



Support, Education, Advocacy

THE IRIS

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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.

How Managed Care is Changing the Future of Mental Health Care in Wake County

From the President's Desk - By Gerry Akland

Up until now, Wake County has always been the "go to" place for providing management of services for people with mental health, substance abuse and intellectual disabilities for people living in Wake County. But the landscape is changing quickly, and it is likely that by the time you read this, Wake County will have decided to spin off oversight for these services and merge with another group of counties.

Why is this happening? First, in these economically difficult times, the state is looking for ways to reduce costs for Medicaid expenditures, and to do it quickly. Simply put, the state is forcing counties to consolidate and become Managed Care Organizations (MCO) or to risk the state assigning them to an already approved group. All of the functions required for managing utilization of services and keeping costs in line require expensive data systems and specialized staffing, all of which are best done on a larger scale. In addition, the more Medicaid eligible people within the counties that are a part of the consolidated group, the better in terms of lessening risk since the amount of funds each organization gets is based on the number of Medicaid eligible people in the counties involved.

Our Wake Commissioners and County Officials have been extremely supportive and innovative in establishing services for people in Wake County. With the new developments, they are working hard to ensure that the decisions they make will be in the best interest of people with disabilities. One of the options Wake County is exploring is a merger with the Durham Center, and there seems to be many advantages to this approach. The Durham Center is an organization that has demonstrated innovation and efficiency while keeping good outcomes for consumers at the center of what they do. We have followed the activities of the Durham Center for the past 10 years as they transitioned from a County mental health center into an LME & area program. They have won several federal grants which are allowing them to implement and evaluate new and innovative services. For example, they are working with a number of partners in the faith community and the criminal justice system to help people get mental health services in order to live successfully in the community. In addition, they have excellent care coordination services and electronic tracking to ensure that people who use services most are getting the appropriate level of care to reduce service costs. This allows them to monitor providers and ensure they are effectively engaging consumers who need services. More importantly to us, they just have the right "can do" attitude and culture of caring to fit with our own Wake County LME staff who are also innovative and intent on keeping the people they serve at the center of what they do.

In conclusion, we believe a Wake County LME merger with the Durham Center, and the partnerships they already have in place with Johnston and Cumberland Counties, may be the best option for creating a strong and innovative mental health authority that is prepared to weather the changes and uncertainty of transitioning to a MCO organization in the face of financial uncertainties and health care reform.

THE LONG ROAD TO RECOVERY

How the Dix Inpatient Research Unit Helped

by Beverly Stolarick

John is my 31 year old son, and he is one of my heroes. In 2001 he was officially given the diagnosis of paranoid schizophrenia although his thoughts and behaviors had changed significantly before this time.

Over the summer between his sophomore and junior year of high school, he made a decision he did not want to return to school for his junior year. This was very surprising, not to mention upsetting to his Dad and me. Up until this time, John had been a honor student. During this summer he had at least one panic attack which scared him so much he agreed to get into some counseling for himself. He was diagnosed with a major depression at this time, and he started taking Paxil. He was also experimenting with a variety of substances which was undercover for a while. After the recognition of his substance abuse, we thought this was the cause of his change in thinking and behaviors. John did start his junior year after much persuasion but ended up dropping out before the end of the first semester.

When John was 20 years old (the year 2000), he could no longer keep his paranoia and delusional thinking to himself. His Dad and I had concerns he was becoming a danger to himself and others, and we did commitment papers. I remember his Dad saying to me it was one of the most difficult things he had ever done. John spent two weeks at Cherry Hospital and came out with a diagnosis of social anxiety. He was continued on Paxil but started on Zyprexa, too. He did well for a couple of months but stopped taking his medications. His positive and negative symptoms returned with a vengeance. John was unable to live with his family because his lifestyle and behaviors/thinking were so disruptive. At one point he made the decision to live in a storage unit because he felt that was his only option. He would call me asking for help but unwilling to do what he needed to get that help.

One night in 2001 he called me in much distress, especially that he was homeless. A colleague of mine had just recently given me a pamphlet describing the Clinical Research Unit at Dix Hospital in Raleigh. At the time I was working as a clinical social worker at Broughton Hospital in Morganton. I explained the program to John, and I told him I would meet him in Raleigh the next day as he was living in Rocky Mount, and we would go to the Clinical Research Unit together. I contracted with him that if he would engage in mental health treatment, I would help him with living arrangements. Lo and behold, I was amazed, he did meet me the next day at Arby's, our prearranged meeting place. We got lost in Raleigh on the infamous inner and outer beltline attempting to find the Dix campus, but we did arrive, late for our appointment that afternoon. A psychiatrist and a nurse met with us, and John and I shared his story. They felt like he was a good candidate for the Clinical Research Unit, and the psychiatrist asked John if he would like to come the following week. I spoke up and asked could it be sooner, as John was homeless. I was so touched by the psychiatrist's kindness because she asked John if he would like to stay that night. He declined because he wanted to get some personal things in order before his admission. We set up a meeting time for the next day. John met me, and I took him to be admitted to the Clinical Research Unit. By this time, I had already done commitment papers three times which was always very upsetting to me emotionally. This was the first time John was getting some treatment without a commitment. I remember leaving the Dix campus with such gratitude and peace that such a program as the inpatient Clinical Research Unit existed, and John had willingly entered treatment for the first time, even if it was just because he was homeless.

As mentioned previously, John was officially diagnosed with paranoid schizophrenia during this admission, and he stayed approximately three months. This was a turning point for him. Even though John did not have an acceptance of his illness, I think the process for this acceptance began at that time. John continued on his journey of attempting to live in the real world as a "normal" but disabled greatly with a chronic mental illness. He had several admissions to the Clinical Research Unit on the Dix campus. He always received personalized, intensive, and caring treatment for his illness. In 2005 he acknowledged an acceptance and understanding of his illness of paranoid schizophrenia.

John has tried a variety of antipsychotic medications, both old and new. He is considered somewhat treatment resistant. Even when he takes his medications consistently, he is still plagued with positive and negative symptoms to some degree. John has turned to substance abuse for self-medication at times. He is more aware now that substance abuse may numb his symptoms temporarily, but they make it worse in the long run.

To make a very long journey short, John benefited tremendously from the inpatient Clinical Research Unit that was formerly on the Dix campus. In February 2011 he very much needed this treatment opportunity to be available, but the inpatient unit had closed in December 2010. He ended up staying in my home for 2 ½ months. He told me he wished the inpatient unit was still open because my home did not provide the safety and structure that he really needed, even though we attempted to make it work. John has continued to be involved in the outpatient unit of the Clinical Research Unit that is still on the Dix Campus.

I cannot stress enough how important I feel the inpatient Clinical Research Unit was for John in gaining an acceptance of his illness and providing a safe environment for treatment of paranoid schizophrenia. I feel like my son received top of the line treatment, and I hope it will be available to others in the future.

Is all there is to Dorothea Dix's Legacy a Park??

by Ann Akland

When Dorothea Dix came to NC in the early 19th century, her vision was to get people with serious mental illnesses out of prison dungeons and into a safe-haven. She did this by impassioned speeches to Legislators about the poor conditions. She was successful in obtaining funding to begin building the first state hospital in NC in Raleigh. She also made a nearly successful attempt to get Congress to set aside 5 million acres in federal land grants which would be used to endow state mental hospitals.

As late as 1974, Dorothea Dix Hospital had facilities to accommodate 2,756 patients and 2,354 acres of prime land. Over the past 37 years, previous Governors have whittled away at the Dix land for other uses such as the NC State Farmer's Market and NC State University. The total number of hospital beds in all NC state hospitals is down to 961. All this, while patients with mental illness have had more and more difficulty in obtaining the services they need to live successfully in the community.

Preserving the rest of the beautiful, historic Dix site for future generations is a wonderful legacy to a pioneering advocate for mental health. The Dix Visionaries Board of Directors is a virtual "Who's Who" of wealth, philanthropy, and influence in the state. Three former Governor's top their Business Advisory Committee. The list includes top leaders from major business segments and municipal governments. The list of people contributing is impressive. The park's appeal is to people from all political persuasions. The dedication and progress in achieving their goal is impressive.

Still, I am not comfortable defining a Dix Visionary as someone who is willing to invest time, influence and finances into a tract of land for a park rather than at least providing an equal investment in caring about the people with serious mental illnesses that are filling our emergency departments, prisons, streets and homeless shelters. Funding and support for housing, rehabilitation, and treatment programs are not available. Sadly, NC has suffered from the lack of leadership and passion for mental health programs and services. My dream is that the Dix Visionaries will broaden their vision and establish and assist in funding a private Dix Foundation.

The mission would be to raise funds to expand model mental health programs in NC Communities perhaps starting with the legacy of Dorothea Dix to use proceeds from the land to endow the Foundation. It is time for the people that many mental health advocates admire-- those that are a part of the Dix Visionaries organization-- to help get NC back on track with mental health services.

We need volunteers to help engage the "Visionaries" and other influential leaders in this broader vision. If you are interested in helping, please call me, Ann Akland 919 266 0766 or email aakland@nami-wake.org. You may also check our website for updates and more information about how you can get involved: www.nami-wake.org.

THE WRITER'S BLOK

The WriterBlok is now open for submissions!

I challenge you all (persons with diagnoses and family members) to wow the world wide web with your very best writing.

I designed the writerblok, to be a fun and interactive site where we can post writings of all topics. Authors are welcome and encouraged to create a

profile page and upload photo. I am trying out a new review feature. Authors can choose whether or not to accept reviews or comments. I'd love input on whether you like this idea or not.

All feedback must be constructive. Anything harmful or destructive will not be posted and you will be sent a warning email. If it happens again, I will not post ANYTHING you submit to the site. Otherwise feel free to post

away. Anything goes. All writings, pictures and reviews are posted at my discretion.

Please use the submissions forms on the site. I look forward to reading your writing. Any questions or comments please email me, Kristen Akland, at kdakland@nc.rr.com. And please visit the site:

<http://www.thewriterblok.com>

Volunteers Needed

Would you like to help NAMI make a difference in our community? We are all volunteers. Join us and see what we can do working together.

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.

VOLUNTEERS NEEDED FOR CIT TRAINING DECEMBER 5TH – DECEMBER 9TH

If you have been curious about the CIT training program, this is your chance to participate and find out all about it. The class is held at the Wake Tech Public Safety Training Center at 321 Chapanoke Road. This is in the south part of Raleigh towards Garner.

We need volunteers to help with refreshments for the officers. This involves making coffee and putting out refreshments during the classes. You can volunteer for a morning or afternoon shift and you get to sit in on the class while you volunteer. The officers really appreciate it.

If you like to bake, we can use your talents. The officers like homemade goodies during the week. If you can provide something, let me know.

If you are interested in helping out, call or e-mail me at the address below and let me know when you are available. Thanks to all the volunteers who make this program possible. If you are interested in helping, contact:

Rita H. Tolley, NAMI-Wake Volunteer Coordinator
Ritalolley123@nc.rr.com, (919)215-0401 (Cell)
(919)420-0329 (Home)



At the recent NAMI North Carolina Annual Conference NAMI Wake won the award for the affiliate that raised the most funds for NAMI Walks this past spring. Many people and organizations helped make this possible and we appreciate everyone. The people pictured are those who attended the recent NAMI Wake Board meeting who also participated or helped with Walk activities and fundraising.



Richard Foy (far right), NAMI Wake Support Group Leader, and his team, Survivor Nation, raise money for the Foundation of Hope by participating in the Thad and Alice Eure Annual Walk for Hope

NAMI Wake Support Groups

NAMI Support Groups for People with Mental Health Issues

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.

People with adequate social support networks report less stress and overall improved mental health in comparison to those without adequate social support.

No matter what your diagnosis or issues, join one of our Free Support 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 Thursdays 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.

Les Girls Social Group

No Meeting in November

Next Meeting is

Dec 10 at 12:00 noon

Golden Corral, 6129 Glenwood Ave.

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

FAMILY SUPPORT GROUP

(Family & friends of people with mental illnesses)
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

"I like myself on medication"

by Edith R. Church

Facilities for long-term mental hospitalization have their place. Long-term hospitalization may be the only way to establish some patients on medication. This was true in my case in 1993 at Dix.

I succumbed to a form of paranoia in the 1980s and kept wanting to go back to Dix for short stays. What I didn't understand was that the hospital gave me relief because of the forced medication I received there. Instead, on discharge, I always flushed the medication down the toilet and soon became irrational once again.

The director of a ward I was on in 1992 decided to see if she could intervene in my revolving-door career -- she decided to keep me. After about six months as an inpatient, I realized: "I like myself on medication! I am going to stay on medication!" After about a year at Dix, I went home and held a job, for a change.

Had I not had this long-term stay, and had I not had the forced medication, I never would have realized the positive change it would make in my self-worth and my ability to think reasonably.

NAMI Wake Education Programs

November 28 Education Meeting, 7 -8:30 pm

How Managed Care is Changing the Future of Mental Health Care in Wake County

Dr. Carlyle Johnson, Administrative Director, Wake County Local Management Entity for Mental Health, Developmental Disabilities, and Substance Abuse Services
 Program is FREE - Everyone is invited! -

Annual Business Meeting for Members

Annual Goals, Progress, Annual Budget, By-Laws Changes, Board Officers
 Come out and Vote

Conference Room, 2nd Floor by Church Office, Highland United Methodist Church, 1901 Ridge Rd, Raleigh
 Not already a member?? Come pay your dues & vote!!

Mental Health Educational Outreach

Speaker: Beth Collins, Nutritionist, Wake County Human Services

“The Effect of Diet on Mental Health”

Wilson Temple United Methodist Church

2nd Tuesdays, This month’s meeting is 11/08//2011, 6:30-7:30 pm

1023 Oberlin Rd, Raleigh, 27605

Everyone is invited - All events are Free

Family to Family Course

Call Susan Hadley, 787-5999 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.***

Family Connections Course for Borderline Personality (BPD)

Contact Ann Akland, 266 0766 or
aakland@nami-wake.org to register

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%.)

Did you remember to join or
renew your NAMI membership for 2012?

It's not too late!! We want everyone to be a member.

Join NAMI Today! Mail Check to NAMI Wake County at the address on the back or go to www.nami-wake.org and click on the "Click here join NAMI" link.

A single NAMI membership covers all members of your household.

Name: _____	Membership \$35.00
Address: _____	Donation _____
	Open Door _____
City: _____ Zip: _____	Total \$ _____
Home Phone: _____ Email: _____	
Work Phone: _____ Mobile Phone: _____	

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: _____
Membership \$ _____	NAME on Card: _____
Donation: _____	Expiration Date: _____
CVS _____	
Total: \$ _____	
Signature: _____	

We want EVERY FAMILY to belong to NAMI. If you cannot afford our dues we offer membership beginning at \$3 or whatever more you can afford.

Number in your household represented by this membership: _____
 Please check this box if we may share your email with NAMI NC: _____
 We are all volunteers. Please check this box for our volunteer coordinator to call: _____

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.

Relationship to Consumer <input type="checkbox"/> Adult child of person with MI diagnosis <input type="checkbox"/> Person with a MI diagnosis <input type="checkbox"/> Parent of adult with MI diagnosis <input type="checkbox"/> Parent of child under 18 with MI diagnosis <input type="checkbox"/> Mental Health Professional <input type="checkbox"/> Sibling of person with MI diagnosis <input type="checkbox"/> Spouse of person with MI diagnosis <input type="checkbox"/> Friend <input type="checkbox"/> Person with MI diagnosis is a Veteran	Race (Please check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other _____ Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not
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NAMI is a three level organization. When you join NAMI Wake County WE PAY your dues to NAMI North Carolina and NAMI (national).

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

Nonprofit Organization
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Raleigh, NC
Permit No. 1533



November 2011

At this season of Thanksgiving
we are thankful for our members, donors, volunteers, community partners, and elected
officials, who give tirelessly of their time, treasures and talent to
help families and people living with serious mental illnesses like bipolar disorder,
schizophrenia, depression, borderline personality disorder, obsessive compulsive disorder,
and anxiety disorders