



The Iris

Support, Education, Advocacy

Vol 25, No 9

September 2010 Issue

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

Waiting for Care in a Hospital ER in NC?

Expect to wait 4.26 hours.

Waiting for Psychiatric Care

Expect to wait 63.1 hours.

Hopefully you have not needed a psychiatric hospital bed during the past six months, but if you have, no doubt you experienced a prolonged wait. NAMI Wake completed a report that examined the amount of time people had to wait for a state hospital bed during the first six months of this year. (The report is available on our website under the "publications" button.) The data were provided by the Division of State Operated Healthcare Facilities, DHHS. It was especially enlightening to learn that this division is keeping records of wait times for admissions to state psychiatric hospitals so that the public can better understand the extent of the problem. Our objective was to see how many waits and their duration were occurring across the state, and to see how Wake County compared with other counties and LMEs.

We found that 3339 people were wait-listed for admission to a state hospital. Eighty-six percent of these patients waited in hospital emergency departments (ED) or in crisis centers. The average wait time was 37 hours. One thousand four hundred seventy six (1476) people waited 2 days (48 hours), or longer. Of these, 212 waited 7 days, or longer.

Although there are significant problems across the entire state, the severest waits are in the Central Region. Nearly 60% of the total number of people waiting for beds was from the Central Region of the state; about double the number expected (33%) The combined average wait time for the 1951 people waiting was 2.9 days, higher than the combined average wait time for the 1383 people waiting an average of 2.3 days in the other two regions. Also, we found that in Wake County, 207 people waited at least 2 days for a bed, with 42 waiting 7 days or more, the highest for all the counties.

The report provides evidence that more psychiatric beds are needed. In particular, more beds are needed in close proximity to Wake County, the most populous and fastest growing county in the state. I am in favor of a regional solution to the shortage of psychiatric beds. The hospital could be built as part of an existing community hospital. This approach would enable the hospital to bill Medicaid and private insurance rather than placing the entire burden of care on the state. If built and staffed to care for high acuity patients, it would reduce the impact on the state budget as well as overburdened state hospitals. But far more important, a new hospital with available beds would provide a healing place for those who now must wait in hallways, crowded rooms, and reception areas for hours or days while suffering their private pain and loss of dignity just to begin their road back to recovery. For some, death, incarceration, or homelessness is better than suffering a repeat of this horrible nightmare they now have to experience. It's time for a real solution to this problem.

Iris Editor & Webmaster

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919-848-4490

Wake County Human Services'

Access Center

919-250-3133

NAMI NC Helpline

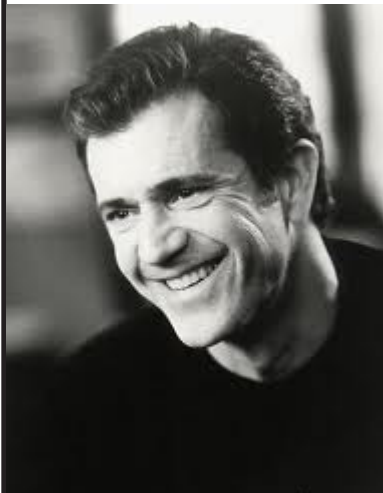
1-800-451-9682; M-F 8:30am-5pm

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 people with mental illnesses.



Why can't anyone believe Mel Gibson's mentally ill?

The media, from biggest slick magazine to the rowdiest talk radio host, is making Mel Gibson out to be the ultimate celebrity narcissist. His career survived a few bigoted rants



about religion, homosexuality and race, they say. But now – more than three years into a downward spiral where he's abandoned his seven children and wife of 28 years, gotten his arm candy pregnant, and become so vicious that she filed a domestic abuse complaint and recorded his rants for the world to hear – now they agree that “every man dies” and so must Gibson's professional career.

The collective wisdom chants: In Gibson, a mythic screen hero, the narcissism of our culture has finally also achieved its own mythic meltdown.

No one seems to be able to hear that something else is happening. In interviews in 2002 and 2006, Gibson said he had been diagnosed with bipolar disorder. Even in the midst of the abusive tirades his girlfriend Oksana Grigorieva recorded, she tells him over and over, “You need medication.”

What do they know that we won't admit? And why won't we admit it?

Mel Gibson is successful. Before his divorce, his net worth was about \$850 million. He's received six People's Choice awards for his popularity as an actor; was named the world's most powerful celebrity by Forbes. We don't believe that mentally ill people can be successful. And part of the reason is that “unsuccessful” mentally ill people live with their parents or in group homes. “Successful” mentally

ill people live in the closet. You know them. You just don't know they're living with a chronic illness.

Seeing him ill confuses us. For decades, we thought we knew who Mel Gibson was. We thought of him as the paradigm of upright masculinity, except for those weird rants when he went on a boozy bender. Now he appears to be ... something else. Which Mel Gibson is the “real” Mel Gibson? Mental illnesses confound our fundamental understanding of human identity. We depend on people to behave in predictable ways. When someone who is mentally ill has an event, their behavior becomes unpredictable. We're uncertain how to decide which person is the “real” person. And that uncertainty disrupts the core of what we understand “personhood” to be.

Thinking of him as “ill” frightens us. If Gibson's behavior is just bad behavior, then it's his fault. We can blame him; we can shame him. But if this is a mental illness – if Braveheart could be so far off base without even knowing he's left the reservation – then this could happen to me or you. And that possibility is far too fearful to imagine.

The simple math is that, by the most conservative estimates, if you work in a small business of 25 people, the odds are that one of them is experiencing a mental illness now. If you attend an average-sized church of 100, six mentally ill adults are in the pews. If there are 200 in your college dorm, 12 of those young adults are today struggling in the early years of a mental illness.

And as long as we blame and shame and fear and refuse to believe that they could possibly succeed in life, all of them will bleed with Braveheart. Quality treatment, offered without stigma, is the only cure for a Braveheart's broken mind.

Carlene Byron and her husband, James, were NAMI family educators in Wake County, North Carolina for seven years, helping people learn to live successfully with the mental illnesses of their family members. She works as development officer for the Durham, NC branch of an international nonprofit organization.

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Volunteer News

Would you like to help NAMI make a difference in our community? Here are some ways you can help:

CIT Training Class – September 13-17 - A great way to learn about the CIT (Crisis Intervention Team) program first hand. This program trains local law enforcement officers to help people with mental illness in crisis. The classes are being held at the Wake Tech Public Safety Training Center on Chapanoke Rd. in Raleigh. We will need volunteers to help with refreshments, putting the books together and taking pictures at graduation on Friday.

Recovery as the regeneration of potential

Some years ago in a state psychiatric hospital, a psychiatrist told me that I would be forever sick and that my life would never amount to much. As a person with 35 years lived experience with schizophrenia I look back at that declaration of no potential and smile. Now at 55 I have a good life. I am living to the best of my potential.

Things could have been very different. I could have languished years in a hospital or worse over medicated and dumped in poverty. Something changed the outcome of those years from a life lost to a life well lived; a life of no potential to a life full of potential and possibilities. What changed my life was recovery thinking. In my case recovery led to a life of service to my community, my peers and to the cause of mental health advocacy.

Recovery is not a cure for mental illness; it is however, the regeneration of the potential of a person's life. Thinking in terms of recovery absolutely changes the direction of the life of a person living with mental illness. The person is able to move beyond perpetual illness half-truths to wellness management, self determination and community participation. Recovery thinking especially that of optimistic outcomes changes perspective and therefore restores potential.

All of us reflect the attitudes and beliefs of others in our self-image. It's no secret that when we are treated well we feel good about ourselves; treated poorly we feel beat down. Generally, we can choose to stay away from negativity. That choice is more problematic for a person receiving mental health services from a negative person. It is harder to just walk away. There are consequences for not showing up. Our perspective is always brought into question. The sad truth is that many people with brain illness stop trying to get better because all we hear about are our deficits. We are told negative things. Few express any positive expectations. Therefore we self stigmatize and believe things cannot get better. Why try?

I have schizophrenia one of the most debilitating brain illnesses. I still hear voices; I have problems with my logic and feelings that something's not quite right. What has

recovery done for me? Well since I educated my self about my illness things are less scary. My mom (a good catholic) thought I was possessed, that was the scariest. NAMI helped my family and I recognize that what happens to me can be explained with brain chemistry. Once we understood that it took away the possibility of any external force trying to control me. Learning self-advocacy skills I was able to communicate better with my psychiatrist adjusting my medication at the most therapeutic level without making me tired. Since I did my Wellness Recovery Action Plan (WRAP) I have not returned to the hospital. The skills and techniques learned in WRAP help me cope and do things to take care of myself before I need intervention. Recovery education changed what I believed about my own potential; restored my hope and raised my own expectations. It allowed me to become an advocate.

I would very much like for my peers not to have to wait 35 years before benefiting from recovery. I advocate in Wake County to urge the North Carolina mental health system to become more and more recovery focused. A Recovery Oriented Service System is the expressed expectation of SAMHA the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. Now a NAMI Connections facilitator I urge you to come join us at the nearest NAMI Connections and start your our journey of recovery.

Marc Jacques



Volunteers, Continued from page 3

NAMI Outreach at Health Fair – September 18th -Because of our successful booth at the Omega Conclave, NAMI Wake has been asked to participate at a health fair at the Joy of Discovery Lutheran Church in East Raleigh off of Poole Rd. The fair will run from 10 – 3 and we will need some people to work at our booth and give out information about mental illness and NAMI. The pastor is very enthusiastic about having us there. This is another great chance to reach out in the community.

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, 919-662-0764

My Life with Bipolar Disorder *by Mimi Crews*

My name is Mimi Crews and I am a 46-year-old stay-at-home mom of three children. I have a BS in Human Services and a minor in counseling. My first job out of college was working on a child psychiatric unit at a hospital where I learned about all types of mental illness first hand. Never would I have dreamed that 23 years later, I would be a patient on an adult psychiatric unit. My jobs after that focused on helping visually impaired adults and students find jobs in the Boston area, preschool teaching, and working in the party planning industry in Raleigh. After my first son was born, I was able to stay home and focus on raising children.

Before my illness, I was social and active. I spent time with other moms bringing our children to play at parks, going to story hours at the library and book stores, play dates, putting my kids in a jogging stroller to go for long walks with other moms, etc. As the children grew, I would bring them to preschool, then elementary school where I volunteered in the classrooms. After school and on the weekends, I would bring my kids to basketball, baseball, soccer and swim team practices/games. During my free time, I enjoyed scrapbooking, gardening, cooking, playing tennis, attending a cardio class three days a week, and going out with my husband or friends.

On April 28th, 2009, I had my first official "nervous breakdown" and was involuntarily committed to Holly Hill. While there, I was diagnosed with a drug-induced psychosis, most likely from the ADHD medication I had been taking for years. I had been going to a psychiatrist and therapist for 16 years to treat depression and ADHD. How could they have missed my bipolar? After finding a new neuropsychiatrist and reviewing my history, I realized I had also experienced a nervous breakdown during my late twenties. I thought my unusual behavior was a reaction from a difficult first marriage and divorce. During that time I had no medication, but was seeing a therapist. For the next twenty years I dealt with depression, anxiety, ADHD, sleepless nights and at times hiding my symptoms from my family. Over time, my bipolar was slowly seeping out and I could not control it. My mind would not quiet down. It began to take over my life, and I felt like I had to climb a mountain just to get through the day. All the techniques I had learned over the years for stress management were not working. I began to isolate myself, overreact to situations, go through mini-manias, and became a difficult person to live with each day. The only thing that helped relax me was exercising and having alone time with no responsibilities.

Since my correct diagnosis, my life is getting back on

track, slowly but surely. It has not been an immediate change, often progressing in baby steps. I no longer feel that if I am depressed around the holidays or over-react during stressful situations that I will end up back in the hospital. I am gaining confidence in myself and I am branching out to join a tennis team and garden club, and reconnecting with friends. I understand it is not easy having a brain disorder that requires daily maintenance. I will have days or times that are difficult. At times, the fear of my illness rearing up again does hit me and I am afraid to try new things. However, I also know how important it is to dive into new situations and see what happens. My husband has stuck by me every step of the way and this has strengthened our marriage. My children saw the police take me away in handcuffs to the hospital. They understand that Mommy's brain was sick and I am working hard to get better on a daily basis. They have been

remarkably resilient and are able to ask questions or talk about my breakdown whenever they feel like it. My parents and siblings are open to learning about my illness and attend family support meetings. It has always been difficult for me to ask for help, but I am learning it is okay to get help or support when I need it.

I currently attend the NAMI support groups which have helped me understand my illness in a new light. All of my feelings of anger, frustration, confusion, guilt, etc. are all part of the recovery process and I am not alone. I have learned about different types of mental illness, can ask questions, gain support and listen to other consumers that have dealt with mental illness for

many years or were recently diagnosed. I feel I will be able to live a normal life with the right medication, support/understanding from family and friends, meeting with my neuropsychiatrist and therapist, lifestyle changes (exercising, eating healthy) and NAMI support groups. I have been very impressed with Gordan Gogola, who is available to consumers and families in crisis seven days a week. He always seems to know what to do in difficult situations any of us could face and has a wealth of knowledge/resources to share with others. He has created a support program with trained facilitators leading the groups. He responds to everyone with support, knowledge and honesty.

Last week, I saw a poster that sums up my continued journey with mental illness. "PERSEVERANCE: What the mind can conceive and believe, it can achieve."

I feel I will be able to live a normal life with the right medication, support/understanding from family and friends, meeting with my neuropsychiatrist and therapist, lifestyle changes (exercising, eating healthy) and NAMI support groups.

Housing for Homeless Mentally Ill Individuals: Wake County's Approach

Wake County administers a housing program dedicated specifically to homeless individuals who also suffer from mental illness. It is based upon the premise that these individuals can better receive services while they are in housing. The program addresses housing as a basic need which is separate and apart from the service delivery associated with the illness. Housing these clients at the onset of service engagement provides much needed stability to their lives. Once the basic need of housing is met, clients are better able to engage in the services that they need.

Wake County's homeless clients who also suffer from mental illness tend to be heavy users of high cost public services: They have frequent admissions to hospitals, jails, and shelters. It is much less expensive to serve individuals with mental illness in housing than in these institutional settings. It costs at least \$900 (for room and board only) per day for a bed at Holly Hill hospital. It will cost about \$770 (for a one bedroom apartment) per month to house the same individual. Housing the clients first provides a stabilizing force in their lives and incentivizes service delivery thus breaking the cycle of repeated use of these high cost services.

The concept of providing services to people in housing is not new. It's been successfully implemented in at least five major cities. In New York City they've been using this treatment model since 1992. To date 450 people have been served and 84% of them have kept their housing for at least 4 years.

Wake County has four different rental assistance products to offer: Two are federally funded through the US Department of Housing and Urban Development's Shelter Plus Care Program and two are locally funded by Wake County. These programs offer rent and utility payments only. Wake County does not provide the housing unit. Wake works with over 50 landlords in the community in an effort to maximize housing choice for voucher recipients. All rental assistance is paired with case management services from existing community providers. Clients must be referred to the program by their case manager.

Traditional Shelter Plus Care

Through this program Wake County makes rental payments to provide permanent housing in the community for persons who are homeless and have a disabling condition – typically the disabling condition is a mental illness. Clients must agree to receive services from a provider while they are housed. This has been a successful model in pairing housing choice with services for clients for over 15 years.

Housing First Shelter Plus Care

This program mirrors the traditional Shelter Plus Care program by providing rental payments to permanently house

persons within the community. However, the Housing First Shelter Plus Care Program targets individuals who are chronically homeless. All individuals served by this grant have been continually homeless (on the streets or in an emergency shelter) for at least one year or have suffered four or more episodes of homelessness in the past three years and have a disabling condition of severe and persistent mental illness and/or a chronic substance abuse disorder. Typically individuals who participate in this program are receiving outreach from providers who meet clients in the streets, in homeless campsites or in the area emergency shelters. Once a client receives a housing first rental subsidy, they are offered intensive case management, psychiatric and substance abuse services from a community provider.

Wake County Vouchers

Wake County uses Capital Improvement Plan dollars to fund rental subsidies specifically for homeless persons with a severe and persistent mental illness who are not yet engaged in services. This population group typically does not do well in a shelter environment so our traditional approaches to treatment do not work. The subsidies were funded as a way to fill the gap for affordable housing for persons disabled by mental illness who could not qualify for a Shelter Plus Care voucher because they were resistant to engaging with a mental health service provider. From a services standpoint it treats housing as an outreach tool rather than a services tool. Successes with this program have been quite incredible. One current voucher client has been homeless for 25 years. He was sleeping behind a Wake County building, in and out of jail, and the hospital, and very resistant to services. With a Wake County voucher this client was put into housing while engaging him in services. He has been housed for years abiding by his lease – this is the longest he has ever been housed in his adult life. He is engaged in mental health treatment, taking his medicine and seeing the doctor regularly. He is receiving disability, he pays his rent on time and he's stayed out of the legal system/hospital.

High Utilizer Vouchers

Wake County has set aside funds for people who frequently use hospital inpatient services. The subsidies will help to stabilize the recipients who can then work with community service providers. It is anticipated that the recipients of these vouchers will experience a more stable and better quality of life. As a result they will use inpatient services less.

For additional information about Wake County's Voucher Program, please contact Mike Mescall at 856-6423 or MMescall@wakegov.com.

Monthly Education Meeting

Monday, September 27, 2010,
7-8:30 PM

Borderline Personality Disorder: Symptoms, Diagnosis, Treatment, Promising Research

Guest: M. Zachary Rosenthal, Ph.D

Assistant Professor, Duke University

Director of E.M.B. Brout Sensory Processing and Emotion Regulation Program and the Duke Cognitive Behavioral Research and Treatment Program (CBRTP).

(Please see outside back of newsletter for more information)

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

Les Girls Social

12:15 p.m., June 26

Note: Luncheon Site Change

This is a social opportunity for consumers and family members. Everyone is invited. Lunch is Dutch-treat. Please note that Les Girls will continue meeting for lunch at 12:15 pm the fourth Saturday of each month. A new location is being considered. Please call Katherine Cummings at 828-2970 to find out the location of the September Meeting. If you would like to attend Les Girls for our monthly social Dutch treat lunch but need assistance paying, contact Katherine.

Upcoming Conferences

Save these Dates:

NAMI NC

2010 Annual Conference:

September 10-11, 2010

NAMI NC

2011 CIT Conference:

February 11, 2011

Free NAMI Wake Class In Raleigh for Caregivers

Family-to-Family is a class designed for parents, siblings, spouses, and adult children of persons with schizophrenia, bipolar disorder, major depression, anxiety disorder, and obsessive-compulsive disorder. It is not appropriate for people who have a mental illness. Our teachers have family members with mental illness which means they have walked-the-walk of a caregiver. Nearly everyone who has taken the class recognizes improvement in how they feel about how they handled day-to-day crises. Many have said the class is more valuable than any they have paid to attend including career and relaxation classes.

Classes will meet from 9-12 every Saturday morning for twelve weeks starting September 11. If you registered earlier this summer, call to confirm continued interest. Class will be held at a central Raleigh location. Class size is limited to 20 and is filling now. Call Susan Hadley (787-5999) for registration.

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

Other Free Training Opportunities:

9/17 -9 /19 Family to Family & IOOV
Morehead, NC

10/8 - 10/10 Family to Family, Basics,
& In Our Own Voice, Asheville, NC

4/8 - 4/10 2011 Connections & Support Group
Basics, Raleigh

Contact Brenda Piper: 919-788-0801, 800-451-

FAMILY SUPPORT GROUPS

(Family & friends of people with mental illnesses)

Rooms 202 & 204

NAMI Connections Groups*

(People with mental illnesses), Room 209

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

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 about once a month for people who have attended the BASICS class as well as others who feel a support group would be helpful. The group is for parents or caregivers of children under the age of 18 with a behavior disorder or mental illness diagnosis.

Contacts: Heidi Cranford heidi3623@nc.rr.com
Chary Sundstrom chary@nc.rr.com

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September 2010

Rescheduled - Our Speaker had to Cancel in June but will be here in September!

M. Zachary Rosenthal, Ph.D.
Borderline Personality Disorder

Dr. Rosenthal will discuss the diagnosis, treatment and new research related to Borderline Personality Disorder.



He is an Assistant Professor in both the Duke University Medical Center Department of Psychiatry and Behavioral Sciences and the Duke University Department of Psychology and Neuroscience. Dr. Rosenthal's line of research has focused on characterizing problems with emotional functioning and emotion regulation in borderline personality disorder (BPD).

Dr. Rosenthal is a licensed clinical psychologist in North Carolina who is trained in cognitive behavioral therapy (CBT) and is an expert in the treatment of BPD and other difficult-to-treat populations using dialectical behavior therapy (DBT). He is a faculty member in the Duke medical psychology internship program, training and supervising medical psychology interns on the CBT track. In addition, Dr. Rosenthal provides educational trainings to community mental health and substance abuse professionals through a partnership between Duke University and the North Carolina Evidence-Based Practices Center.

Everyone is welcome. - There is no admission charge. Registration not required.