



NAMI-Blue Ridge Family Alliance

NEWSLETTER

September 2001

Schedule of Meetings

September 6: Support Group

**September 20:
Problems and Challenges for Families and Law
Enforcement: Mentally Ill Consumers in Crisis**

Timothy Longo, Charlottesville's new Chief of Police, and Captain Douglas Rhoads from the Albemarle County Police Department will participate in a panel discussion on the management of crisis situations involving mentally ill persons. Region Ten's Buzz Barnett will be the moderator.

October 4: Support Group

October 18: Support Group

November 1: Support Group

**November 15:
Mental Health Benefits and Services in Virginia**

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

December 6: Fourth Annual Holiday Party
Please mark your calendar now for this special occasion -- a delicious dinner at The Nook with friends from the Family Alliance and some special guests. Invitations will be sent to you in November.

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

In June I attended a NAMI-Virginia Executive Committee meeting, along with most of the 27 affiliate presidents. It was a productive morning as we addressed the various problems presented by each president. Of concern is the downward trend in NAMI's membership and in attendance at the Annual Meetings (only 201 registered people attended the NAMI-VA Conference in April this year). The bottom line seems to be that membership is easier to recruit than maintain. It occurs to me that membership will continue to grow only as long as people are exposed to and learn about NAMI as a grassroots, self help, support and advocacy organization that is dedicated to improving the lives of those with brain disorders.

Hopefully, our speaker programs will help us to attract those who are interested. Watch for newspaper notices about our speakers and support meetings. Come -- and bring a friend! On September 20th the speakers will address police interaction with consumers in crisis. This is timely for Charlottesville, since crisis intervention training for police officers has already begun in other communities and we hope to start a program here soon. In November, Val Marsh, Executive Director of NAMI-Virginia, will speak to us about the political status of mental health in Virginia. This should be a particularly interesting talk. Meanwhile, I will be corresponding with the 27 Virginia affiliate presidents during the year, as we hope to help and inspire each other by sharing our ideas. Please don't hesitate to contact us with any suggestions you may have. I look forward to seeing you at our meetings.

Sally Rinehart



MESA Family Workshops

**New Series Begins Tuesday, September 25
5:30 p.m. to 7:00 p.m., Region Ten Board Room**

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.

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WORLD WIDE WEB

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

(Charlottesville Community Calendar - Family
Alliance meetings information)
www.chvillecalendar.com

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A Dream Is Coming True

By Evadne Deeds, Director
Blue Ridge Clubhouse

On Monday, July 16, 2001, the members and staff opened Blue Ridge House for official business at our new building! No longer a dream.... A WONDERFUL FACT!

By way of celebration we had a special party day. The activities were planned entirely by the members and designed for having fun on our first day. We came into the building with much fanfare (I must confess that there were unpacked boxes in every corner). Members and staff enjoyed an opportunity to make public comments and next we had music and dancing.

For lunch we grilled hamburgers and hot dogs in our OWN YARD and thoroughly enjoyed our quiet little celebration. It was just right to help everyone ease into our new location comfortably.

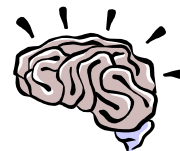
After one month we are still emptying boxes, but there is now a sense of permanence and belonging. I must compliment and thank every member and staff person for working together as a huge team to get us to this point successfully. Moving a Clubhouse is like moving a family – only bigger! Change is stressful, even when it is one that is long awaited and dreamed of. Our members are delighted with our new home.

The only problem now is transportation. Not only was there a change of address, but JAUNT chose July to initiate their new and time-consuming procedures for arranging rides. However, Charlottesville Transit Service has kindly set up a bus stop just at our driveway. Next we will try to get a bench with a shelter.

Many heartfelt thanks to those of you who supported this endeavor with your prayers and contributions. We couldn't have done it without you!

We will be hosting an Open House for all our friends and family on **Friday, October 12th** in the middle of the day. Hours will be finalized soon.

Please note the date on your calendar -- we'd love to see you here.



“Brain” Exhibit at the Smithsonian

“Brain: The World Inside Your Head” began its run in July at the Smithsonian’s Arts and Industries Building. This exhibit will be at the museum for a total of six months before touring the country for five years. It is a multi-million dollar project that features a walk-through brain and virtual reality video games.

In addition to teaching facts about the brain in an entertaining way, the exhibit tries to demystify mental disorders such as bipolar disorder and depression and alleviate social stigma surrounding them. It is emphasized that these disorders are physical problems and are treatable.

Brain: The World Inside Your Head is open 10 a.m. until 5:30 p.m. daily at Smithsonian’s Arts and Industries Building, 900 Jefferson Dr. SW, through Jan. 2. Call 202-357-2700.



Have you read?

The Noonday Demon An Atlas of Depression By Andrew Solomon (Scribner, 2001)

Andrew Solomon, a millionaire’s son now 37 years old, has survived three episodes of severe depression, which are described in detail in this memoir. The hero of this book is Andrew’s father, who has given constant support to his son. Not a typical case study, but very interesting.



On the Web

www.nami.org/legal

This is the legal section of the NAMI site, recently updated to better serve members, lawyers, and the general public.



VHST Update: Consumer Provider Training

By Cynthia Harrison

Fifteen of the sixteen students who enrolled last January in Virginia's Human Services Training Center's Consumer Provider Training program completed the first semester of their work on May 4. The students attended classes full-time at Piedmont Virginia Community College, taking courses in Survey of Mental Health Services in Virginia, Professional Skill Development, Principles of Case Management, Survey of Serious Mental Illness, and Communication Skills for Human Services. Coming to Charlottesville from all over the state (with thirteen CSBs represented), the students had to cope with homesickness, the stress of meeting and adjusting to new people, as well as entering college and learning to study again – all this on top of maintaining their stability in recovery from serious mental illness! Although there were many students who had an increase in symptoms due to the stresses they experienced, only one student had to be hospitalized and eventually chose to withdraw from the training.

This semester the students are once again living at home and working as 20 hour a week interns at their home CSBs. In these paid internships, the students are receiving upon graduation in September. With an independent study project and weekly log/reports as part of their experience, the students will receive six academic credits for their internship. The first series of on-site field supervision visits are nearing completion, and at this point all of the employers have expressed satisfaction with the interns' skills and job performance. Many of the students are beginning to do some independent work under their supervisor's oversight. Following their graduation, the students will be working in a wide range of part-time positions, including peer counselor, residential program assistant, case manager assistant, and community living assistant.

Obtaining internship and job commitments from CSBs across the state will begin next month, and students will then be recruited for the program's second class to begin in January 2002.

Having already spoken to the Blue Ridge Family Alliance and the NAMI-VA conference this past spring, some of this year's students will participate in presentations at the Collaborations 2001 Conference in September and at the VA-IAPSRs Conference in November.

For further information about the Consumer Provider Training program, please contact Cynthia Harrison, Director at (434) 970-2148.

What is CIT?

By Elisabeth Looney

At a recent Board meeting of the local NAMI group, the Board voted to consider the possibility of advocating for the creation of a CIT program in our area.

What is a CIT program? Briefly, it is a Crisis Intervention Team whose primary function is to train police officers how to respond in situations where a mentally ill person is in need of immediate care. This team is composed of officers who have volunteered to take specialized training in how to defuse crisis situations involving a mentally ill person. This training is in addition to regular police training -- these officers perform all their normal duties, but they are also called to respond when such crisis situations occur.

The first Crisis Intervention Team was started in 1988 in Memphis, Tennessee following a tragedy involving a mentally ill person, and this program now serves as a national model for many other communities. Using Memphis as an example, several types of support systems were found to be essential for success. First of all, community support for the program is needed. This often arises when newspapers report a death or a confrontation with a mentally ill person -- a tragedy that could well have been avoided had a CIT trained officer been available. Public awareness of the problems can make it easier for advocates to get access to and support from community leaders, such as the mayor, chief of police, and local and state representatives.

Other procedures must also be in place. Where does a CIT officer bring the individual for help? Is there a working relationship with the local hospitals and psychiatric units? And where will this ill person receive appropriate care? It is certainly not in the local jail. Again, the Memphis model has proved its credibility to the mental health and medical community, because in that city there is a facility available that will immediately accept a person referred to it for mental health care by a CIT officer. No CIT program will ever succeed without having medical and mental health facilities available for immediate access.

Why should a community have a police force that has a proportion of its officers trained for crisis intervention? The answer is that as psychiatric hospitals continue to be downsized, more persons will need interventional care. The tragedies we read or hear about on a weekly basis should be an impetus to change. Now that we know there is a workable alternative to our present system of care, then for the sake of those who need understanding and effective treatment we should carefully consider how we proceed.

Additional information may be found at:
<http://www.memphispolice.org>



The Changing Face of Mental Health Treatment in Central Virginia Outcome of Advocacy By Ruth Mawyer, RN, MSN, CS

In the past few years there have been a number of deaths of psychiatric patients in state hospitals, and in recent months cases involving the use and abuse of restraint in mental health facilities have made headlines in local newspapers. Consumer advocates have put pressure on regulatory agencies to protect patients, resulting in closer scrutiny of mental health treatment settings. The Health Care Financing Administration (HCFA), which administers Medicare funds, has for many years forbidden the use of restraints in nursing homes and has recently instituted formal regulations for hospitals, effective January 2001, to deal with the problem. UVA was the first teaching hospital to be inspected by the HCFA under the new regulations. This article reviews some of the changes in mental health treatment taking shape in Central Virginia in relation to local and national trends.

Blue Ridge Family Alliance has heard from Western State Hospital about the changes they have put in place following the Department of Justice investigation of their use of restraints. Charter Hospital's corporate problems received national exposure on television two years ago, and the local Charter Hospital was closed in February 2000. This had a direct impact on UVA Medical Center, which has a total of forty psychiatric beds. Since the closing of Charter, UVA has been close to 100% bed capacity, and until recently a higher number of adolescents were being treated within an adult population. However, as a result of recent problems and media attention, adolescent admissions to the psychiatric units are now closely monitored and transfers out of the area are arranged. And not long ago, the *Daily Progress* reported that law enforcement agencies frequently must transport patients out of the area to facilities like Pinebrook in Culpeper, the closest psychiatric treatment unit.

In addition, in July 2000 Western stopped admitting detoxers who do not have a primary psychiatric diagnosis, and in the past two years Region Ten began buying private beds for medical detox in an attempt to manage this population with the agency's limited resources. With the increased demand for the same beds, tension has mounted between medical and psychiatric services, not only at UVA but also at Martha Jefferson.

The shift in patient management strategies has increased the demand for trained staff at a time when the nation and our local region are experiencing a low unemployment rate. The best job candidates can currently find work outside of healthcare settings, where patients often verbally and physically threaten staff and other patients, and nurses must use less restrictive methods to manage behavior.

As admission criteria have become more limiting, psychiatric bed availability has decreased. Unless patients present a clear danger to themselves or others or are substantially at risk as a result of inability to care for themselves, they do not meet criteria for inpatient treatment. As competition mounts for scarce treatment resources, patients living in adult homes and nursing homes who have chronic behavior management problems have to be treated as outpatients. The recent closing of sixty psychiatric beds in Richmond at the Capitol Center, bought by MCV, has only put more stress on a system stretched to the limit.

As a consequence of dwindling state funding and private resources, more of the responsibility for caring for the mentally ill will fall upon local community services. In the past year, we have seen Region Ten reduce services to those clients who do not have severe, chronic mental illness. We often hear anecdotes about the struggle we have getting ill family members to accept treatment. As it becomes increasingly difficult to admit a decompensating individual to the hospital for medication management, family and consumer resources will be further taxed. More patients will go untreated, and the already crowded prison system and state forensic psychiatric units will be further burdened by cases that could have been more effectively handled through earlier intervention.

Families need training and support in dealing with the changes in mental health services in Central Virginia. NAMI has been effective in increasing the respect for patient rights in treatment settings. As facilities close that cannot or do not meet the new standards, NAMI must advocate for alternative resources for the consumer and families.