The Little Known Threat of Extreme Heat

Most people in the mental health recovery community know that September brings two important annual events: Recovery Month, which celebrates the values of mental health and substance use recovery and provides a chance to promote innovative, effective peer-driven recovery-based practices; and Suicide Prevention Month, which recognizes those lost to suicide while also fostering awareness of prevention resources and strategies.

Less well-known is the fact that September is also National Preparedness Month, which exists to remind all Americans about the importance of disaster preparedness, and the need for everyone to make a plan for both natural and man-made disasters. As Focus 2.0 explored in Issue 8, the trauma that accompanies a disaster can be especially difficult for people with mental health conditions, and one way to prepare is to include disaster planning as part of your recovery plan. But what kinds of disaster scenarios should you plan for? While hurricanes, tornados, and earthquakes may come to mind, one of the most difficult and dangerous disasters people with mental health conditions are likely to encounter is one you might not think of right away: extreme heat.
The summer of 2022 was the hottest on record, with virtually every region of the country experiencing excessive heat, and multiple Americans dealing with warnings and advisories about high heat indexes in their communities. As noted in an August article “Heat Sings the Mind, Not Just the Body” from The New York Times, researchers have observed that heat can make people stressed and irritable, and even impair cognitive function. This trend is especially concerning for people with mental health or substance use conditions, with the article noting that “High temperatures are strongly associated with an increase in suicides” and “linked to a rise in violent crime and aggression, emergency room visits and hospitalizations for mental disorders, and deaths — especially among people with schizophrenia, dementia, psychosis and substance use.”

The individual human cost of dangerous heat on people with mental health conditions was illustrated by The Washington Post in an expose called “Heat’s Hidden Risk.” This interactive article maps the journey of a single individual with schizophrenia who lost his life after leaving his home and walking through the summer heat of Phoenix in July of 2022. This in-depth piece homes in on one of the key reasons that heat can be especially dangerous for people with mental health conditions. Their medications. “People with schizophrenia are more likely to be unhoused or economically vulnerable — but that’s not the only reason they are at greater risk. Drugs prescribed for schizophrenia and other serious mental illnesses dehydrate patients and make it harder for their bodies to manage high temperatures. There is also evidence that these patients have inherent difficulty dealing with temperature changes.”

The combination of housing instability, lack of awareness, and susceptibility to heat resulting from psychiatric medications creates an especially dangerous dynamic for people with mental health conditions as the country continues to experience hotter summers. So what’s to be done?

First of all, it’s important for individuals to include extreme heat events in their disaster planning. What resources does your community make available when extreme heat arrives? How do you access them? Who in your network can help keep you cool in a heat emergency?

There’s also an opportunity for individuals and organizations to engage in advocacy. What plans does your city or county have for extreme heat events? Are your local leaders aware of the unique threat heat poses to people with mental health conditions? How do officials connect those people with cooling centers and other resources? The time to address these questions is now, while there are months to plan, and the right people to ask these questions are the advocates in the mental health recovery community.

Finally, as with so many things in the world of mental health, one of the keys is knowledge shared through authentic peer-to-peer connection. How many people in the mental health recovery community know about the unique vulnerability to heat among this population? How many peer-run organizations are spreading the word? By bringing this issue to light, peers can help spread potentially life-saving knowledge, and protect each other from the next heat wave.
A Short Survey on Our Peer Practices Series

Beginning this past April, CAFE TAC has offered a series of monthly webinar conversations on innovative peer-centered practices in mental health. With the series now halfway through, we’re seeking your feedback on what we’ve covered so far, and your guidance on the path forward.

Whether you attended all of these sessions, weren’t able to make it to any of them, or attended only some of them, we want to hear from you!

Find the brief survey at https://www.surveymonkey.com/r/CAFETAC-recovery-series or scan the QR code to access it!!

Please take a minute to share your feedback on the series so far, and your thoughts about what we should prioritize in coming months.

New Evidence Highlights Importance of Supported Education

A new research brief from the Transitions to Adulthood Center for Research at UMass Chan Medical School underscores the importance of supported education programs for students with mental health needs.

This report, which can be found at https://repository.escholarship.umassmed.edu/handle/20.500.14038/51798, identifies three primary stressors that act as barriers to education and training: stress-induced anxiety, mental health symptoms and the disruptions they cause, and conflicts and unfair treatment. It also names the central factor that facilitates continued pursuit of education and training as the provision of a flexible, supportive environment for youth, and recommends that services “include integrated supported education and employment services to support young adults who are continually moving between education and employment.”

With a focus on individualized supports that are flexible, driven by personal choice, based in strengths and rooted in a recovery-based approach, supported education is ideally suited to address the barriers to accessing education and training for young people with mental health conditions, and this report adds to the growing evidence for this promising practice’s growth and wider implementation.
**Capacity Corner: A Column about Capacity-Building for Your Peer-Run Organization**

*CAFÉ TAC is pleased to share this feature, a column from CAFÉ TAC Training Coordinator John Ferrone on leadership challenges within peer-run organizations, where many advocates with lived experience direct their efforts to promote recovery and inspire change.*

*This column’s topic is Managing the Challenging Donor.*

In the last article we explored strategies for dealing with a challenging employee, which is something every organization faces. This time, we’re going to take a look at external challenges, specifically a difficult donor who is critical to your organization’s success.

First, let’s discuss the donor who is providing needed funding, but who attaches a lot of expectations to the funding. Don’t get me wrong—all funding *should* come with expectations. In this case, I’m referring to what I call above and beyond, or over the top, or exceptional expectations that leave your organization’s board and staff wondering whether or not it’s worth it. And there’s the key word that underpins this entire discussion: “worth.”

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**An Update on Mental Health Parity**

In 2008, the Mental Health Parity and Addiction Equity Act (MHPAEA) was passed into law with the intent of putting insurance coverage for mental health needs on an equal footing with coverage for physical health. In combination with the Affordable Care Act, the MHPAEA would expand access to mental health coverage by increasing the number of insured Americans and mandating that coverage of their mental health needs be part of their insurance plans.

Despite the clarity of this vision, the reality of equal coverage for mental health in the intervening years has failed to match it. To address the situation, the US Departments of Labor, Health and Human Services, and Treasury *recently announced new proposed rules to strengthen mental health parity.*

Let’s begin there. What is worth doing in exchange for a donation? Consider the following typical scenarios, beginning with the simple situation and becoming more complex as we progress higher in the list:

1. We’re hosting a bake sale, and we will bake a certain amount, and we will charge money for it, and we will make what we make. There is no single donor. The board and staff pitch in and they bake and bake, and we make some money. Done.

2. We’re hosting a bake sale, but one of our board members has offered the use of the patio in front of his store to conduct the bake sale. It’s a good location. A lot of traffic. But, the board member has a few requirements, such as start and stop time, signage limitations and do’s and don’ts, etc. Our team assesses the rules for using that space, and the team determines that it is worth it to abide by those rules, because the traffic and sales are going to be far more than if we don’t use the space.

3. We’re going to host a bake sale, but a donor has heard about it and wants us to do it at his bigger event for the community. He has invited us to set up a table at his event, and he will not charges us for the table. But, we need to abide by several parameters relative to the space, and we have to ensure that our products are made in a commercial kitchen because his event cannot take on any liability relative to homemade goods. Seems like a possible deal breaker for us . . . where are we going to access a kitchen? But if we say “No thanks” do we lose his future donations? He doesn’t give a whole lot, so maybe we’re not risking losing too much if we say “No thanks.” And, there may not be a risk of him being offended at all. What do we do? Is it worth the effort, with the risk in mind?

4. A donor has invited us to do a bake sale and is going to make a donation of $10,000 that we really need. She is going to make the donation during the event, because she wants the positive publicity. We don’t like being used this way, so despite needing the money, we’re going to have to say “No thanks.” But how do we do that without offending the donor? Is it worth it to say “No thanks”? Can’t we somehow figure this out? What are the hurdles we’d have to jump over to make this work?

5. Finally, a donor is telling you that you cannot do your Annual Bake Sale because he does not think it is a good “look” for the organization, and he’s threatening to stop contributing his donations if you proceed with the Annual Bake Sale. He’s trying to use his money to shape what your organization does. Is it worth it to stop the Annual Bake Sale?

Of course, the bake sale concept probably never becomes that complex, and now you’re probably thinking about brownies and cookies. But, you also have a better understanding of the complexities of worth based on different situations. And there are certainly many more types of situations in which donors influence what is going on. Ultimately only you can decide what is truly worth doing, which includes understanding the variables involved with deciding that worth.
Once you’ve made your decision as to what to do (based on your assessment of the worth in any given situation such as above), you now need to “handle” the donor—which means that you need to figure out how best to interact with the donor to preserve (if not strengthen) the relationship, possibly receive immediate financial support, and eliminate barriers that are unreasonable. But how?

Follow these steps to assess the donor and to plan your rhetorical strategy:

1. Know the donor’s history with the organization, and be able to talk about it in a way that validates the donor.

2. Understand the donor’s typical style and general demeanor: approachable, stoic, joyful, analytical, conservative with money, focused on outcomes, cares more about building culture, fixated on operational details, etc. Which one or is it a combination? What makes this donor tick, and really like making a donation to your organization?

3. What is the donor expecting in this particular instance? Something specific? And what will it take to meet the expectations? What if you don’t know the donor’s expectations? If that’s the case, you need to find out by asking.

4. Know your boundaries and what you will and will not do to compromise if needed.

5. Once you know the answers to numbers 1-4, you can plan your strategy for talking with the donor. Be sure you 1) acknowledge/validate the history; 2) describe the current situation and opportunity using language that resonates with the donor’s style and what the donor will appreciate; 3) explain your understanding of the donor’s expectations; 4) explain how you will meet those expectations, or what you suggest could be different (using words that the donor will appreciate); and 5) navigate differences of opinion and try to negotiate in your favor. Always take the high road on behalf of your organization—any donor worth having as a donor will respect your integrity and the organization’s integrity.

In the end, there will always be something that throws you off when it comes to donors. If you stick to the above steps and maintain your integrity, you cannot go wrong, although the outcome may not be what you hope for. Even if the outcome is negative, your integrity will be intact.

Is there a leadership challenge you’re facing in your peer-run organization or advocacy efforts? We want to hear about it! Reach out to us at cafetacenter@gmail.com with your question or comment. We will be happy to help, and your challenge might just be the subject of our next Capacity Corner column! (Anonymously and with your consent, of course!)