in mental health services. This change can be accomplished by listening to the people who have and are receiving services from the current broken system. The system is not working for many people. Peers who have healed from their trauma they've experienced within the system can be the people who make the paradigm shift from government created mental health services to grassroots peer run non-profit organizations that treat "patients" like people.

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