Mental health awareness promoted

ECU students help create a series of public service announcements discussing local residents' struggles.

By Tom Marine
The Daily Reflector

Students from East Carolina University are playing a role in promoting mental health awareness.

Local television stations will air public service announcements created by the students and the HOPE Station Peer Support Center, most likely starting in July.

The 30-second clips feature local residents who explain their personal struggles with wellness and their road to recovery.

Lauren Peaden, "volun-peer" wellness educator and recent graduate of ECU, worked on the semester-long project by screening the PSAs in focus groups and giving feedback to the directors.

"It is great to take things that you have learned in the classroom and see them actually put to use," Peaden said. "I would have never understood what HOPE Station really was if I didn't come here and experience it myself."

The collaboration between two ECU classes – an advanced video production class and a graduate class in media and health – produced the series as a way to educate the community and combat the stigma associated with mental health.

Peaden said the focus groups really responded to seeing people brave enough to talk about their struggles and their road to recovery.

"Personally, I've discovered what I hope the rest of the public discovers," she said. "That I am not as mentally healthy as I would like to be, and there are things in my life that I have the power to change and

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improve."

So far, the announcements have run at a HOPE Station public forum, then at the annual Recovery Conference and a film festival on campus.

Lisa Bonnett, executive director of Recovery Education & Peer Supports for East Carolina Behavioral Health, said the PSAs will be shown to administrators there before appearing on local television stations and their Web sites.

East Carolina Behavioral Health operates two centers in Pitt County dedicated to recovery education and peer support, one of which is HOPE Station.

"Perhaps this was my own bias, but I thought maybe these folks were going to be too young or privileged on some level to really relate to us and be sensitive to what we were trying to do," Bonnett said. "They got it right off the bat, and they wanted to get it."

Susan Hall, lead wellness educator at the HOPE Station, said the peer support she offers is different from counseling. Instead of giving advice, she said, peer support specialists teach others how to use a wellness toolbox — a list of activities to do in order to stay well.

"We are just an adjunct to what somebody else is doing for their wellness," Hall said. "We don't advocate for people to ever go off medication or not see their doctor. What we offer is just something in addition to that."

HOPE Station will be providing Wellness Recovery Action Planning classes in June, teaching the five key concepts of recovery: hope, personal responsibility, education, self-advocacy and support.

Bonnett said the WRAP classes are not like self-help books, in that they are highly individualized. She said it is like being the author of one's own life.

One of the students involved with the project, James Gould, is making a documentary about the experience, and Peaden views that as a plus.

"A lot of the times, what the public knows about mental health is what Hollywood puts on the movie screen," Peaden said.

"And if it's not something scary or negative related to mental health, then it's not going to be shown. Unfortunately, that is the portrayal we have and that is what we are fighting."

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Mixed outcomes in laparoscopy

By Nicholas Bakalar
N.Y. Times News Service

Laparoscopic operations for prostate cancer, a minimally invasive surgery that is in rising demand, result in fewer immediate complications and quicker recovery than the more common open procedure, a new study reports. But the surgery increases the chance for longer-term problems that require further therapy, the research says.

The widely advertised procedure is becoming more popular, said Dr. Jim C. Hu, the lead author of the study and an instructor in surgery at Harvard. "This paper," Hu said, "demonstrates that there are hidden risks for patients who opt for laparoscopic or robotic surgery."

In laparoscopy, a surgeon inserts instruments through small cuts in the skin instead of making large incisions to expose the organs. The laparoscope is a slender tube that allows the surgeon to see inside the body. Most minimally invasive prostate operations are robot assisted.

The study, published May 10 in The Journal of Clinical Oncology, examined a sample of 2,702 Medicare patients undergoing radical prostatectomy, the complete removal of the prostate, from 2003 to 2005. Minimally invasive procedures increased to 31 percent of all radical prostatectomies in 2005 from 12.2 percent in 2003.

Laparoscopic surgeries — the study does not specify how many were robot assisted — resulted in a 27 percent lower risk of complications during and immediately after the operation. Those patients had less bleeding, fewer breathing problems, fewer cardiac problems and fewer immediate complications over all. The patients needed an average of 1.42 days in the hospital, compared with more than four days for those who had open surgery.

But the men who had the laparoscopies had a 40 percent greater risk of scarring that interferes with organ function, a complication that requires additional surgery. And within six months of their operations, more than one-quarter needed additional hormonal or drug therapy compared with one in 10 of those who had conventional surgery.

for prostates

Dr. Mark L. Gonzalgo, an assistant professor of urology at Johns Hopkins who was not involved in the study, said the laparoscopic procedure had disadvantages. "You can't feel the cancer in robotic operations," he said. "And the ability to feel the cancer with your hands may provide some additional advantage."

Even in robotic procedures, he added, "the operation is performed by the surgeon, not the robot. You have to have a surgeon who understands the anatomy."

At Johns Hopkins, Gonzalgo said, the open procedure continues to be used in most radical prostatectomies.

Other experts found the study noteworthy.

"It's a very important paper," said Dr. Peter T. Scardino, chairman of the surgery department at the Memorial Sloan-Kettering Cancer Center.

The study has some problems, he said, noting that data on the seriousness of the cancer in each case was not available.

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Duke shows off YouTube channel

BY ERIC FERRERI  
STAFF WRITER

DURHAM — Duke University has a new Internet presence designed to reach prospective students where they love to hang out: YouTube.

The university unveiled its YouTube channel Wednesday, essentially a Web site hosted by the online video giant where Duke hopes to dazzle alumni and future Duke fans with all manner of video and related information. The Google-owned YouTube dominates the Internet video market and is popular with young people who use it to view and upload professional and amateur video. But a growing number of universities — UNC-Chapel Hill has a YouTube channel too — are using YouTube’s extraordinary reach to trumpet academic discovery.

"Some universities may just say ‘we don’t want to be in a place that’s just a lot of funny animal videos,’" said David Jarmul, Duke’s associate vice president of news and communications. "But we know that a lot of people are going there, and we think it’s important to be there."

Duke already has a significant presence on YouTube, with videos of everything from lab research to basketball team mascot tryouts. But a designated "channel" gives Duke a slick-looking presence it can control. It costs little, Jarmul said, because much of the content is already in use on Duke’s own Web sites.

It makes sense to replicate material, said Paul Jones, a UNC journalism professor who specializes in Internet communications. “It need not be in one place,” Jones said. “The more access, the better.”

One potential hang-up: The location of the university-specific channels isn’t immediately evident on the YouTube.com homepage, and searches for "Duke University" and "UNC Chapel Hill" turn up plenty of videos but no link to the university sites.

Duke began uploading university-related videos to YouTube in the fall of 2006 and has drawn hundreds of thousands of hits. Still, YouTube is largely a venue for the zany.

Consider: The UNC-Chapel Hill-related video that has by far received the most hits is the “Pit Breakup,” a staged campus breakup between boyfriend and girlfriend that has been viewed on YouTube more than 429,000 times. But on UNCCF’s channel, you can also view remarks by Chancellor-elect Holden Thorp, a lecture by a social work professor and an interview with a professor of information and library science.

The broad swath of materials, from the quirky to the mundane, should be an attraction, Jones said.

“The reason you go to YouTube is because they’ll have some ‘60s band, some skateboard guy and some guy lecturing at Berkeley,” he said. “It’s OK to be obscure.”

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Tutoring rule proposed

Bill would make all undergraduates help out in schools

BY DAN KANE
STAFF WRITER

RALEIGH — Those seeking a bachelor's degree in the state's public and private colleges and universities would be required to spend 20 hours a semester tutoring or mentoring students in public elementary, middle or high schools if legislation introduced by Senate Majority Leader Tony Rand becomes law.

Rand's legislation seeks to honor two students recently killed by gunfire in the Triangle: UNC-Chapel Hill Student Body President Eve Carson and Duke University graduate student Abhijit Mahato. The community service program would be named after them.

Rand, a Fayetteville Democrat, said the legislation would serve a twofold purpose: to instill a sense of community and responsibility in college students and to provide help to struggling public school students.

"In our public schools, we always say if we could get the family involved how much better everything would be," Rand said. "Well, some of our children in public schools don't have families. Sometimes the family doesn't want to be involved. And so programs involving these college students in the schools would be a real boost."

The legislation would require colleges to begin the program quickly. By Jan. 1, 2012, all bachelor's degree recipients would have to have completed the community service requirement.

The state's private colleges and universities would have to impose the same requirement if they wanted to continue participating in two financial aid programs that the state provides to North Carolinians attending those schools. One is a grant given to any North Carolinian who attends an in-state private college or university; the other is a need-based scholarship fund. Both funds bring millions of dollars to the private colleges.

Rand said he has talked to UNC and Duke University officials about the legislation, but did not say whether they support it.

The 16 UNC-system schools have community service programs, said Andy Willis, the system's lobbyist. But he said few require community service to graduate.

Willis said N.C. Central University in Durham may have the most rigorous program. Students there are required to perform 120 hours of community service to graduate.

NCCU officials recently announced plans to reconfigure the program to direct most NCCU students toward assisting public school students within two miles of the campus.

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M.D.s fight malpractice

A statewide doctors organization opposes an N.C. Medical Board plan to put limited data online about malpractice payments going back seven years as part of a broader effort to strengthen its protection of patients. The board had been criticized in years past for failing to protect people from troubled doctors.

"In the information age, the age of empowerment, the public demands information about things that affect them," David Henderson, the medical board's executive director, said in a meeting Wednesday with editors, editorialists, and reporters of The News & Observer. "We're trying to provide information to the public but at the same time make it as fair as possible to physicians." Payment amounts would not be disclosed, nor would information that identified patients. Doctors could add comments explaining what happened.

The Web site would note that malpractice payments don't always suggest negligence. And it would note that some specialties.
such as obstetrics and neurosurgery, tend to draw more lawsuits than other fields.

The site would also state whether the medical board had publicly disciplined the doctor, giving an indication of whether the malpractice payment was for negligence.

If the board approves the rule after a public hearing June 30, then by next year, North Carolina could become the 23rd state to disclose all medical malpractice payments.

The board estimates that about 4 percent of North Carolina’s doctors would be affected — or about 900 out of 22,000 doctors who practice here, most of them with only one payment.

The board’s proposal springs from a new state law — which the board requested — that requires it to collect and publish doctors’ medical malpractice histories. The law left it to the board to decide what to disclose.

**Physicians fight rule**

The N.C. Medical Society, a private association that represents about 11,000 of the state’s doctors, backed the bill but opposes the proposed rule, saying it’s unfair and goes too far.

The medical board should disclose only payments going forward, because it’s not fair to disclose past settlements that doctors might not have agreed to if they had known they would become public, the medical society argues.

And payments should be disclosed only in cases where the medical board finds that the doctor provided substandard care, the society argues. Sometimes doctors settle nuisance lawsuits because they’re not worth fighting, the group says.

“What has been going on is that the medical society’s opposition is distasteful. Similar disclosure in other states has helped protect patients without hurting doctors, he said. ‘Medical consumers need information about the doctors they see. We need to see the doctors’ political arm frustrate that. We believe it’s the right time for the medical board to take public-protective positions and show its independence from the medical society.”

Henderson, the head of the medical board, said his agency is evolving from one that was often accused in times past of protecting bad doctors to one at the forefront of public transparency.

He particularly cited the case of Dr. Richard Greenberg, a Charlotte neurosurgeon who was blind in one eye and colorblind. As The News & Observer first reported in 2005, the board had granted Greenberg a full and unrestricted license despite a history of malpractice verdicts against him in Arizona. After public outcry, the board stripped Greenberg of the right to perform surgery in North Carolina.

“The board and the staff are providing a more rigorous review than in years past,” Henderson said. “The public needs lots of information. We’ve been receptive to change, and we realize that our primary responsibility is to the public.”
Inspector surprises Butner

Accreditation group's visit may mean more trouble for hospital

BY MICHAEL BIESECKER
STAFF WRITER

RALEIGH - A representative of a national accrediting organization showed up Wednesday morning for an unannounced inspection at John Umstead Hospital in Butner, a sign regulators may have found new problems at the state mental facility.

Umstead remains in trouble with the Centers for Medicare and Medicaid, despite assurances from hospital administrators that problems with federal regulators had been informally resolved last month.

The unannounced visit from The Joint Commission, a nongovernmental organization that accredits hospitals, could indicate further problems for Umstead. The commission sometimes follows up on the negative findings from federal inspectors.

"We are responding to a complaint," said Ken Powers, a spokesman for the commission. He would provide no details about the nature of the complaint that triggered the visit.

A loss of accreditation would be a significant blow to the hospital, making it difficult to receive payments from private insurers.

The state's Broughton Hospital in Morganton lost its accreditation last year after a revocation of federal money that has cost tax-payers at least $10 million so far.

The new problems in Butner aren't likely to have the same financial impact: Administrators have accelerated plans to move patients and staff from Umstead and Raleigh's Dorothea Dix Hospital to a new $120 million building in Butner.

The opening of Central Regional Hospital, scheduled for July 1, has been repeatedly delayed due to concerns about projected shortages of qualified staff and design flaws with the building that could endanger the safety of patients. But if it does open, it could mitigate the impact from any federal sanctions at Umstead.

In December, Umstead was hit with the threat of losing federal money after inspectors faulted the hospital for "failing to prevent patient abuse and failing to monitor and modify a care plan to prevent repeated incidents of patient-to-patient and patient-to-staff abuse." A subsequent report detailed how three workers at the hospital beat a mentally ill woman who was strapped to a bed.

In the intervening months, the inspectors have returned to Umstead periodically, most recently on April 25.

When asked about the findings of the April 25 visit, spokesmen for the state Department of Health and Human Services have repeatedly indicated that no written report had yet been received, but that exit interviews with the inspectors led them to believe that the problems were resolved.

"They don't want to count their chickens before they hatch," Brad Dean, a departmental spokesman, said Friday.

A letter dated May 9, however, indicates hospital administrators were told last month to expect findings of new problems. Reviewers found that at least one patient had not been receiving prescribed psychiatric medication because of failures of communication between the hospital's doctors, pharmacists and nurses.

While DHHS spokesmen were denying any such communication had been received, hospital administrators were busy developing the latest in a series of required plans to correct the problems.

That plan, filed Tuesday, calls for increased monitoring of the hospital's medical and pharmacy staffs.

The findings from the inspection and the plan of correction have been sent to the Centers for Medicare and Medicaid, and the state is awaiting a final determination.

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