



NAMI-Blue Ridge Family Alliance Newsletter

June 2001

Support Group Meetings: Thursdays

June 7
June 21
July 5
July 19
August 2
August 16

All meetings are held in the Board Room of the Region Ten Building, 800 Preston Avenue, from 5:30 PM to 7:00 PM.

Speaker meetings will resume in September.



About Support Group Meetings

The Blue Ridge Family Alliance invites all family members and friends to participate in our support group. Julie Curry and Donna Loney, the group's facilitators, have been using the family-to-family format, which has pre-set guidelines. These guidelines create a safe environment and generate topics of discussion that help us to explore our roles and relationships with our family members who have mental illness. The support group draws from the experience of family members who have done this for a long time and learned better ways to communicate, and who have unraveled some of the emotional issues of grief, guilt, and denial.

The group regularly meets the first and third Thursdays of the month, as listed in the above schedule. Newcomers are always welcome, and participants need not come to every meeting. Please call 970-1257 if you'd like more information.

Message from the President

"The Changing Face of Mental Health Services" was the theme of the NAMI-VA Annual Convention held in Richmond in April 2001. Shelah Scott and I attended the Friday sessions and were particularly impressed with the keynote speaker, Stephen Preas, M.D., and another psychiatrist, Jeff Nard, M.D., as they discussed the new atypical medications now available. Dr. Nard emphasized the importance of a psychiatrist's knowledge of the chemistry of the medications and how they affect the brain. Dr. Preas stressed that the doctor and consumer should "listen to the wisdom of the body" in judging the effects of medications. They both felt that with proper medication, recovery is in the not so distant future, and agreed that it is an exciting time to be a psychiatrist, with new discoveries about the brain and recognition of different subtypes of illnesses within schizophrenia and bipolar disorder.

Shelah and I also attended a seminar about Pennsylvania's successful efforts in reorienting the focus of the mental health services' delivery system away from reliance on large institutions toward community care for persons with severe disabling mental illnesses.

Presidents of twelve of the twenty-seven Virginia affiliates met for a brief lunch, and I soon learned that they are a source of experience from whom we can all benefit, as we work together following the mission of NAMI-Virginia, which is "to improve the quality of life of Virginians with serious mental illness by promoting, supporting, and coordinating the growth and development of local organizations of families of people with mental illness." I hope that more of our BRFA members will be able to attend the NAMI meetings each year. It was an encouraging and educational experience for all who attended.

Sally Rinehart

Blue Ridge Family Alliance sends best wishes to Dr. Irving Gottesman as he retires from the University of Virginia after a distinguished academic career of 41 years, including sixteen years at UVA. Professor Gottesman has made significant contributions to the study of schizophrenia and genetics. He has also been a very good friend to our Family Alliance.

NAMI-BLUE RIDGE FAMILY ALLIANCE

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WORLD WIDE WEB

(Monticello Avenue site)
<http://avenue.org/brfa>

(Charlottesville Community Calendar - Family
Alliance meetings information)
www.chvillecalendar.com

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Have you read?

Unholy Ghost: Writers on Depression

By Nell Casey
(Morrow, William & Co., February 2001)

This is a collection of essays about depression by authors Ann Beattie, William Styron, Larry McMurty, and others who have suffered from depression at some time in their lives.

How You Can Survive When They're Depressed: Living and Coping with Depression Fallout By Anne Sheffield

(Random House, May 1999, available
in paperback))

Sheffield brings together many real-life examples from a support group she attends of people trying to cope with depression fallout.



On the Web

(An increasing number of people are turning to the Internet for health-related information. According to a recent report, 34% of them are looking for mental health information and 6% participate in chat rooms on mental health topics.)

www.openthedoors.com

This Website is part of the World Psychiatric Association's program to fight stigma. It offers information for health care professionals and also for caregivers, families, and friends.

www.schizophreniadigest.com

This site, sponsored in part by Novartis, contains articles from Schizophrenia Digest. It provides information about the major atypical medications, and also has links for the purchase of books and videos.



Weekly Version of Prozac Approved by Government

February 27, 2001

The Food and Drug Administration has approved a once-a-week version of Prozac for long-term depression treatment – but cautioned that it is too soon to know whether weekly doses are as effective as once-a-day Prozac. Some psychiatrists think that patients would be more likely to keep taking their medicine if it didn't mean swallowing so many pills.

Prozac Weekly is for patients whose depression has stabilized and who need maintenance dosage – not for the newly diagnosed. Manufacturer Eli Lilly & Co. said that prescription-only Prozac Weekly will be on pharmacy shelves in early March and will cost a little less than daily Prozac. As for side effects, the weekly dose has been well tolerated.

United by Hope...

Working for change

NAMI's 2001 Annual Convention

July 11-15, 2001

Washington
Hilton & Towers
Washington, DC

Please contact NAMI
for rates and registration

THE COALITION FOR MENTALLY DISABLED CITIZENS OF VIRGINIA

The Coalition for Mentally Disabled Citizens of Virginia was formed in 1986 to educate the administration, the legislature, and the public regarding the unmet need for mental health, mental retardation, and substance abuse services and to request a significant increase in state funding to begin addressing this need. From the onset, the Coalition has been a major player in all relevant legislation and in successful funding efforts for new services.

In 1988, the Coalition's work resulted in a 10% reduction in the documented need for services. In 1990, Virginia amended the state Medicaid Plan to include new State Plan Option services for people with mental disabilities and initiated a Mental Retardation Home & Community Based Waiver to replace state general funds with federal funds. The same year, the Federal Department of Justice initiated investigations, now completed, into the state facilities under the Civil Rights for Institutionalized Persons Act.

In 1996 the General Assembly established the Joint Subcommittee Studying the Future Delivery of Publicly Funded Mental Health, Mental Retardation and Substance Abuse Services. The report of this subcommittee resulted in increased appropriations for services and legislation strengthening the accountability of the service delivery system. Legislation in 1998 extended the work of the Subcommittee to oversee implementation of their work.

In 1998 Governor Gilmore established the Hammond Commission on Community Services and In-Patient Care to address how Virginia could best build a responsive, quality mental health, mental retardation and substance abuse system for the next century. In the first year, the Commission developed values from which to make decisions and made recommendations to the Governor for additional funding and legislation to improve the service delivery system. Significant funds were appropriated to reduce the community waiting lists and improve care in the facilities. Last year the Coalition led a successful effort to establish the Joint Commission on Behavioral Health Care.

The Coalition for Mentally Disabled Citizens of Virginia unites the advocacy efforts of an array of statewide organizations, including NAMI, that are concerned for the service needs of people with mental illness, mental retardation, and drug and alcohol problems. Consumers, families, and service providers are the Coalition. Members focus on the need for residential and associated services and the quality of care in both community-based and institutional programs. Members are urged to become acquainted with their legislators, keep them informed on legislative matters related to persons who have mental disabilities, and encourage them to introduce and support such legislation. The Coalition speaks on behalf of those who are the most vulnerable, who are in the greatest need, and who are unable to speak effectively for themselves.

Thanks to Jessica Burmeseter for providing this information.

If I Had Known...

Well before dawn, on the morning of March 20, 2000 my telephone rang. The call was from a mental health worker in a sheriff's office about two hours from my home. The call concerned my 31-year-old son, who had been transported to the sheriff's office. He had been taken there since he was seen before dawn, kneeling in prayer beside his car, which he had parked, lights on, in the median of an Interstate highway. His actions certainly were unusual. By telephone the mental health worker discussed his situation with me, with a psychiatrist who had recently treated him, and with a local hospital here in Charlottesville. It was suggested by the authorities that he be transported by the sheriff's office to the hospital.

If I had known.....that the police were going to handcuff and shackle my ill son I would have, without hesitation, driven to bring him home myself. However, I did not know. I believed then that once the police had taken a person into custody that theirs was the only recourse. Not knowing probably cost my son his life. I can hardly imagine what thoughts went through my ill son's mind. He was known for his gentleness and kindness and for his deep and compassionate concern for others. I can only believe that the handcuffs and shackles, along with his illness, precipitated overwhelming panic and fear. I do know that en route to the hospital he was able to loosen the shackles from his ankles, and then was able to kick the rear door of the car partially open. The deputy stopped the car. My son escaped, ran across the highway and was killed instantly in traffic.

It was only later, thanks to Phil Theisen, President of the Lynchburg Depressive Disorders Association, Inc., that I learned about certain provisions of the Code of Virginia that deal with transportation of mentally ill persons:

§ 37.1-72. Custody of certified person for purpose of transportation: *Any judge who shall certify an admission under this chapter may order that such person be placed in the custody of **any responsible person or persons**, including a representative of the facility in which the individual is temporarily hospitalized during the temporary detention period, for the sole purpose of transporting such person to the proper hospital.*

My son's death has led to questions about the protection of the mentally ill. Are the police the appropriate authorities to deal with the mentally ill? If so, the Commonwealth of Virginia has the responsibility to provide appropriate training to those who will be responding to crisis situations.

California and Tennessee are two states that have developed successful programs in this regard. The models for establishing such training are already in place. It is our responsibility as persons who have been directly affected by mental illness to see that these changes are made here in Virginia.

We owe it those we love. We owe it to all who suffer.

Elisabeth Looney

Study Shows High Relapse Rate Puts Spotlight on Electroshock Therapy

(From intelihealth.com, March 13, 2001)

A study showing that electroshock treatment has an unexpectedly high relapse rate has refocused the spotlight on the procedure 25 years after "One Flew Over the Cuckoo's Nest" made it seem like torture.

Although the treatment fell somewhat out of favor after that Oscar-winning movie, a satirical look at life in a mental hospital, the National Mental Health Association says use of the therapy has rebounded with 100,000 Americans a year now getting it. Electroconvulsive therapy, nicknamed ECT, is most commonly used to treat severe depression that has not responded to medication or psychotherapy.

A study of 84 patients published in the Journal of the American Medical Association found that without follow-up medication, depression returned in 84 percent of patients within six months. Even with the best results – using an anti-depressant and anti-psychotic after ECT – 39 percent of patients relapsed.

The results highlight an ongoing debate over the procedure's benefits and risks. Major depression affects about 10 percent of Americans 18 and older yearly, or about 17 million, according to government estimates. It has a mortality rate as high as 15 percent, mostly from suicide.

Clinical Trials in Progress for Sustained-Release Form of Risperdal

Phase 3 clinical trials are being conducted for a sustained-release formulation of the schizophrenia drug, Risperdal. Johnson & Johnson developed the original once-a-day formulation of Risperdal, which has become one of the fastest growing new anti-psychotic drugs on the market this year. Cambridge-based Alkermes, under a license from Johnson & Johnson, has gone the next step and packaged the drug into an injectable formulation (Medisorb-brand) that will enable patients to get a month long supply from just two injections. This new system would overcome a major problem of schizophrenia patients who do not take their medication every day, either because they forgot to take their pills or have fears or delusions about their medication. It would provide sufficient amounts of the drug in the body to treat a schizophrenia patient's hallucinations and paranoia.

NAMI Announces New Executive Director

Richard C. Birkel, Ph.D. officially became NAMI's Executive Director on April 23, 2001.

Richard Birkel served for seven years as president of the Lt. Joseph P. Kennedy Institute, one of the flagship agencies of the Catholic Archdiocese of Washington and brings almost 30 years of leadership experience in academia, government, and non-profit human services management to NAMI. His policy and program responsibilities have included mental illness, developmental disabilities, substance abuse, homelessness, HIV/AIDS, education, employment, and aging.

He also brings a very special commitment and perspective as a person with family members who live with bipolar disorders.

A psychologist by training, Birkel received his B.A. from Yale University and his M.A. and Ph.D. from the University of Virginia. He also received an M.A. in public administration from Virginia. Early in his career he served as psychologist for the DeJarnette Center in Staunton, Virginia.

U.S. Launches Suicide Prevention Plan

May 2001

Broadcasters should run public service ads. Doctors and lawyers need to learn to spot warning signs in their patients and clients. And religious groups can help remove the stigma of talking about suicide, the government said in its first national prevention guide.

The Surgeon General's report also calls for a uniform way for hospitals, police and coroners across the nation to identify and report suicides. The goals are all part of developing better strategies to address a problem that claims 30,000 lives a year, officials say.

The plan, promised in 1998 after a national suicide prevention conference, was debated by experts who compiled some 80 recommendations. Pared down to 68, the goals are set for 2005 and would be voluntary on the part of states, local agencies and anyone else who wanted to follow them, officials said.