



Support, Education, Advocacy

THE IRIS

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Residential & Vocational Program in Wake County...Let the Dreaming Begin!

From the President's Desk - By Gerry Akland

Finding suitable housing for those diagnosed with mental illness has always been a problem in our state. Group homes, assisted living apartments, and completely independent living in homes and apartments are options, although availability and affordability are a challenge. Because there is a lack of more appropriate residential choices, large adult care homes provide a form of community living for many, although mixing populations (frail elderly and mentally ill) served at these homes has always been a problem. However, for others, living in these large homes is a place of safety and care. But the truth is that many perfectly capable people are not likely to receive and develop independent living skills so that they can be able to step up to a different form of residential living. But now, without other options, these adult care homes are filling an important gap. Consider for a minute that almost 10% of all people admitted to state psychiatric hospitals last year were homeless. Many others fill our jails and prisons. An adult care home, while not ideal, is a better option than being homeless or in jail.

But times they are a changing. In July 2010, Disability Rights North Carolina (DRNC) filed a complaint with the Department of Justice (DOJ) complaining that adult care homes (also referred to as assisted living facilities) are inappropriate for housing people with mental illness. In July 2011, the DOJ responded with a finding that: *"The State fails to provide services to individuals with mental illness in the most integrated setting appropriate to their needs, in violation of its obligations under the ADA (Americans with Disabilities Act) and Olmsted. As a result of the way the State administers its mental health service system, individuals with mental illness are unnecessarily institutionalized in adult care homes throughout the State."* According to the DOJ, the solution is more supportive housing and quality community-based treatment and resources. Over 1,200 residents with mental illness may be impacted, i.e., added to waiting lists for already extremely limited suitable housing choices.

Secretary Lanier Cansler, NC DHHS, has asked Secretary Sebelius, US DHHS, for a year to address the problem (until October 2012). DOJ generally allows the state an opportunity to negotiate a measured response requiring the state to build the community services so people can leave the adult care homes, if they so choose.

Perhaps a solution can be worked out similar to one in New York state which is reported to have resulted in better housing conditions for as many as 2,000 mentally-ill individuals. New York agreed to evaluate all individuals wishing to leave the assisted living facilities and then move them to community housing as needed, within



Above: Assisted Living Facility

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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.



Continued from Page 1: From the President's Desk

the next three years. To help deal with the influx, New York has committed to adding up to 200 new community-housing units. New York also agreed to implement a revised evaluation process for determining where individuals discharged from psychiatric hospitals should be placed.

Complicating our situation in North Carolina and elsewhere, is the poor economy. There just is no money to add anything, or so it seems from my perspective. DRNC states that *"the state should develop an array of services and housing options so that treatment and living options are matched to the specific needs and preferences of the individuals."* (How many years have we been advocating for this?)

NAMI NC has also come out with a policy recommendation that is also somewhat lofty. They want NC to add 10,000 housing units (only 50 times greater than the NY solution.) They want to increase funding for a number of items, all reasonable requests during times of a robust economy.

I would like to suggest that baby steps might help us start out in a positive direction to solving

the housing needs for those with mental illness. I recently visited Caramore Community in Carrboro and learned that it is very cost effective to provide assisted living for their clients as well as independent living skills, jobs, and eventually transition to independent living. Each resident lives in their quadruplex housing units in a normal apartment complex. Each resident has his/her own bedroom with private bath and there is a common living room and kitchen. Assistance with medication and other living skills is provided by Caramore staff.

Can you envision a program like Caramore on the Dix campus? What a fitting use for a portion of this property--a lovely community for those stepping down from hospitalization, stepping up from group homes, or those just ready to start earning a living? For the people who are ready for work and movement toward independence, this would be much better than living in an assisted living facility or a group home.

Funding for the program could be well within reason for

even these tough economic times. Perhaps Secretary Cansler might have some available funds for this. He was certainly able to find funds to hire Dr. Laura Gerald (see the News and Observer, August 28, 2011 DHHS finds a place for trust fund's ex-director). Per the N&O, *"Gerald, who made \$175,000 a year running the trust fund, is making the same money at DHHS as senior adviser for Community Care of North Carolina."* How many senior advisors, Assistant Secretaries, and other high paid bureaucrats can NC DHHS afford? Dr. Gerald's yearly salary alone (without benefits) would provide housing for 30 people at the Caramore rate of \$110/week.

Yes, establishing a program like Caramore in Wake County would be a baby step, but a few programs like this across the state would show that the DHHS administration is moving toward compliance with the DOJ ruling and make life better for many who want, need, and deserve an opportunity for a real home, a real job and a chance to become independent taxpaying citizens..

Submitted by Gerry Akland

NAMI Wake Slate of Officers for 2012

At the November 28, 2011, 7-8:30 pm, NAMI Wake Annual Business Meeting, in accordance with our By-Laws, members will vote on Officers for

President, Gerald Akland (Will be 2nd two-year term)

President Elect, Kathy Driver (Will be first term as Pres. Elect.)

Recording Secretary, Kathy Smith, (Will be first term as Secretary)

Treasurer, Paul Robitaille, (Will be first term as Treasurer)

Other Officers Not up for re-election:

Past President: Ann Akland

Membership Secretary: Tom Hadley

At-Large candidate to be voted upon by the Board of Directors:

Officer Angela Mullis - Morrisville Police Department

More information about the candidates can be found by going to www.nami-wake.org and clicking on the "About Us" button.

Wake County Mental Health System

1915 (b)(c) Medicaid Waiver Governance Option Selected

On Monday, September 19, 2011. The Wake County Board of Commissioners voted unanimously to establish a Single County Authority as its entity to oversee care for Medicaid clients who need mental health, developmental disability and substance abuse services assistance. Wake is expected to take over management of its Medicaid patients by January 2013, as part of the expansion of the 1915 (b)(c) Medicaid Waivers in North Carolina.

Wake County is submitting a revised application to the NC DHHS who must approve the plan as well as readiness to manage the Waiver site. This entails many changes to current operations, reporting relationships, etc. Remember: One of the primary goals of a managed

care waiver is to save funds by limiting access to services. It will be important for consumers to advocate for continued excellent services from Wake County.

Good things can come from the flexibility provided by a Single County Authority Waiver site but only if the goal is person-centered, quality care that serves all segments of our community--those who are homeless, involved with the criminal justice system, as well as those who need other "safety net" services. A careful look at those services and costs needs to be undertaken to ensure continued County funding for important "safety net" services provided by Wake County Human Services Behavioral Health.

Follow me into the dark--
walk along these dismal corridors
and here where my heart lies
bare
you find me.

The lily



Find me, sheltered in tears.
My April showers bind me
to drab warmth and a cool breeze--
to grey skies who promise to
remain; never to forsake me.

.....
.....
And to my surprise you enter this world with neither
fear nor disdain.

Instead, you take my hand, and lead me to a spot,
one I have not yet seen
still dim, yes, but there before my eyes
grows a single flower.

She, a lone bloom amongst the roughage
stands tall--brave...
yet delicate--pale---fragile.

You look at me again and smile.
"My dear, that's you."
And that's when I knew.

By Kristen Akland

author's note
I wrote the Lily to not only describe some of the intense emotions of BPD, but also to strongly emphasize that we are ALL individuals—unique, and beautiful. (And also to express that life for everyone not just "consumers"(I hate that word!) is an ongoing struggle! But never ever can we give up!

Proposed Changes to NAMI Wake By-Laws

At the November 28, 2011, 7-8:30 pm, NAMI Wake Annual Business Meeting, in accordance with our By-Laws, members will vote on By-Laws changes.

You can find a complete copy of the By-Laws with the proposed changes on www.nami-wake.org and click on the "About Us" button.

Here is an excerpt from the By-Laws. Changes are indicated by bolded and underlined text.

12. COMMITTEES

12.1. There will be an Executive Committee (EC) which will be composed of the Board officers along with the immediate Past-President. **In addition, committee chairs**

appointed by the elected officers will serve as members of the EC, to include the following: Advocacy, Community Outreach, Consumer, Development; and Program committees. In some cases, elected officers may serve as a committee chair. The Executive Committee may act on behalf of the Board between Board meetings. Actions taken between meetings on those things on which the Board would normally have acted will be reported to the full Board at the next monthly meeting. **The function of the EC shall be to: address routine governance issues that are required for smooth operation of the affiliate;** seek and recruit nominees for the Board, insure their orientation, and implement a program

of continuing education for the Board so that it may be as effective as possible. The EC shall present nominees at the membership meeting and preside over any discussion of the nominees at that meeting. 12.2. The Board of Directors or the President may create special or ad hoc committees as the need arises. **The elected officers shall make all appointments to such committees.** Each committee shall be led by a NAMI Wake County member. Members of special or ad hoc committees may include NAMI Wake County members and/or non-members.

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. If you are interested in helping, contact: **Rita H. Tolley, NAMI-Wake Volunteer Coordinator, Ritatolley123@nc.rr.com (919)215-0401 (Cell), (919)420-0329 (Home)**

Other Ways to Get Involved

Work from Home:

- 1) Do some research to find good places to put free advertisements of our support groups, classes, education meetings, and other events. Prepare a document with all this information for use by volunteers.
- 2) Are you an "organizer" with your own transportation? We need someone to organize a group of volunteers to get our brochures and other materials into the offices of health care providers, libraries, hospitals and other areas where people needing information and support are likely to find it.

3) Family Bereavement Support - We are interested in forming a NAMI Wake group to help members whose mentally ill family member or other person living in the home, e.g. spouse, dies. This support could be in the form of logistical support such as providing food, cleaning, house sitting, etc. If you are interested in organizing such as group, please call.

4) Are you a good writer? Our family members need a little booklet that gives them some pointers on being good caregivers with tips on how to achieve balance and take care of themselves.

5) Some NAMI Wake members would appreciate an occasional call just to check on them. Would you be interested in organizing a group to make these calls?

6) Are you interested in helping some young adults with mental illness start some "coffee shop" social groups? Having a mental health disorder makes finding friends difficult sometimes. You can help.

7) Are you interested in working with a team to find out how to support parents of children diagnosed with behavioral health disorders in the African American Community?

8) Are you interested in getting broader involvement of the African American Community in mental health issues?

**Call Ann Akland for any of these projects
919 266 0766 or email aakland@nami-org.**

Community Announcements

NAMI NC Annual Conference, **Growing our Grassroots**, Jane S. McKimmon Center, 1101 Gorman St., Raleigh, NC, 27606, October 7-8, 2011

Drs. Jon Abramowitz, Aureen Wagner, Jeffrey Sapyta, and Annette Perot will lead a program titled, "Understanding and Getting Help for OCD: An Evening with Local Experts," on Oct. 10 at 6:30p.m. The program will focus on answering your questions regarding OCD in children, teenagers and adults. Church of Reconciliation (PCUSA), 110 N. Elliott Rd., Chapel Hill, NC 27514, Church House

Wake Forest Out of the Darkness Community Walk, DATE: 12/11/11, TIME: Registration starts at 12 noon with the walk kicking off at 2:00 pm. LOC: Patterson Hall located on the campus of Southeastern Baptist Seminary (Off Wingate Street, Wake Forest) Walk benefits the American Foundation of Suicide Prevention.

Save the Date: Faith Connections on Mental Health -2nd Annual Conference, Friday, March 2, 8:30 - 4pm, St. Thomas More Church, Chapel Hill, NC., Sponsored by NAMI Wake, NAMI Orange, and NAMI Durham.. For more information, visit www.faithconnectionsmentalwellness.org.

Research Opportunities

University of Urbana STUDY OF DEPRESSION IN ROMANTIC RELATIONSHIPS: EARN A \$15 GIFT CARD! Romantic couples are needed for a study about how people communicate when one or both partners have been diagnosed with depression by a medical professional. Questions? Please email Dr. Leanne Knobloch, Department of Communication University of Illinois (knobl@illinois.edu) or visit the study's website (<https://netfiles.uiuc.edu/knobl/www/depression.html>).

RESEARCH VOLUNTEERS NEEDED FOR UNC STUDY!

Adults that have been diagnosed with Schizophrenia are needed for a new research study entitled "Social Cognition and Functioning" (SCAF) that is being conducted by the UNC Department of Psychology. contact Charles Olbert at 919-962-4234 or please email olbert@email.unc.edu.

Many with OCD are affected by symptoms despite taking medication. A research study is now enrolling for those who still need help controlling their OCD symptoms. This particular study is looking for people who are still experiencing OCD symptoms despite taking Luvox, Prozac, Paxil, or Zoloft. The purpose of the study is to determine whether or not the investigational medication is effective in controlling OCD symptoms when taken in addition to the above medications. To find out more about the clinical study mentioned above, visit www.ocdstudy.info,

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 Every Thursday: 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

Every Fourth Saturday of the month

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

David Bruce Bibb - A Bright Star in the Sky

Our friend and NAMI Wake partner, David Bibb, left us on September 17. According to his obituary, "David's bipolar disorder was too much for him to keep in balance with his joyful side. He lived a whole life, yet one shadowed by a disease that he couldn't escape. His laughter, warm heart and love of all things beautiful are what will be remembered."



David was kind, creative and an extremely generous person. When he was with others, he brought smiles to their faces. He was mischievous and fun-loving. The twinkle in his eye let you know he was up to something. Good-

natured pranks and a sly sense of humor were trademarks of David. Throughout his life he found fun and silly ways to entertain with a smile and a laugh.. David accomplished many things in his short time. He owned an aquarium business, provided bookkeeping support, and created Points of View Photography Gallery. Running his gallery and being surrounded by art and creative people were among the brightest spots of his life. He is survived by many friends and family members including his mother, Barbara Nettles-Carlson (NAMI Orange) and his ex-partner of three decades, George Alwon (NAMI Wake).

A Memorial Service is planned for 2 p.m., Sunday, October 16 at Binkley Baptist Church in Chapel Hill.

NAMI Wake Education Programs

October 24 Education Meeting

Gloria Harrison, HelpLine Manager, NAMI NC

Allies in Recovery

7-8:00 pm w/snack social following - Bring a snack to share. Drinks provided.

Conference Room, 2nd Floor by Church Office, Highland United Methodist Church, 1901 Ridge Rd, Raleigh

Learn about this New Program Where YOU Can Get Involved

I am proud to introduce you to an exciting new program--Allies in Recovery. This approximately one hour and 15 to 30 minute presentation is meant to train psychiatric hospital staff about the family experience.

Our goals are:

- To achieve a better working relationship between hospitals/24 hour facilities and family members
- To achieve better outcomes for consumers before and after release
- To achieve more open, honest and less blaming relationships between hospital staff, consumers and caregivers
- To help consumers understand that mental illness is a no-fault biological brain disorder and not the product a weak character or of a dysfunctional family

- Reach for goal of discharge planning more in alignment with medical hospitals where family is realistically involved in aftercare, thus reducing readmission (HIPPA is in place in medical facilities as well, but doesn't seem to present discharge issues in same proportion)

Approach:

Two NAMI family members would reach out to the three state hospitals and a variety of community hospitals. One family member would discuss a disastrous experience with a family member in a psychiatric hospital and the other would discuss their experience with a family member in a medical hospital. A consumer would speak about how he/she depended on a family member during his/her stay and after discharge.

We would like to accomplish:

1. Encourage patients to sign release forms several times during stay.
2. Develop assumption (not patient override, but attitude change) of consent as other medical facilities.
3. Inform patients frequently regarding the neurobiological nature of mental illness to reduce shame, stigma and fear.
4. At all times to maintain the promise of not a cure, but a level of personal recovery and a smooth reintegration into the community.

Gloria Harrison

African-American Mental Health Educational Outreach

Wilson Temple United Methodist Church

2nd Tuesdays, This month's meeting is 10/11/2011, 6:30-7:30 pm
1023 Oberlin Rd, Raleigh, 27605

Speaker: Dr. Birchie Warren, Director, Counseling Services, St. Augustine College

Dr. Birchie will be speaking on the topic of

"Mental Health on the College Campus"

Everyone is invited - All events are Free

NAMI Wake Education Classes - Sign up for the Waiting Lists

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%.)

What does the course include?

Up-to-date information about medications, side effects, and strategies for medication adherence.

Current research related to the biology of brain disorders and the evidence-based, most effective treatments to promote recovery

Gaining empathy by understanding the subjective, lived experience of a person with mental illness
Learning in special

workshops for problem solving, listening, and communication techniques

Acquiring strategies for handling crises and relapse

Focusing on care for the caregiver: coping with worry, stress, and emotional overload

Guidance on locating appropriate supports and services within the community

Information on advocacy initiatives designed to improve and expand services

The NEA for BPD, Family Connections Program is a free, 12-week course for family caregivers of individuals with **Borderline Personality Disorder**.

What does the course include?

- Education on BPD
- Research on BPD
- Skills training based on
- Dialectical Behavior Therapy (DBT) in the context of a supportive group environment.

The information presented is based on effective treatment theories and practices, and

the latest research findings to provide the foundation for a better understanding of this complex disorder.

To help participants obtain the latest knowledge and to develop skills for their own well-being.

An adaptation of a decade of professionally-led Dialectical Behavior Therapy family groups, these institution-based programs are now brought into the community and are led by **trained family members**.

What do caregivers who give up Sunday afternoon to come to class say about Family-to-Family? "I have learned so much. I now look at mental illness in a whole NEW LIGHT. "The leaders were very helpful, compassionate and loving people. I enjoyed being in class and would do it all over again." That is high praise for the twelve week, 2 1/2 hour, free class for caregivers of those diagnosed with mental illness. A new class will begin in January and a waiting list is filling up. Call Susan Hadley 787-5999 to get any further information or to save a place in the class.

Education & Support for Families of Children & Adolescents with a Behavioral Health Disorder

Are you a family member or caregiver for a child under the age of 18? If so, contact: Heidi Cranford, heidi3623@nc.rr.com, to sign up for the waiting list and to learn more about what is covered in the class.

Do you have a mental illness, and are you interested in attending a

PEER to PEER Education Class to help you learn more about your illness and how to live with it successfully?

Call Marc Jacques for information
919-803-5813

NAMI Wake County
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Raleigh, NC 27605-2562

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Don't forget to pay your 2012 dues!

If you hadn't paid dues, you recently received a letter asking you to join NAMI Wake and support our work for another year. If you haven't returned your form or paid on-line, please do so. (www.nami-wake.org) We want EVERYONE to join. If you can't afford regular dues (\$35), please join as an open door member for a minimum \$3 or whatever you can afford. Send check to above address or return in the preaddressed envelope enclosed with our recent letter.