



# The Iris

Support, Education, Advocacy

Vol 25, No 12

December 2010

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### Iris Editor & Webmaster

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[www.nami-wake.org](http://www.nami-wake.org)

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.



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

### Goals for 2011

As we enter the holiday season and begin to think about next year, I wanted to announce some of the goals the Board of Directors has set for us for the coming year. As you will see, they have provided us with some very ambitious targets in 8 different areas.

**Membership:** The 2011 membership goal has been increased by 10% to 350 members. This is our average growth rate for the past two years.

**Volunteers:** The goal has been set to double the number of volunteers in 2011, from 100 to 200 volunteers. This is a real challenge, but one that is philosophically very compatible with our organization. We are all about helping one another and that is what makes us strong. The more volunteers we have the more we can accomplish.

**Advocacy:** Several key advocacy issues dominate our next year's activities. First is the issue of keeping Dorothea Dix Hospital (DDH) open. We believe that DDH is the only viable answer to providing timely access to psychiatric beds for those in a mental health crisis in the near term.

We also want to push for more supportive housing, work opportunities, and transportation so those who can lead a more independent life and continue on their road to recovery, can do so.

There also needs to be more emphasis placed on de-criminalization of those with mental illness. We will continue to argue against the position that it is better to close state psychiatric hospitals and then build new psychiatric prison hospitals to accommodate the influx of mentally ill convicts. Clearly deinstitutionalization of those with mental illness (Olmstead Act) was not intended to re-institutionalize the same population in a prison hospital.

The last issue is the need for increased, quality mental health services in our community. Dwindling resources will result in major efforts to cut back on these services and we all need to do our best to not let this happen.

**Criminal Justice:** We will continue to be part of the training program for law enforcement, the CIT program, and also be part of a team that will implement a mental health court in Wake County in 2011. Furthermore we will research ways to reduce the number of those with a mental illness who end up in jails and prisons. This will mean gaining access to records to track frequent offenders so that interventions could be implemented. And

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we will develop a lawyer referral system. We need to know the lawyers who are “consumer friendly.” This term is meant to imply that the lawyers understand mental illness and that they can articulate to a judge the difference between the illness and the person.

**Fund Raising:** There are four primary ways NAMI Wake obtains resources to continue our programs. The first is by memberships. For every full-dues paying individual, we receive \$35.00, but forward all but \$15.00 to State and National. Second, we receive donations from individuals, sometimes as part of the membership process or at other times throughout the year. We encourage this by sending out letters to our mailing lists, asking for donations. Third we hold our special Celebration of Courage event which partners with a local business or health provider (e.g., Rex Hospital) to place our Irises on their property and then sell irises or other items. This year we plan to have two separate events, double last year. The fourth way is to participate in NAMI Walks. This year we want to have double the number of walkers. This statewide event brings other affiliates to Raleigh and we all help raise awareness and reduce stigma surrounding mental illness.

**Communication & Outreach:** We will explore new opportunities to spread our message to others such as through use of social media. We will add a new work group to help make this happen. We will include adding structure in areas we recognize as a continuing need, e.g., establish a Speakers’ Bureau and a Health Fairs Committee. We will actively promote “In Our Own Voice” with the addition of a new board member to take on that responsibility. We will implement a community faith outreach program. And we will attempt to get a Raleigh CAT bus to advertise NAMI Wake.

**Education:** We want to double our education efforts. This means we plan to have 4 Family to Family classes and hold 2 NAMI Basics Classes. 2011 will be the year we actually hold our first Peer to Peer class and we expect great things to happen from that. Finally, we will continue to update our previously published NAMI Wake reports on the status of mental illness in NC.

**Support:** We want to double our support effort in 2011 and double attendance. This will also mean having support meetings in another location such as in Garner. We will work with WCHS to develop support groups for those suffering from depression. And we want to explore the possibility of starting a support group for those suffering from borderline personality disorder.

As you can see, there is much to be done and we look forward to an exciting year ahead. It is my hope that each of you will be able to be an active participant. We need your talents, time and treasures to make this happen.

## New Volunteer Coordinator Selected

We were delighted to have many well qualified applicants apply to be the NAMI Wake Volunteer Coordinator. Thanks to every one of you. Unfortunately, we had to pick just one! Our Board of Directors narrowed the list of candidates and the final three were interviewed by three Board members. We are happy to announce that Rita Tolley has accepted the position and is already learning the job. Rita has had personal experience with NAMI Wake through her own experiences with a family member. She has excellent interpersonal and leadership skills and has been involved in many volunteer activities. I know you will help Rita as she learns her new role by continuing to volunteer and make a difference for people with mental illness and their families. You may contact Rita on 919/420-0329 or [ritatolley123@nc.rr.com](mailto:ritatolley123@nc.rr.com).

## Saving Dorothea Dix Hospital

### *Additional ways you can help*

Our last Iris newsletter outlined reasons for saving Dix. Since then many writers have had letters and Op-Eds published in the Raleigh News & Observer. Writers have voiced their concerns and the sadness for those who will be most deeply impacted by the closing. Just last week, we were encouraged by the news that the U.S. Department of Justice is looking into mental health reform in NC and the lack of community services provided to those with mental illness. A side issue, we hope, will be a careful analysis of why people in crisis are waiting days for psychiatric hospital beds and how Dix could play a role in helping solve this problem. Please continue to send letters to the N&O Editor.

You can also help by making politicians aware of what the closing of Dorothea Dix Hospital means to you. Below are names, addresses and telephone numbers of 4 people who will be deciding the ultimate fate of the hospital. Here are a few of the items you might wish to mention in your letter or as you talk to the legislators:

1. We need more psychiatric hospital beds, which Dix could provide. DHHS even recognized this as recently as October 29, 2009, when Renee McCoy, DHHS spokesperson said in a statement to WRAL, "because of an overall shortage of patient beds, Dix will stay open for at least three more years as an overflow unit and to house children and adolescents in need of long-term care." The shortage of patient beds has not gone away in one year, it has grown worse.
2. Mental health care does not have to be provided in a new building. Care is provided by trained and caring professionals, like those professionals that have been serving our residents in need at Dorothea Dix Hospital.
3. We do not accept that treating those with mental illness in a prison hospital is a preferred alternative to community services, and if needed, hospital treatment in a community or state psychiatric facility.
4. During periods of financial difficulties, it is not acceptable to balance the budget on the back of those who have through not fault of their own been stricken with a severe brain disease.

Please write your letters and emails, make your calls, and encourage your friends, family, church members, and business associates to do the same. You will find more information on our website: [www.nami-wake.org](http://www.nami-wake.org).

Name	Telephone No.	Address
1. Governor Beverly Perdue	919-733-4240	Office of the Governor 20301 Mail Service Center Raleigh, NC 27699-0301
2. Rep. Thom Tillis	919-733-5828	NC House of Representatives 16 W. Jones St. Room 1002 Raleigh, NC 27601-1096
3. Sen. Phil Berger	919-733-5708	NC Senate 16 W. Jones St. Room 2026 Raleigh, NC 27601-2808
4. Rep. Skip Stam	919-733-2962	NC House of Representatives 300 N. Salisbury St. Room 613



Marianne Claytor receives NAMI Wake Award at the October 2010 NAMI NC Annual Conference for the affiliate participating in NAMI Walks with the most walkers. Marianne was the leader of the Fairmont United Methodist Church's team named in her honor. Marianne is escorted by Pastor Steve Hickle.

## *A Glimmer of Hope--A Christmas Gift*

*By Allison Kohring*

The hospital came first. Immediately after being released from my first hospitalization was yet another hospitalization. And another. And another. To this day, I honestly cannot count how many hospitalizations there have been.

During the first hospital visit came the medications. Overall, they were unsuccessful. I tried some forty plus medications in different combinations and I often heard from psychiatrists that I had exhausted all of my medication options. Over the next several years I experimented with different combinations, but they were essentially ineffective or with minimal lasting results.

Therapy, (psychologists and psychiatrists) ensued. After all of this came ECT or Electro Convulsive Therapy. While ECT has been and is effective for many, this treatment did not work for me--ten long months of being repeatedly shocked totaling thirty times. Five different psychiatrists encouraged me to continue with ECT despite my slow responses and lifeless demeanor. I lost so much memory that I could not remember what I had done the day before. For example, while enrolled in summer school at UNC-CH, this proved to be especially difficult even for the extremely kind professor who was willing to help me as much as possible. Needless to say, I had to set school aside for the time. The doctors first treated me using unilateral ECT, or only shocking one side of my brain. When I did not respond to this, they tried using bilateral treatment or shocking both sides of the brain.

Treatments, hospitalizations and medications continued, remaining ineffective. I felt completely drained, empty of worth and despondent. I felt that I was at the end.

Then a new possibility was introduced. It was a five month stay in a treatment center for my bipolar and anxiety disorders as well as my PTSD. To this day, I cannot thank my parents enough for supporting me both financially and emotionally during this stay. I learned so much, bonded with so many wonderful people...I sincerely wish that everyone could have that chance to become better educated about their illness and regain strength.

Following that stay, I came home, married my

wonderfully supportive boyfriend of four years and tried to move on with my life. This was not as easy as I thought it would be. I had to work very hard to stay out of the hospital, found a new therapist and a new psychiatrist. I joined a DBT (Dialectical Behavior Therapy) group that did not prove to be helpful for me, though I know that it has helped many. The introduction of "Wise Mind" to one's vocabulary helps to center thoughts and make rational, self preserving feelings. More hospitalizations ensued. To say that I was depressed would be the greatest of understatements. I did not know what else to do. I felt that I had tried everything including more newly developed medications that unfortunately had unsuccessful results. What else could I do?

And then a glimmer of hope when my psychiatrist first mentioned VNS, or Vagus Nerve Stimulation, I was intrigued, but nervous. As with medications and ECT, it is effective for most, but not all. VNS places a small, pace maker looking stimulator below your collarbone and above your heart. It connects with your vagus nerve, (which is the main nerve in your body), at a place in your neck, sending pulses through it in order to regulate areas of the brain believed to play a role in the regulation of mood, including symptoms of major depression. I learned that MUSC, the Medical University of South Carolina had done the initial testing for VNS and had one of the best neurosurgeons in the country. Also, yes they did accept my insurance!

I made the first appointment possible to drive down, meet this neurosurgeon, be interviewed for eligibility and to find out that yes, I was a candidate. It supposedly takes six months to two years to function fully effectively, yet it has been only four months for me and I already know that I have found the answer to my prayers. It has taken me twelve years of living with bipolar disorder and numerous medical methods to finally have found this miracle. I cannot speak highly enough of the neurosurgeon who performed this procedure. While a minor outpatient procedure for him, it has been a life changing one for me.

First and foremost, the suicidal ideations and extreme depression have ceased. I notice that my verbal responses are much quicker and my eyes do

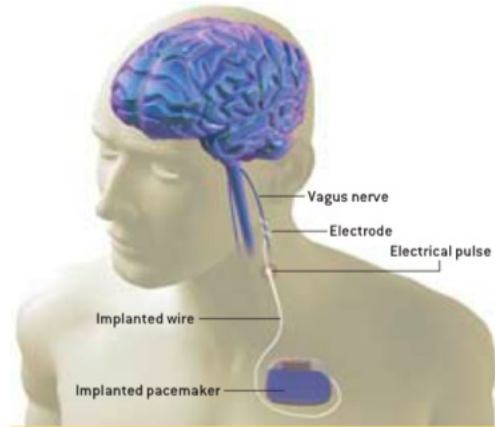
## *A Glimmer of Hope--Continued from Page 4*

not have that "flat" look I used to see in the mirror. Although my anxiety remains problematic, others who have undergone VNS surgery report that this too dissipates within the six month to two year healing time window.

My words of advice are cliché and simple: Never give up. You never know when your miracle will arrive.

Editor's Note: If you are interested in reading more about VNS, you might want to read this book: *Out Of The Black Hole -The Patient's Guide to Vagus Nerve Stimulation and Depression* by Charles E. Donovan, III, published by Wellness Publishers, LLC.

Source: <http://depressiontreatmenthelp.org/vagus.php>



## **Natural Born Leader Needed**

Are you passionate about helping people with mental illness and their families? Are you brimming with ideas about how to get more sponsors and people engaged in NAMI Walks? Do you have a high speed internet connection, a good reliable computer, and computer skills with Excel and email lists? Can you spare a few hours a week to serve as the NAMI Wake NAMI Walks Leader?

*If the answer is YES, we need you.*

As the NAMI Walks volunteer leader you will be given the opportunity to organize our community and raise awareness about mental illness. You will be able to play an active role in getting people engaged in helping improve the quality of life for people with mental illness and their families. Our leader will also have the wonderful experience of working in a team of fun, energetic, like-minded individuals, which naturally leads to countless fellowship and friendship opportunities. Volunteering also provides you experiences that will pay dividends for the rest of your life both professionally and socially.

To volunteer, contact, Rita Tolley, 919/420-0329 or [ritatolley123@nc.rr.com](mailto:ritatolley123@nc.rr.com)

## **Opportunities to Participate in Research Studies Duke University Cognitive Behavioral Research and Treatment**

The Cognitive Behavioral Research and Treatment Program (CB RTP) is located in the Duke University Medical Center in Durham, North Carolina. The director of the program is M. Zachary Rosenthal, Ph.D., an assistant professor and licensed psychologist.

The CB RTP is a full-service psychotherapy clinic, as well as a research facility. All faculty in the lab are both clinicians and scientists. Much of the research is on the "basic" level – a way of understanding how certain disorders affect perception, emotion, and other systems. Investigators have spent much time trying to understand how people who have certain psychological disorders differ from others. They currently have several basic research projects underway related to emotion regulation and depression. You can find more information about these studies on their website: [http://psychiatry.duke.edu/modules/psych\\_rprog\\_cog/index.php?id=11](http://psychiatry.duke.edu/modules/psych_rprog_cog/index.php?id=11) or by calling Lisa Kelley at 919-684-6701.

**Monthly Education Meeting  
Highland United Methodist Church**

**No December Education Meeting**

**See you in January!!**

**Les Girls Social**

**NEXT MEETING**

**December 11, 11:00am**

**Golden Corral, 6129 Glenwood Ave.**

**Holiday Luncheon**

**Note time change: Party starts at  
11:00 and ends by 12:45**

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

**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

**New Family-to-Family Course**

A recent graduate of Family-to-Family wrote, "Excellent course. Each module was immediately useful--nature of disease, self-care, empathy, communication, treatment. Plenty of opportunity to relate experiences and gain insight from others. We made friends and know we are not alone."

Are you in awe of this experience? You too could be a class member of Family-to-Family, a twelve week class for caregivers of those diagnosed with mental illness. Our class starts in January and will be two and half hours each week. Call Susan Hadley (919) 787-5999 for reservations or to answer any questions about this free class. It's a great way to start the new year. Members who have already registered should receive written confirmation before January 1st.

**Upcoming Learning Opportunities**

**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**

# 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: \_\_\_\_\_

Relationship to Consumer	Race (Please check all that apply)
<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"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Sibling of person with MI diagnosis	<input type="checkbox"/> White
<input type="checkbox"/> Spouse of person with MI diagnosis	<input type="checkbox"/> Other
<input type="checkbox"/> Friend/Other <input type="checkbox"/> Person with MI diagnosis is a Veteran	

## Join NAMI Today!

Dues and Donations are Tax Deductible.

At our annual membership meeting on November 22, the members ratified a goal of 350 members for 2011. We have just over 100 as you read this, so we have a long way to go. Please help by joining today and become a member until the end of 2011. You can join by filling out the form at the top of this page and mailing your check or by going electronically to our web site, [www.nami-wake.org](http://www.nami-wake.org).

NAMI is a three-level organization. When you join NAMI Wake County we pay your dues to NAMI national and NAMI North Carolina. Dues for your whole family are only \$35 for the year for all three levels. We want EVERYONE to be NAMI members, so we offer an "Open Door" membership beginning at \$3 or whatever more you can afford.

NAMI Wake County is a qualified 501(c)(3) organization, so your dues and donation are fully tax deductible to the extent of the law.

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

Nonprofit Organization  
U.S. Postage  
PAID  
Raleigh, NC  
Permit No. 1533



December 2010

Merry Christmas!!  
Happy Hanukkah!!

Thanks to all of you for being a part of NAMI Wake and for sharing you time, talents and resources to help people with brain disease and their families. We look forward to getting to know more of you as we continue to provide support, education and advocacy in 2011. Call 848-4490 for more information.