



NAMI-Blue Ridge Family Alliance

Newsletter

September 2002

Schedule of Meetings

September 19: Dr. John Shemo

Dr. Shemo, a psychiatrist in private practice in Charlottesville, will join us to discuss his ongoing clinical trials for bipolar disorder and schizophrenia.

October 3: Support Group Meeting

October 17: Dr. Timothy Kane

Dr. Kane is Medical Director of the mental health program at Augusta Medical Center. He will speak to our group about clinical issues involved in treating mental illnesses and medications that are prescribed.

November 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.

**And coming on Thursday, December 5:
Our 6th Annual Holiday Dinner at The Nook**

*Mark your calendars now and plan to join us.
Invitations will be mailed in early November.*



**National Depression
Screening Day
October 10, 2002**

**Look for announcements
in your local newspaper.**

**For the free new 12-page booklet entitled
“Medicare and Your Mental Health Benefits,
call 1-800-MEDICARE (1-800-633-4227).**

President's Message

September has finally arrived, but my outdoor thermometer is still registering 100 degrees and the hummingbirds are still happily fluttering about my few surviving flowers. I hope this early fall finds you well rested and ready to become involved again with NAMI. We have a busy schedule planned this year and hope you will join us for the meetings every 1st and 3rd Thursday of the month - 5:30 to 7:00 p.m. - at the Region Ten Building on Preston Avenue. As a note of interest, and you will be receiving more information about this under separate cover, the MESA course will not be offered this fall, so we will be incorporating more speakers into our regular schedule

An August 1st email from NAMI reported that the Senate passed S 8 12, a bill concerning prescription drug legislation, but failed to reach an agreement on Medicare outpatient drug benefits. The latter is a major setback for efforts to fill the largest gap in the program's benefit package and is a major concern for Medicare beneficiaries with severe mental illness (both the elderly and non-elderly people with disabilities eligible for SSDI). Republicans and Democrats remain far apart on key issues as to how the benefit should be delivered and whether or not to target coverage only those beneficiaries with high drug costs. NAMI will continue pressing members of Congress on the need for a prescription drug benefit under Medicare and to address the current discriminatory 50% co-payment requirement for outpatient mental illness treatment services. NAMI's current position can be found at www.nami.org/policy/wherewestand/medicare02.html.

The bill passed by the Senate, prescription drug bill S 8 12, contains portions that are intended to make prescription medication less expensive through access to generic substitutes and imports from Canada. It is uncertain as to the future of this bill, since the House passed its own Medicare prescription drug bill HR 4954 on 6/28 and there is opposition from the current administration. NAMI stated that it does oppose a portion of this bill, which is an amendment authored by Senator Debbie Stabenow (D-MI) that would allow states to develop new programs that rely on restrictive formularies that limit access brand name medications. NAMI opposes the Stabenow amendment, as it would interfere on the ability of consumers and families to work with their doctor to select the most clinically appropriate and effective medication.

As a final note, please mark your calendars for Mental Illness Awareness Week, which is October 6 - 23 (please contact marie@nami.org for further information).

Sally Rinehart

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NEWSLETTER

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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??

How I Stayed Alive When My Brain Was Trying to Kill Me *(one person's guide to suicide prevention)*

by Susan R. Blauner
(William Morrow & Company, 2002)

A brand new book, "How I Stayed Alive..." is an impressive story of survival that offers guidance and hope to consumers and families.



On the Web

Mentalhealthscreening .org

The visitor to this site will find information on free and anonymous mental health screening days that are being scheduled in communities throughout the country.

Govbenefits.gov

This new site, launched by the Labor Department, is designed to simplify access to information about aid from the government and other programs.



On Television

Monk (Friday evening on USA)

Monk, played by Tony Shalhoub, is the first TV detective with an obsessive-compulsive disorder. This makes for a very engrossing show.

A new antidepressant called *Lexapro* is now available from Forest Laboratories. *Lexapro* is a fine-tuned version of their popular drug *Celexa*, and it seems to be more effective and have fewer side effects. It also will sell for a little less than its pricey predecessor.



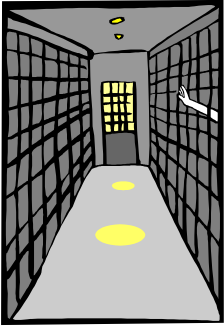
Psychologists in New Mexico Can Now Prescribe

The Washington Post reports that a new law taking effect July 1 makes New Mexico the first state to give prescription-writing authority to psychologists (talk therapists who are not MDs). This could mark the beginning of a fundamental change in how mental illness is treated in this country and will probably increase the numbers of patients receiving psychiatric medicines. It is a clear sign that the treatment of mental illness has moved away from Freudian therapy. There is now a new understanding of the biological basis of mental illness, and insurance companies are giving priority to drug treatment. Research shows that many patients with a mental illness do best when given a combination of medicines and talk therapy.

The New Mexico law is only the beginning – similar bills have been introduced in 11 other states, and psychologists and psychiatrists are confronting each other on this issue in these states and others. Psychiatrists think that only medical doctors should be allowed to prescribe, while psychologists see the advantages of being able to give a patient the both kinds of treatments that are needed.

The New Mexico law seems to be very strict – only those psychologists who are PhDs, have experience in treating mental illness, and have finished 450 hours of training in psychopharmacology and medicine are allowed to prescribe, and they must be supervised at first.

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



Criminal Justice/Mental Health Consensus Report Provides Blueprint for Jail Diversion, Opportunities for Advocates

This week, the U.S. Senate was presented with a report from a diverse coalition of individuals and organizations united in the goal of reducing unnecessary incarceration of people with mental illnesses. The report from the Criminal Justice/ Mental Health Consensus Project ("Consensus Project") provides comprehensive and practical recommendations to state and local government officials concerned with the overrepresentation of people with mental illnesses in criminal justice systems. The report culminates a two-year effort coordinated by the Council of State Governments in collaboration with consumers, family members, victims' advocates, and criminal justice experts.

NAMI advocates have known for many years that jails and prisons have become de-facto "psychiatric treatment facilities." On any given day, there are more than five times as many people with mental illnesses in jails and prisons than in psychiatric hospitals. Additionally, police have become front-line respondents to people with mental illnesses in crisis. While many police departments have responded with intensive training and progressive crisis intervention team programs, most police officers are not prepared to respond effectively to people in crisis. The consequences can be deadly.

The Consensus Project report identifies at least 23 discrete events on the criminal justice continuum - from initial calls to the police to release from prison - that can impact significantly on outcomes for people with mental illnesses. The report sets forth 46 recommendations to improve solutions and outcomes for these individuals.

Examples of these recommendations include:

- * Provide police dispatchers with tools to determine whether mental illness may be a factor in a call for service and to use that information to dispatch the call to the appropriate responder (recommendation # 2);
- * Maximize the use of alternatives to prosecution through pretrial diversion in appropriate cases involving people with mental illnesses (recommendation # 9);
- * Assist defendants with mental illness who are released pretrial in complying with conditions of pretrial release (recommendation # 12);
- * Ensure that clinical expertise and familiarity with community-based mental health resources inform release decisions and determination of conditions of release (recommendation # 20);
- * Provide adequate training for court officials (including prosecutors and defense attorneys) about appropriate responses to criminal defendants who have a mental illness (recommendation # 29).

The diverse group of stakeholders who participated in the Consensus Project agreed that there are four elements necessary to implement the report's recommendations.

- (1) Collaboration among mental health, criminal justice and other systems involved in the lives of people with mental illnesses;
- (2) Increasing the availability of mental health treatment and services;
- (3) Improving the understanding of police, corrections, court personnel, parole and probation and others about mental illnesses and how to respond to people with these illnesses; and
- (4) Careful evaluation and measurement of the effectiveness and outcomes of various initiatives designed to reduce criminalization and improve treatment outcomes.

The report also contains descriptions of innovative programs around the country to illustrate the benefits of effective cross-systems collaborations in reducing the unnecessary criminalization of people with mental illnesses.



Creative Genius Linked to Mental Illness

By Jennifer Warner

Reviewed by Charlotte Grayson, M.D.

May 24, 2002 -- From Vincent Van Gogh to Sylvia Plath, the path from mental illness to creative genius has been well traveled by many artists and writers. Now, researchers say they are gaining new clues about the mysterious link between highly creative individuals and mental disorders, such as manic depression.

A new study shows that healthy artists are more similar in personality to people with manic depression than other healthy people in the population. Researchers presented the findings this week at the American Psychiatric Association Meeting in Philadelphia.

The National Institute on Mental Health estimates that manic depression, also called bipolar disorder, affects about 2 million Americans. The brain disorder is characterized by unusual and often dramatic shifts in a person's energy level and mood far different than the typical "ups and downs." Manic depression causes striking mood swings -- from overly "high" to sad and hopeless, and then back again, often with periods of normal mood

in between. Major changes in behavior and energy go along with these changes in mood. The periods of highs and lows are called episodes of mania and depression.

"My hunch is that emotional range, having an emotional broadband, is the bipolar patient's advantage," says study author Connie Strong, a doctoral candidate at Stanford University, in a news release. "It isn't the only thing going on, but something gives people with manic depression an edge, and I think it's emotional range." Researchers say the study is unique because it compared both healthy, creative people to similarly matched people from the general population, as well as to individuals diagnosed with a mental illness.

Using standard personality, temperament, and creativity tests, researchers analyzed four different groups: 47 healthy individuals, 48 patients with successfully treated bipolar disorder, 25 patients successfully treated for depression, and 32 healthy graduate students enrolled in creative programs such as product design, creative writing, and fine arts.

The study found people in the creative group and recovered manic depressives were more open and likely to be moody and neurotic than other healthy individuals. Researchers say these traits are part of a group of characteristics known as "negative-affective traits" that also include mild forms of depression and bipolar disorder that do not necessarily require treatment.

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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.