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Support, Education, Advocacy

Making a Difference

NAMI Wake County strives to bring HOPE, HAPPINESS and JOY to persons suffering with bipolar disorder, severe depression, schizophrenia, and other brain disorders and to support and educate their families.



Family Members, Individuals Living with Mental Illness, and Mental Health Professionals listen to Dr. Jeffrey Sapyta, Duke University, at a recent NAMI Wake Education Meeting.

From the President's Desk

NAMI Wake County is fortunate to be surrounded by nationally recognized mental health researchers and therapists. We draw on these experts as well as community leaders to provide information at our education meetings. Research has shown that the more we know about mental illness, the better we can cope with the stress and difficulties the illness has on families or on individuals living with a brain disorder. We provide two education meeting opportunities each month. The first program is on the second Tuesday of each month at the Richard B. Harrison Library and the second is on the fourth Monday of each month at Highland United Methodist Church. See our website, www.nami-wake.org, for details. This month's meeting notices are on outside page. Not only will you learn about the topic, you will meet others with similar experiences who can form the basis for continuing friendship and support.

Just as importantly, our education meetings, support groups, education classes, volunteer activities, and special events offer an opportunity for people living with mental illness, family members, and other friends and professionals to come together to support and encourage one another. With 67,000 people living with serious mental illness in Wake County, you and your family are not alone. NAMI Wake is here for you.

Let's celebrate our 25th year of our affiliate by being more involved with NAMI Wake and doing our part to reduce stigma associated with mental illness.

Gerry Akland

News in Brief

N&O Article upsets family members and NAMI Wake officials. The News and Observer ran an article on January 21, "Visitor on Dix Park delay: 'Shame on you' ." According to the article, former Pittsburgh Mayor, Tom Murphy, who had been part of a group that recommended turning Dix into a park, came back to Raleigh and told a group of people gathered for an "innovation summit, "Shame on you." for not moving forward already. In response, Len McLeod whose daughter committed suicide a year ago, wrote a compelling letter about the need for Dix Hospital to serve people like his daughter. In his letter, he said, " My daughter committed suicide on Jan. 28, 2011 at the age of 26. She suffered with bipolar and borderline personality disorders. She was a frequent patient at Dorothy Dix Psychiatric Hospital. It was her refuge. I wholeheartedly believe that, if the hospital and caring staff that knew her and her situation so well had been available, she would be alive today." Read more here: <http://www.newsobserver.com/2012/01/26/1806287/dix-priorities.html#storylink=misearch#storylink=cpy> NAMI Wake President, Gerry Akland followed with a letter that concluded, "Others believe the land should be a campus consistent with the legacy of a 19th century female leader who spent her life fighting for forgotten victims of a stigmatizing illness. All North Carolina citizens should have a voice in this decision. Not just a few, and especially not an outsider from Pittsburgh. Read more here: <http://www.newsobserver.com/2012/01/28/1811744/dix-vision-persists.html#storylink=cpy>.

Medicaid Standoff still ongoing. The NC Legislature held a Department of Health and Human Services Oversight Committee Meeting on Jan. 26, 2011. Sec. Lanier Cansler has been warning Legislators that they are running out of money to pay bills. An article from northcarolinahealthnews.org reported that Cansler told Legislators in December, "The drop dead date would be mid-May when we run out of money to pay the bills. We write checks weekly. Every time we do, it's about \$100 million in money going out the door." Republican lawmakers have been pointing the finger at Gov. Beverly Perdue saying that it is her job to cover the shortfall. She has responded by saying that she doesn't have the authority. In the January 26 meeting, Rep. Nelson Dollar, said "I'm sure we'll take appropriate actions in May to address the shortfall at that time." Let's hope he is right. Otherwise it will add more distress and chaos to an already overburdened mental health system in NC.

Wake and Durham Local Management Entity/Managed Care Organization

(LME/MCO) Merger. County Officials in both Durham and Wake Counties are working through all the complicated business issues necessary to form a partnership. Both parties want to make sure it is a good deal for citizens in their counties. This has delayed the approval process somewhat, but it is likely that the Durham Commissioners will take up the agreement at their Feb. 6 meeting. If approved, it is likely that the Wake Commissioners will also vote on the agreement the same day. In the meantime, the Wake LME is working hard to keep all the balls in the air until a merger occurs. All the uncertainty in employment has resulted in key staff leaving. At a meeting of the WCHS Board's LME Advisory Committee on Tuesday, 1/24, we learned that Patsy Coleman, a key administrator is leaving. Keith McCoy, MD, the Clinical Director is also resigning to take another job. Other key staff have decided to take early retirement or take other positions within Wake government. According to Carlyle Johnson, Ph.D., 20% of the LME staff have decided to leave although some will wait until the end of June to retire. Assuming an agreement is reached, plans are for the new Managed Care Organization to begin to operate on July 1. In the meantime, keeping everything operating smoothly is going to be a Herculean effort for the staff. Dr. Johnson is optimistic that all the critical functions will continue until operations can be merged.

A Practical Approach to Recovery

How does a consumer, or Mental Illness Survivor (MIS) perceive and respond to most life situations?

In the simplest terms, an MIS will experience, as I have, a much higher degree of emotional response (intensity of feelings) than someone from the general population (GP). For example, imagine a stressful scenario, like taking a test. In recording the accompanying emotional intensity of such a situation, a GP might score 1 to 5, on a scale of 1 (lowest) to 10 (highest). However, the MIS might typically score in the 6 to 10 range. These high levels of emotional response can be before, during, and/or after the test. High anxiety, depression, racing thoughts, and hypomania are ways that heightened emotional response might be exhibited.

Now imagine when a MIS has to take a series of exams. The emotional intensity is already high during the first test, and subsequent exams only increase the emotional intensity. If the MIS receives an unexpected low grade, there is an added layer of pressure.

Other life situations can cause this intensifying of emotional stress for an MIS. Often the loss of a love relationship or job can affect the stability of an MIS. One thing can easily lead to another as emotions intensify – dropping out of school, isolation, thoughts of suicide, and other irrational behaviors. Sometimes the result may be hospitalization.

At some point the road to recovery begins. If an MIS believes that the resistance factors shown below will not, in the **short term**, improve their suffering, this can stall their **long term goal** for good mental health and wellbeing. It's like trying to drive a car with a flat tire. You can do it, but it's slow going and at some point you're going to have to change the tire in order to make progress.

Some of the major resistance factors to recovery are:

- a. Time - believing your needs come first
- b. Denial – fear of stigma, medication, loss of control, etc.
- c. Harmful practices – stopping prescribed medicines, substance abuse, consuming high levels of coffee and sugar, over-extending oneself, missed appointments
- d. Unhealthy activities – poor food choices, sleep excess, avoiding activity at all, and not forgiving yourself, family and friends
- e. Unreasonable expectations – outcome of doctor visits, medication relief, support of family and friends
- f. “I don't need help” – from anyone – therapist, family, friends, psychiatrist, boss, teacher, no one!

As with driving with a flat tire, change (recovery) is facilitated by removing the resistant factors. To put these comments in perspective -just as a GP becomes frustrated with life's challenges – illness, family matters, jobs, or relationships – the same is true for a MIS. The difference is that a MIS may take longer to resolve the same issues. But it can be done! These articles are written to educate, not tools for admonishment.

With NAMI support groups many Mental Illness Survivors are getting the help they need in removing the resistance factors. Connections meetings offer help and hope to any MIS - hope for recovery and wellbeing. Please join us at HUMC on the first three Mondays of every month.*

NAMI Wake County Makes a Difference

Richard

Richard
Connections Facilitator
Member, NAMI Wake Board of Directors
Highland United Methodist Church (HUMC)
First 3 Mondays of each Month

*NAMI Wake offers support groups for people living with mental illnesses in Raleigh, Garner, and Fuquay Varina. Please see page 6 for additional information.

Please feel free to submit, comments, questions, or stories to my email: ecupirate@bellsouth.net ; or mail to my address: 4424 Tetbury Place, Raleigh, NC 27613. By mailing you can just use your first name, an assumed name, or no name or return address.

Borderline Personality Disorder Resources

Books:

1. *Loving Someone with Borderline Personality Disorder*, by Sherri Manning, Ph.D. This is a great book for caregivers. It will help you understand the illness and provide skills to help you learn to communicate with your loved one.
2. *The Buddha and the Borderline* by Kiera Van Gelder – subtitled “*my recovery from borderline personality disorder through dialectical behavior therapy, Buddhism & online dating.*” A first person account and a captivating read!
3. *Stop Walking On Eggshells* by Randi Kreger and Paul Mason
4. *Love and Loathing* by Kreger and Williams – for partners of those with BPD
5. *I Hate You, Don't Leave Me!* By Kreisman and Straus
6. *BPD Survival Guide: Everything YOU Need to Know about Living With BPD* by Chapman, Gratz, and Hoffman - approved by Dr. Linehan
7. *Borderline Personality Disorder Demystified* by Friedel

Websites:

1. www.neabpd.org – A great website, a wealth of information - with videos, articles, talks available. These are the people who are directly associated with and trained by Dr. Linehan, the developer of Dialectical Behavior Therapy (DBT)
2. www.BPDFamily.com – articles, message board, recommended books, etc.
3. www.BPDcentral.com – offers extensive BPD info, books, resources, live support groups.
4. www.behavioraltech.org – Dr. Marsha Linehan's website
5. www.nimh.nih.gov – National Institute of Mental Health
6. www.psychologytoday.com/blog/science-the-border - articles, blog, new developments
7. www.bpddemystified.com – full of information, and a book by same title, by Dr. Freidel
8. www.nami-wake.org – sponsors of the class, Family Connections for Borderline Personality Disorder, and your local NAMI chapter website. NAMI-Wake is THE group that provides support, education, and advocacy for mentally ill and their families in Wake County...and the only NC chapter of NAMI that offers this BPD Connections class.

Check out the vounteer opportunities, membership, classes, assistance, speakers, events, help line and more...

List Compiled by Alden Hansen, volunteer "Program Director" on the NAMI Wake Board of Directors

What is Recovery from a Mental Illness? Does that Mean I am Cured?



Folks are getting diagnosed with mental illness daily, family members in search of answers for their loved ones, caregivers under pressure to provide best practice service. NAMI advocates for recovery and resiliency. What are the basic principles of recovery?

What has puzzled many of us is that there are two definitions of recovery: "Clinical Recovery" a complete remission of symptoms and "Personal Recovery" which means that in spite of our troubles, we are able to rebuild/recover a personal sense of purpose, identity and meaning. Personal recovery is about reclaiming/recovering pieces of our lives lost to the consequences of our illness. We gain skills in coping and repair our ability to learn, have relationships, keep employment, and live in our homes.

Using recovery principles and supports I was able to repair my relationships with my family; started working again after 10 years in a Transitional Employment Placement TEP; homeless, I rediscovered the value of paying rent. Most important I recovered the potential to live a valued life, - a life worth living.

Why don't some experience personal recovery? It is not that they can't recover. For many, it is a matter of exposing them to an environment in which they can recover. Treatment limited to ONLY symptom reduction doesn't promote recovery. Often, individuals living with a mental illness are medicated and moved into the community without being provided skills-based therapy and other life skills. As a result they fail. Medication works better when used with ongoing education and support. We now know that people with even the most debilitating mental illnesses can recover with the right supports. That's why NAMI advocates for recovery oriented care.

Like the "Declaration of Independence," we find our key concepts to be "self-evident" and now backed by medical science. Recovery is a lifelong "process" and not "an event." It is built on hope, choice, self-determination and empowerment. Recovery is possible for any diagnosis. We who have mental illnesses are resilient and recognize our own experiences of recovery. Recovery may involve many stages, unavoidable setbacks and uncertainty. We can learn tools, coping skills, and techniques to prepare us for setbacks. Our recovery is individualized which means that our goals and journeys are unique to each of us. We need encouragement and the tools to be successful directing our own lives. Recovery is more than just reducing symptoms, it is about setting and achieving our goals and ambitions; it is also taking responsibility for our own actions and seeking the support we need.

I've always found it absurd when someone says, "Why can't you just pull yourself up by your bootstraps?" Our answer is "we can't "will" ourselves well." Our mental health requires treatment and support and learning new information and skills needed to cope with and offset the debilitating effects of our medical condition. We find that choosing to get help works better than coerced or forced treatment. The process of using treatment and education to get well is called recovery.

In my life, medication is an important tool that I use to calm my symptoms of schizophrenia so I can take on learning new things. Please understand there are no medications that cure mental illness, they only dull symptoms enough to participate in learning. Over-medication is perhaps one of the most harmful problems we face in our efforts to recover. The best level and type of medication is different for everyone. I personally have some residual symptoms but it is an educated trade off of not being over-medicated unable to learn the skills I need to succeed. We need honest dialog with our prescribers to find our best medicine.

Lawmakers need to know that medication without recovery education condemns us to being disabled forever and all the costs that implies. Importantly, our loved ones and friends, providers and peers can help make sure we are not over medicated, and provide opportunities to learn grow and recover our potential for a life worth living. Help us return to community, work and love. Support Wake NAMI

Marc Jacques, Consumer Affairs Director, NAMI Wake Board of Directors

NAMI Support Groups

Groups for People with a Mental Illness

Wake County Affiliate of the National Alliance on Mental Illness (NAMI Wake) is offering **free** peer support groups where people facing difficulties have a safe place to voice their concerns and explore options for making positive changes in their lives with others who have similar experiences. No matter what your diagnosis or issues, join one of our Free Groups. No need to call. Just come by and participate when you can. **Try different groups to find one you like best.**

Connections Support Groups:

- 1) Highland United Methodist Church, 1901 Ridge Rd., Raleigh, NC, Rm 206, 7 -8:30, First 3 Mondays of each month. More information: call Jeanne Harris, 850-0406.
- 2) Garner United Methodist Church, Senior Center, 201 Methodist Drive, Garner, NC., 6:30 - 7:30 pm,

Second, third, and fourth Thursdays of each month. Call Marc Jacques for information, 919-803-5813

Other NAMI Wake Support Groups:

1) **St. Bernadette Catholic Church, 1005 Wilbon Road, Fuquay Varina, NC** First & Third Thursday of each month: 7- 8:30 pm., Call Gerry Akland 848-4490 for more information.

2) **Wake County Human Services, 220 Swinburne St., Raleigh, NC,** Every Friday: 2 - 3 pm, Rm 1151, Call Gerry Akland, 848-4490 for more information.

FAMILY SUPPORT GROUP

Family & friends of people with mental illnesses Highland United Methodist Church, 1901 Ridge Rd., Raleigh, NC., Rooms 202 & 204, **7-8:30 p.m. on the first three Mondays of each month.** For more information contact Gordon Gogola (gogolags@hotmail.com), phone 601-3996

NAMI Wake Classes

Family to Family Course

Call Susan Hadley, 787-5999 to register

Family Connections Course for Borderline Personality (BPD)

Contact Ann Akland, 848-4490 or aakland@nami-wake.org to register

NAMI Free 12-week class for caregivers of individuals severe mental illnesses such as **schizophrenia, major depression, bipolar disorder (manic depression), panic disorder, obsessive-compulsive disorder, and co-occurring brain disorders and addictive disorders.**

The NEA for BPD, Family Connections Program is a free, 12-week course for family caregivers of individuals with **Borderline Personality Disorder.** The entire 12 weeks of this course is spent on trying to understand and learn skills to better communicate and live with a BPD family member. (The results of the largest, and recently published NIMH study suggests that the lifetime prevalence rate of BPD is about 6%.)

Volunteers

NEWSLETTER CREW

We get together once a month to help get the Iris prepared for mailing. We meet at Highland United Methodist Church to attach mailing stickers. This is a great way to become involved and get to know other NAMI Volunteers. The date for mailing the Iris is usually the first Friday of each month. We get started at 9:00 AM and would welcome new volunteers. If you are interested in helping, contact:

Call 848 4490 for more information

Les Girls Social Group

Next Meeting is
Feb. 25 at 12:00 noon

Golden Corral, 6129 Glenwood Ave.

This is a social opportunity for consumers and family members. Everyone is invited--not just girls--guys are welcome! Lunch is Dutch-treat.

Support NAMI Wake by Becoming a Member for 2012, Making a Donation, and Purchasing a NAMI Tote Bag

*Mail your check with the form below to NAMI Wake County, PO Box 12562, Raleigh, NC 27605-2562
or go to www.nami-wake.org .and click on the "Click here join NAMI" link.*

Name: _____

Address: _____

Home Phone: _____ Work: _____

City: _____ Zip: _____

email: _____

Mobile Phone: _____

Regular Membership (all members of household): \$35.00

Open Door (What you can afford -\$3.00 or more): _____

Donation: \$ _____

Tote Bag: No. _____ @ \$5.00 each = Total \$ _____

Shipping: Flat fee for USPS Priority Mail \$5.00 \$ _____

(Shipping fee is for 1 to 4 bags) Total: \$ _____

You may pay by mail using check or money order, or by credit card by completing the information below or pay online by going to www.nami-wake.org/Members.html.

Credit Card Type: Visa, MasterCard, Discover

Card Number: _____

NAME on Card: _____

Security NO. on Reverse: _____ Expiration : _____

Signature: _____

(Optional Information)

Number in your household: _____

May we share your email with NAMI NC: _____

Are you interested in volunteering. _____

Relationship to Consumer

- Adult child of person with MI diagnosis
- Person with a MI diagnosis
- Parent of adult with MI diagnosis
- Parent of child under 18 with MI diagnosis
- Mental Health Professional
- Sibling of person with MI diagnosis
- Spouse of person with MI diagnosis
- Person with MI diagnosis is a Veteran
- Friend

Race (Please check all that apply)

- Native American or Alaska Native
- Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other _____

Ethnicity

- Hispanic or Latino

NAMI is a three level organization. When you join NAMI Wake County WE PAY your dues to NAMI North Carolina and NAMI (national).

2012 NAMI Wake Board of Directors

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February 2012

We celebrate YOUR courage
and hope for the future.

We Care. We Act.

February 27, 2012, Monthly Education Meeting, 7 -8:30 pm
*Highland United Methodist Church, Conference Rm, 2nd Floor,
1901 Ridge Rd., Raleigh, NC*

Future Planning Seminar for Families of Persons with Disabilities
***Featuring Private Estate Planning Attorney, Tim Nordgren and
Janita Moody, Life Plan Trust, a private, nonprofit corporation***

Learn about estate planning and how different choices may affect eligibility for means-tested benefits like SSI and Medicaid as well as the services available through Life Plan Trust.

Mental Health Community Forum
February 14, 2012, 6:30 - 7:30 pm
Richard B. Harrison Library, 1313 New Bern Ave., Raleigh, NC

***Psychiatrist, Dr. James Smith “History of Mental Illness of African
Americans from Slavery to Present.”***