



NAMI-Blue Ridge Family Alliance Newsletter

November/December 2002

Upcoming Meetings

Informal Support Group Meetings:

- November 7
- (No support group meeting in December)
- January 2
- February 6

(5:30pm – 6:30pm)

Speaker Meetings:

November 21: Learn About PACT

Sylvia Sundine and Dr. David Moody, from Region Ten's PACT team, will explain this innovative program that is providing intensive outpatient treatment to its selected clients.

(5:30pm – 7:00pm)

December 5: Holiday Dinner at The Nook (See the attached announcement)

January 16: Western State's Discharge Program

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

(5:30pm – 7:00pm)

February 20: Residential Services

Kira Drennon, director of Carlton Residential Services, and members of the staff will describe this housing option available for clients with a serious mental illness.

(5:30pm – 7:00pm)

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

President's Message

Kudos to NAMI Virginia for leading a media charge to bring public attention to proposed major cuts in the state's budget. Over the past several weeks, in various news publications, NAMI Virginia is getting out the message that cuts to mental health services are coming at a time when the mental health system is already under-funded. This will create an unfair burden that will compromise treatments and services for many Virginians. Val Marsh, Director of NAMI Virginia, states that her anthem is "not one cent from the disabled -- I don't care what the economy is." Angry when told that the car tax cut was an entitlement, she emailed the NAMI Virginia membership the following message: "The car tax is an entitlement, mental health isn't?" Margaret Edd, editorial writer for the *Virginian Pilot* argues that "it is a valid question, one every Virginia policy-maker ought to keep asking themselves in the grim days ahead."

On a lighter note, I would like to encourage you to take note of our schedule of speakers and support group meetings. Responding to your request for more mental health education, our monthly schedule has been changed as follows:

1st Thursday of the month: support group meeting. Please continue to call the Helpline if necessary (434-970-1257)

3rd Thursday of the month: speakers have been scheduled. Our September and October speaker meetings were very well attended, and we hope you will join us at future speaker meetings.

PLEASE NOTE: In December, we will not have a support group meeting or a speaker meeting, but I do hope that many of you will attend our Holiday Dinner Party on December 5.

Our next newsletter will not come out until 2003, so though it is a little early, I would like to wish you all a safe and happy Holiday Season!

Sally Rinehart

Anyone wishing to make a memorial contribution to NAMI-Blue Ridge Family Alliance should send the check to:

NAMI-BRFA
1863 Winston Road
Charlottesville, VA 22903

NAMI-BLUE RIDGE FAMILY ALLIANCE

Charlottesville, VA 22903

Voice Mail: (434) 970-1257

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NEWSLETTER

Editor: Pat Passalacqua
Circulation: James Scott
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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 589-2885.

WORLD WIDE WEB

(Monticello Avenue site)

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

Webmaster: Pat Passalacqua

Charlottesville Community Calendar -
Family Alliance meetings information

<http://www.chvillecalendar.com>

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Have You Read?

Beating the Senior Blues (How to Feel Better and Enjoy Life Again)

By Leslie Eckford, RN, LCWS, and
Amanda Lambert, MS
(Reviewed by Sally Rinehart)

Feeling blue from time to time is simply a part of being human. When feeling blue becomes depression, it is time to take action. For those adults unable to get the help they need due to lack of transportation or accessible mental health services, Leslie Eckford and Amanda Lambert have co-authored "Beating the Senior Blues," a self-help book about depression for older adults. Emphasizing that isolation from others impedes one's ability to recover from depression, they offer the challenge to "reach out and connect with the world around you." They also suggest a "coach" for the adult seeking help, citing their experience with adults who have had a more successful recovery from depression with planned support from others. In the absence of a therapist, a "coach" can be a friend or family member, or someone with whom you feel a close connection. With chapter titles such as *Why Am I So Blue?* and *Get Up and Go: Why Social Connections Are So Important*, Leslie and Amanda have "compiled a valuable publication that identifies the most important issues that many seniors confront as they deal with the challenges that often accompany aging," according to Dr. Dale A. Lund, Ph.D., Director and Professor, University of Utah Gerontology. He highly recommends this book "to anyone interested in finding ways to help themselves deal with loss, grief, anxiety and depression."



On the Web

<http://avenue.org/regionten>

Check out this revised Region Ten site, which has good information about services and contacts.

Studies of Never-Treated Patients Confirm Schizophrenia is a brain disease

Abnormalities in brain structure and function not caused by medications

A paper published in the October 2002 edition of the journal *Schizophrenia Research* (released September 20) confirms that schizophrenia is a brain disease, in exactly the same sense that Parkinson's disease, Alzheimer's disease, and multiple sclerosis are brain diseases. The paper reviewed 65 research projects carried out on individuals with schizophrenia who had never been treated with any antipsychotic medication. In many, the individual had only recently been diagnosed with the disease.

In recent years, many critics of psychiatry have suggested that the brain abnormalities described in schizophrenia are caused by medications being taken by the patients. This review refutes that thesis. It is clear that schizophrenia, like many other brain diseases, produces abnormalities in brain structure and function. These abnormalities are inherent in the disease process and not caused by medications.

The projects measured the structure and function of brains of individuals with schizophrenia and compared these with normal controls.

Neurological and neuropsychological measures of brain function showed the most consistent and largest differences between patients and controls. Measures of brain structure, such as MRIs, and measures of brain metabolism, such as PET scans, were also significantly different but less impressive. The brain abnormalities were not localized to a single part of the brain but instead implicated a variety of interrelated regions at the base of the brain.

ABOUT THE AUTHOR: The paper's author, Dr. E. Fuller Torrey, is president of the Treatment Advocacy Center in Arlington, VA. Dr. Torrey is a leading research psychiatrist specializing in schizophrenia and manic-depressive illness.

Disability Harassment in the Workplace

By Charles Henter

All too often, people with mental illnesses are teased or humiliated at work. Such inappropriate treatment can be obvious or subtle and could include frequent name-calling, being insulted, or having to listen to a co-worker or manager complain about the special treatment or accommodation a mentally ill person is receiving.

This kind of repetitive behavior is actually a form of discrimination called disability harassment, and it is illegal under the Americans with Disabilities Act (ADA), as well as under other federal and state laws. An employer may not engage in such behavior, and may not allow other employees to do so either.

Disability harassment can come in many forms. Traditionally, harassment falls into three categories: first, outright physical mistreatment or verbal abuse by supervisors; second, conduct by supervisors that treats disabled persons unfairly and actively encourages co-workers to join in the ridicule; and third, failing to provide protection against known risks of physical or psychological harm by co-workers.

When is harassment illegal discrimination?

The simplest definition of harassment is that it is anything sufficiently severe or pervasive enough to create a hostile work environment. To be harassed, you first have to find an employer's or co-worker's behavior regarding your disability objectionable. Second, the conduct must also be objectionable to a reasonable person. To determine what is so objectionable, you should look to the frequency of the discriminatory conduct, its severity, whether it is physically threatening, intimidating, or humiliating (rather than, for instance, an insensitive remark), and whether it interferes with your work performance, working conditions, or general well being.

It is worth noting, however, that in order to be protected from such harassment under the ADA, you have to be a qualified individual with a disability. Whether or not a person qualifies is a complicated issue and a subject for another article. Suffice to say that if you have a psychiatric illness that substantially limits any daily activity, yet you can also do your job, you qualify.

What can you do if you feel you are being harassed?

The first thing to do is determine whether your employer has an anti-harassment policy. If so, you should follow that policy and report the behavior to the appropriate person (e.g., your supervisor or the human resources department) as soon as possible. Even if there is no policy, informing your supervisor is the best first step because it allows your employer to discipline the co-worker and create such a policy. Employers are often quite sensitive

to these problems, and hopefully will respond appropriately.

If that fails, you can file a complaint with the Equal Employment Opportunity Commission (EEOC). The EEOC is a federal agency that investigates discrimination claims. Calling the local EEOC office and requesting a questionnaire begins the complaint process. Speaking with a lawyer before filing the EEOC complaint is a good idea, in order to learn which of your rights may have been violated, because you will need to sign the EEOC complaint under oath. While you wait for the EEOC to complete its investigation, you should keep a written record of what people at work say and any other offensive behavior. If your employer starts to treat you differently, write that down as well.

Whether or not the EEOC finds that you have been harassed, you always have the right to sue your employer in order to enforce your rights. Keep in mind that you only have a short amount of time after hearing from the EEOC to sue, usually 90 days, so you will have to act quickly to file a lawsuit.

The goal of reporting harassment and protecting your rights is always to stop the offensive behavior and let employers know that such conduct should not be allowed. People with mental illnesses and disabilities are productive members of society and should not have to endure discrimination in their workplace.

Mr. Henter is an attorney in Charlottesville, Virginia. He represents individuals with disabilities, and those with mental disabilities in particular. His practice focuses on disability discrimination, civil rights, employment discrimination and wrongful discharge, education and special education issues, and civil commitment. Mr. Henter can be reached at (434) 817-1840 or at henter@henterlaw.com.

Depression and Brain Scans

Each year depression robs 19 million Americans of the ability to work, sleep, eat or enjoy their favorite things. Many medicines and therapies treat depression, but up to 40% of depressed people don't respond to the first drug they try, says UCLA professor of psychiatry Ian A Cook, M.D. Making matters worse, it usually takes six to twelve weeks to judge how a person will respond. Now, using a new, painless, non-invasive test called quantitative EEG (electroencephalograph), doctors can see within days how a person is responding. A scan is taken before any drugs are given. This baseline scan is compared with another taken several days after medication has begun. Patterns of brain wave activity clearly show when the drug is working. Dr. Cook predicts the test will be used to speed the development of new antidepressants, too.

NAMI Calls for Political Revolution to End Broken Promises

The National Alliance for the Mentally Ill (NAMI) has announced the launch of the "Campaign for the Mind of America," a multi-year effort on many fronts to promote investment in recovery-and to prevent the abandonment of yet another generation of Americans with mental illnesses to neglect and hopelessness.

Elements of the campaign include:

- Advertisements this week in USA Today promoting education about specific illnesses at www.nami.org and a new state-of-the art Website that will be on-line by the end of the year.

- A grassroots "I Vote, I Count" education campaign consisting of candidate questionnaires and forums leading into Election Day 2002, followed by meetings with elected officials before the 2003 legislative sessions and extending into the 2004 election cycle.

- Expansion of NAMI's "In Our Own Voice: Living With Mental Illness" antistigma education program in which people with mental illnesses speak to community groups about their experiences. The program already has grown from six states in 2001 to 25 in 2002.

- Expansion of NAMI's signature "Family to Family Education" program, which currently graduates

approximately 10,000 family members of people with mental illnesses each year in 45 states.

"We have the knowledge and tools to help people recover from mental illnesses," said NAMI executive director Richard C. Birkel, Ph.D. "What we lack as a society is the will to use them. We are living in a scientific revolution that began in the 1970s, but a political revolution is needed as well."

"We need to build a comprehensive, efficient system to screen, evaluate, diagnose and treat mental illnesses at every stage of life. We need a system that affirms principles of individual liberty and freedom-which are as old as the values in our nation's Declaration of Independence. We must act now to build a new revolution."

"Our lives and those of our children depend on it."

NAMI's announcement of the new campaign was timed to coincide with Mental Illness Awareness Week (MIAW), October 6-12, 2002, and to precede release later this month of a preliminary report on the nation's treatment system by President Bush's "New Freedom" Commission on Mental Health.

As a first step toward reform, President Bush pledged in April 2002, while naming the commission, to work to enact legislation "this year" establishing parity for mental health benefits in health insurance plans.

NAMI Virginia Membership Application Form

I (We) wish to join ____ or renew membership ____

_____ Individual/Family	\$35	
_____ Professional	\$35	
_____ Open Door Members (for persons with limited income)		\$3
_____ Church/Synagogue/Civic Group	\$50	

I wish to support NAMI's work to improve the quality of life for people with serious mental illnesses.
I have enclosed my tax-deductible donation of \$_____.

Total dues and contribution: \$_____

Name _____

Address _____ City _____ ST _____ Zip _____

Telephone (optional) _____

Please make checks payable to NAMI-VA, P.O. Box 1903, Richmond, VA 23218

A portion of your dues will be forwarded to NAMI and to the local affiliate nearest your address.