



NAMI-Blue Ridge Family Alliance

NEWSLETTER

November – December 2001

Thursday, December 6 at 5:30 p.m.

Fifth Annual Holiday Dinner Party

Please see the enclosed announcement and make your plans to attend this gala event. If you wish, bring your family members. Deadline for reservations with payment is November 28.

Other Scheduled Meetings:

November 15: Mental Health Services in VA

Val Marsh, NAMI-Virginia's Executive Director, will give us an update as to what Virginia is doing (and not doing) for its mentally ill citizens.

December 20: Support Group Meeting

Come to this meeting for help in dealing with the stress that often accompanies the holiday season.

January 3: Support Group Meeting

January 17: MESA Family Workshops

(Mutual Education, Support, and Advocacy)

Kathy Hughes, nurse at Region Ten and MESA leader, will give an overview of this helpful program and answer your questions.

February 7: Support Group Meeting

February 21: Special Needs Trusts

Jim Vitt of Geraty and Vitt, an attorney who is tops in the field of special needs trusts, will share valuable information with his audience. A very special meeting!

March 7: Support Group Meeting

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

President's Message

At our NAMI meeting on September 20, Police Chiefs Douglas Rhoads (Albemarle) and Timothy Longo (Charlottesville) participated in a panel discussion about police intervention with consumers in a crisis situation. Buzz Barnett of Region Ten was the moderator. All those in attendance felt it was a very productive meeting, as NAMI members and Police Chiefs Rhoads and Longo discussed the concerns for the safety of the officers and consumers involved.

It was noted that the amount of an officer's knowledge and experience were the key ingredients for a positive solution to a problem. Family and friends who call the police for help should report that the incident does involve a mental health consumer, and they should give as much information as possible that would help the officer understand the crisis that he/she is about to confront. We hope to continue the dialogue with Chiefs Longo and Rhoads and their officers, and a letter has been written suggesting another panel discussion.

At the October Board meeting it was decided (with a majority vote) that with the accumulated money in the BRFA account, a NAMI fund would be established with the Charlottesville Albemarle Foundation "to provide investment management in a diversified balanced portfolio of securities." It is the intent of the Board to have the fund grow as an endowment by investing income and capital gains and by drawing on the fund only as required from time to time for the needs and objectives of our organization, as determined by its Board of Directors.

I would also like to draw your attention to the meeting on November 15. Valerie Marsh, Executive Director of NAMI-Virginia, will be the speaker. Please join us as she gives us an update on the political state of mental health in Virginia.

Sally Rinehart

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NEWSLETTER

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

WORLD WIDE WEB

(Monticello Avenue site)

<http://avenue.org/brfa/>

(Charlottesville Community Calendar - Family Alliance meetings information)

<http://www.chvillecalendar.com/>

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Have you read?

New Hope for People With Bipolar Disorder

By Jan Fawcett, Bernard Golden,
and Nancy Rosenfeld
(Prima Communications, 2000.
Retail price \$18.95)

Two to three million American children and adults are living with bipolar disorder -- a disabling, sometimes life-threatening and vastly misunderstood illness. In this book, the authors cover treatment options -- including drugs, nutrition, psychotherapy, diet, and lifestyle changes -- and offer compassionate and insightful suggestions.

Congratulations to Kay Redfield Jamison of Johns Hopkins University, for being awarded one of this year's MacArthur Fellowships, popularly known as "genius grants." Dr. Jameson is known for her writings on bipolar disorder, suicide, and depression.



On the Web

<http://www.pendulum.org>

This Web site is an excellent resource for information on Bipolar Disorder. Family members will like their helpful articles, such as, "The Best Things to Say to Someone Who Is Depressed."

<http://users.erols.com/ksciacca>

(The Dual Diagnosis Website)

A dual diagnosis exists when a person has a mental illness and also an addiction to alcohol and/or drugs. This site is helpful and informative for providers, consumers and family members.

About TAC

At our September meeting, several members expressed an interest in learning more about 'outpatient hospitalization' or 'outpatient commitment.' Proponents of this treatment option think that mentally ill consumers who are not complying with treatment, for whatever reason, should be made to see a doctor and take medication; if necessary, they should be (re)hospitalized.

The Treatment Advocacy Center, founded in 1997, is the leader in the movement for outpatient hospitalization. Its president is the prominent psychiatrist and author, E. Fuller Torrey. TAC is a nonprofit organization dedicated to eliminating legal and clinical barriers to timely and humane treatment for millions of Americans with severe brain disorders who are not receiving appropriate medical care. Focusing on schizophrenia and bipolar disorder, TAC works to prevent the consequences of non-treatment: homelessness, suicide, worsening of symptoms, violence, and incarceration.

This movement grew in reaction to several horrifying tragedies. In one instance, a deranged man pushed a young girl into the path of a subway train. That particular case led to the passing of New York's Kendra's Law, which provides for outpatient commitment. State by state, there are now laws on the books that allow authorities to intervene in this manner. Virginia, though, is not yet one of these states. There are those who think this is an infringement on civil liberties, but with new incidents of suicide and violence being reported every week, the laws regarding commitment are gradually changing.

The TAC site, www.psychlaws.org, has reports, medical and legal fact sheets, state updates, and news articles. If you don't have Internet access, try the computer lab in the main branch of the Public Library.



Study Reveals Importance of Combining Supported Employment With Mental Health Services

In the June issue of Administration and Policy Mental Health, researchers published significant findings that integrated treatment models, which include supported employment assistance, are effective in helping even those people with severe mental illnesses who initially have little or no interest in reentering the job market. The findings were discussed at the annual convention of the National Alliance for the Mentally Ill (NAMI) in Washington, D.C. on July 12. NAMI executive director Richard Birkel said, "This study is an important one, with implications for how all mental health service programs should be structured." Mental health service models and vocational rehabilitation were among the many issues addressed at the convention.

The study focused on adults in Worcester, Massachusetts who were assigned to supported employment services in either a PACT or Clubhouse program. Two-thirds of those interested in work, and almost half of those who had no initial interest, ultimately obtained competitive jobs. Once employed, the two groups held comparable jobs for the same length of time. The results highlight the importance of integrating vocational support with routine mental health care as a critical key to rehabilitation for people with mental illness who might not ordinarily enroll in a supported employment program.

Integrated, multi-service programs like PACT and Clubhouses can offer immediate, practical help in initiating a job search, anytime a consumer becomes interested. Informal assistance can bypass fears that may accompany application to specialized supported employment programs. The study is available on line at www.fountainhouse.org.

Tianeptine

(from the Associated Press)

Major, long-term depression can cause a brain region called the hippocampus to shrink. The hippocampus is important for learning and memory, so that probably explains why memory loss often accompanies depression. And the region doesn't seem to bounce back after the depression is cured.

Now a new study of primates' brains says a new European anti-depressant seems to counter this shrinkage. American scientists caution that more research is needed to tell if tianeptine might offer similar protection to people. Dr. Robert Sapolsky of Stanford University has stated that it would be a boon if any antidepressants can prevent some neurobiological correlates of depression, in addition to alleviating the affective symptoms. And this research suggests that this is a possibility.

The Role of PACT in Recovery

(Excerpted from an article by NAMI's Elizabeth Edgar)

The mental health system fails to give you the help you need. You find yourself acting as the case manager for your loved one. Or you, the consumer, need more support for managing your illness or making friends or finding and keeping a decent and affordable place to live and a job. You'd like non-emergency help to be there for you on weekends, evenings, and holidays. When you don't get to appointments, you need a psychiatrist to make house calls.

The Program of Assertive Community Treatment, or PACT, outlined in a 2001 NAMI convention plenary session called PACT Across America, delivers these services. In multi-disciplinary teams of one staff member for every 10 clients, psychiatrists, nurses, peer specialists, substance abuse counselors, vocational specialists, and social workers work in the community 24 hours a day, seven days a week, to provide comprehensive treatment, rehabilitation, and support services to consumers in their homes, at work, and in community settings. Estimates say that at least 20 % of people with the most severe and persistent mental illnesses would benefit from this "one stop shopping" approach.

At the plenary, Deborah Allness, a developer of the original PACT model, described assertive community treatment as a way of reorganizing care that makes it realistic for people, those often failed by the traditional office-based mental health system, to live in the community and work toward recovery. She emphasized the philosophy that makes this model work: assertive community treatment is a respectful collaboration between the participant and the team.

Ann Detrick and Donna Mauch of Magellan Behavioral Health, a national managed care company implementing PACT programs in several states, suggested strategies for getting high-quality PACT programs started and funded. Key ingredients are vision and leadership by NAMI and others; sticking to the national PACT standards; clear written expectations for providers; financial rewards and penalties based on program performance; and contract-monitoring by government and independent groups. Mauch pointed out that you don't need new money for a PACT program, that funds can be diverted from high-cost, poor-outcome programs that don't work. PACT costs range between \$9,000 and \$14,000 a year per participant, much lower than hospital or group-home costs. And PACT costs less than jail or prison. Mauch encouraged us to demand that PACT be added to health-benefit packages

With savvy gained from experience in a state that pressed hard for a PACT pilot and, after four years of persistent advocacy, now has 12 teams funded, NAMI Virginia Executive Director Val Marsh closed the PACT Across America plenary. The audience applauded her conclusion: "Office-bound government officials and providers talk about non-compliant clients. What we really have are non-compliant systems."

The World Health Report 2001



Mental Health – New Understanding, New Hope

(A press release from the World Health Organization)

Mental disorders affect one in four people Treatment available but not being used

Geneva, 4 October – One in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill health and disability worldwide.

Treatments are available, but nearly two-thirds of people with a known mental disorder never seek help from a health professional. Stigma, discrimination, and neglect prevent care and treatment from reaching people with mental disorders, says the World Health Organization (WHO). Where there is neglect, there is little or no understanding. Where there is no understanding, there is neglect.

In a new report entitled “New Understanding, New Hope” the United Nations’ health agency seeks to break this vicious cycle and urges governments to seek solutions for mental health that are already available and affordable. Governments should move away from large mental institutions and towards community health care, and integrate mental health care into primary health care and the general health care system, says WHO.

A lack of urgency, misinformation, and competing demands are blinding policy-makers from taking stock of a situation where mental disorders figure among the leading causes of disease and disability in the world. Depressive disorders are already the fourth leading cause of the global disease burden, and they are expected to rank second by 2020.

The report invites governments to make strategic decisions and choices in order to bring about positive change in the acceptance and treatment of mental disorders. The report says some mental disorders can be prevented; most mental and behavioral disorders can be successfully treated; and that much of this prevention, cure and treatment is affordable.

Despite the chronic and long-term nature of some mental disorders, with the proper treatment, people suffering from mental disorders can live productive lives and be a vital part of their communities. Over 80% of people with schizophrenia can be free of relapses at the end of one year of treatment with antipsychotic drugs combined with family intervention. Up to 60% of people with depression can recover with a proper combination of antidepressant drugs and psychotherapy. Up to 70% of people with epilepsy can be seizure free when treated with inexpensive anticonvulsants.

The responsibility for action lies with governments, says WHO. Currently, more than 40% of countries have no mental health policy and over 30% have no mental health program. Around 25% of countries have no mental health legislation.

The poor often bear the greater burden of mental disorders, both in terms of the risk in having a mental disorder and the lack of access to treatment. This lack of access makes the course of the illness more severe and debilitating, leading to a vicious circle of poverty and mental health disorders that is rarely broken.

WHO’s message is that every country, no matter what its resource constraints, can do something to improve the mental health of its people. What it requires is the courage and the commitment to take the necessary steps.

The full text of the World Health Report can be found on the Internet at <http://www.who.int/whr>.