



NAMI-Blue Ridge Family Alliance News

March 2003

Upcoming Meetings

Informal Support Group Meeting:

Thursday, April 3 (5:30pm – 6:30pm)

Speaker Meetings: (5:30pm – 7:00pm)

March 20: Eligibility for Services

Representatives from the Albemarle County Social Services Department will explain eligibility requirements for Medicaid and other services.

April 17: Human Services Training Program

Region Ten's Cynthia Harrison will report on the progress of the state initiative for training selected clients to work in their Community Service Boards.

May 1: Western State's Discharge Program

Ben Smoke, from WSH, and Region Ten's Reed Banks will discuss the discharge program for patients leaving the state hospital and returning to the community.

May 15: Residential Services

Kira Drennon, director of Carlton Residential Services, will describe this housing option that is available for some clients of Region Ten.

June 19: Bipolar Disorder

Dr. David Silver, psychiatrist at Region Ten, will discuss bipolar disorder (manic-depressive illness) and answer our questions.

June 5: "Picnic in the Park"

(Please see the enclosed invitation.)

*There will be no meetings in July and August.
Have a safe and happy summer!*

Meetings are held in the Board Room of the
Region Ten Building, 800 Preston Avenue.
Visitors are welcome.

President's Message

NAMI urges support for the Paul Wellstone Mental Health Equitable Act of 2003 (S486/HR953), named in honor of the late Senator Wellstone. Senators Pete Domenici and Edward Kennedy, and Representatives Jim Ramsted and Patrick Kennedy have introduced the new mental illness parity bill with the acknowledged support and co-sponsorship of 24 Senators and 162 House Members.

This bill will require all health insurance plans to meet the standards of those set by the Federal Employees Health Benefits Program (FEHBP) which would end discriminatory treatment limitations and financial requirement, and would cover the full range of mental illnesses including schizophrenia, bipolar disorder, severe anxiety disorder, major depression, obsessive-compulsives and panic disorders and serious childhood mental illnesses. It would ensure that they are covered by the same terms and conditions as all other diseases. This legislation will strengthen current federal law and complete the Mental Health Parity Act of 1996. It will extend to most Americans the equitable coverage of mental illnesses already available to federal employees and to some members of Congress under the FEHBP. NAMI advocates are urged to call members of the congressional delegation to urge them to co-sponsor S4846/HR953. More information about the Wellstone Mental Health Act of 2003 is on the NAMI E-NEWS web site at www.nami.org/update/enewslist.htm.

The BRFA Board met recently, and is pleased to invite all interested NAMI members and their guests to a picnic at the McIntyre Park, Shelter 1 at 5:00 P.M. on June 5th. More information will be included with this newsletter, and we look forward to seeing many of you there.

It was also decided that the BRFA will not meet during the months of July and August and will resume our regular schedule in September. For those who are in need or seeking information during the summer, please feel free to call our HelpLine (434-970-1257) and someone will be glad to return your call. Meanwhile, our meetings on the first and third Thursdays of the month will continue through June, and we hope that you will join us.

Sally Rinehart

Mark your calendars now for the NAMI-Virginia
annual conference, to be held May 29 and 30 at
the Wyndham Hotel in Richmond.

NAMI-Blue Ridge Family Alliance

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Newsletter Information:

This newsletter is published quarterly. Persons wishing to contribute an original article are asked to contact the editor at (434) 589-2885.

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?

THE NORMAL ONE By Jeanne Safer

(Free Press 2002, \$24.00)

(reprinted from the publisher's review)

In the First Book of Its Kind, renowned psychotherapist Jeanne Safer examines the hidden trauma of growing up with an emotionally troubled or physically disabled sibling, and helps adult "normal" siblings resolve their childhood pain. For too long the therapeutic community has focused on the parent-child relationship as the primary relationship in a child's life. In *The Normal One*, Dr. Safer shows that sisters and brothers are just as important as parents, and she illuminates for the first time the experience of being "the normal one."

Dr. Safer shows how a problem child introduces stress into even the most stable family. Parents may react with anger, sadness, or anxiety and may treat the afflicted child with excessive attention or a cold shoulder. Normal or intact siblings, in turn, respond to this strain with lifelong coping mechanisms that limit and burden them in adulthood. Dr. Safer explores their misunderstood plight and their taboo emotions.

Beginning with a candid and moving examination of her almost-lost relationship with her own brother, Dr. Safer then draws on sixty in-depth interviews with siblings of people who suffer from a wide range of mental, physical, and social ills. She explains the "Caliban Syndrome" (a set of emotional challenges faced by normal siblings) and its four symptoms: premature maturity, survivor guilt, compulsion to achieve, and fear of contagion. Dr. Safer explores the double-edged experience of normal ones: they simultaneously compensate for their siblings' abnormality, and feel guilty about their own health and success.

Normal ones (and those who love them) will gain insight into their unique life situation and its psychological impact.



On the Web

www.schizophreniadigest.com

Schizophrenia Digest is a Canadian publication, published quarterly, that tries to give "hope, dignity, and support to persons with schizophrenia and their families." Founded in 1994 by William McPhee, who suffers from schizophrenia, the magazine deals with mental health issues such as denial and compliance, to name but two. Sample articles and subscription information are posted on the web site. Subscriptions are \$19.95 yearly.

What's New in Medications (from *The Washington Post*)

Implants and Injections:

Implants and injections are powerful new techniques that could deliver medicine for weeks or even months at a time. If they become widely used, this could eliminate problems with patient compliance.

Abilify:

Abilify (aripiprazole), a product of Bristol-Myers Squibb/Otsuka, is a new schizophrenia drug that promises fewer side effects, such as weight gain, than others of its class. For more info and for their helpful *Caretaker's Road Map*, see www.abilify.com.

Once-a-Day:

GlaxoSmithKline has introduced a new, once-a-day version of Paxil (paroxetine), the world's best-selling antidepressant.

New AntiDepressant:

Merck has a new antidepressant in late-stage trials that could offer a novel treatment approach because it acts on a type of brain transmitter that isn't targeted by other antidepressants.

Generics:

Since Prozac's patent protection expired in 2002, nearly a dozen generic versions of fluoxetine have appeared, cheaper than the original by about half.



Investing in 21st Century Mental Health Care

(From the Governor's web site)

Governor Mark Warner has proposed a major shift in policy toward community mental health care to improve care for patients, build community services, and position Virginia as a national leader in moving patients from state institutions back into their communities.

The Governor's proposal, entitled the "Community Reinvestment Project" will redirect nearly \$22 million annually from state mental health institutions to community services boards. The community services boards will use these reinvested funds to offer innovative community care to patients who would otherwise be institutionalized.

The Governor's reforms will:

Redirect resources from mental health institutions to fund innovative community care. The Governor's budget on December 20 will allow reinvestment of up to \$21.7 million annually from five state mental health institutions to innovative community care through community services boards.

Deliver better care to mentally ill persons through innovative community care. This reform proposal will redirect resources from state institutions to fund innovative community care through the state's 40 community services boards.

Close units and beds at state mental health facilities. Inpatient beds at five institutions, including Western State, will be reduced. However, no institutions will be closed as a result of this proposal.

Encourage community services to be operated on the campus of existing mental health institutions.

Work closely with local communities and interested parties.

Develop an infrastructure for community care without added cost. In difficult budget times, the Governor has found an innovative way to invest substantial resources (\$21.7 million) for developing the kind of community infrastructure that will serve patients better, all while remaining budget neutral. Savings from mental health facilities in a given area are reinvested in the community services boards serving the area. No money is diverted from service delivery.

Put a priority on placing state employees affected by the downsizing of mental health institutions.

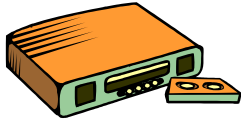
Take a major step forward in complying with the Supreme Court's Olmstead decision. The U.S. Supreme Court has ruled that mentally ill individuals have a constitutional right to community care in many circumstances. The Governor's proposal is a major step forward in the ongoing effort to meet Virginia's obligations under the Olmstead decision.

Update following the recent 2003 legislative session:

Despite the gloomy predictions about the availability of funds for mental health and substance abuse treatment, legislators were able to find some additional monies to restore some of the budget reductions implemented last fall by the Governor. They also made some changes in proposals made by the Governor with regard to reinvesting facility funding in community services, and in suggested changes to the Medicaid program. The most significant amendments are listed below. All the amendments are available on the General Assembly website (<http://legis.state.va.us/>).

- Item 334 #2c restored \$2.25 million for mental health, mental retardation and substance abuse treatment funds to community services boards.
- Item 329 #2c proposed moving funds from the following state facilities into community-based programs for people with mental illness: Central State Hospital (\$4,200,000), Eastern State Hospital (\$6,518,605), and Western State Hospital (\$1,197,500).
- Item 325 #4c requires the preferred Medicaid drug list to contain appropriate exclusions for medications, including atypical anti-psychotics, used for the treatment of serious mental illnesses such as bi-polar disorders, schizophrenia, and depression. In other words, the preferred drug list and prior authorization requirements should not apply to these drugs as determined by a special committee to advise the Medicaid department on this program.

(As we go to press, the governor has about one more week left to make any changes to the state budget.)



In the NAMI-Blue Ridge Family Alliance bookcase (outside the door of the boardroom at Region Ten) there are many helpful pamphlets and videos. You are welcome to the pamphlets and you may borrow the videos.

A list of videos follows:

1. The Brain
2. I'm Still Here - Schizophrenia
3. Person to Person - on Risperidal
4. The Science of Schizophrenia
5. Virginia and the New Anti-Psychotic Medications
6. The Shattered Mind (TV)

7. Physical Causes of Mental Illness (NIMH)
8. Negative Symptoms of Schizophrenia
9. The Lori Schiller Story
10. Critical Connections - on Schizophrenia
11. NAMI - Science & Treatment of Mental Illness
12. The Science of Hope - Atypical Medications
13. Hospital Without Walls

Produced locally at Region 10:

1. Interactions of Law Enforcement with Mental Illness
2. Family Point of View. Living With Long term Mental Illness

From NAMI: HUD Announces \$35 Million Initiative on Chronic Homelessness. Funding Targeted to Individuals With Severe Mental Illnesses and Co-Occurring Substance Abuse Disorders

On January 27, the U.S. Department of Housing and Urban Development (HUD) issued its long awaited Notice of Funding Availability (NOFA) for a \$35 million program to address chronic homelessness. This initiative is part of an overall Bush Administration effort to shift federal homeless policy toward ending chronic homelessness over the next decade. The new program includes funding for permanent supportive housing, mental illness and substance abuse treatment, primary health care and veterans' services. It is being coordinated by the White House Interagency Council on the Homeless and involves the participation of separate agencies at HUD, HHS and the VA.

Numerous studies have demonstrated that individuals with severe mental illnesses and co-occurring substance abuse disorders are disproportionately represented among the nation's chronically homeless population, i.e. individuals that have been homeless for a year or more and who typically cycle through the streets, shelters, jails and hospitals. Several recent studies have revealed that supportive housing (permanent housing linked to support services) is extremely effective in breaking this cycle and promoting recovery and full community participation. The Bush Administration's new program is designed to help localities develop and promote supportive housing programs in order to move toward eliminating chronic homelessness at the community level.

ACTION REQUESTED

Under the NOFA issued earlier this week, funds would be distributed through a national competition. Applicant local governments and non-profit agencies would have to demonstrate interagency cooperation at the local level between housing and community development agencies and non-profits, mental health and substance abuse treatment authorities, community health centers and veterans' agencies. While NAMI affiliates are generally not able to apply directly to HUD for funding, they do have a critical role to play in prodding local officials develop an application for these funds.

Persons who haven't paid their NAMI-BRFA dues for two years will run the risk of being removed from our mailing list. We don't want to lose you, so please send your dues (\$35 for an individual or family) to NAMI-Virginia, P.O. Box 1903, Richmond, VA 23218. (Those affected by this notice, please refer to the enclosed card.)