



NAMI BLUE RIDGE FAMILY ALLIANCE

Newsletter

January 2008

NAMI BLUE RIDGE

FAMILY ALLIANCE

[a 501(c)(3) organization]

Charlottesville, VA 22903

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NEWSLETTER

Editor: April Ballard
Circulation: James and Shelah Scott

This newsletter is published bi-annually. Persons wishing to contribute an original article are asked to contact the editor.

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

Charlottesville Community Calendar
www.chvillecalendar.com

ANNOUNCEMENTS

MESA – MUTUAL EDUCATION SUPPORT AND ADVOCACY

The MESA Family Workshops are a series of classes for parents, siblings, spouses and adult children of individuals with mental illness. A major goal is to reduce stress in the lives of families through education on mental illness, coping strategies and community resources and through the support which develops among participants. The workshops have been on going in communities throughout the state since 1987. They are co-led by family members and mental health professionals, highlighting that both have special knowledge and skills to share.

The first six weeks focus on learning about mental illness and the last six weeks focus on skill building and include meetings with local people related to mental health services -- for example, magistrates, doctors or nurse practitioners, social security disability workers, and police officers.

The next series of MESA classes will begin in the fall.

EDIE WRIGHT

Edie Wright recently passed away. She was one of the earliest members of the Blue Ridge Family Alliance and served on the Board for many years. She is fondly remembered for her support and planning of the BRFA picnic formerly held in McIntyre Park.

JIM SCOTT

Jim Scott is retiring as the long time and very capable Treasurer and Registered Agent for the BRFA, and as such was our connection to NAMI/VA, and National. Jim also was responsible for mailing the newsletter. Jenny Nowlen will take over the duties as Treasurer (please see her address and email in this newsletter), and Clyde Gouldman will become the Registered Agent for the BRFA. Many thanks to Jim for all he has done, and many thanks to Jenny and Clyde for all they will be doing!

LAUNCH OF NEW WORLD HEALTH ORGANIZATION MIND WEBSITE

The new WHO MIND website will deliver essential information on mental health policy, legislation, services, human rights and development. Despite their significant magnitude and devastating impact, mental health problems fail to be properly recognized and addressed by countries all over the world.

Visit the newly launched WHO MIND website http://www.who.int/mental_health/policy/en/ to learn what WHO is doing to change the situation and improve the lives of people with mental disorders worldwide.

Upcoming Meetings Visitors Welcome

Informal Support Group Meetings

First Thursdays from 5:30pm-7:00pm

- **January 3 • February 7 • March 6**
- **April 3 • May 1 • June 5**
- **July 3 • August 7 • September 4**

Speaker Meetings

Third Thursdays from 5:30pm-7:00pm

Thursday, January 17, 5:30pm-7:00pm
Wellness Recovery Center

As part of Virginia's move toward community-based services for the mentally ill, Virginia has started creating crisis stabilization units. The Region Ten Wellness Recovery Center (WRC) is one of the first of these, providing an alternative between hospitalization and traditional outpatient services. Mark Ferrington, Director of the WRC, will discuss the accomplishments and lessons learned during the first year of its operation. We will also tour the WRC.

Thursday, February 21, 5:30pm-7:00pm
Consumer-Run Programs

Charlottesville is fortunate to have consumers actively helping each other. Myra Anderson is a member of the Region Ten Board of Directors. Paul Patrick heads the Consumer Advisory Council at Region Ten. Myra and Paul recently attended the peer-to-peer training offered by NAMI Virginia. Finally, Will Gallik is the Executive Director of On Our Own. Myra, Paul and Will will join us to discuss consumer-lead programs in our area.

Thursday, March 20, 5:30pm-7:00pm
Family Members Need Help Too

Shannon Wright is a professional counselor with Region Ten whose work includes teaching the Mutual Education Support and Advocacy (MESA) classes for family members and friends of persons with serious mental illnesses. Shannon will lead us in a discussion of how caregivers can help care for themselves and the other family members affected by the mentally ill family member.

Thursday, April 17, 5:30pm-7:00pm
Mental Health Law Reform in Virginia

Richard Bonnie is Director of the UVA Institute of Law, Psychiatry and Public Policy. Professor Bonnie currently chairs the Commission on Mental Health Law Reform established in 2006 by the Virginia Supreme Court. This commission has developed a set of recommendations for updating Virginia's mental health laws. Professor Bonnie will provide an overview of these recommendations and their status with the Virginia legislature.

Thursday, May 15, 5:30pm-7:00pm

Our speaker program for this date will be announced later.

Understanding Mental Health Reform

Excerpt from The Daily Progress
By Brian McNeill
Sunday, January 6, 2008

During its upcoming 90-day legislative session, the General Assembly is expected to weigh a long list of reforms to Virginia's mental health system.

As chairman of the state's Commission on Mental Health Law Reform, University of Virginia law and psychiatry professor Richard J. Bonnie is helping to shape the overhaul of the system that treated 119,000 people in 2007.

Q: What are the most important mental health reforms that ought to be considered by the General Assembly?

A: No matter what you do to the law, the changes in the law will not be successful unless there is an adequate system of community services in place. So the first part of what the General Assembly needs to do now - and in the future - is to begin that process of building service capacity. That includes, particularly now, assuring that there are adequate crisis stabilization services available as an alternative to acute hospitalization throughout the state, and, secondly, to begin what will be a long-term process of establishing outpatient service capacity.

The second thing is to begin the process of reforming the law. We believe that the legal foundations of mental health services need to be fundamentally overhauled.

Q: In Virginia, we can compel mental health treatment for a person who is deemed to pose imminent danger to themselves or others. Do we need to revise that standard?

A: The main focus of the debate has been on the criterion that permits people to be hospitalized against their will if they are an imminent danger to themselves or others.

There's also another criterion, which is that they can be involuntarily treated if they are substantially unable to care for themselves.

Our data show that there are just widely different interpretations of that language, and, in some cases, unduly restrictive interpretations.

A key part of this is to eliminate the word "imminent" because some people interpret that apparently to mean "immediate." That is an unduly narrow interpretation. But another problem is the lack of specificity of even what the word "danger" means. How worried are you that something is going to happen very soon? What is the nature of the harm? And how likely is it to occur?

The commission is proposing new language that asks whether or not there is a "substantial risk" of "serious danger in the near future." So that takes the notion of imminent danger and adds a bit more specificity. We think this is an improvement over the existing standard.

Q: What would be the impact of relaxing the criteria for involuntary treatment?

A: Some people have worried that changing the language could open the floodgates, so to speak. My prediction is that this would not happen. If there's an impact, it's going to be at the margins. Quantitatively, it won't have a huge impact. But what it will do is help families get treatment for loved ones who clearly are deteriorating, but do not seem immediately in danger of killing themselves or hurting a family member. What ends up happening to them now is that they get arrested and put in the criminal justice system.

Q: People with mental illness are disproportionately incarcerated in Virginia's prison system. What is the alternative?

A: This is a big point. We're only making small steps toward solving this problem, but everyone recognizes that over time there has been a disturbing trend of criminalization of

mental illness. Now there are probably more people with serious mental illness that are in jail than are in the hospitals. We need to reverse this trend. The overall objective is to get people the treatment they need before they go into crisis. Or, if they are experiencing mental health crisis, to help them get stabilized as quickly as possible before things get out of control. So what that suggests is we need better outpatient services so that people can get the help they need, when they need it, before they go into crisis. And secondly, if people are experiencing mental health crisis, to provide alternatives that they will take advantage of voluntarily. That's why we need to expand the capacity of crisis stabilization services.

2008 Annual Dues Notice *** Please Respond By March 1st**

To update our mailing list, we need your help! You can help by returning the application form included herein. We will be deleting from our mailing list the names of those who have not responded during the past year.

The next notice will be January 2009. Thanks you so much for your continuing support!

NAMI - BRFA Membership Application Form

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

____ NAMI dues \$ 35 (NAMI, NAMI-VA and NAMI-BRFA newsletters)

____ NAMI-BRFA dues \$ 5 (BRFA newsletter only)

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

Name _____

Address _____

Telephone (optional) _____ and/or e-mail _____

NOTE: We welcome everyone to our meetings, but newsletter mailings go only to paying members.

All newsletters are available on our website at <http://avenue.org/brfa>

Q: Gov. Timothy M. Kaine has proposed spending an additional \$42 million to expand mental health services and an extra \$55 million in bonds to pay for construction of treatment facilities. Is this adequate?

A: I'm not going to be able to say how much is the right amount. But what the legislature and the commonwealth need to do is fill in these gaps in services. That involves making a down payment now and a commitment over time to fund crisis stabilization services and beginning the process of providing more outpatient treatment for both children and adults.

Q: As the state moves forward with mental health reforms, is there a danger that lawmakers can go too far? Not far enough?

A: Yes, I think there is reason to be cautious. This is a complicated set of systems - the legal system, the mental health services system, the criminal justice system. Beneath them all, of course, is a desire to respect the dignity and liberty of anyone who becomes involved in the process. And another important objective in this whole effort is to give mental health consumers more control over the services they receive so they are actually choosing to become engaged into the system, rather than being pulled into it by the law. So you've got a lot of complicated goals and interconnected systems. Everything is related to everything else. What I'm concerned about is that if you change one thing, it could have unintended consequences for everything else.

Q: The Commission on Mental Health Law Reform has issued initial recommendations and its final report is due in the fall. What's next for the commission?

A: Our preliminary report does three things. It provides a blueprint for the kinds of changes that we think are going to be needed in a variety of different areas - criminal justice system, juvenile justice system, ways of promoting empowerment and self-determination among consumers, changes in the commitment law and improvements in services. The blueprint sets the goalposts. It says where we think the system needs to be going. In the course of the next year, we plan to put the meat on the bones of those proposals. Each of our task forces will be issuing reports over the coming year.

Please make checks payable to
NAMI-BRFA and mail:
c/o Jenny Nowlen, Treasurer
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