



SERVING THE SALISH REGION

KITSAP, JEFFERSON, AND CLALLAM COUNTIES

Future of BHO Uncertain

The Salish Behavioral Health Organization continues to pursue transforming into a Behavioral Health Administrative Service Organization, but its fate will not be known for several months. While the future of behavioral health in the region is unclear, Salish BHO staff warn that cuts will be made, whether behavioral health will be managed by Beacon or the new BH-ASO. Budgeting for either organization will cut funding for community-based solutions to behavioral health.

The Salish BHO primarily serves Medicaid patients, but they also serve Jefferson, Clallam, and Kitsap residents without insurance who meet qualifications. Directives for integrated care prioritize Medicaid users above those without insurance, and BHO is unsure as to how, or if, the funds can be found to aid the uninsured in times of need.

Serious cuts to long-term substance abuse disorder treatment funds are also in peril. Despite this, the substance use disorder treatment company Baymark is still expecting to open the doors of its Port Angeles Methadone clinic in June. It will open its yet to be disclosed Kitsap County location a month later.

Upcoming Events

- Salish FYSRT Celebration of WISe Graduates at Kitsap Mental Health – May 28, 3-5
- Clallam Community Café at Port Angeles Library – June 11, 10-12
- The Community Summit 2019 in Wenatchee – June 11-13
- Salish BHO Executive Board Meeting in Jamestown – June 21, 9-11
- Salish FYSRT Monthly Meeting in three locations – June 24, 3-5

Mental Health Awareness Month: Anosognosia

One of the strangest, and often most dangerous, conditions affiliated with mental illness is anosognosia. Literally meaning “without knowledge of disease,” it can accompany mental illnesses, especially psychosis. In simple terms, individuals with anosognosia do not know that they are ill. This is not the same as denial, which is often a stage in mental acceptance of a situation. Anosognosia renders an individual unable to see that they are unwell, or how ill they truly are.

The genuine belief of the sufferer that they have no mental illness can result in them not seeking care, resisting treatment, and refusing to take medication. It can intensify symptoms of paranoia, as the individual views any attempts to assist as persecution, not genuine aid. Sufferers occasionally become violent due to this paranoia, but they are more likely to distance themselves from anyone endorsing treatment.

Anosognosia affects the frontal lobe, as does schizophrenia and bipolar disorder, which may be why sufferers of these disorders often have anosognosia. Half of schizophrenics and forty percent of bipolar sufferers show signs of anosognosia, significantly impacting their ability successfully complete treatment.

There is no set treatment for anosognosia, as the nature of the condition resists conventional treatment. Professionals suggest that loved ones should not focus on a sufferer’s illnesses when communicating with them, rather they discuss the steps they can take to achieve their goals. If you are concerned that a loved one may be suffering from anosognosia, see a licensed professional to discuss a treatment plan. As always, love, support, and understanding are crucial for helping someone suffering from any mental illness, including anosognosia.

Results from the 2018 Healthy Youth Survey are now up at www.askhys.net

Almost nine thousand Salish area students participated, giving providers, parents, and policy makers greater insight into the issues surrounding youth health in the Olympic Area.