



Wake County's Voice on Mental Illness

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Submissions Welcome

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aakland@nc.rr.com

web address: www.nami-wake.org

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 23, No. 12

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FROM THE PRESIDENT'S DESK

Join NAMI and make your voice heard!

Think about it. When NAMI representatives speak with congress persons, state legislators or city council members, what gives us credibility? One factor is NUMBERS. We are more likely to be listened to, to be truly heard, if we represent many individuals, all with a common goal! NAMI needs YOU to join US, so that all our voices will be heard!!

In 2008, NAMI Wake County was proud to have 285 members, more than in any previous year. And we accomplished a great deal. But at present, we have over 1200 households on our mailing list. What more could we accomplish with 1200 members??? Please join us or renew your membership for 2009. You will be offered the opportunity to volunteer your time as well, but we recognize that not everyone can do that. Membership is something you can do!

It's easy! A membership form is provided at the back of this newsletter. Fill it out and mail with your check or money order. Or go online to www.nami-wake.org to join. We have an "open door" policy. If the \$35 dues are beyond your means, you may join for any amount that you can afford.

Joining NAMI Wake automatically makes you a member of NAMI NC and NAMI national so that you will receive their publications and will be even better informed.

Don't wait! Join NOW!



NAMI-Wake Holiday Party

Join us for food & fun!

Sunday, December 7, 2 – 4 PM

Dix Community Relations building

(The House of Many Porches)

701 Palmer Drive, Dix Campus.

Bring your favorite holiday dessert or snack to share.

NAMI-Wake will provide drinks.



**There will be
NO Community Forum Meeting
this month**

Next meeting will be January 13, 2009

**There will be
NO Fourth Monday Education Meeting
this month**

Next meeting will be January 26, 2009

Local Artist Ana Maria Monzon

Local artist Ana Maria Monzon is currently displaying her work at the Royal Bean Coffee House on Hillsborough Street (across from Meredith College).

Ana's paintings and pen and ink drawings are largely representations of the hallucinations she has experienced as part of her bipolar disorder.

You can stop by the coffee house through the end of December to view Ana's work.

NAMI Wake is happy to share news of such successes when we hear about them. Way to go Ana!

Consumer Support Group Training

NAMI NC will offer "**NAMI Connection**" training to consumers in 2009. NAMI Connection is a new model for consumer support groups developed by NAMI National. Please contact Kathy Smith (363-6313; ksmith@nami-wake.org) if you are a consumer interested in this training. We are hopeful that by 2010, all of our NAMI Wake consumer support groups will be using this model.

VOLUNTEER NEWS

Thank You Volunteers for a Great Year !!!

NAMI Wake would not be able to do all the great things we do without the support of our wonderful volunteers. I appreciate all the time and effort you have given this year.

Thanks to all the volunteers that support the CIT program.

Thank you also to the Outreach volunteers who helped man our booths at various events.

A big thanks to the Newsletter Crew who help get the newsletter out to everyone each month.

We also appreciate the people who participated on our teams for NAMIWalks and Walk for Hope, and all the people who helped with Advocacy efforts.

Thanks to the Support Group Leaders, Family to Family teachers and those who answered questions by phone.

And special thanks to the NAMI-Wake board for their leadership.

With your help, next year can be even better. Watch next month's newsletter for information about our Volunteer kick-off in January where we will let you know what will be going on and how you can get involved.

Happy Holidays to you and your families,

Christine Olson
NAMI-Wake Volunteer Coordinator
OlsonChr@aol.com
919-662-0764

2008 CIT NATIONAL CONFERENCE

Ann & I attended the fourth annual CIT National Convention held in Atlanta, Georgia, where there were approximately 1000 attendees and 56 different presentations spread among seven concurrent sessions. Keynote speaker was Dr. Xavier Amador, who talked about the importance of establishing trust and cooperation as ways of calming agitated persons with mental illness.

The sessions I attended were focused primarily on documenting performance of the CIT program. In one session, a team from the University of Virginia presented an engineering approach dividing the CIT program into five separate systems, complete with flow charts, and included several data collection instruments that may be useful for our program, once modified. Unfortunately, their instruments lacked measures of treatment and consumer input, or tracking recidivism of individuals in the system. Of potential use to new CIT programs here in NC or elsewhere was a checklist called "CIT Work Plan for Developing and Implementing a CIT Program."

The Florida CIT Coalition (17 counties) discussed "certification" based on establishing criteria for evaluating CIT programs, including implementation, fidelity with the Memphis model, benchmarks for measuring program development, maintenance and continuing growth. They argued in favor of self-assessment rather than certification, with liability issues being at least one concern. Using the list of core elements they developed, I examined our Wake County program and, for what it might be worth, determined we rated in the highest category of program quality. This session helped bolster my argument against having the State DHHS certify the local CIT programs that have developed across North Carolina.

Several other presentations proposed ways to develop meaningful statistics related to CIT programs. Though still in developmental phases, I believe we could eventually utilize some of their methods to better evaluate—and maintain support—for our own CIT program, especially in this climate of cost reduction and dwindling resources.

Overall I would suggest that this conference is primarily for law enforcement officers and, to a lesser extent, mental health professionals with forensic interests. There were several presentations that involved the broader judicial perspective that we all found useful, but it was outside the CIT perspective, i.e., pre-booking jail diversion.

AND LOCALLY...

In Wake County there are now 339 CIT trained law enforcement personnel. CIT training is also being provided to others involved in different aspects of community safety; for example, three classes of an 8-hour CIT awareness training was provided to approximately 75 Wake County detention officer supervisors in September. In October, four classes of similar training was provided to all telecommunicators (911 operators) in the county. A 32 hour Crisis Intervention course for paramedics will be provided in December. Crystal Farrow, Wake County Local Management Entity Director, recently designed and presented an in-service CIT training class for magistrates.

Results from our training efforts will hopefully be reflected in better service and treatment for those with mental illness. When you call 911 for someone having a mental health crisis, ask for a CIT trained officer. I would like to hear of any positive or negative experiences you may be willing to share with me as it relates to law enforcement, 911 dispatchers, or EMS. Please email gakland@nc.rr.com or call 919-266-0766.

--submitted by Gerry Akland

Agency for Healthcare Research and Quality Study on Hospital Stays and Mental Health

Daily Briefing, *AHRQ News Now*, 11/04/2008

One out of every five U.S. hospitalizations in 2006 involved either a primary or secondary diagnosis of a mental health condition, according to a recently released Agency for Healthcare Research and Quality (AHRQ) statistical brief. According to the report—based on data from the Healthcare Cost and Utilization Project’s 2006 Nationwide Inpatient Sample—1.4 million hospital stays resulted from a primary diagnosis of mental illness, while 7.1 million stays resulted from a secondary diagnosis. Schizophrenia and mood disorders were responsible for 82% of all mental health hospitalizations. The average length of stay principally for a mental health condition was longer than the average for all inpatient stays (8.2 days versus 4.6 days, respectively).

However, daily hospital charges for mental health hospitalizations were less than for overall hospital charges, about \$3,300 versus \$5,200 per day for all stays. Medicare and Medicaid were billed for more than 60% of all mental health discharges, but Medicaid was billed disproportionately more for mental health stays compared with all stays (26.4% versus 19.5%, respectively). Meanwhile, private health insurance was billed for 23.8% of mental health discharges, compared with 34.1% of all hospitalizations studied.

Demographically, the report noted that the rate of mental health hospitalizations was twice as high in the Northeast than in the West. Mood disorders were the most common principal diagnoses for non-elderly patients, while dementia and associated cognitive disorders were the most common cause of mental health hospitalizations for patients ages 65 and older. Noting that “mental illness often co-occurs with somatic conditions,” which may complicate treatment and raise overall medical cost, the researchers suggest that the recent passage of mental health parity legislation should increase access to treatment (see a related story on Oct. 6, Saba *et al.*, *AHRQ Daily News Now*)

Study of Movie Portrayals of Mental Illness Invitation to Participate in Survey

Over the years a number of movies have portrayed people who are mentally ill, or have characterized mental illness and its treatment. A survey was recently done to identify nominees for the “best” and “worst” portrayals of mental illness and/or treatment in film.

I am writing to ask your participation in a survey now to vote on these nominations for best and worst movie portrayals of mental illness and its treatment.

To date, approximately 200 people have responded, primarily psychology students and mental health professionals. I am seeking more representation of voters from among mental health services consumers and their families.

The final ballot can be accessed through this link: http://www.surveymonkey.com/s.aspx?sm=sQlcpFAwidd1yoRh5mAHLw_3d_3d, or by visiting my www.psych-movies.com website.

This project was approved by NAMI, and is also posted on the national website:

http://www.nami.org/Template.cfm?Section=Court_Watch1&template=/ContentManagement/ContentDisplay.cfm&ContentID=60478

Any assistance you may provide would be most appreciated!

Sincerely,

Brooke J. Cannon, Ph.D.
Professor of Psychology,
Director of Clinical Training, Psy.D. Program
Marywood University
2300 Adams Avenue
Scranton, PA 18509
(570) 348-6211 x2324

Looking Ahead: A New Year and New Governance

NC Governor-Elect Beverly Perdue's Campaign Promises Regarding Mental Health in NC

- "As basic research shows....it makes no sense to separate mental from physical health care" ... there will be a push for comprehensive mental health parity."
- "...want to establish the national model for an integrated approach to behavioral and primary health services for patients with mental health, development disability, and substance abuse problems ... to break down the barriers to the coordination of mental and physical health care."
- "Will initiate an personal, hands-on ... on-site accountability over our mental health system..."
- "Every person served by the mental health system should have the benefit of strong and effective case management to maximize treatment and service plans."
- "Develop mental health courts, with judges and other judicial officials who have special training and interest in the field, focus on problem solving, seek to link at-risk and minor offenders with mental illnesses to needed treatment before they spiral into a life of habitual law-breaking. "
- "Take... steps [such as to expand] of the Office of Rural Health's loan forgiveness initiative to place more mental health professionals in the rural parts of North Carolina where they are desperately needed"

"The state's overall approach to planning and implementation in mental health care [must] shift to a focus on outcomes ... clearly stating what results we can and should expect. [We need to] actively promote the best practices in the field. [We need] centers of excellence ...which will advance evidence-based models and continue to build capacity for high-quality services across the state."

You can read more details at <http://bevperdue.com>

President-Elect Obama's Position on Mental Health

Dr. Chris Ballas; Saturday, September 27, 2008

From President-elect Obama's responses to the NAMI questionnaire sent to the candidates during the presidential campaign, the theme of his responses overall is to effect comprehensive and affordable coverage for all Americans. All areas of mental health will be fully covered, specifically, for example:

- Full parity for all mental health coverage
- Medicaid reimbursements for all types of inpatient psychiatric care ((including, for example, straight drug and alcohol rehab, not just "dual diagnosis" treatment.)
- Fully funded VA, including increasing the number of mental health professionals and removing the ban on benefits to vets who had a "preexisting condition"
- Improve/increase employment opportunities for the mentally ill
- Creation of an Affordable Housing Trust Fund (from the profits of Fannie Mae and Freddie Mac) to create affordable housing
- Passing the Keeping Families Together act which ends the practice of custody relinquishment by families who bring their children in for mental health services
- Maintaining [Medicaid] coverage for people with disabilities who go back to work..
- Diversion of mentally ill offenders from jails to treatment facilities or community treatment

You can read full article at <http://www.healthcentral.com>

Support Groups & Education

Everyone is Welcome

FAMILY SUPPORT GROUPS

Garner United Methodist Church
Lori Darnell (661-7285 or loriptseminars@nc.rr.com)
or Gordon Gogola (601-3996 or gogolags@hotmail.com)
7-8:30 p.m. 1st and 3rd Mondays

Highland United Methodist Church, Room 202 & 204
Gordon Gogola (601-3996 or gogolags@hotmail.com)
or Jeanne Harris (850-0406)
7-8:30 p.m. 1st, 2nd and 3rd Mondays

Southern Regional Center Groups Fuquay-Varina
Cliff or Renee Norman (557-0309 or ncnormans@aol.com)
7-8:30 p.m., 3rd Tuesday

Bunn Family Support Group
Contact Yolanda Tant (496-7886)

Knightdale Baptist Church
Gordon Gogola (601-3996 or gogolags@hotmail.com)
7:00 p.m., 2nd and 4th Thursdays

CONSUMER SUPPORT GROUPS

Highland United Methodist Church, Room 209
Contact Gordon Gogola (601-3996 or gogolags@hotmail.com)
for information
7-8:30pm, 1st, 2nd, and 3rd Mondays

cont'd next column

Southern Regional Center Groups Fuquay-Varina
Cliff or Renee Normam, 557-0309, ncnormans@aol.com
7-8 p.m. 3rd Thursday.

*For more information about support group meetings
or training, call Gordon Gogola (919) 601-3996*

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

SE Raleigh Community Forum and Education Meeting

NO MEETING THIS MONTH
NEXT MEETING JANUARY 13, 2009

Richard B. Harrison Library
1313 New Bern Avenue
See page 2 for details of this month's program

FOURTH MONDAY EDUCATION MEETING

NO MEETING THIS MONTH
NEXT MEETING JANUARY 26, 2009

Note: The Monday night support groups which normally meet at Highland UMC will join for a holiday party at Panera Bread at Crabtree Mall, 4325 Glenwood Ave, Raleigh at 6:30 p.m., on Monday, December 15. Those groups will not meet again until Monday, January 5.

For holiday schedules of other groups, please contact the persons listed above.

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.

Directions to Knightdale Baptist Church: Drive east on Knightdale Blvd (Hwy 64) and turn right onto North First Ave. Continue for .7 mile and turn right onto Main St. The church will be on your left.

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
<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 _____

Treasurer's Report

November 18, 2008

Income
 Budget-Year \$ 47,525
 Actual 22,878

Expense
 Budget-Year \$ 41,150
 Actual 26,163

Net Income \$ - 3,285
 Net Worth \$ 40,166

--Tom Hadley, Treasurer

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

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Open Your Mind

December 2008

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

As a holiday gift to yourself and/or your family, please consider joining or re-newing your NAMI-Wake County membership NOW! A membership form is in this newsletter, or you may join online at <http://www.nami-wake.org>

