



NAMI-Blue Ridge Family Alliance

NEWSLETTER

March 2002

Schedule of Meetings:

March 7: Support Group Meeting

March 21: Housing

Reed Banks, Region Ten's Director of Community Support, will give a slide presentation on area housing for persons with severe mental illness and will share information on Section 8 certificates.

April 4: Support Group Meeting

April 18: Dual Diagnosis

Burnley Hayes, clinician and case manager, will discuss issues in treating those with dual diagnosis, a condition in which a client has both a mental illness and an addiction to alcohol and/or drugs.

May 2: Support Group Meeting

May 16: DRS

Naomi Aitken, with the Virginia Department of Rehabilitative Services, will explain the agency's employment assistance to clients with a disability.

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.



MESA Family Workshops New Series Begins Tuesday, March 26

5:30 p.m. to 7:00 p.m., Region Ten Board Room
800 Preston Avenue

Sponsored by Region Ten CSB and NAMI-Blue Ridge Family Alliance

MESA Family Workshops are a series of classes designed to provide education on mental illness and to promote stress reduction for parents, siblings, spouses, and other relatives and friends as they support a loved one who has a severe psychiatric disorder. A family member and a mental health professional serve as co-leaders. For information about joining, call Kathy Hughes at (434) 972-1884.

President's Message

"Special Needs Trust" was the topic at our recent NAMI meeting on Thursday, February 21. James M. Vitt, of Geraty, MacQueen, and Vitt, PLC gave a most interesting presentation on the importance of estate planning for families with individuals requiring special planning for the future. There are, of course, many ways in which one can leave an estate, but, according to Mr. Vitt, the best way to ensure that a needy individual will be adequately provided for is to create a Special Needs Trust that is designed to manage assets without interrupting one's eligibility for public assistance benefits. Regulatory measures have been imposed on SNTs by government agency watchdogs, so it is important that a qualified estate planner or attorney who is knowledgeable about the special need trusts and government benefits be consulted. Mr. Vitt states that one wrong word or phrase can make the difference between an inheritance that really benefits the person with the disability and one that causes the person to lose access to a wide range of needed services and assistance.

On another note, Val Marsh, Executive Director, NAMI-VA urges us to watch the newspapers for news about Senate Bill 482, sponsored by Senator Janet Howell. It is concerned with "Not Guilty by Reason of Insanity" misdemeanants who become lost in the system and often serve far more time than necessary. By the time you receive this NAMI Newsletter, the bill will have been voted upon, but it is an important bill and worthy of our attention, as it would limit the amount of time that misdemeanants could be held in a state hospital without a review. New Charlottesville Delegate Robert Bell was one of two dissenting votes as of 2/28/02.

Again - I invite you to attend our Blue Ridge Family Alliance Meetings each first and third Thursday of the month. The meetings are held at Region Ten at 5:30 p.m. If a speaker is not scheduled, there will be a support meeting and we hope you will join us.

Sally Rinehart

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NEWSLETTER

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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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A Letter to the Editor

I thought the article you wrote about the Treatment Advocacy Center for the Nov-Dec edition of the BRFA newsletter was very good. I hope your members find it useful and that we can be a resource to those of them who want more information about court-ordered treatment.

I also wanted to let you know that Virginia, like every other state, has a law permitting court-ordered inpatient treatment if it is demonstrated that the person is an imminent danger to self or others or is so seriously mentally ill as to be substantially unable to care for himself or herself.

Virginia law also allows for court-ordered treatment in the community (a.k.a. outpatient commitment or assisted outpatient treatment) but it is almost never used, which is in large part due to the restrictive standard for it. In order to be placed in outpatient commitment a person must meet the inpatient criteria described above. In addition, the person must understand the stipulations of treatment, want to live in the community, agree to abide by the treatment plan, and have the capacity to comply with the treatment plan. If these criteria are met, court-ordered treatment can be delivered on an outpatient basis.

These standards, of course, leave out most people who need treatment but are not deemed dangerous. This means that many people with severe and untreated mental illness are going without needed treatment, and, in too many cases, are becoming homeless, incarcerated, suicidal, victimized or prone to violent episodes.

About half of the states incorporate some form of the more flexible "need for treatment" standard, although Virginia is not yet one of them.

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Have you read...?

A Beautiful Mind
A Biography of John Nash, Jr.
By Sylvia Nasar (1998)
(\$16 paperback, Simon & Schuster)

This is the true story of John Nash, a troubled genius who, while a student at Princeton, developed the influential system of mathematics called game theory. Nash spent the next thirty years battling schizophrenia and eventually managed to achieve a long-term recovery. The book closes with Nash being awarded the Nobel Prize for economics.



And have you seen the film?

A Beautiful Mind, directed by Ron Howard and starring Russell Crowe as John Nash, has received critical acclaim and several well-deserved Oscar nominations. It is an important film, a serious depiction of schizophrenia that could promote empathy for persons whose lives have been impacted by mental illness.



Thank you to magician
David Graham for his
wonderful show at our
December holiday dinner.
It was great fun! Call David at (434)
985-7672 to book him for a party.

Did you know...?
**In Virginia, group insurance
policies with 25 or more
enrollees have mandated parity
for treatment of biologically
based psychiatric disorders.**

UVA Medical Center Hour

April 3 at 12:30 p.m.
McLeod Hall Auditorium

"An Unquiet Mind –Personal
Reflections on Manic Depression"

Free and open to the public.
Information: call 924-2094



SENATE FINANCE
SUBCOMMITTEE FOR
HEALTH & HUMAN
RESOURCES
January 14, 2002

From Testimony by
Valerie Marsh, Executive Director NAMI-VA

It cannot be a surprise that I would come to you today, as an advocate for consumers and their families, strongly urging you to resist making massive budget cuts for mental health services. The service delivery system for adults and children with serious mental illnesses is grossly inadequate at present. It does not make sense to reduce the system further.

During the recession in the early 1990's, major reductions to the MH system were taken from the public hospitals. I think it is clear from the CRIPA investigations that those hospital reductions were not wise. Today it seems that the reductions are targeted to the communities...and will have equally disastrous ramifications, if implemented. I think of potential reductions to our already under-funded system as a two-headed monster – if you cut costs on the hospital side, people are in danger of being mistreated. If you cut costs in the community side, very ill people receive no help whatsoever, and wind up elsewhere.

This past year was a terrible one for individuals in need of help from our public system in the community. A confluence of factors made this so. The massive reduction of state facility beds, in combination with the reduction of private hospital acute care beds, created tremendous suffering. Though many special programs have been created in the communities in recent years, the basic infrastructure has not been enhanced. In essence, the existing system cannot handle new people. It cannot handle the currently served people who need in-patient care, due largely to the lack of adequate community-based services. We all know that more sufficient community services would prevent much of the need for hospitalization.

During 2001, many people who needed to be detained and evaluated for involuntary commitment were either turned away, or stayed in emergency rooms for days at a time. The number of calls we received that involved people who were jailed due to a lack of timely treatment increased dramatically. In short, the bed shortage crisis, in combination with the scarce community services, is already a serious problem.

So you see, I hope, that reducing community resources further would only compound the existing problem. It would cause more suffering, and would merely shift the burden to other systems that cannot appropriately handle people with major psychiatric disorders.

...In closing, we suggest the following:

- 1) Exempt the MH services from budget reductions.
- 2) Investigate the savings that would be made by endorsing SB 482, which would limit the amount of

time spent in public hospitals by people found Not Guilty by Reason on Insanity (NGRI) for misdemeanors. It is possible it could "save," or shift, perhaps \$3 million dollars annually by releasing people who are not dangerous, and who are being held for no real clinical reasons.

- 3) Maximize the use of Medicaid dollars for community services.
- 4) While others call for a study of the bed shortage crisis, we think stronger measures are desperately needed. People are suffering NOW. Facilitate the process already in budget language that moves Virginia toward downsizing facilities and creating additional community care.

On a final note, I will say that in Philadelphia two different state facilities were closed over a five-year period. This involved approximately 1,000 hospital employees. When the transition was complete, only 19 employees were without a job, and an amazing array of community services were created. It is possible to close hospitals and help, not harm, consumers and localities. We have much to learn from other states that have already faced this issue. #

(As we go to press, it appears that community-based services and mental health programs will lose at least \$25 million in this year's austerity budget; however, it is likely that efforts by advocates helped prevent worse cuts.)

Family Genetic Studies

The National Institutes of Health and the National Institute of Mental Health are conducting family/genetic studies on Obsessive-Compulsive Disorder and Bipolar Disorder, respectively. Parents and family members of persons diagnosed with these disorders are asked to participate by means of a confidential questionnaire, interview, and blood sample. For more information, please call 1-866-644-4363.

NAMI Consumer Program Renamed

The National Alliance for the Mentally Ill (NAMI) has named one of its premiere education programs -- in which consumers with mental illnesses speak directly to community audiences about their experiences with brain disorders, treatment and recovery -- in honor of **In Our Own Voice**, a documentary produced independently by Idaho Public Television (IDPTV) with funding from the Idaho Department of Health & Welfare. The IDPTV documentary includes interviews with NAMI-Idaho members and received NAMI's 2001 national media award.

Do you have an email address and would you like to get messages from the Family Alliance? Please contact us at BRFA@avenue.org.



From NAMI's Legislative Report

After months of delay, on December 20 Congress completed action on spending legislation for mental illness research and services for fiscal year 2002. The massive \$123.8 billion FY 2002 Labor-HHS-Education Appropriations bill (HR 3061) includes important increases for mental illness research and services programs, including the National Institute of Mental Health (NIMH) and the Center for Mental Health Services (CMHS). President Bush signed the bill on January 10, 2002.

To the disappointment of NAMI members nationwide, the **Domenici-Wellstone mental illness insurance parity amendment** was not included in the final version of HR 3061, although House and Senate conferees did extend the 1996 limited federal parity law until the end of 2002.

Mental Illness Research at NIMH

There will be an overall increase for NIMH of \$3 billion, up to \$23.28 billion. This represents nearly a 15% increase - maintaining the bipartisan goal of doubling the federal commitment to biomedical research by 2004.

Service Programs at CMHS

Congress was able to increase spending for mental illness service programs at the Center for Mental Health Services (CMHS) - part of the Substance Abuse and Mental Health Services Administration (SAMHSA). Overall, SAMHSA's 2002 budget will be \$3.138 billion - more than half of which is allocated to the states through formula grant programs. Below is a summary of funding levels for selected programs for persons with severe mental illnesses.

- 1. Mental Health Block Grant** - The final version of HR 3061 includes a \$13 million increase for the Mental Health Block Grant, which finances services for adults with severe mental illnesses and children with severe emotional disturbances. This brings the program up to \$433 million for 2002.
- 2. PATH** - For FY 2002, Congress has allocated \$39.85 million for the PATH program (community-based services for homeless individuals with mental illness). This is a \$3 million increase over the program's FY 2001 level.
- 3. Jail Diversion** - \$4 million is provided for a new national jail diversion program that would fund treatment and community supports to non-violent criminal offenders with severe mental illnesses.
- 4. PAIMI** - For FY 2002, Congress increases funding for the PAIMI protection and advocacy program by \$2.5 million and maintained an existing directive for P& A agencies to place a high priority on investigating deaths and injuries resulting from the inappropriate use restraint and seclusion in psychiatric hospitals and other institutions.
- 5. Social Services Block Grant** - \$1.7 billion is allotted for the SSBG program that states use to fund community-based services for children and adults with severe mental illness. #

BRFA Endowment Fund

As mentioned in our last newsletter, the board of NAMI-Blue Ridge approved the establishment of the Blue Ridge Family Alliance Endowment Fund within the Charlottesville-Albemarle Community Foundation.

The Charlottesville-Albemarle Community Foundation was established in 1967 as a public charity dedicated to meeting the changing human needs in this area and assisting donors with their charitable objectives. The mayor of Charlottesville, the chair of the Board of Supervisors, local judges, and the president of the Chamber of Commerce appoint one-third of its board members. Their service area includes the counties of Albemarle, Greene, Orange, Louisa, Fluvanna, Buckingham, and Nelson east of the Blue Ridge. More information is on the CACF Web site at www.cacfonline.org.

The CACF is a collection of many charitable funds of varying sizes and purposes. Ours is an agency endowment fund. We can draw on these funds when voted by our board. Our intent, however, is to use only income when needed so that the fund can grow over time. The Foundation assumes responsibility for all administrative and reporting details for efficient investment management and distribution of funds. Our name will be listed in the annual report of the foundation, and tax-exempt contributions may be made to CACF for the benefit of our fund, as well as to us directly. Our visibility as an organization will be greatly increased through this relationship.

We are delighted to have found a low-cost management vehicle for our funds providing growth, diversification and liquidity to meet our needs long into the future.

Shelah and Jim Scott

Report Shows Big Rise in Treatment for Depression

A recent study indicates that the number of people being treated for depression has increased dramatically in this country in the last decade. Between 1987 and 1997, the percentage of Americans being treated for depression more than tripled. Large numbers are now being treated by primary care physicians and others outside the field of mental health. Drugs such as Prozac have become the mainstay for the vast majority of those being treated, even as doctors spend less time with patients and offer comparatively less psychotherapy. This increase in the treatment of depression cuts broadly across the population, extending to minorities and people who are uninsured, and reflects changes in attitudes toward the treatment of depression and a decrease in stigma, according to Mark Olfson of Columbia Univ., lead author of the report.

The Social Security Administration has published final regulations for the new "ticket" program authorized by Congress in the 1999 Ticket to Work and Work Incentives Improvement Act. However, these rules are likely to make it difficult for many SSI and SSDI beneficiaries with severe mental illnesses to effectively use the Ticket program.