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THE IRIS

Support, Education, Advocacy

Vol 23, No. 3

March 2008 Issue

FROM THE PRESIDENT'S DESK

"THE MISSION OF NAMI WAKE COUNTY IS TO PROVIDE . . . ADVOCACY FOR PERSONS WITH MENTAL ILLNESS AND THEIR FAMILIES AND FRIENDS." (NAMI WAKE BYLAWS) ON TUESDAY, MARCH 18, AT 7 P.M., NAMI WAKE WILL HOLD AN ORGANIZATIONAL MEETING FOR OUR NEW ADVOCACY TEAM. CHECK THE WEBSITE OR WATCH YOUR E-MAIL FOR AN ANNOUNCEMENT OF THE LOCATION.

MANY NAMI MEMBERS UNDERSTAND ADVOCACY FROM A VERY PERSONAL VIEWPOINT. WHETHER ADVOCATING FOR SELF OR FOR A FAMILY MEMBER OR FRIEND, WE'VE NEGOTIATED BUREAUCRATIC SYSTEMS AND PUSHED OUR WAY THROUGH OBSTACLES IN ORDER TO PROCURE DISABILITY BENEFITS, FOOD STAMPS, MEDICATIONS, PSYCHIATRIC SERVICES, THERAPY, HOUSING, TRANSPORTATION, AND ALL THE OTHER THINGS WHICH ARE NECESSARY TO THE PROCESS OF RECOVERY FROM MENTAL ILLNESS. WE'VE LEARNED TO KEEP ON ASKING QUESTIONS, FOLLOWING LEADS AND FILLING OUT FORMS FOR AS LONG AS WE MUST. WE THROW UP OUR HANDS IN FRUSTRATION, THEN COME BACK FOR ANOTHER ROUND. OUR BOTTOM LINE: WE DON'T TAKE "NO" FOR AN ANSWER!

BUT ADVOCACY HAS A BROADER MEANING IN NAMI CIRCLES. ADVOCACY ALSO MEANS WORKING TO IMPROVE THE SYSTEM OF MENTAL HEALTHCARE. WE SEEK LEGISLATIVE AND POLICY CHANGES SO THAT TOMORROW, OR NEXT MONTH, OR MAYBE A YEAR FROM NOW, SOMEONE ELSE WON'T HAVE TO FIGHT QUITE AS HARD AS WE DID TO GET NEEDS MET, AND SO THAT QUALITY, AFFORDABLE CARE WILL BE MORE READILY AVAILABLE. IN THIS TIME OF FAILURE OF "MENTAL HEALTH REFORM" IN NC, SUCH ADVOCACY IS INCREASINGLY IMPORTANT.

THINK YOU CAN'T DO ANYTHING? THINK AGAIN! ON PAGE 4, READ A LETTER RECENTLY WRITTEN BY ONE OF OUR MEMBERS, STEVE CHURCH. HE ADDRESSED HIS LETTER TO COUNTY COMMISSIONERS, CITY COUNCIL MEMBERS, STATE LEGISLATORS, ALONG WITH GOV. EASLEY, LT. GOV. PERDUE, AND MIKE MOSELEY. WHETHER YOU AGREE WITH HIS POSITION OR NOT, IT IS CLEAR THAT STEVE HAS DECIDED TO SPEAK UP AND BE HEARD. I BELIEVE THAT IF ENOUGH OF US WILL FOLLOW STEVE'S LEAD, WE CAN MAKE A DIFFERENCE.

LETTERS AND E-MAILS ARE NOT THE ONLY ADVOCACY TOOL. YOU CAN COME TO A MARCH OR RALLY – OR HELP ORGANIZE ONE! YOU CAN ATTEND PUBLIC MEETINGS; SEE PAGE 3 FOR SOME IDEAS. YOU CAN LEAVE PHONE MESSAGES. OR MAYBE YOU'LL CHOOSE TO BECOME BETTER INFORMED, AND PASS WHAT YOU LEARN ON TO YOUR FRIENDS AND NEIGHBORS. BOTTOM LINE: EACH ONE OF US CAN "DO" ADVOCACY.

MARK YOUR CALENDAR FOR MARCH 18 AT 7:00 P.M. NAMI WAKE'S ADVOCACY TEAM WILL PROVIDE A PLACE FOR MEMBERS WHO HAVE A PASSION FOR ADVOCACY TO NETWORK AND TO WORK TOWARDS IMPROVING OUR MENTAL HEALTHCARE SYSTEM.

KATHY SMITH

**Attention: Attendees of February
Education Meeting**

One of our speakers, Jae Lee, needs a list of attendees, in conformance with his company's and Federal SEC guidelines on speaking engagements. Please email your name and phone number to Jae at jae.h.lee@smithbarney.com. If you do not have email, you can call him at (919) 877-2457 or call Kathy Smith at (919)-363-6313. Your information will not be shared with anyone else. You will not be solicited if you reply. Thank you!

NAMI Wake Monthly Education Meeting

Dr. Rob Turner, C.E.O. of Holly Hill Hospital.
Successes and Opportunities for improvement in NC and Wake
County Mental Healthcare
Plus the Holly Hill Expansion
Monday, March 24 at 7 p.m. on 3rd Floor of Education
Building, Highland United Methodist Church
1901 Ridge Road

SE Raleigh Community Forum Meeting Resources for Veterans

Dougy Johnson
Inner City MH Center
Wake County Human Services
Tuesday, March 11, 2008, 7:00 PM
Richard B. Harrison Library
1313 New Bern Avenue

Share this announcement with others

VOLUNTEER NEWS

REMEMBER !

SATURDAY, MAY 17, 2008

DOROTHEA DIX CAMPUS

NAMIWALKS FOR THE MIND OF AMERICA

RAISE AWARENESS!

RAISE FUNDS – FOR NAMI NC AND FOR NAMI WAKE!

We would like to have a lot of people walking for NAMI Wake County. Alycia Ashley, who led our walk team last year, has formed a team – “Ashley and Friends” – you can join her team if you like. You can also form your own team of friends, family, coworkers, or any other group you are a part of. When you form your team, identify NAMI Wake as your affiliate and half the money you raise will go to support our programs. There will be a kick-off luncheon on March 28th for team leaders and volunteers. Go to www.naminc.org for more info and to sign up to walk. Alycia is also available to answer questions you may have. You can contact her at jawb8982@bellsouth.net or 661-8982.

A Special Thank You!

... for a job well done, to George Blue, Lynda Smith, Mary O'Neal, Lillie Sanders, and Betty Sager who all manned our booth at the Resources for Recovery Fair in January. They did a great job talking to people about NAMI and what we do!

... also to our great Newsletter volunteers, too many to list here! We have had a great turnout for the Newsletter crew the last 2 months. This is now the place to be the first week of each month. If you would like to join us, let me know.

Christine Olson
NAMI-Wake Volunteer Coordinator
OlsonChr@aol.com
919-662-0764

LEGISLATIVE OVERSIGHT COMMITTEE (LOC) ON MH/DD/SAS MEETING SCHEDULE 2008

The LOC is a special committee of members of NC General Assembly tasked with providing oversight for implementation of the mental health reform legislation that was passed in 2001. Rep. Verla Insko from Orange Co. and Senator Martin Nesbitt are co-Chairs of this Committee. Generally, there is not time for public comment, but it is a good place to learn what is happening at the state level.

DATE	MEETING	TIME	ROOM
3/26/08	LOC	10:00 – 3:00	643
4/17/08	LOC	10:00 – 3:00	544
5/23/08	LOC	10:00 – 3:00	643

Remember: It's always a good idea to confirm a day or two in advance that the schedule has not been changed. Go to <http://www.ncleg.net/LegislativeCalendar/> to get the up to date info. Also, if you cannot make the meetings, you can listen to the proceedings by going to the NC Legislature website www.ncleg.net. Click on "Audio" then Appropriations Committee room 643 and you'll be able to listen at your computer. The meetings are held in Legislative Office Building located at 300 N Salisbury St, Raleigh, NC.

Wake County Consumer and Family Advisory Committee (CFAC)

This Committee was established by law and has a legal agreement with Wake County to provide advice about the County's mental health reform efforts--mental health, developmental disabilities, and substance abuse. There is an attempt to have equal representation from these three disability groups with 18 members. Ann Akland and Betty Stanberry are co-Chairs. If you are interested in what is happening in Wake County, you are welcome to attend these meetings. They are held the fourth Tuesday of every month at 5:30 pm at 220 Swinburne St., Room 5032.

Wake County Human Services Board, Continuum of Care Committee (COC)

This Committee is a subcommittee of the Wake County Human Services Board, the governing board of Wake County Human Services. This Board is responsible for overseeing and advising WCHS on mental health, developmental disabilities, and substance abuse services. Dr. David Filipowski is the Chair of the COC. The meetings are public meetings and are generally held the third Tuesday of every month at 12:00 noon at 220 Swinburne St., Room 5032.

Check It Out!

The 2008 Presidential Primaries Bringing Mental Healthcare to the Ballot Explore the Candidates



The National Alliance on Mental Illness (NAMI) has sent a questionnaire to all presidential candidates in each party. Candidates were encouraged to provide other relevant materials or explanations of their positions if they did not have time to respond to our questionnaire.

NAMI does not endorse specific candidates and any materials posted are intended for educational purposes only. Please remember that non-profit charitable organizations, including NAMI affiliates, are prohibited by law from endorsing specific candidates. NAMI national website now has responses from Clinton, Obama, and McCain. Go to www.nami.org. In the "find" block, type "Explore the Candidates". Click on result number 1.

Date: February 23, 2008

To: Members of the North Carolina Legislature

My esteemed lawmakers,

I am asking you to show support for our state's mentally ill by demanding a special session of the legislature. Please look into the Dorothea Dix Hospital closure plan (Dix and John Umstead hospitals are scheduled to close in May) and intervene on behalf of the hospital staffs, mental health sufferers and their families. You say the General Assembly is serving the best interest of the patients, but these proposed closings appear callous, calculating and self-serving.

I can not begin to impress on you how losing these facilities will affect the future of mental health in North Carolina. Why eliminate viable options during this "transformation" period by keeping them off the negotiating table?

These hospitals should remain open until statewide community continuum care is supplied sufficiently and performing adequately. Is this too much to ask? Apparently it is when lawmakers and administrators race to embrace a plan brimming with secrecy, greed and single-mindedness.

Our mental health system was less than stellar before the "reforms", but seven years of mismanagement by DHHS officials (with the Governor's blessing) disfigured it almost beyond recognition. Until Michael Moseley's recent "retirement", there had been no departmental accountability. The usual political responses were, "We can not go back and look at the past...It is useless to blame anyone now...We must continue moving on with the plan no matter what." Politicians figure it is harder to hit a moving target.

The timing of these proposed terminations is suspicious. Why now? What we have here is the cart before the horse. Properly funded community-based services should be in place long before the doors of any mental institution close in this state. Rewarding failed policy making is shamelessly irresponsible and arrogantly irrational.

The politics of this closure plan should be reviewed until all 100 counties are served honestly and productively. If you wait until the spring legislative session to convene, you lose a golden opportunity to give back to a slice of the population that has been taken advantage of time after time.

Your silence on this topic up until now has been deafening. For many of you in the legislature, this translates into, "Mission Accomplished."

Brash and insensitive reforms have brought us to this precious moment in time. Your action or inaction will directly shape events to come.

Mentally ill patients are "survivors" just like heart attack and cancer medical cases. We do not like to be called "consumers" and we do not like to be referred to as merely "beds" in your research findings and reports. Would you demean heart and cancer patients like that?

Some of your constituents do not want to explain their urgency and zeal in supporting such a plan. Do not be intimidated. Unite and be informed. You have the fate of these patients in your hands.

One day soon this growing list of mental health survivors may include you or members of your family, if it does not already. Is your family worth the risk or not?

Steve Church
NAMI-Wake County
Willow Spring, NC

RESEARCH VOLUNTEERS NEEDED

EARN UP TO \$200.00 & THE CHANCE OF GETTING FREE THERAPY

If you:

- Have a diagnosis of schizophrenia or schizoaffective disorder
- Would like to improve your social relationships
- Are between the ages of 18 and 65

then you may be eligible to participate in a study of Social Cognition and Interaction Training (SCIT). SCIT is a group psychotherapy that teaches strategies for getting along with other people and improving the social lives of persons with schizophrenia or schizoaffective disorder.

Half of the participants in this study will receive 20 sessions of SCIT group therapy over a five-month period and their usual treatment services. SCIT will be provided to you free of charge.

Half of the participants will receive their usual treatment services.

All participants can be paid up to \$200 to complete three assessments. These will involve evaluations of symptoms, cognitive and social functioning. Each of these assessments will take about 3 hours. The assessments will be done approximately 4-5 months apart.

To find out more about this study, please call Piper Meyer at (919) 843-5262 or send her an email at psmeyer@email.unc.edu

Treasurer's Report	
Checking	\$ 1,112
Savings	43,708
Liabilities	-634
Net Worth	\$ 44,186

--Tom Hadley

Major Problem Often Overlooked When Linking Violence, Illness

(Original article appeared in *Psychiatry News*, February 1, 2008.)

Mark Moran

Social disorganization and poverty may increase vulnerability to victimization and a propensity to perpetrate violence, researchers say in a special issue of *Psychiatric Services* (February, 2008) focusing on mental illness and violence.

Studies of the relationship between violence and mental illness have tended to focus on whether or not people who are mentally ill are more likely to engage in violent behavior. Newer studies suggest that people who are mentally ill are more often victims (about 12 to 22 %) than perpetrators (about 2-13%) of violence. This may be a larger public concern for society, which has traditionally perceived this population as dangerous criminals.

This relationship between mental illness and violence is somewhat complex. Poverty and social disorganization [of people who are mentally ill] may increase the risk of victimization; but as often quoted from research done by Torrey & Stanley (1998 MacArthur Violence Risk Assessment Study), individuals who are mentally ill are not more likely than others to engage in violent behaviors. Nevertheless, the relationship between mental illness and violence is complex (there are more studies of mentally ill perpetrators of violence than there are of mentally ill victims). About 14-50% of inpatients had been violent prior to their commitment—and probably explains their being committed. Yet there about 168 out of 1,000 victims who are mentally ill-about four times what is calculated for the general population.

With regard to perpetration of violence, studies of inpatients with severe mental illness show that perpetration of violence is most prevalent among committed patients before hospitalization, when violence may have precipitated their commitment.

Prevalence ranged from 14.2 percent among voluntary inpatients in the month before hospitalization to 50.4 percent among committed inpatients in the four months before hospitalization.

Also worth noting: “Repeated victimizations may lead to suspicion and mistrust, which in turn may lead to conflictive and stressful situations—in short, a cycle of victimization and perpetration.” So reducing the risk of victimization of people who are mentally ill would be another avenue of prevention. (Teplin, et. al., “Crime Victimization in Adults With Severe Mental Illness: Comparison With the National Crime Victimization Survey,” was published in the August 2005 Archives of General Psychiatry)

They argued for a new focus on victimization and on research that can help disentangle the complex relationship between mental illness, violence perpetration, and violent victimization.

Article Summarized by Tovah Wax

The Contribution of Clubhouses: Spectrum House and Club Horizon

I have been a member of two clubhouses or psychosocial rehabs: Spectrum House and Club Horizon. The very first psychosocial rehab was started in New York City around 1948. Each of its members had a psychiatric diagnosis. There were Mental Health workers in the clubhouse. John Beard worked to get Fountain House really going in 1956.

In the early 1980's Spectrum House was started by Wake County Mental Health with Pat Hamlin as its first Director. In 1983 Mike Mescall came on board as Assistant Director, and later became Director. In the early days of Spectrum House, we had a building and not much else: no stove, no refrigerator, no dining table, no chairs. Gradually, these appliances and furniture were supplied by the County. I was one of the first to get a TE (Transitional Employment) job, as well as the first member to get a job in the community.

The clubhouse provides not only work, but socialization. Spectrum House had many parties and dances. One member played percussion and another, Sonny Sherill, played guitar.

We now fast forward to 2003, with the formation of Derek's Renaissance House, which is the parent organization for Club Horizon. Moira Pearson gave considerable seed money. Annelise Evernidas, Sue Kavelak, Iris Kapil and Ann Akland, who were also nicknamed "NAMI Moms," given their concerns for the welfare of their mentally ill children, helped start Derek's Renaissance House. Mac Brownlee helped, too. Mac's wife, Becky, did some contract work. The first and current director of Club Horizon is Manay Gunter.

My support for these clubhouses is twofold. Attending a clubhouse keeps some of us consumers out of a psychiatric hospital. Secondly, they help some of us consumers get paying jobs, so we can pay taxes like everyone else. Whatever is paid by Medicaid for the expense of consumers using Clubhouse services ultimately comes back as benefit to the larger society.

--Kent Goddard

The State's "Fix" to Community Support NAMI Wake Responds

You were probably aware before last week's N&O series on mental health reform that many people are concerned about overspending and abuse in the Community Support program, and that there have been questions about the adequacy of training of some CS workers. That's not really news. Likewise, it's not news to NAMI members that the more intensive services needed by those persons with the most severe mental illnesses are not readily available.

Trouble is, despite repeated changes and new rules and regulations, the state has not managed to repair the problem. Implementation Update #39, dated Feb 6, is touted as the state's newest effort to stem the flow of the hemorrhaging CS funds. And once again, we at NAMI see the handwriting on the wall. This isn't the fix that is needed. Implementation Update #39 is an ill-conceived attempt to regulate CS providers which will surely force small and medium-sized providers of Community Support services to close. Your NAMI Board responded during the "comment period" which ended March 1, and as of this writing, we are waiting to see if anyone was listening. You can read the full NAMI Wake response on our website at www.nami-wake.org.

Support Groups & Education

Everyone is Welcome

FAMILY SUPPORT GROUPS

Garner United Methodist Church
Lori Darnell, 661-7285 or Gordon Gogola, 601-3996
loriptseminars@nc.rr.com
7-8:30 p.m. 1st and 3rd Mondays

Highland United Methodist Church.
Gordon Gogola, 601-3996 or Jeannie Harris, 850-0406
gogolags@hotmail.com or Jeanne Harris, 850-0406
7-8:30 p.m. 1st, 2nd and 3rd Mondays

Southern Regional Center Groups Fuquay-Varina
Cliff or Renee Normam, 557-0309, ncnormans@aol.com,
7-8:30 p.m., 3rd Tuesday

Bunn Family Support Group
Contact Yolanda Tant 496-7886.

CONSUMER SUPPORT GROUPS

Highland United Methodist Church
Cynthia Vester, cvester15@aol.com
7-8:30pm, 1st, 2nd, and 3rd Mondays

Southern Regional Center Groups Fuquay-Varina
Cliff or Renee Normam, 557-0309, ncnormans@aol.com
7-8 p.m. 3rd Thursday.

Les Girls Social

This is a social opportunity for consumers and family members. Everyone is invited. lunch is Dutch-treat.
Golden Corral, 6129 Glenwood Ave, Raleigh NC
12:15 p.m., 4th Saturday (This month only Les Girls will be the 5th Saturday, March 29 due to the Easter Holiday)

Monthly Education Meeting

7:00 p.m., 4th Monday,
Highland United Methodist Church,
Education Wing, 3rd Floor
See Page 2 for more information

SE Raleigh Community Forum Meeting

Wake County Human Services
2nd Tuesday at 7:00 PM
Richard B. Harrison Library
1313 New Bern Avenue
See Page 2 for more information

From the Support Group Corner:

NAMI Wake will start a Family Support Group in Knightdale within the next 2 months. The NAMI Wake Board of Directors is currently looking for a location for these meetings. Meetings will probably be on a night other than Monday nights and will be held twice per month. Support Group Facilitator training now taking place. For more information call Gordon Gogola (919)601-3996.

Directions to Highland United Methodist Church:

The facility is located at 1901 Ridge Road in west Raleigh, at the corner of Lake Boone Trail. Take the Lake Boone Trail exit east (toward Raleigh, away from Rex Hospital) and turn left at the traffic signal at the top of the hill. Parking is off Ridge Road behind the church. Walk toward the facility so that the gym/general purpose room is on your right. When you come to the connector between the church on your left and the education wing on your right, turn right; enter building and take elevator to third floor.



Check Your Membership Status!

You may have read in previous editions of our Iris newsletter that our membership goal for 2008 is 200. We now have 194 paid memberships, so we are VERY CLOSE to our goal! You can help us reach the goal. Just look at the address label. If it has 08 after your name, you are a member for 2008, thank you!

If you DO NOT have the 08, please fill out the membership form and send it in TODAY. National dues are already overdue, but we can reinstate you if you join today. Remember, when you join NAMI Wake County you join all three levels – NAMI, NAMI North Carolina and NAMI Wake County.

2008 Family Membership -- NAMI Wake County

If your name and address are correct on the mailing label (on reverse), check here _____

-or-

Complete the form below. Number in household represented by membership _____

Name: _____

Membership \$35.00

Address: _____

Donation _____

City: _____ Zip: _____ - _____

Total \$ _____

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.

Phone: _____ - _____ - _____ E-mail: _____ @ _____

Please check this box if we may share your E-mail with NAMI NC: _____

We are all volunteers. Check here if you can give us a few hours: _____
We want every family to be members of NAMI. If you cannot afford our full membership fee,
please enter in Total above the amount you and your family can afford.

NAMI NC and National have asked for the following optional demographic information

Relation to consumer

- ___ Adult child of consumer
- ___ Consumer
- ___ Parent of adult
- ___ Parent of child under 18
- ___ M. H. Professional
- ___ Sibling
- ___ Spouse
- ___ Friend / Other _____

Ethnicity (Please check one):

- ___ African American
- ___ Asian
- ___ Hispanic
- ___ Native American
- ___ White
- ___ Other

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

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March 2008 Issue

An Affiliate of NAMI (the National Alliance on Mental Illness and NAMI North Carolina)

If there is no 08 after your name on the address label, you are not a member for this year. Please consider joining NAMI Wake. A membership form is on page 7

Advocacy Team

Organizational Meeting

Tuesday, March 18, 7:00 p.m.

Place TBA

If you are interested in advocacy work to help bring change to our system of mental healthcare, please join us! For more information, contact Kathy Smith (363-6313 or ksmith@nami-wake.org) or Christine Olson (662-0764 or OlsonChr@aol.com)

