



# NAMI-Blue Ridge Family Alliance Newsletter

March 2001



## SPRING CALENDAR

### Support Group Meetings:

March 1  
April 5  
April 19  
May 3

### Speaker Meetings:

**March 15:** A representative from the Social Security Administration will explain Social Security Disability (SSD) and Supplemental Security Income (SSI) -- bring your questions!

**May 17:** Dr. Ken Brasfield, the Director of Pharmacy Services at Western State Hospital, will inform us about the medications currently being used in the treatment of mental illness.

### Membership Renewal Procedures

Beginning in 2001, there will be a new system for paying membership dues for Blue Ridge Family Alliance. In March you will get a letter from Jim Scott, Treasurer, explaining that NAMI-Virginia will now be in charge of collecting all dues, both for the Family Alliance and for NAMI-Virginia. Under this new system, memberships will renew on a continuous basis throughout the year. Your dues will still include subscriptions to newsletters from both groups. So wait for your letter from Jim, and then use the enclosed envelope to send your 2001 dues to NAMI-Virginia. Any other additional contributions to the local group should still be sent to our Treasurer at 1863 Winston Road, Charlottesville, VA 22903.

**Meetings are held at the Region Ten Building,  
800 Preston Avenue, 5:30pm to 7:00pm.**

## Message From Our New President

**Dear Friends,**

First of all, I would like to send deep thanks to Julie Curry and Donna Loney for a job well done as co-presidents of NAMI – BRFA for the past few years. I know that you all join me in sending them our appreciation for their leadership and warm guidance. Fortunately for us, Julie and Donna will now concentrate on leading the support group meetings, which still meet every first and third Thursday of the month, unless there is a guest speaker on the schedule. Shirley Bolton and Irene Rebholz have volunteered to arrange some speaker meetings throughout the year. We are all excited about this and hope you will contact us with any ideas you have.

We are a membership joined together to provide support and education for those in need, and we need your help and participation. We look forward to seeing you at our meetings.

**Sally Rinehart**

### FDA Approves New Schizophrenia Drug

*February 6, 2001*

The government has approved Pfizer's new drug, ziprasidone, for treatment of schizophrenia – but the OK comes with a warning about a possible heart risk.

The FDA called ziprasidone an effective option for schizophrenia, but issued a stern warning about this new drug. It may cause a heart rhythm irregularity called "long QT interval." A long QT interval raises the possibility of dangerous irregular heartbeats. Patients with significant heart disease should not use ziprasidone, the FDA warned.

Ziprasidone will be available in pharmacies in March under the brand name Geodon.

# NAMI-BLUE RIDGE FAMILY ALLIANCE

Charlottesville, VA 22903

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## OFFICERS

SALLY RINEHART  
PRESIDENT

MILLIE SHOR  
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## NEWSLETTER

Editor: Pat Passalacqua  
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## WORLD WIDE WEB

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

(Charlottesville Community Calendar -  
Family Alliance meetings information)  
[www.chvillecalendar.com](http://www.chvillecalendar.com)

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## Have you read?

### *Angelhead: My Brother's Descent Into Madness*

By Greg Bottoms

This impressive new memoir is a harrowing description of mental illness and how it affects the entire family. The book's author, Fishersville resident Greg Bottoms, grew up with a brother whose psychotic episodes caused much family turmoil before he was finally diagnosed. The reader of this book will come to realize the critical importance of early treatment in cases of mental illness.



## On the Web

### [www.mayoclinic.com](http://www.mayoclinic.com)

Visit this Mayo Clinic site and check out their Mental Health Center. You will find a good assortment of helpful articles by authorities in the field.

### [www.dmhmrzas. state.va.us](http://www.dmhmrzas.state.va.us)

The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services set up this Web site to help consumers and their care-givers obtain needed services. It posts forms and information about facilities and programs. One item of particular interest is the department's overview of CSB case management services.

## New Consumer Provider Training Program

The Virginia Human Services Training Center (VHST) was established in March 2000 with the mission to prepare mental health consumers for direct service positions in community service boards and other human services agency settings. It is sited at the Region Ten Community Services Board and serves the entire state of Virginia.

By developing a working coalition with DMHMRSAS, local Community Service Boards, the Department of Rehabilitative Services, and Piedmont Virginia Community College, VHST will offer a 21 credit hour career studies certificate program in human services. The academic portion of the training will occur in Charlottesville, with internships based in the student's local CSB. During its first year, the goal is to train and place 15 students into service provider positions.

Before applications for the consumer provider training will be accepted from an area of the state, the local CSB will make a commitment to provide a paid 12 week internship and subsequent paid 20-hour a week position for a program graduate.

Basic admission requirements include:

- Having a documented serious mental health-related disability
- Being eligible for services from DRS
- Having a significant period of clinical stability prior to application
- Active participation in a clinical treatment program
- Having a strong interest in working in the mental health field
- Having the ability to read, write, and do math on a least an 8<sup>th</sup> grade level

Classes began in January, and the group is off to a great start, says Cynthia Harrison, VHST director. Housing, transportation, clinical services and support groups have been provided for participants in the program.

For further information, please contact Cynthia Harrison at (804) 970-2148.



## REPORTS FROM NAMI



### Mental Health Courts Bill

On this past November 13, President Clinton signed into law landmark legislation (S. 1865) that establishes a national mental health courts demonstration program for nonviolent offenders with severe mental illnesses. Both the House and the Senate previously approved the mental health courts bill unanimously in the waning months of the current legislative session. A public law number has not yet been assigned.

The bill provides grants to states and municipalities to establish up to 100 mental health courts throughout the nation. The establishment of mental health courts has been one of NAMI's main advocacy strategies to address the stark reality that jails and prisons have become the nation's depository for people with severe mental illnesses. The U.S. Department of Justice reported in 1999 that 16% of all inmates in state and federal jails have a severe mental illness.

The current rapid downsizing and closure of state psychiatric hospitals without the funding and implementation of evidenced-based community treatment programs has left people with severe mental illnesses with nowhere to turn to access needed treatment and services. In 1999, approximately 283,000 people with serious mental illnesses were in jail or prison -- more than four times the number in state mental hospitals.

#### **BACKGROUND ON MENTAL HEALTH COURTS LAW**

The mental health courts law puts procedures in place to divert non-violent offenders with serious mental illness from jails and place them into appropriate community programs. The law authorizes appropriations of \$10 million a year for fiscal years 2001 through 2004 for grants to states and municipalities to establish up to 100 programs across the nation to hear all cases involving individuals with severe mental illnesses charged with misdemeanors or non-violent felonies with the purpose of diverting as many of these cases as possible away from criminal incarceration into appropriate mental health treatment and services. Grant money would also be used to provide specialized training of law enforcement and judicial personnel to identify and address the unique needs people with serious mental illness that come into contact with the criminal justice system, and for the coordination of all mental health treatment.

### Outpatient Services Decline In Availability

Current trends in mental illness and substance abuse treatment spending are adding to the already large treatment gaps for people with severe mental illnesses. According to the annual survey conducted by the National Association of Psychiatric Health Systems (NAPHS), outpatient care and partial hospitalization programs for people with serious brain disorders are not growing fast enough to meet the increasing need for these services. The survey, "Trends in Behavioral Healthcare Systems: A Benchmarking Report," was distributed to 104 psychiatric facilities owned and operated by NAPHS members. Results of the survey revealed that although mental illness and substance abuse provider organizations continue to grow outpatient services, insurance industry pressures and psychiatric hospital policies have led to the lack of availability of needed outpatient treatment and services.

The report cites "managed behavioral healthcare" benefit trends toward low reimbursement rates and shortened hospital lengths of stay as leading psychiatric hospitals to adopt policies geared toward rapid stabilization and early discharge. NAMI's managed care report card released in 1997, "Stand and Deliver: Action Call to A Failing Industry," documented the failure of managed behavioral healthcare to deliver on many needs of people with severe mental illnesses, including flexible hospital length of stay and discharge planning. NAPHS concludes that hospital services are increasingly focusing on discharging patients as soon as they are stabilized. This has in turn added to the high demand for outpatient services and the inability of outpatient services providers to keep pace.

A 1999 study by the Hay Group that examined behavioral healthcare trends over a ten-year period found that the value of behavioral healthcare benefits has declined 54 percent from 1998 to 1997. That study, commissioned by NAPHS, NAMI and the Association of Behavioral Group Practices (ABGP), showed that resources desperately needed by those with serious brain disorders were being eliminated.

Taken together these reports clearly suggest that once again individuals with serious brain disorders, and their families, who most need access to effective treatments, are seeing the value of their benefits erode. Moreover, it is equally clear that these savings have not been used to increase the availability of behavioral healthcare services, including outpatient services.

## **New Imaging Research Reveals Dysfunction in the Brain's 'Hub' in the Earliest Stages of Schizophrenia**

*January 2, 2001*

(Institute of Psychiatry) – A new brain imaging study from the Institute of Psychiatry shows for the first time that the thalamus, the brain's main sensory filter or 'hub,' is smaller than normal from the earliest stages of schizophrenia. The findings, published in the American Journal of Psychiatry in January, may explain why people with schizophrenia experience confusion during their illness.

The thalamus is the area where information is received and relayed to other areas of the brain. It is of particular interest in schizophrenia because of the role it plays in processing information. The thalamus receives information via the senses, which is then filtered and passed on to the correct regions of the brain for processing. People with schizophrenia often have difficulties in processing information properly and as a result may end up with an information overload in some areas of the brain.

This study, led by Dr. Tonmoy Sharma, involved 67 participants: 38 were experiencing their first episode of psychosis and 29 were healthy volunteers. In contrast to other studies, thirteen of the people with schizophrenia had no or little experience of antipsychotic medication.

Magnetic resonance imaging (MRI) scans identified differences in the thalamus between the two groups. Previous MRI studies have identified several brain regions affected by schizophrenia, but the results in the thalamus have been inconclusive. This study finds that even in the earliest stages of schizophrenia the thalamus is smaller than in healthy people.

Dr. Tonmoy Sharma said: "This study reveals that there is a fundamental problem in the hub of the brain. If you think of the brain in terms of networks, it is like making a phone call when the line is not connected properly -- the call can't be made, or you may get through to the wrong person. It is the same in the brain. If there are problems with the connections, information will not be passed to the correct regions. The ability to filter and process information is vital for leading a normal life."

These findings, along with a recent study from Dr. Sharma's team that showed people with schizophrenia have decreased gray matter at the earliest stages of the illness, suggest a role for brain imaging in pinpointing warning signs of the illness and even preventing its development.

(From Intelihealth.com)