



The Iris

Support, Education, Advocacy

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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.

NAMI Wake County
National Alliance on Mental Illness

You Never Know...

By Kathy Driver, Secretary, NAMI Wake Board



When my father-in-law's life started to unravel in the early 80's, everyone who knew him was shocked. His behavior became so unlike him that we did not believe

the stories that were filtering back to us. We chalked it up to a mid-life crisis. When he took his own life in 1983, I was shaken to my core. I could not believe that this man, whom I loved so dearly and thought I knew so well, could break our hearts and end his life. My list of regrets is a mile long. I wish that I had known more about mental illness so that I could have recognized some of the classic symptoms of bipolar disorder. I wish that we had confronted him, intervened in such a way that he could have gotten treatment, and I wish that my children, his grandchildren, could have grown up with his gentle ways, quiet wisdom and deep love for them.

My experience with untreated mental illness is one of the reasons that I volunteer with the Wake County Sheriff's office. North Carolina law requires that law enforcement agencies transporting persons who are involuntarily committed must have someone of the same sex in the vehicle. This is where I come in. You may think this is a non-issue until you learn that Wake County has already transported 1,059 people for involuntary commitments in the first

half of this year. Of that number, 37% were female. Like most law enforcement agencies, female deputies make up only about 10% of Wake County Sheriff's Deputies. Because Wake County has so few mental health beds, Officers must transport consumers all over the state. A round trip transport to Duke, Durham Regional, or Central Regional Hospital in Butner may take only two or three hours, depending upon how long the actual transfer of custody takes upon arrival. A round trip transport to Mission Hospital in Asheville, however, may require ten hours or more. All of this added up to 3,906 hours for officers January through July of this year – hours those deputies were NOT available to answer your calls. Because there are so few available in North Carolina, consumers sometimes wait more than two weeks for one of those elusive mental health beds. That wait generally occurs in a windowless room designed to accommodate a consumer while being evaluated and is furnished with only a hospital style recliner. Without female volunteers, women awaiting transport would wait even longer.

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Continued from Page 1: You Never Knew

The Wake County Sheriff's office provides excellent training for all volunteers. Yet the first time I was called out, I was not sure what to expect. I had never ridden in a deputy's car, had not experienced an involuntary commitment, etc. The questions you have in the abstract change when your phone rings at midnight! I've learned a lot over the past few months. I always have the option of saying no, or having the officer pick me up at my home or anywhere else I specify, but I generally drive to the facility where the consumer is awaiting transport. Since the opening of the new Wakebrook facility on Sunnybrook Rd., most transports originate there. I park in a well-lit area where the off-duty officer inside can see me, and wait there for the transporting Deputy to arrive with the commitment papers. Together, we enter through the rear door. While the Deputy handles the paperwork, I hang out in the hallway or take advantage of the restroom before we hit the road. When staff takes us back to meet the consumer, I introduce myself as a member of NAMI-Wake and as a volunteer who will ride along

on this trip. If the consumer has family present, you can see the relief on their faces. The most frequent problem that arises is that consumers are surprised to learn they must be handcuffed for transport. While the officer has complete responsibility and my role is simply to be a reassuring presence, at this point I generally tell the consumer that this is how everyone is transported, and that it does not reflect on any individual. I have found that officers are very good about putting people at ease and explaining what is going to happen. Consumers being transported sit in the front seat with the officer and I ride in the back. There is surprisingly little space in the car! Each deputy has a laptop mounted between the two front seats and a printer in the front or back seat. They also have a box of files, miscellaneous equipment, raincoat, hat, etc., so three adults are cramped. When we arrive at our destination, I go inside and remain with the consumer until custody is transferred and the paperwork is complete. At that point, I wish them well and the officer and I head back to the car where I now sit in the front. On the trip back to Raleigh, the officer generally

wants to know how I came to be a volunteer. I tell them about the person whom I lost. In my mind's eye, I see the law enforcement officers who formed impromptu lines on either side of the walk from the street to the doors of the church at his funeral. He operated a gas station and wrecker service and over the years these officers had seen him go the extra mile for countless strangers in all kinds of weather, day and night, who were involved in accidents, were experiencing car trouble or just had a flat tire. All of us cared so much about this man, yet he could not find a way to ask us for help -- or maybe he did and we just didn't hear him. What I do as a volunteer is a piece of cake and requires no skill! If you have questions for me about my experiences, call me at 919-781-9393 or email me at kathydriver@nc.rr.com. If you are interested in becoming a volunteer, contact Lt. Kimberly S. Wrenn of the Wake County Sheriff's Office at 919-856-6843 or kim.wren@wakegov.com.

Continued from Page 4: Disruption of Neural Circuits

But we need to recognize the range of unknowns that remain. In truth, we still do not know how to define a circuit. Where does a circuit begin or end? How do the patterns of "activity" on imaging scans actually translate to what is happening in the brain? What is the direction of information flow? In fact, the metaphor of a circuit in the sense of flow of electricity may be woefully inadequate for describing how mental activity emerges from neuronal activity in the brain. Hence the need for continuing research into fundamental neuroscience. The advent of new tools, such as optogenetics, which uses light for precise manipulation of cells in awake, behaving animals will take us a long way towards understanding the characteristics of a neuronal circuit.

While the neuroscience discoveries are coming fast and furious, one thing we can say already is that earlier notions of mental disorders as chemical imbalances or as social constructs are beginning to look antiquated. Much of what we are learning about the neural basis of mental illness is not yet ready for the clinic, but there can be little doubt that clinical neuroscience will soon be helping people with mental disorders to recover.

DHHS Secretary Lanier Cansler speaks about Adult Care Homes

On August 25, 2011, Secretary Cansler informed the Legislative Oversight Committee on Health and Human Services that there are approximately 1,200 residents in assisted living facilities (adult care homes) across the state who are receiving some form of mental health service. The state is beginning to do a comprehensive assessment of each of these individuals to determine whether their primary reason for being in the facility is mental health related or due to some other illness such as diabetes. The outcome will determine how many adult care homes have a resident mentally ill population of more than 50% which will make them ineligible for Medicaid reimbursement.

In addition to this issue,

another problem concerns the state's definition of "personal care services." These are things like help with activities of daily living (ADLs), e.g. feeding, bathing, and dressing. The state has a requirement that a person in an adult care home have the need for only two of these ADLs whereas a person trying to live at home and stay out of an Adult Care Home must need three to qualify for Medicaid payment.

Disability Rights NC has filed suit against the state claiming more stringent requirements for in-home care is discriminatory, so this also has become a part of the issue related to housing for people with mental illnesses.

In talking about the impact of both of these issues, Secretary Cansler said, " This is two-prong. We don't want consumers to lose

housing. Beyond folks in homes, we could see a collapse of the industry which could impact aged in the facilities. We need to work through this to protect consumers and keep the industry stable. This is going to be a key thing. There is no simple solution. If all things hit at once, I don't see how we could prevent the collapse of the industry. We have asked DOJ for additional time. Everything we would have to do will require legislative action. We need a more comprehensive plan & time. We have asked for an extension from February 2012 to Oct 2012."

For a complete summary of Secretary Cansler's remarks, visit www.nami-wake.org.

Ann Akland

Medicaid Cut Will Hurt People with Severe Mental Illnesses *What has happened to our humanity as a state & nation??*

Many people with chronic, severe mental illnesses rely on Medicaid for their medication, treatment, eye glasses and dental care and other forms of therapy. For many, their only source of income is Supplemental Security Income (SSI) which comes as a payment of \$674 each month. This payment must cover all expenses--rent, groceries, clothing, medical and prescription co-pays, transportation and anything else that comes up. People who live in congregant living settings like adult care homes, family care homes, and group homes must use their check to pay for care in the home with the exception of \$66 which they can use for personal items, e.g. clothes, toiletries and anything personal.

In the recent session of the General Assembly, Legislators voted to reduce funds spent on Medicaid by \$354 million dollars. The federal government matches state dollars spent by 2 to 1. So, that means that NC is reducing Medicaid expenditures by \$1 billion dollars. The impact will start to be felt in October when the NC Department of Health and Human Services (NC DHHS) begins to implement the cuts.

First on the chopping block were routine eye exams and glasses which had been provided free of charge under Medicaid. Physical Therapy will be limited to three sessions in a year. And, now people with gum disease are limited to only one deep cleaning per year.

Worse yet, there are more direct cuts to come after a Medical Advisory Committee makes recommendations to the Secretary of NC DHHS. Such items as mental health treatment and services and dental care are among those items being considered.

Anyone who has vision problems, a serious injury or gum disease knows how important it is to get care. How can we deny disabled people with no means to pay eye glasses or dental care?? You can help by speaking up. Write your Legislator. Write a letter to the editor. This just isn't right.

Ann Akland

Mental Illness Defined as Disruption in Neural Circuits

Reprinted from NIMH Director, Thomas Insel's Blog, August 11, 2011

It has become an NIMH mantra to describe mental disorders as brain disorders. What does this mean? Is it accurate to group schizophrenia, depression, and ADHD together with Alzheimer's disease, Parkinson's disease, and Huntington's disease? Is a neurologic approach to mental disorders helpful or does this focus on the brain lead to less attention to the mind?

First, mental disorders appear to be disorders of **brain circuits**, in contrast to classical neurological disorders in which **focal lesions** are apparent. By analogy, heart disease can involve arrhythmias or infarction (death) of heart muscle. Both can be fatal, but the arrhythmia may not have a demonstrable lesion. In past decades, there was little hope of finding abnormal brain circuitry beyond the coarse approach of an EEG, which revealed little detail about regional cortical function. With the advent of imaging techniques like PET, fMRI, MEG, and high resolution EEG, we can map the broad range of cortical function with high spatial and temporal resolution. For the first time, we can study the mind via the brain. **Mapping patterns of cortical activity reveals mechanisms of mental function that are just not apparent by observing behavior.**

Has brain imaging been useful for understanding mental disorders? While we are still in the early days of using these powerful technologies, a recent survey of the literature reveals some excellent examples of



how studying the brain forces us to “re-think” mental disorders. For instance, studies of brain development demonstrate delays in cortical maturation in children with attention deficit hyperactivity disorder. How curious that this disorder, which is defined by cognitive (attention) and behavioral (hyperactivity) symptoms, increasingly appears to be a disorder of cortical development. Viewing ADHD as a brain disorder raises new, important questions: What causes delayed maturation? What treatments might accelerate cortical development?

A brain disorder approach also may transform the way we diagnose mental disorders. The NIMH Research Domain Criteria (R-DoC) project is involved in re-thinking diagnosis based on understanding the underlying brain changes. As an example, what we now call “major depressive disorder”

probably represents many unique syndromes, responding to different interventions. Neuroimaging is beginning to yield biomarkers, that is, patterns that predict response to treatment or possibly reflect changes in physiology prior to changes in behavior or mood. And studies with deep brain stimulation addressing depression as a “brain arrhythmia” are demonstrating how changing the activity of specific circuits leads to remission of otherwise treatment refractory depressive episodes. An important implication of this new approach is that abnormal behavior and cognition (e.g. mood, attention) may be late and convergent outcomes of altered brain development. This is a familiar lesson from neurodegenerative disorders: the symptoms of Alzheimer's, Parkinson's, and Huntington's diseases emerge years after changes in the brain. Could the same be true of these circuit disorders that appear early in life? If so, could imaging allow earlier detection and preemption of the behavioral and cognitive changes – from the social isolation of autism to the psychosis of schizophrenia? This preemptive approach, which has transformed outcomes in heart disease and cancer, could also transform psychiatry, by focusing on prevention for those at risk rather than the partial amelioration of symptoms late in the process.

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Volunteers Needed

Would you like to help NAMI make a difference

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.

CIT CLASSES

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 Rd. It 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.

The officers enjoy having something homemade from your kitchen during their breaks. If you would like to bake an item for any day of the week, we can use your talents.

If you are available the week before the class, we need a few volunteers to help put together the books for the officers to use during the class. We will do that either Thursday or Friday during the day.

The officers have a graduation ceremony on Friday afternoon and we need someone who is willing to take pictures. You don't need to be a professional photographer, just someone with a digital camera and software **to download and edit photos**. **You would need to be there from 2:00 PM-3:30 PM.**

If you are interested in helping out, contact:

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

NAMI Wake Support Groups

NAMI Wake Groups Meeting at

Highland United Methodist Church

1901 Ridge Rd., Raleigh, NC

FAMILY SUPPORT GROUPS

(Family & friends of people with mental illnesses)

Rooms 202 & 204

NAMI Connections Group

(People with mental illnesses)

Room 206

Both 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

**Garner United Methodist Church
Senior Center**

201 Methodist Drive, Garner, NC.

**NAMI Connections Group
(People with mental illnesses)**

**6:30 - 7:30 pm on the 2nd, 3rd, and 4th
Thursdays of each month.**

Call Marc Jacques for information

919-803-5813

Les Girls Social

September 24, 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.

NAMI Wake Education Programs

September 26 Education Meeting

Tad Codfelter, Psy.D, Chief Executive Officer

Ernestine Chapman, MS, LPC, LCAS, CCS

Director of Clinical Services

SouthLight, Inc.

7-8:30 pm

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

Program is FREE - Everyone is invited!

It has been well documented that substance abusers frequently suffer from a co-occurring mental illness and those diagnosed with mental illness frequently use mood-altering substances to self-medicate their symptoms. At SouthLight, 72% of our clients have been diagnosed with both disorders. We therefore are committed to treating these co-occurring disorders concurrently. Doing so helps to prevent relapse in both arenas and helps to reduce the cost of medical services since substance abusers and those with mental illness have a high rate of medical complications.

We have on staff, psychiatrists, psychologists, and masters level licensed clinicians. Our psychiatrists provide evaluations and medication management as well as referral to longer term, higher levels of care when appropriate. Licensed clinicians, who are cross trained in both substance abuse and mental illness, complete comprehensive clinical assessments on all of our

clients, screening them for both disorders. Clients are continually assessed throughout treatment for the possibility of a mental health diagnosis and referred to the psychiatrist as warranted. Groups, individual and family sessions all address symptoms of mental illness within the context of the therapy session.

In addition, we currently provide a Dialectical Behavior Therapy (DBT) program for individuals who have been diagnosed with co-occurring borderline personality disorder and substance abuse. The DBT program has been in operation for the last two years and is facilitated by clinicians who have been extensively trained in Marsha Linehan's theoretical approach. Clients in the DBT program are expected to commit to six months of weekly group and individual counseling and are strongly encouraged to commit to an additional six months. The once weekly group meets for two hours of skills training which includes

mindfulness exercises, emotion regulation, distress tolerance, etc. Clients meet with their individual counselors for one hour to review whether and how they practiced their skills during that week.

Beginning in September 2011, SouthLight will provide a group specifically designed for clients who have been diagnosed with anxiety and anxiety-related disorders. This group will run for 8 to 12 weeks and will be based on specific activities and techniques to recognize and address anxiety-producing situations.

In the Spring of 2012, SouthLight will provide a group specifically designed for clients who have been diagnosed with depressive and/or mood disorders. This group will address symptoms and focus on techniques for effectively dealing with those symptoms.

African-American Mental Health Educational Outreach

Wilson Temple United Methodist Church

2nd Tuesdays, This month's meeting is 9/9, 6:30-7 pm
1023 Oberlin Rd, Raleigh, 27605

Speaker: Jim Hartye, MD, Horizon Healthcare & WakeMed

Dr. Hartye is a physician who has spent much of his career caring for people who are homeless. Many who are homeless are also suffering from chronic mental illness and/or substance abuse disorders. Dr. Hartye says, "It's amazing to see people thrive when they get the right supports in place. It's a blessing to share the healing and empowerment process with them." Please come to this meeting to hear more about Dr. Hartye's work.

NAMI Wake Education Programs

Family to Family Course

starting on Sept. 17

Call Susan Hadley, 787-5999 to register

The NAMI Family-to-Family Education Program is a free, 12-week course for family caregivers of individuals with severe mental illnesses.

The course is taught by trained family members. All instruction and course materials are free to class participants. Over 115,000 family members have graduated from this national program.

What does the course include?

Current information about schizophrenia, major depression, bipolar disorder (manic depression), panic disorder, obsessive-compulsive disorder, and co-occurring brain disorders and addictive disorders.

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

What one family member had to say about this course:

"Before I took the course, I felt alone and overwhelmed dealing with my daughter's mental illness. By taking this course, I have met others who are going through the same things I am and have learned about many resources that I never knew existed."

Support for Families of Children & Adolescents

Are you a family member or caregiver for a child under the age of 18? If so, NAMI Wake will be starting a new class in September which may interest you. In addition, there are monthly support group meetings. Contact: Heidi Cranford heidi3623@nc.rr.com

Interested in attending a PEER to PEER Education Class?

Call Marc Jacques for information
919-803-5813

Interested in attending a 12 week Class for Family Members of Individuals with Borderline Personality Disorder?

Email or call Ann Akland for information
aakland@nami-wake.org or 919 848-4490

A research study is now enrolling for those who still need help controlling their OCD symptoms, visit www.nami-wake.org and click on the "Research" button for more information.

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

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September 2011

Are you experiencing any of these symptoms?

Irritability

Exaggerated guilt and self-criticism

Different sleep patterns

Lack of energy

Lack of interest

Feelings of hopelessness

Lack of appetite or increased appetite

Inability to concentrate

If so, you could be experiencing stress or mild depression.

Most people have short periods in their life when they feel

depressed, have setbacks or feel uninspired. If these symptoms persist, you may want to seek the help of your physician or a mental health professional.

Wake County Affiliate of the National Alliance on Mental Illness (NAMI Wake), in partnership with Wake County Human Services, 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.

Join one of our Free Support Groups:

Every Friday: 2 - 4 pm, Rm 1151
Wake County Human Services
220 Swinburne St., Raleigh

Every Thursday: 7- 8:30 pm,
St. Bernadette Catholic Church,
1005 Wilbon Road, Fuquay
Varina, NC

Additional Groups forming in other neighborhoods in Wake County.

For more information, call 848-4990 & ask about Depression Support Groups