

The Iris

Support, Education, Advocacy

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November 2010 Issue

From the President's Desk -- Gerry Akland, President



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919-848-4490

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919-250-3133

NAMI NC Helpline

1-800-451-9682; M-F 8:30am-5pm

The famous artist, VanGogh, understood his illness as "an illness like any other." He painted, *Iris*, while institutionalized. It has become a symbol of hope and courage for



Rally to Save Dix!!

4:30 pm, Thursday, October 28

Gather at the Park at corner of Lane and Wilmington Sts., Raleigh, NC. Followed by one-block MARCH up Lane to Blount St., past the Governor's Mansion and back to the Park.

**You CAN Make a Difference
for Thousands of Extremely Ill
People all over NC.**

Spread the Word
to your Faith Communities,
Organizations, College & Civic Groups,
and your Family.

WE NEED A BIG TURNOUT!

Invited Speakers:

Governor Perdue, Former Dix Patients,
Hospital Workers, State and County Officials,
Law Enforcement Officials, Hospital Officials,
Community Supporters and Organizational Leaders.

For more information: Contact Ann or Gerry Akland, 919-266-0766 or aakland@nc.rr.com. Check the website www.nami-wake.

Keep Dorothea Dix Hospital Open: The Facts

*Closing Hospital Beds Before Community Treatment Options
Were Successfully Funded & Implemented
Has Put Thousands of Helplessly Ill People in Danger.*

Prisons and Jails – NC’s New Mental Hospitals

- State hospital resident beds have gone from 1,904 in 2001 to 770 in 2009--a reduction of 60%. The total number of patients admitted declined from 17,000 in 2001 to 7,500 in 2009. (NCDHHS)
- The number of seriously mentally ill prison inmates is projected at 6,183 in 2009 (David Edwards, NC DOC, 2007)
- The Treatment Advocacy Center reports a NC population in 2005 of 8,617 severely mentally ill inmates in prisons and jails with odds of a mentally ill person being incarcerated rather than in a psychiatric hospital 3.5 to 1. (Treatment Advocacy Center, E. Fuller Torrey, et al., 2010)
- A recently completed report by NAMI Wake (Akland 2010) reported that in NC a psychiatric patient has 8 to 1 odds of being in a state prison rather than a state psychiatric residential bed. There are thousands of other mentally ill people in NC jails not counted in this figure.
- Placing the mentally ill in a brutal environment that they are not equipped to navigate without the aid of robust mental health services promotes neither rehabilitation nor prison security. It smacks more of cruelty than of justice. (Fellner, 2006)

Olmstead –How it’s Implementation Has Ripped the Safety Net

- The Supreme Court’s Olmstead Decision was used as a basis for reducing the number of residents in state hospitals and for closing hospital beds. However, NC did not take into account the provision of the decision that reads, “states are required to provide community-based services for persons with disabilities otherwise entitled to institutional services when ... the placement can reasonably be accommodated, taking into account resources available to the state...” (The PACER Center) NC never made available the amount of funding required to implement a plan of care in the community.

Emergency Rooms – Where Psychotic People Wait and Wait and Wait...

- During the first 6 months of 2010, 3,000 people were wait-listed for a state hospital bed. They waited, on average, 2.6 days. Two hundred and twelve waited 7 days or longer. (Ann & Gerry Akland, NAMI Wake County, 2010)

The Streets – Where over 1,000 untreated mentally ill people live

- Volunteers counted 1364 homeless mentally ill adults, diagnosable by a professional in the 2010 point in time survey. (NC Coalition to End Homelessness) These are people that could be found and those that were easily classified as mentally ill. Many more are out there suffering under bridges and in the woods.

Dispelling the Myths: Why Keeping Dix Open Benefits the Entire State, not just Wake Residents

Myth 1: Wake County has the highest utilization of state hospital beds of any LME in the state. The most recent state data indicate that Durham has the highest rate of state hospital admissions per capita.

Myth 2: Wake County doesn't invest in psychiatric hospital beds for uninsured residents. Wake County has stepped up and, as a result, bed utilization at Dix Hospital has been reduced drastically in the past year as Holly Hill Hospital began admitting uninsured patients into 44 beds paid for with County funds. To the credit of the County Commissioners, they did not stop there. They set aside funds for

new substance abuse and mental health treatment facilities on a campus called Wakebrook.

Wakebrook will house two "replacement" facilities for obsolete ones. There will be a new outpatient crisis facility and a new inpatient substance abuse treatment facility to replace aging facilities on Falstaff Rd. The County is also building 16 new facility based crisis beds for people with MH, DD, or SA disabilities. In addition, they are building 16 beds for medically supervised detoxification. These are not hospital beds, but stays in both facilities are expected to be 3 to 5 days. When they open, the new beds will be used only for voluntary admissions but are expected to accommodate involuntary admissions at a later time.

The Holly Hill beds are already making a big difference for uninsured Wake residents and we are confident that the Wakebrook beds will also help direct patients into care closer to home as well as keep people's symptoms from escalating to a point where they need care in a state hospital.

Myth 3. Keeping Dix open only benefits Wake County. One only has to look at the utilization of state hospital beds to realize there simply aren't

Dix is the only ready source of additional staffed residential and admission beds in the state. If they close, how soon do you think the state could get new beds built and open elsewhere? Staffing shortages have always been a problem in Butner and in Goldsboro. Wake County has many more trained healthcare workers to fill vacant positions.

enough beds anywhere in the state. NAMI Wake analyzed the NC DHHS Division of State Operated Facilities' own data and found that over 3,000 people were wait-listed for a state hospital bed during the first

six months of this year. The average wait time was 2.6 days with hundreds of people across the state waiting weeks in an emergency room for a bed.

Can you imagine a person who is violent, extremely delusional, or suicidal waiting for days and days in an ER? We have heard from people across the state whose relatives have had this horrible experience.

Dix is the only ready source of additional staffed residential and admission beds in the

state. If they close, how soon do you think the state could get new beds built and open elsewhere? Staffing shortages have always been a problem in Butner and in Goldsboro. Wake County has many more trained health care workers to fill vacant positions. We have a real mental health emergency in our communities requiring immediate action. If Dix closes, it will be a loss to people with mental illness in Wake County, but it will be a very great loss to the entire state as Wake residents fill beds in other hospitals.

Myth 4. A bed in a community hospital is the same as a bed in a state psychiatric hospital. Community psychiatric hospitals, including those with the few beds paid for by the state, are not equipped to handle the so-called, "high acuity" patients, i.e. those that are extremely psychotic, violent, or those having co-occurring psychiatric and medical needs, especially geriatric patients. While having community psychiatric beds is essential, they will not take the place of state psychiatric beds because of the ability of state hospitals to handle the sickest patients.

Do we have to choose?

Hospitals for those in Extreme Crisis or Outpatient Treatment, Supportive Housing and other Assistance?

People who are extremely psychotic, suicidal, or homicidal generally don't have a choice about going to a hospital. In fact, they often get a ride from law enforcement and are placed under involuntary commitment orders. Some of these patients can be cared for in community psychiatric beds. But the sickest and those with a history of violence and/or medical complications are most often denied admission in community hospitals because the hospitals are not staffed or set up to provide safety to other patients and staff.

Given proper treatment for an appropriate length of time, they can often recover and lead a good quality life with outpatient treatment and support.

Dr. James Wells, a contract psychiatrist working at Dorothea Dix Hospital shared an example of such a patient he has treated. This woman had been admitted to Dix 80 times in the past. She beats people up. Dr. Wells also worked at Cape Fear Medical and had seen the same patient there many times. After working with the patient for 8 months at Dix, she was stable enough to return to the community and has been successfully living on the outside with outpatient support.

Even though people can get better, i.e. "recover," it is not magic. When they are extremely ill, it may take months and months of medication adjustments, therapy, and rehabilitation before the person is safe to return to the community. Some patients have illnesses that are extremely complex and difficult to handle. Dix has been

the place other state hospitals have sent those patients.

State hospital residential beds have been reduced 60% since reform began in 2001. In fact, the local mental health agencies are being graded on the length of stay in state hospitals--the shorter the stay, the better the grade. ***We need to keep an adequate number of admissions and residential beds open at Dix until ER waits are no more than 24 hours.***

Granted, most of the people with severe psychiatric illnesses only need short-term crisis care, but for those who do need the care it can be a matter of life and death not only for them but for others in their families and the community. In our opinion, a full continuum of care includes long term residential care for those who need it.

A continuum of housing options needs to be available for people with mental illness --supervised living options, housing with supports, and independent living options. Safe and stable housing, transportation, outpatient community treatment, and other supports are essential to keep people stable, and out of the hospital.

As advocates, we should not let ourselves be forced to choose between state hospital beds and community services. Both are needed. Hopefully, at some point in the future, NC will have a real system of community supports which will enable more people to live successfully, but until then, ***we should not settle for the fewer state hospitals while we watch the number of people incarcerated climb and climb.***

Treatment for those with the Most Severe Mental Illness Living in NC--Jails and Prisons

NAMI Wake County, with support from other NAMI affiliates across the state as well as community partners including the faith community, former Dix patients, hospital workers, state and county officials, and organizational leaders, has led the effort to make the public aware of the horrible mess the state is in with regard to treatment of those with mental illness. Our first effort was our report, "Indicators of the Impact of North Carolina's 'Mental Health Reform' on People with Severe Mental Illness Including State-wide Results, Local Management Entity Scorecard & Impact on Local Law Enforcement" (October 2008). This was followed by an update of the impact on law enforcement, "Involuntary Commitments, NC Sheriff's Office impact, (Including observations on the outcomes for people with mental illness), 2009 Update". And this was followed by a report released in August this year of the extreme amount of time waiting in emergency rooms in community hospitals across the state for a state psychiatric bed, "NAMI Wake Report, 'State Psychiatric Hospital Admission Delays, January - June 2010". The most recent report in our series, just released, looks at where those with mental illness are most likely to receive their treatment. The report is titled, "Prisons & Jails are North Carolina's New Mental Hospitals - We have regressed to the late 1800's." This report, as well as the others are available on our website, www.nami-wake.org and click on the publications button.

The recent report focuses on how we in North Carolina started our efforts to de-stigmatize and treat with dignity those who are stricken with a mental illness. This effort was led by Dorothea Dix and resulted in our first state hospital in about 1850, still providing award winning care for those in need of psychiatric treatment today. But, with the advancement of medications and the urge to de-institutionalize those with mental illness, the number of state

(and community) psychiatric beds began to decline. For example, an individual with a serious mental illness was 10 times more likely to find a psychiatric bed for treatment in 1955 than in 2004. Since 2001, state psychiatric hospitals in NC have cut resident beds by 60%. At that time, there were 1904 beds. In 2009, the number was reduced to 770. The reduction in number of available psychiatric beds has had a dramatic effect on the number of persons served. For example, in FY2001, the state served 17,160 persons. In FY2009, the state served only 9,643. Adjusted for population, at the beginning of the 21st Century, North Carolina was providing a service rate of 205 persons/100,000 population. Today, that service rate has dropped by about 50% to 103 persons/100,000 population.

Dix stayed open during the Civil War, World Wars I and II, the Great Depression of the 30s, the Korean and Viet Nam Wars, as well as other major economic recessions... Yet our current government leaders cannot afford to keep Dix open today

Where are the people receiving the hospital treatment they need? If you are severely mentally ill in NC in need of a psychiatric hospital bed, odds are 8 to 1 that you will be in a prison bed instead of a state psychiatric hospital bed. It is inhumane to deny treatment to helplessly ill individuals causing them to become incarcerated. In less than 200 years, we have taken mentally ill individuals who were in jails and prisons; transferred

them to mental hospitals; then we closed down the mental hospitals, thereby forcing the mentally ill individuals back to jails and prisons. Furthermore, the state is adding psychiatric beds to Central Prison as well as at the Women's Prison, just to keep up with the "demand." Meanwhile, Governor Perdue is saying there just isn't enough money to keep Dix open. Dix stayed open during the Civil War, World Wars I and II, the Great Depression of the 30s, the Korean and Viet Nam Wars, as well as other major economic recessions. One former governor gave Dix land away so that affluent people can play golf on the new Lonnie Poole Golf Course. Yet our current government leaders cannot afford to keep Dix open today to treat those with mental illness.

**Annual Business Meeting
November 22 7-8:30pm**

**Catch up on the Business
of NAMI Wake & Vote for:**

**Annual Budget &
Board Members**

**Learn about our
Goals
Volunteer Opportunities**

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

Les Girls Social

NO MEETING IN NOVEMBER

Holiday Luncheon, Dec.11, 11:45 am,

Note: Luncheon Site , Golden Corral, 6129
Glenwood Avenue.

This is a social opportunity for consumers and family members. Everyone is invited. Lunch is Dutch-treat. If you would like to attend Les Girls for our monthly social Dutch treat lunch but need assistance paying, contact Katherine.

**Support for Families of
Children & Adolescents**

NAMI Wake members, Heidi Cranford and Chary Sundstrom, parents trained to lead the NAMI BASICS course, convene a support meeting for parents and caregivers of children under the age of 18 who have a behavioral health diagnosis. These meetings are for sharing and supporting one another especially in reference to the education system. The group meets the second Sunday of the month at Whole Foods, 3540 Wade Avenue, Raleigh from 4-6pm. There is no charge to attend. Contacts: Heidi Cranford heidi3623@nc.rr.com
Chary Sundstrom chary@nc.rr.com

**FAMILY SUPPORT
GROUPS**

(Family & friends of people with mental illnesses)
Rooms 202 & 204

NAMI Connections Groups*
(People with mental illnesses), Room 206

Highland United Methodist Church
1901 Ridge Rd, Raleigh, NC

All Support groups meet from 7-8:30 p.m. on the first three Mondays of each month. For more information about support groups, contact:

- Gordon Gogola (gogolags@hotmail.com), phone 601-3996
- Jeanne Harris, phone 850-0406

Upcoming Learning Opportunities

NAMI Family to Family Class starting in January.
Call Susan Hadley 787-5999 to register.

NAMI NC 2011 CIT Conference, February 11, 2011

4/8 - 4/10 2011 Connections & Support Group, Basics, Raleigh, Contact Brenda Piper: 919-788-0801, 800-451-9682 or bpiper@naminc.org

Answer to Riddle in Oct. Iris: When are the following numbers equal? Hint: The numbers represent the number of people receiving daily care by various providers for the same amount of money. Answer where the people are receiving the care for each number.

1 = 2 = 5 = 10 = 30 = 500

1 person day in a psychiatric hospital = \$1,000
For the same amount of money, the following is true:

2 people/day at Cooper Riis

5 people/day at an assisted living apartment

10 people with MI/day in the Wake Jail

30 people/day living in a group home

500 people/day living in a shelter

Time to Join NAMI for 2011!

2011 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.

Number in household represented by membership _____

Name: _____ Membership \$35.00

Address: _____ Donation _____

City: _____ Zip: _____ - _____ Total \$ _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Mobile Phone: _____

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 would like to volunteer _____.

Relationship to Consumer	Ethnicity (Please check one)
<input type="checkbox"/> Adult child of person with MI diagnosis	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Person with a MI diagnosis	<input type="checkbox"/> Asian American
<input type="checkbox"/> Parent of adult with MI diagnosis	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Parent of child under 18 with MI diagnosis	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Mental Health Professional	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Sibling of person with MI diagnosis	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Spouse of person with MI diagnosis	<input type="checkbox"/> White
<input type="checkbox"/> Friend/Other <input type="checkbox"/> Person with MI diagnosis is a Veteran	<input type="checkbox"/> Other

Mail Form to NAMI Wake County, PO Box 12562 Raleigh, NC 27605-2562

Join NAMI Wake's Email List Today!

Do you receive email from us? Did you in the past, but not recently?

NAMI Wake County maintains an email service which we use to communicate news, meeting reminders, etc. to those interested in helping to further our mission of education, advocacy and support for persons with severe and persistent mental illness (SPMI), their families, and friends.

We currently have 2,179 families on our mailing list, but we do not have an email address for 928 of you. Won't you join our email list? It is easy to join our list.: Send an email to admin@nami-wake.org with "Subscribe" as the subject.. If you know of others who should be hearing from us, please let them know they can join via our web site: www.nami-wake.org.

In addition, unlike the postal service which provides mail forwarding, when you change your email address and do not notify us, our email to you "bounces". We have had about 60 of these in the past two months, so if you have not received an email from us about once a week, you are a family who used to be on our list but is no longer.

We do not share our mailing list with others. If you no longer wish to receive email from us, send a message to admin@nami-wake.org with just "Unsubscribe" as the subject.

NAMI Wake County
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November 2010

Our State Needs Dorothea Dix Hospital

It's Now or Never!

There is ONE LAST Chance to keep these beds open
until better alternative community services, such as supportive housing, are in place.

People with Mental Illness Need your Help!

Please get involved-Look Inside!