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**Important Contact Information:**

If you have a crisis or need access to mental health services, contact Wake County Crisis and Assessment 250-3133 (24 hrs/day)

For information about NAMI Wake support groups, contact Gordon Gogola (601-3996)

If you want to attend Family to Family, contact Sue Hadley (787-5999)

For other questions, contact NAMI NC Helpline (1-800-451-9682 Mon-Fri 8:30-5) or call NAMI Wake volunteer Moira Pearson 821-1954



# THE IRIS

Support, Education, Advocacy

Vol 24, No. 5

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**FROM THE PRESIDENT'S DESK**

The Wake County Delegation to the General Assembly recently held a special session on mental health. The speakers were Secretary of the NC Department of Health and Human Services, Lanier Cansler; Wake County Manager, David Cooke; Vicki Smith, Executive Director, Disability Rights NC; and I. It was very gratifying that our Delegation was focusing their attention and time on mental illness.

Also, I was very pleased to hear our Wake County Manager talk about the things the County has done to improve services. It is obvious that he is engaged with staff at Wake County Human Services and with the Commissioners in this work. Mr. Cooke mentioned the County's new partnership with Holly Hill Hospital to fund 44 beds for people who have no insurance. In addition, the County is beginning construction on two new buildings on Sunnybrook road—a 32-bed psychiatric facility to provide crisis and assessment services (16 beds for short-term stays and 16 beds for secure dextoxification) and a 16-bed inpatient substance abuse treatment center. These facilities will replace the Alcohol Treatment Center (ATC) and Crisis & Assessment Services (CAS) facilities on Falstaff Rd which are not designed for 24/7 secure stays. This project is scheduled for completion in 2010. Wake County is also prepared to sign a contract with the state to keep 24 temporary beds open at Dorothea Dix Hospital until the new Wake County facility is open. Of course, there is much more that needs to be done to provide treatment, housing, supported employment, and physical health care to people with mental illness, but I am very pleased that we have County officials who are making things happen.



Please join me in thanking Mr. Cooke for his leadership and commitment to mental health services (dcooke@co.wake.nc.us.) We are also especially appreciative of the support and leadership of Mr. Harold Webb and Ms. Lindy Brown, Chair and Vice Chair of the Commissioners and to previous Chairs, Tony Gurley and Joe Bryan for making responding to the mental health needs of Wake County citizens a priority for the past five years.

--Ann Akland, Co-President, NAMI Wake County

Remarks for Wake Delegation, April 13, 2009

My Name is Ann Akland and I am speaking today as a representative of the Wake County affiliate of the National Alliance on Mental Illness. I am also the Co-Chair of the Wake County Consumer and Family Advisory Committee, a group mandated by statute to advise the Wake County Local Managing Entity (LME) on mental health and related services. I became involved in these organizations because I have an adult daughter, Kristen, who has a severe and chronic mental illness. Thank you for all you are doing and have done to improve the lives of people with disabilities. I have worked with some of you for years and know how committed and effective you are.

I bring all these perspectives together to offer these four suggestions.

1. Increase the level of funding for mental health
2. Support the supportive housing provisions of HB457 and SB408
3. Modify the state Certificate of Need Process for psychiatric beds
4. Modify current version of the Senate Appropriations Bill to exclude drugs for psychiatric disorders from a Preferred Drugs List.

First, the current economic crisis compounds already existing problems in our mental health system: The level of funding for mental illness has been lacking since reform legislation was enacted. LMEs do not have enough resources to perform all required statutory functions, and state funding is not adequate to provide needed care. In Wake County alone, a needs assessment reveals the need to serve more than 50,000 people with mental illness, but current (uncut) funding levels only cover about 15,000 individuals. As it stands now, Wake County administration still must cut millions of dollars--cuts that will, for example, reduce staffing levels, funding for contracts with behavioral health providers, and put many new providers out of business. ***I ask, therefore, that you approve new appropriations and encourage state officials to allocate a good proportion of the new stimulus package funding to mental health.***

Secondly, I firmly believe that availability of a variety of housing resources for people with mental illness will help stabilize the system and actually save millions of dollars. A psychiatric hospital bed costs between \$650 to \$800/day, whereas the operational cost of one unit of supportive housing is below \$50/day. We need a sound capital investment in this area. ***To accomplish this, please support the housing provisions in HB 457 and SB 408.***

These same bills (HB 457 and SB 408) call for \$16M to purchase 150 additional local inpatient psychiatric beds. However, there are currently NO hospitals in Wake County that can accept federal Medicaid funds to treat people with mental illness who are between the ages of 22 and 64. It is part of the federal Medicaid law that only hospitals NOT exclusively engaged in treating individuals with mental disorders can accept Medicaid payments for this age group; thus patients are forced to nearby counties—many of whom are involuntarily committed and must be transported by Sheriff's deputies at great expense to the County—also to be left without ready support from family and friends. ***To provide incentives to Wake County hospitals to set up psychiatric units, I ask that you request amendment of HB 457 and SB 408 to change the state Certificate of Need Process for psychiatric hospital beds to provide extra "points" for proposals establishing these beds in the community hospitals.***

Finally, the state Senate is proposing to help to balance the budget by including a "Preferred Drug List Program" in the Appropriations Bill. A Preferred Drug List is considered inappropriate for people with mental illness, because these drugs do not work the same from one person to another, in ways similar to the treatment of patients with HIV. ***The Senate Bill exempts HIV drugs from this Preferred Drug List; we ask that drugs for mental illness be similarly excluded.*** Otherwise, more people with mental illness may become sicker, and require inpatient psychiatric care.

Families and consumers are very encouraged and appreciative of the work done by all of you, as well as by our local elected officials and administrators of public programs for MHDDSAS. Our Wake County Commissioners have invested new dollars in operating 44 new beds at Holly Hill Hospital, and are also ready to pay for 24 beds at Dorothea Dix Hospital, as well as supporting the new crisis facility being built. Wake County has moved from 6th (in 2005) to 3rd place for per capita share of County funds spent. County administrators are working collaboratively to build an efficient and effective system of care for people with disabilities. Wake County Human Services has also built a collaborative system incorporating advice from consumer and family organizations such as NAMI and CFAC, as well as provider organizations.

We can be proud that in Wake County we are NOW doing our share. But we still need your help with the four items I addressed above. Thank you for inviting me to speak today.

--Ann Akland, Co-President, NAMI-Wake

## VOLUNTEER NEWS

We have a lot going on in June. Help NAMI-Wake make a difference in our community. There are lots of ways to get involved:

### Celebration of Courage

This year we will be setting up our Celebration of Courage flower display at Rex Hospital from May 31 through June 7. This project raises funds for NAMI Wake and also helps raise awareness about mental illness in the community. Volunteers are needed to help set up or take down the flowers and to work shifts at the booth selling items and giving out NAMI information.

### CIT Class – June 15-19

This is a great way to learn about the CIT (Crisis Intervention Team) program first hand. We have a change of location for the summer. The class will be held at the Wake Tech facility on Kildare Farm Rd. in Cary. We will need volunteers to help with refreshments during the class and to put the books together the week before the class.

### Newsletter Crew - Ongoing each month

Do you have a few hours to spare to help get the Iris ready to mail out? It's an easy job but vital to our organization. We have a lot of fun – come join us!!

If you are interested in any of these volunteer opportunities, let me know.

Christine Olson, NAMI-Wake Volunteer Coordinator  
OlsonChr@aol.com; or call 919-662-0764

## *Celebration of Courage*



If you are driving by Rex Hospital the first week in June, you will see our Celebration of Courage flower display. This event grabs the attention of passers-by and provides an opportunity for NAMI Wake to provide information about mental illness. Our volunteers erect hundreds of 36" high flower twirlers in an attempt to replicate Van Gogh's painting, *Irises*. Van Gogh was institutionalized with mental illness when he painted *Irises* and is quoted as saying that he felt mental illness is "a disease like any other." For this reason, the iris has been adopted as a symbol of hope and courage for people suffering from mental illness. (Picture shows flowers at previous event at Rex Hospital.)

--Submitted by Ann Akland

*Editor: Below are excerpts from an article submitted by Patricia “Patty” Cole, a member of NAMI. She is also a freelance writer and poet living in Cary, NC. She has also written for Kanawha Review and The Cary News. The following article describes her experiences dealing with the dual diagnoses of mental illness and substance abuse.*

Early one morning, in the summer of 2008, I was attending an Alcoholics Anonymous meeting. During the meeting, two AA members objected to my participation, evidenced by their comments. They disapproved of my kind: I am dual-diagnosed—mental illness overlaid with substance abuse. These two purists (as I like to call them) believe that to be in AA your only problem should be with alcohol, not mental illness.

AA is a spiritual 12-step program developed by “Bill W.” during the Depression era, to save alcoholics from drinking themselves to death. Unrivaled in its effectiveness, AA meetings now span the globe, and the program is often emulated by other recovery groups. Psychiatrists and other mental health professionals refer patients to these meetings for help with controlling their addiction, as well as attendant mental health symptoms of depression, mania, and even psychosis.

“AA ain’t a hotbed of mental health,” one member remarked to me at a meeting. Both alcoholism and severe mental illnesses (SMI) are mental, physical and progressive illnesses. Unfortunately, many AA sponsors (individuals who “mentor” recovering addicts through the 12 steps of the program) tend to regard depression as self-pity or the result of self-centered thinking (e.g., “stinking thinking”). “You’re a nice girl. Just do the steps and stay away from all that medicine they try to give you”, a well-meaning member once said to me.

But as we now know, Depression and other serious mental illnesses are related to abnormal neurotransmitter activity (e.g., not enough serotonin, which influences moods). Klonopin, the medication I take to help curb anxiety and depression, is an example of a medicine frowned on within AA. I once heard someone’s AA sponsor compare Klonopin to drinking a beer. For the alcoholic, Klonopin could conceivably lead to the use of other drugs and alcohol. But Klonopin does help individuals with SMI to function more effectively every day.

For many of us, alcoholism is an attempt to drink away the pain of an underlying mental illness. There was a time in my life when I drank alcoholically. Now I can manage my drinking, but choose not to drink at all because of the psychiatric medicines I’m taking—that would be dangerous. Psychotropic medications are a significant challenge for many individuals with both alcohol addiction and

SMI because of the addictive nature of both alcohol and a number of these other drugs, many of which have molecular components affecting serotonin and dopamine manipulation.

The problem is, once you are labeled an “alcoholic”, medical providers will tend to blame every symptom you have on that one drink you had the other night. By trying to use AA as a “band aid” therapy for dual issues of addictive behaviors and SMIs, it seems like an easy write-off.

AA meetings appeal to psychiatric hospital staff as a way to keep those with mental illness/substance abuse issues out of their hair and give these patients a place to go, something to do every day; some doctors probably even view AA as a daily pacifier, so they can otherwise focus on diagnosing and medicating patients. When I attended AA, I was swimming in it, attending one or two meetings a day, and even felt guilty if I didn’t attend. AA colored me an alcoholic, when in fact I have had a diagnosis of manic depression overlaid with substance abuse. The explanation and solution for my symptoms can’t be found in the 12 steps manual of Alcoholics Anonymous.

Since many medical providers are simply at a loss in dealing with those of us who have dual diagnoses, we face the dilemma of not being properly treated for mental illness and also at times being rejected by AA. One program has emerged, specifically addressing the needs of those with dual-diagnoses: Dual Recovery Anonymous (DRA). Modeled after the 12-step AA program, this seemingly logical solution is still in pitifully short supply. In North Carolina, less than 15 meeting sites are listed, and the majority of these are in parts of the state I can’t reach without excessive driving; the one meeting nearest to where I live (30 miles away) is listed incorrectly on the DRA web site. I called. It doesn’t exist.

When will federal and state government and the mental health community support the creation of more DRA or similar meetings? Sure, it takes money to form more DRA groups, but how can that compare to the cost of helping lives damaged by combined addiction and mental illnesses? I am in need and so are others like me. We cannot afford to keep falling between these cracks in the system . . .

*Comments or questions can be sent to Ms. Cole at [patricia-cole@bellsouth.net](mailto:patricia-cole@bellsouth.net)*

### Schizophrenia Symptoms Eased with Dietary Supplement

Sarah Avery, *News & Observer*, 4/1/09

A neurosteroid called pregnenolone shows early promise in easing many of the cognitive impairments that accompany schizophrenia, researchers at Duke University and the Durham Veteran Affairs Medical Center report today.

The findings, reported today in the journal *Neuropsychopharmacology*, need more research, but indicate significant mental improvements among schizophrenia sufferers who took a common antipsychotic drug plus the neurosteroid, which is sold over the counter as a dietary supplement.

Compared to participants who took a placebo, the pregnenolone patients performed better on memory tests, and had fewer other common symptoms of schizophrenia such as apathy, poor social functioning and low concentration.

“If replicated through further research, pregnenolone could provide a novel treatment for the cognitive and negative symptoms in schizophrenia, which severely impact the daily lives of patients,” Dr. Christine Marx, lead author of the study and associate professor of psychiatry at Duke, said in a prepared statement. “While pregnenolone is available as a dietary supplement, there have been extremely few studies of this compound in the last 50 years.”

The researchers said pregnenolone used in the study was carefully monitored and met FDA standards for purity, unlike supplements available over the counter.

### The “Hollow Mask” Phenomenon in Schizophrenia

People with schizophrenia can be differentiated from those without regarding the experience of what is called the ‘hollow mask’ illusion, probably because the brain disconnects what the eyes sees from what the brain “thinks it is seeing”, according to a joint research study published in the *NeuroImage* journal by Dr. Jothan Roiser (UCL of Cognitive Neuroscience, UK) and Danai Dimi (Hannover Medical School, Germany).

Illusions happen when the brain interprets sensory information on the basis of its context and a person’s previous experience, or what has been called “top-down” processing. This means that perceptions of

objects can be quite different from reality—a phenomenon often exploited by magicians. The process of gathering incoming visual information through the eyes, by contrast, is called “bottom-up” processing of information. It has been observed that people with schizophrenia can be immune to certain types of visual illusions. “The term ‘schizophrenia’ was coined almost a century ago to mean the splitting of different domains, but the idea has now shifted towards connectivity between brain areas” remarked Dimi. This study suggests that participants with schizophrenia rely significantly less on top-down perceptual processing compared to participants not diagnosed with schizophrenia.

The study used a variation of the three-dimensional ‘hollow mask’ illusion, consisting of a picture of a hollow face mask (pointing inwards, or concavely). During the experiment, patients with schizophrenia and volunteer controls were shown hollow or “normal” (pointing outwards or convexly) 3D face images while they were scanned by fMRI, which monitored their brain responses. As predicted, all 16 control volunteers perceived the hollow masks and normal face images as the same, whereas 13 patients with schizophrenia routinely distinguished between the hollow and normal face images, with an average error rate of only six percent.

The results of this fMRI study suggest that “connectivity” between the parts of the brain concerning spatial attention (“top-down” process) and visual information (“bottom up” processing) is somehow disrupted for patients who are schizophrenic but remain intact in those who are not diagnosed schizophrenic. This “dysconnectivity” is now receiving increased attention as one of the characteristic changes in the brains of schizophrenics, in hopes of further advancing understanding of this illness.

--submitted by Kent Goddard

*Editor: A new psychological wrinkle:*

Recession Anxiety Seeps Into Everyday Lives  
By Pam Belluck, *New York Times*, 4/29/09

# Support Groups & Education

## EVERYONE IS WELCOME

### FAMILY SUPPORT GROUPS

Highland United Methodist Church, Room 202 & 204\*

### CONSUMER SUPPORT GROUPS

Highland United Methodist Church, Room 209\*

Both Support Groups meet from 7-8:30 p.m on 1st, 2nd and 3rd Mondays

Contact Gordon Gogola (gogolags@hotmail.com) or phone 601-3996; or contact Jeanne Harris, phone 850-0406, for more information.

### LES GIRLS SOCIAL

This is a social opportunity for consumers and family members. Everyone is invited. Lunch is Dutch-treat.

Golden Corral, 6129 Glenwood Avenue (Hwy 70), Raleigh NC. 12:15 p.m., 4th Saturday

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## SE RALEIGH COMMUNITY FORUM AND EDUCATION MEETING

### A Follow Up Look at Available Housing

Joyce Stancil Williams, CASA  
Kathleen DeRubio, CASA

Tuesday, May 12, 2009, 7:00 PM  
Richard B. Harrison Library  
1313 New Bern Avenue

(You may also park in the tire store parking lot directly across from the library lot.)

### FOURTH MONDAY EDUCATION MEETING May 25, 2009

Speaker: Anne Marie Maiorano  
Housing Division Manager  
Wake County Human Services

Highland United Methodist Church,  
Rm. 202  
1901 Ridge Rd., Raleigh, NC

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### NOTES

The third Monday's Recovery Group meeting will focus on Working Consumers and those that would like to find work. Cynthia Vester will facilitate that meeting, which will focus on work related issues, schedules, job skills, and relationships at the work site.

Gordon Gogola will be the guest speaker for NAMI Guilford affiliate on Monday 4/27/2009. The presentation will be on "Coaching Consumers in Recovery".

\*Directions to Highland United Methodist Church: The facility is located at 1901 Ridge Road in west Raleigh, at the corner of Lake Boone Trail. Take the Lake Boone Trail exit east (toward Raleigh, away from Rex Hospital) and turn left at the traffic signal at the top of the hill. Parking is off Ridge Road behind the church. Walk toward the facility so that the gym/general purpose room is on your right. When you come to the connector between the church on your left and the education wing on your right, turn right; enter building and take elevator to second floor.

## 2009 Family Membership Form -- NAMI Wake County

If your name and address are correct on the mailing label (on reverse), check here \_\_\_\_\_  
 OR you can complete the form below.

Name: \_\_\_\_\_ Membership \$35.00  
 Address: \_\_\_\_\_ Donation \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Total \$ \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Number in household represented by membership \_\_\_\_\_

We want every family to be members of NAMI. If you cannot afford our full membership fee, please enter in Total above the amount you and your family can afford

NAMI Wake County is a qualified 501(c)(3) organization. The TOTAL you send us is fully tax deductible to the extent of the law.

Please check this box if we may share your E-mail with NAMI NC: \_\_\_\_\_

We are all volunteers. Check here if you can give us a few hours: \_\_\_\_\_

NAMI NC and National have asked for the following optional demographic information:

Relation to consumer		Ethnicity (Please check one)
<input type="checkbox"/> Adult child of consumer	<input type="checkbox"/> M. H. Professional	<input type="checkbox"/> African American
<input type="checkbox"/> Consumer	<input type="checkbox"/> Sibling	<input type="checkbox"/> Asian
<input type="checkbox"/> Parent of adult	<input type="checkbox"/> Spouse	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Parent of child under 18	<input type="checkbox"/> Friend / Other _____	<input type="checkbox"/> Native American
	<input type="checkbox"/> Consumer is a veteran	<input type="checkbox"/> White
		<input type="checkbox"/> Other _____

NAMI Wake County sends E-mail reminders of our meeting, and news about mental illness about once per week. Over the past year more than 100 E-mail addresses people have given to us have changed, meaning YOU may not be receiving our E-mail. If you want E-mail from NAMI Wake County, just send an E-mail to [admin@nami-wake.org](mailto:admin@nami-wake.org) and we will be happy to add you to our list.

We DO NOT share our list with others. If you want us to share your address with NAMI North Carolina, and you are not already receiving E-mail from them, just add that to the note you send to us.

NAMI Wake County  
P.O. Box 12562  
Raleigh, NC 27605-2562

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Open Your Mind

May 2009

**An Affiliate of NAMI (the National Alliance on Mental Illness) and NAMI North Carolina**

**WE CURRENTLY HAVE  
250 MEMBERS !!!**

The code "09" after your name on the address label means your dues are paid for this year.

No "09" on the label? Please join today!

A membership form is in this newsletter, or you may join online at: [www.nami-wake.org](http://www.nami-wake.org)

