

## January, February and March 2012 NEWSLETTER of NAMI-Alger/Marquette

Our affiliate Website [www.namiam.org](http://www.namiam.org) also links to other NAMI sites.

NAMI (National Alliance on Mental Illness) members share their knowledge and experiences. This is not to be considered the same as professional advice or treatment. Appropriate professionals should be consulted as needed.

If you'd like to receive the newsletter by e-mail, let Jeannette know at [jkhouver@gmail.com](mailto:jkhouver@gmail.com) Call Jeannette (226 6808) or Jane (226 8551) with questions. Information is also on our website (above). [NAMI.org](http://NAMI.org) is national website.

### CRISIS

Contact Pathways day or night at 1 906 225 1181 or go to the nearest emergency department.

## **PLEASE SAVE CALENDAR AS A REFERENCE .**

### JANUARY-MARCH 2012 CALENDAR

Meetings are usually at the Nonprofit Conference Room, 129 W. Baraga, near Children's Museum, Mqt.

#### JANUARY 2012

**January 9 - Support Group** 7-9 pm, Nonprofit Commons Conference Room, 129 W. Baraga, Mqt.

**January 19 - tentative Executive Board Meeting, 5:15 pm**, Nonprofit Commons Conference Room, 129 W. Baraga, Mqt.

**January 30- Educational Meeting** 7-9 pm, Nonprofit Commons Conference Room, 129 W. Baraga, Mqt.

Discussion and demonstration of activities which help a person move from a more sedentary to more active lifestyle by Alisha Wasilewski. CD's will be available free so that attendees may continue the activities at home.

**January 4 - Pathways Board Meeting, 5 pm at Pathways Conference Room**

**No Connections Support Group until further notice.**

#### FEBRUARY 2012

**February 13 - Support Group** 7-9 pm, Nonprofit Commons Conference Room, 129 West Baraga, Mqt

**February 16 - tentative Executive Board Meeting - 5:15 pm**, Nonprofit Commons Conference Room, 129 W. Baraga, Mqt.

**February 15-May 2**, Family-to-Family education course (More information inside)

**February 27 - Educational Meeting** - 7-9 pm, Nonprofit Commons Conference Room, 129 West Baraga, Mqt.

Dr. Tyanne Dosh, outpatient psychiatrist at MGH will discuss issues of interest to attendees.

**February 1 - Pathways Board Meeting, 5 pm at Pathways Conference Room**

#### MARCH 2012

**March 12 - Support Group** 7-9 pm, Nonprofit Commons Conference Room, 129 West Baraga

**March - 15 - tentative Executive Board Meeting - 5:15 pm**, Nonprofit Commons Conference Room, 129 W. Baraga, Mqt.

**March 26 - Educational Meeting** - 7-9 pm, Nonprofit Commons Conference Room, 129 West Baraga, Mqt.

Healthy tasty snacks will be prepared by Abbie Palmer from the Food Co-op who will discuss healthy affordable foods. After that we'll have a Food Co-op tour.

**March 7 - Pathways Board Meeting, 5 pm at Pathways Conference Room**

## NOTES FROM YOUR CHAIRPERSON

The NAMI New Year begins with some great educational meetings....more details later in the Newsletter, but we'll continue our focus on "whole body health" in January and March and meet a new area psychiatrist in February. So please save the LAST Monday in these months to join us and to bring a friend or family member too!

And our New Year begins on a good organizational note. Following our most recent By-laws Revision, in 2010, we are presenting our proposed Budget for TWO years, 2012 and 2013. We've always worked with a budget which is realistic given our limits to fundraising and one that allows for flexibility to accommodate changing demands for programs and activities. Please review this budget and bring questions to our next group meeting. We will vote on the budget at the education meeting on January 30th. Our treasury is grateful to all of you who sold and purchased Community Days coupons. We earned over \$1,500 which allows us to continue our level of financial contributions to the community and our members. MANY thanks to Mary Lou Mauro for chairing the fundraiser and to Sandra Martyz and Sandy Grenke for assisting. Susan Shaver and Tiki helped Mary Lou at pre-sell opportunity.

Current officers and Board members have agreed to serve for two more years....but nominations are open to others who might be interested. We do not have a nominee for vice president and would be very pleased if someone would volunteer to hold that office. (The VP's responsibilities may vary according to the person's interests and available time and does not necessarily lead to the presidency.....however we ARE looking for fresh leadership, so please consider becoming VP or P.)

President - Jane Ryan, VP - open, Secretary - Cyndi Shaffer, Treasurer - Cindy Bertucci

State Board "Representative" - Cheryl Jobin, not an official representative but listens at meetings and offers input

Consumer Representatives - Janice Peterson, Susan Shaffer, John Taylor

Group Facilitators - Jeannette Hauver, Niki Richardson, George Savolainen

The Executive Board includes officers, representatives, and facilitators. Members are invited to attend any and all board meetings and to volunteer to serve as "general" board members. The Board meets every other month or as activities dictate.

The New Year also brings a new education program to our affiliate....The nationally acclaimed Family to Family. (F-2-F) The brochure with details is contained in the Newsletter and I encourage you to give it serious consideration. Three of our members have been trained by NAMI-national leaders to facilitate the 12-week program for persons who have a loved one with a serious mental illness. It is an intense education program requiring commitment to the group. Meetings will be held on Wednesday evenings beginning on February 15th and will be held at the Nonprofit Commons. There is no charge and when the course is completed you will come away with a binder of information, skills to better understand and work with your loved one, and a sense of community with others who share your concerns. F-2-F has parallels to Families in Action which some of you participated in earlier but it offers more in-depth examination of the subjects. We encourage those of you who did complete FIA to consider attending as an update and refresher course.

Thanks to the active support of many members, our affiliate has been able to maintain programming and outreach in the community. We have greeted many new folks at Groups and are grateful to those who have shared their time and insights to facilitate discussion and to assist new people. We have been complimented on "the wisdom" of our groups and hope you all will spread the word and invite others to participate. The New Year will bring challenges to us all and to the providers who serve those with mental illnesses, but knowing that there are many who care, who understand, and who are willing to help us deal with our challenges is what NAMI is all about! May the New Year bring hope and peace and improvement in the lives of those we care about!

## ACTIVITIES

### Wellness Education Programs

For the next 3 months there will be a continuation of our education series about taking care of all aspects of our health including:

January education meeting-Alisha Wasilewski, physician's assistant (PA) in the Bariatric and Metabolic Institute at MGH and who served on the November panel, will meet with us to discuss and demonstrate activities which help a person move from a more sedentary to more active lifestyle. CD's will be available free so that attendees may continue the activities.

February education meeting - Dr. Tyanne Dosh will discuss issues of interest to attendees. Dr. Dosh is an outpatient psychiatrist at MGH.

March education meeting-Abbie Palmer from the Food Co-op will meet with us, demonstrating the preparation of tasty healthy snacks for our sampling, discussing healthy, affordable food and then show us around the Food Co-op.

### April 23 and 24 NAMI STATE CONFERENCE in Ann Arbor

### June 27-30 NAMI NATIONAL CONVENTION in Seattle. Registration is Now Open

Registration includes all sessions, networking opportunities, special events and social functions. The 2012 NAMI Convention is scheduled for June 27-30 at the Sheraton Seattle Hotel—located in the heart of downtown Seattle. For more convention information and to register, go to [www.nami.org/convention](http://www.nami.org/convention)

## UPDATES/REMINDERS

**IOOV** (In our own Voice) Now have speakers available, but need a scheduler/facilitator. Please contact Jane (226-8551) for more information.

**Younkers Community Day Sale** was Nov. 2011 and a great success for our local NAMI. Our income was \$1559.70 , which includes the \$154 made during the in-store sales.

**BP Magazine (Bipolar Magazine)** (10 copies) has been ordered by our local NAMI and will be available to members and delivered to local libraries. Let Jane know if you wish to review a copy.

## ADVOCACY FOR SELF AND OTHERS

**NAMI's Family-to-Family Education program** "significantly" improves coping and problem-solving abilities of family members of individuals living with mental illness, according to a landmark study published in the current issue of Psychiatric Services, a journal of the American Psychiatric Association.

### **Support Group for Families with member who has substance abuse and/or co-occurring issues;**

Free at MGH on Tuesday evenings 5:30-6:30 Group meets with J. Vessels on 6th Floor of Neldberg Building which is next to parking ramp. For further info contact J. Vessels at 225-3985 Ext. 2

### **Room at the Inn Open Now**

Schedule of churches that will host the homeless shelter and other information is on the website: [roomattheinn.org](http://roomattheinn.org) Contact Robin Roy at 227 9171 for volunteer training and ways to help.

### NAMI's Latest Brochure **Bipolar Disorder**

Availability noted in Dec. 1, 2011 Friday Facts. (The PTSD brochure, completed previously, is very informative.) **Bipolar Disorder** is available online, free as a downloadable PDF. You can also order packs of 25 from the NAMI store. This brochure takes a deep look at bipolar disorder and covers topics such as medicines and research around this serious mental illness. Great for families and individuals facing the illness. **Bipolar Disorder** is also an appropriate tool for support groups, physician's offices, conventions, health fairs and the workplace. Download your free copy today, or order copies for your NAMI State Organization, NAMI Affiliate or upcoming mental health event.

### **Seasonal Affective Disorder**

If you notice periods of depression that seem to accompany seasonal changes during the year, you may suffer from seasonal affective disorder (SAD). This condition is characterized by recurrent episodes of depression – usually in late fall and winter – alternating with periods of normal or high mood the rest of the year.

Most people with SAD are women whose illness typically begins in their twenties, although men also report SAD of similar severity and have increasingly sought treatment. SAD can also occur in children and adolescents, in which case the syndrome is first suspected by parents and teachers. Many people with SAD report at least one close relative with a psychiatric condition, most frequently a severe depressive disorder (55 percent) or alcohol abuse (34 percent).

Symptoms of winter SAD usually begin in October or November and subside in March or April. Some patients begin to slump as early as August, while others remain well until January. Regardless of the time of onset, most patients don't feel fully back to normal until early May. Depressions are usually mild to moderate, but they can be severe. Very few patients with SAD have required hospitalization, and even fewer have been treated with electroconvulsive therapy. The usual characteristics of recurrent winter depression include oversleeping, daytime fatigue, carbohydrate craving and weight gain, although each person affected does not necessarily show these symptoms. Additionally, there are the usual features of depression, especially decreased sexual interest, lethargy, hopelessness, suicidal thoughts, lack of interest in normal activities, and social withdrawal.

Light therapy, described below, is now considered the first-line treatment intervention, and if properly dosed can produce relief within days. Antidepressants may also help, and if necessary can be used in conjunction with light.

In about 1/10th of cases, annual relapse occurs in the summer rather than winter, possibly in response to high heat and humidity. During that period, the depression is more likely to be characterized by insomnia, decreased appetite, weight loss, and agitation or anxiety. Patients with such "reverse SAD" often find relief with summer trips to cooler climates in the north. Generally, normal air conditioning is not sufficient to relieve this depression, and an antidepressant may be needed.

In still fewer cases, a patient may experience both winter and summer depressions, while feeling fine each fall and spring, around the equinoxes.

The most common characteristic of people with winter SAD is their reaction to changes in environmental light. Patients living at different latitudes note that their winter depressions are longer and more profound the farther north they live. Patients with SAD also report that their depression worsens or reappears whenever the weather is overcast at any time of the year, or if their indoor lighting is decreased. SAD is often misdiagnosed as hypothyroidism, hypoglycemia, infectious mononucleosis, and other viral infections.

### Treatment of winter SAD.

Bright white fluorescent light has been shown to reverse the winter depressive symptoms of SAD. Early studies used expensive "full-spectrum" bulbs, but these are not especially advantageous. Bulbs with color temperatures between 3000 and 6500 degrees Kelvin all have been shown to be effective. The lower color temperatures produce "softer" white light with less visual glare, while the higher color temperatures produce a "colder" skylight hue. The lamps are encased in a box with a diffusing lens, which also filters out ultraviolet radiation. The box sits on a tabletop, preferably on a stand that raises it to eye level and above. Such an arrangement further reduces glare sensations at high intensity, and preferentially illuminates the lower half of the retina, which is rich in photoreceptors that are thought to mediate the antidepressant response. Studies show between 50% and 80% of users showing essentially complete remission of symptoms, although the treatment needs to continue throughout the difficult season in order to maintain this benefit.

There are three major dosing dimensions of light therapy, and optimum effect requires that the dose be individualized, just as for medications.

**Light intensity.** The treatment uses an artificial equivalent of early morning full daylight (2500 to 10,000 lux), higher than projected by normal home light fixtures (50 to 300 lux). A light box should be capable of delivering 10,000 lux at eye level, which allows downward adjustments if necessary.

**Light duration.** Daily sessions of 20 to 60 minutes may be needed. Since light intensity and duration interact, longer sessions will be needed at lower intensities. At 10,000 lux – the current standard – 30-minute sessions are most typical.

**Time of Day of exposure.** The antidepressant effect, many investigators think, is mediated by light's action on the internal circadian rhythm clock. Most patients with winter depression benefit by resetting this clock earlier, which is achieved specifically with morning light exposure. Since different people have different clock phases (early types, neutral types, late types), the optimum time of light exposure can differ greatly. The Center for Environmental Therapeutics, a professional nonprofit agency, offers an on-line questionnaire on its website, [www.cet.org](http://www.cet.org), which can be used to calculate a recommended treatment time individually, which is then adjusted depending on response. Long sleepers may need to wake up earlier for best effect, while short sleepers can maintain their habitual sleep-wake schedule.

Side effects of light therapy are uncommon. Some patients complain of irritability, eyestrain, headaches, or nausea. Those who have histories of hypomania in spring or summer are at risk for switching states under light therapy, in which case light dose needs to be reduced. There is no evidence for long-term adverse effects, however, and disturbances experienced during the first few exposures often disappear spontaneously. As an important precaution, patients with Bipolar I disorder – who are at risk for switching into full-blown manic episodes – need to be on a mood-stabilizing drug while using light therapy.

### Options for treatment.

If your symptoms are mild – that is, if they don't interfere too much with your daily living, you may want to try light therapy as described above or experiment with adjusting the light in your surroundings with bright lamps and scheduling more time outdoors in winter.

If your depressive symptoms are severe enough to significantly affect your daily living, consult a mental health professional qualified to treat SAD. He or she can help you find the most appropriate treatment for you. To help you decide whether a clinical consultation is necessary, you can use the feedback on the Personalized Inventory for Depression and SAD at [www.cet.org](http://www.cet.org).

Reviewed by Michael Terman, Ph.D., Director, Winter Depression Program, New York State Psychiatric Institute at Columbia University Medical Center. New York City (February, 2004). From National NAMI website.

**Hope** by Valerie Fox

(copied from Personally Speaking Treatment Advocacy Center Dec. 19-23, 2011)

I chose to write about hope because it is so important to a person's life. Without hope a difficult task can become unbearable. With hope the same burden becomes lighter. I would like to give a few examples of hope in my life. I am certain others will be able to identify with the examples given. First, while living on the streets for a two-year period suffering with schizophrenia, even in my delusional and hallucinatory state of mind, I had hope. I believed in something. This belief, this hope, eventually became the catalyst for my seeking treatment. This hope allowed me to be strong, knowing I would have a very hard road to follow back to mental health. Hope was my mainstay during this very difficult time.

Today, enjoying many years of mental health, hope is part of my values for my life. While not as dramatic a tragedy as mental illness and homelessness, I still have struggles such as, "Will I keep my job," "Will I get sick physically or mentally," "What if I can't pay my rent?" These are some of my daily struggles, but incorporating hope into my being, I can change despair and worry to a hopeful outlook. What will happen in life will happen; but with a hopeful insight, a person saves many hours of worry when worry will not change the end result.

Today persons suffering with mental illness have a better chance of living successfully in the community than they did 25 or 30 years ago; but the struggles continue, i.e., the tremendous stigma of mental illness, trying to budget on social security, or risking sharing one's life with a partner, or having children and being afraid (that) possibly the illness will pass on to the child. If the person pondering these life-changing events has a hopeful outlook, the person will know a serene peace. Without a hopeful outlook, the person will continue to know worry, continue to be sad and upset.

I would like to suggest you try incorporating hope into your life. I believe the reward will be a peaceful serenity. By VALERIE FOX (a person in recovery) Reprinted with permission of Valerie Fox.

**Holiday Anticipation (and Letdown)**

There is something you can do to cope with the "after holidays blues". Actually, you have already practiced some of these methods in the past. You don't have to hide in a corner or in your bed with the sheet pulled over your head waiting to feel better. That may eventually help, but is not as useful as your other healthy coping methods.

Think about how you arrived at these feelings. Yes, thoughts do contribute to feelings.

"According to Christian Waugh, an assistant professor of psychology at Wake Forest University, "A large part of happiness is anticipation." It's natural, then, for our spirits to sink once an event we looked forward to has come and gone."

Thinking about holidays in a positive way increases anticipation, hope and happiness. Then, either the event ends or didn't work out as we thought it would, so we think unhappy thoughts.

After other events, pleasant or unpleasant, you have coped. During these unpleasant feelings, now, you've probably forgotten what coping methods you used then. Those thoughts haven't disappeared. You can find them and use them again today.

Here are some other ideas from Dr. Waugh. Plan ahead for the event and after the event. Avoid trying to plan a perfect event. Accept that there is stress in planning and/or anticipating an event and its ending. Take moments to think about the pleasure of now or in the past. Savor the moments of pleasure. Thinking about pleasant moments can recreate the pleasure.

Right now, think about something pleasant-ice cream, a hug, spring, snowflakes, warm gloves, bed.

(Copied and edited from Esperanza-Hope to Cope with Anxiety and Depression -Vol 1 Dec. 22, 2011 Source: Newswise)

**Medication Compliance Becoming Bigger Problem**  
(Copied from The Healthy Place Newsletter, Sept. 2011)

A large, growing number of people are not taking their medications the way they're supposed to. A 2011 Consumer Reports survey indicates a whopping 48% (up 9% from the 2010 survey) of the participants regularly cut back (pill splitting) or skip the prescribed dosage. Many don't get the entire prescription filled.

Medication compliance for people with mental illness has always been a problem. People stop their psychiatric medications due to side-effects or because when they start to feel better, they mistakenly think the medications are no longer needed. Part of the solution to those problems may be better doctor-patient communication.

We have a new problem though. It's called the prolonged and severe economic recession or depression. People simply can't afford their medical or psychiatric medications. They're taking these steps to save money. Yes, pharmaceutical companies do help qualified low-income individuals to receive discounts or free medication. Now, however, there are so many people who have lost their jobs or who are underemployed, even middle income folks can't pay for their medications.

Unfortunately, there are no easy solutions to this problem. Prescription medication options include contacting: [www.togetherrxaccess.com](http://www.togetherrxaccess.com) or Prescription Savings Program Together Rx Access or Prescription Assistance Program.

Free or Low-cost Prescription Medication Assistance Written by HealthyPlace.com Staff Writer

Detailed information on prescription medication assistance programs for psychiatric medications.  
Contents:

- Overview of Medication Assistance Programs
- List of Prescription Assistance Drug Programs
- Patient Assistance Programs Listed by Psychotropic Medication
- Drug Discount Card Programs
- State and Federal Patient Assistance Programs
- Patient Assistance Program Application Links
- Healthcare Plans

#### Patient Assistance Programs

There are various public and private programs available to help people who can't pay for their mental health medications. Some offer free medications. Others are given to the patient at a significantly discounted price.

It will take some work on your part to find the programs that are right for you and you'll need to fill out the necessary paperwork. It's important to keep in mind that the turnaround process can take up to 2-3 months before you even hear back on whether or not your application was approved. In the interim, it might be helpful to ask your doctor for samples to hold you over.

If your doctor doesn't have samples and you are taking a medication that you are not advised to go off of "cold turkey" and you run out and are unable to get a refill, **GO TO YOUR LOCAL EMERGENCY ROOM**. Some medications can produce very troubling withdrawal symptoms.

### Pharmaceutical Company Patient Assistance Programs

Many of the pharmaceutical companies offer financial assistance. Chances are likely you will find their patient assistance program listed on their website and more often than not you can print the application sheet right off of their site.

Read carefully what it is you need to do in addition, if anything, to filling out the form and sending it in. Each drug manufacturer patient assistance program is different. If you have questions, they normally provide a toll-free number for you to call.

For forms your doctor has to sign, it's recommended you bring them into the doctor's office yourself and request they be signed and come back the following day or bring them with you to your appointment.

Sites with extensive patient assistance program information

NeedyMeds

RxAssist

Partnership for Prescription Assistance

Prescription Medication Assistance Programs

## For Your Information

**NAMI DUES are increasing from \$30 to \$35 annually in midyear. A larger % of dues will be allotted to the local affiliates, (like us).**

### **NEW Study: Antipsychotics Without Psychosis** - More Spending, No Better Results

A 10-year study of Medicaid mental health care spending in Florida found nearly a 1000% (yes, one thousand percent) increase in spending on antipsychotics prescribed for depression with no clear evidence of improvement in how people fared ("Spending on depression up, quality of care lagging," Reuters Health, Dec. 6). The use of hospitalization and antidepressants fell during the study period.

"With the decline in use of hospitalization and antidepressants going generic, the cost of treating depression could have been expected to be falling over this period, but this didn't happen," author Thomas G. McGuire, a professor of health economics at Harvard Medical School in Boston and an author of the study, told Frederick Joelving of Reuters Health **ARCHIVES OF GENERAL PSYCHIATRY VOL 12 DEC 2011**

Results: Mental health care spending increased from a mean of \$2802 per enrollee to \$3610 during this period (29% increase). This increase occurred despite a mean decrease in inpatient spending from \$641 per enrollee to \$373 and was driven primarily by an increase in pharmacotherapy spending (up 110%), the bulk of which was due to spending on antipsychotics (949% increase). The percentage of enrollees with depression who were hospitalized decreased from 9.1% to 5.1%, and the percentage who received psychotherapy decreased from 56.6% to 37.5%. Antidepressant use increased from 80.6% to 86.8%, anxiety medication use was unchanged at 62.7% and 64.4%, and antipsychotic use increased from 25.9% to 41.9%. Changes in quality of care were mixed, with antidepressant use improving slightly, psychotherapy utilization fluctuating, and follow-up visits decreasing.

Conclusions: During a 10-year period, spending for Medicaid enrollees with depression increased substantially, with minimal improvements in quality of care. Antipsychotic use contributed significantly to the increase in spending, while contributing little to traditional measures of quality of care.

### **NEW Study: Postpartum Mental Illness May be a Marker for Bipolar Disorder**

Women who experience severe postpartum psychiatric symptoms within a month of delivering a child appear to be at greater risk for a later diagnosis of bipolar disorder, according to a new international study published by the Archives of General Psychiatry.

“Psychiatric disorders with postpartum onset” (Dec. 5) reports on an analysis of 120,378 Danish women following their first psychiatric inpatient or outpatient care for a mental illness other than bipolar. Many women experience “postpartum blues,” but episodes requiring emergency intervention affect only an estimated 1 in 1000 new mothers.

Postpartum-depression among women whose first psychiatric episode serious enough to require intervention occurred within a month of giving birth, approximately 14% received a bipolar diagnosis within the following 15 years. Among women whose first psychiatric contact was not associated with childbirth, the “conversion rate” to a bipolar diagnosis was 4-5%.

“The results translate to a fourfold increase in the probability that a severe psychiatric episode in the month after giving birth . . . will ultimately lead to a bipolar diagnosis versus one that happens at some other time, Reuters Health reported (“Could acute postpartum blues signal bipolar disorder,” Dec. 5).

One of the study authors told Reuters Health that doctors should “think about when women have their onset” because “you might have an indication that there is an underlying bipolar disorder.” Said Dr. Trine Munk-Olsen, “We want these women to be diagnosed correctly, in order to help them in the best way.” A British physician who was not among the authors said the results suggest that “doctors who are treating women with new psychiatric symptoms after childbirth should rule out bipolar disorder before they think about treating with antidepressants, which could make certain bipolar symptoms worse.”

The authors included physicians and research scientists from Denmark, Wales and the University of North Carolina at Chapel Hill. (Also reviewed in bp Magazine)

### **Finding Meaning in Delusion**

From Treatment Advocacy Center newsletter, Nov. 28-Dec. 2, 2011

Milton Greek always wanted to save the world, even before he was diagnosed with schizophrenia. Now, when he has psychotic urges despite his faithful adherence to treatment, he . . . cleans the yard or writes a letter to the editor.

“Finding purpose after living with delusion” (Nov. 25) is the latest in a New York Times intermittent series of profiles by reporter Benedict Carey about people living successfully with severe mental illness. It's a series full of hope for those who live or love someone with psychotic disorders and education for those unfamiliar with them.

For Greek, a 49-year-old computer programmer from Athens, Ohio, one of the keys to living successfully with schizophrenia has been “minding the messages in his own strange delusions” about meeting God and Jesus.

“When I began to see the delusions in the context of things that were happening in my real life, they finally made some sense,” Greek says. “And understanding the story of my psychosis helped me see what I needed to stay well.” To read Milt Greek’s full story, visit the New York Times.

### **Potential Molecular Target for Treatment of PTSD**

(Copied and edited from NARSAD Independent Investigator Grantee from Brain and Behavior Research Nov. 11, 2011 by Alexander Neumeister, M.D.)

A team led by NARSAD Independent Investigator Grantee Alexander Neumeister, M.D., has provided evidence of dysfunction in a key brain system linked with the occurrence of PTSD. This new discovery holds promise as a target area for the development of medication specific to post-traumatic stress disorder (PTSD). “Currently,” states Dr. Neumeister, “the only medical treatment options for the nearly eight million American adults with PTSD are antidepressants and anti-anxiety medications, which show little benefit in improving the mental health of these patients.”

### **Happy 75th Birthday, MHAM !**

Seventy-five years ago this month, the Mental Health Association in Michigan (then the Michigan Society for Mental Hygiene) was incorporated.

**"Cast from shackles which bound them, this bell shall ring out hope for the mentally ill and victory over mental illness."** (Inscription on NMHA Bell)

The world was in-between two great global conflicts, with international tensions mounting as World War II drew nearer.

Franklin D. Roosevelt was President of the United States, having just been elected to his second term. Frank D. Fitzgerald was completing two years as Governor of Michigan, with Frank Murphy slated to assume that position in January 1937. And yet another Frank (Couzens) was Mayor of Detroit.

There were no professional baseball or football teams west of St. Louis.

Very few Americans had television sets, as experiments in electronic telecasting were under way in several countries.

The average cost of a car was \$600, and for a house it was \$6,200. Gas was 19 cents a gallon; bread 8 cents per loaf; milk 48 cents a gallon; and a postage stamp was 3 cents.

And, until November 30th, when the state certified the Society’s incorporators (who included a future Mayor of Detroit) and its first Board of Directors (which included the father of future Michigan Governor William Milliken), there was no independent organization advocating on behalf of adults and children with mental illness in Michigan.

Since that late November day in 1936, we have given voice in Michigan to mental health issues. Our focus then was and remains today (with no break in-between) policy analysis and advocacy with state government for regulatory actions advancing mental health treatment and support services and improving quality of life for adults with mental illness, children with emotional disorders, and their families.

For many years, we were the only such independent voice in Michigan. That is no longer the case today, but if we may be permitted some vanity, MHAM remains the best in the state at what it does.

Here is one example from each decade (starting with the 1940s) of major MHAM accomplishments:

~Obtained passage of the Michigan Visiting Teacher (school social worker) act in 1944.

~Rallied citizen support in the early 1950s for a successful state bond issue referendum, which increased the number of state psychiatric hospital beds and provided funding for the Hawthorn Center (for children with mental illness) and special research and training programs at the Lafayette Clinic.

~Obtained the first public appropriation in the early 1960s for community aftercare services in Michigan.

~Procured the first legislative appropriation (1976) for a specifically designated prevention line item in the state’s mental health budget.

~Co-founded (1985) the Schizophrenics Anonymous self-help program, which grew into a national and international movement.

~Effected over 50 changes to Michigan's Mental Health Code when it underwent the first large-scale revision in its 20-year history (1994-95).

~Led a coalition achieving state law in 2004 to protect access to mental health medications in the state's Medicaid program.

[NOTE: Regular readers know that these protections have come under threat in 2011. We expect to have more to report on this topic next month.]

MHAM will have several special activities in 2012 to commemorate its 75th anniversary. More details will be coming in the near future. (CALL TO ACTION ~a monthly public policy newsletter from the Mental Health Association in Michigan (MHAM)~ Vol. 9, No. 5 November 2011)

## **NAMI Alger Marquette Projected Budget - Jan. 1, 2012 through Dec. 31, 2013**

This is not absolute We will not overspend. Comments and questions are welcome.

Projected Revenue

|                     |        |
|---------------------|--------|
| Dues                | \$4200 |
| Younkers Fundraiser | \$3000 |
| NAMI Walk           | \$500  |
| Donations           | \$300  |

Total Revenue \$8000

### Projected Expenses

|   |        |   |       |
|---|--------|---|-------|
| Dues to National/State NAMI             | \$3000 | Newsletter Supplies                     | \$200 |
| Newsletter Postage                      | \$400  | Office Supplies                         | \$200 |
| Regular Postage                         | \$100  | Post Office Box Fee                     | \$88  |
| Pathways Subscription                   | \$180  |   |       |
| Rent/Donation Children's Museum         | \$240  |   |       |
| Fee for NAMI State Board Teleconference | 0      |   |       |
| Picnic                                  | \$200  | Connections Group for Coffee, Tea, etc. | 0     |
| Families in Action/Family to Family     | \$200  |   |       |
| Donation for Educational Materials      | \$200  |   |       |
| Donation to Local Libraries             | \$300  |   |       |
| State of MI Nonprofit Registration Fee  | \$40   |   |       |
| IOOV Training                           | \$540  | IOOV Transportation                     | \$300 |
| IOOV Presentations                      | \$1080 | Conferences State                       | \$600 |
| Conferences National                    | \$300  | Conferences Iron Mountain               | \$60  |
| Conferences NorthCare Consumer          | 0      | Fee for local Website                   | \$100 |
| Donation for Room at the Inn            | \$600  | Pins/Awards/Cards/Gifts                 | \$220 |
| Miscellaneous                           | \$100  |   |       |

|                |        |            |         |
|----------------|--------|------------|---------|
| Total Expenses | \$9248 | Net Income | -\$1248 |
|----------------|--------|------------|---------|

**Although the annual income doesn't match the annual expenses, our NAMI currently has approximately \$4000 in our checking account.** Therefore, the Executive Board is comfortable that expenses may exceed income and still meet our expectations.

## **Family to Family Education Program Coming soon to Marquette!!!!!!**

Despite gains in the treatment and opportunities for recovery, coping with the difficulties that many people encounter in caring for a relative or friend with mental illness can be difficult. Family-to-Family offers participants vital information so that they gain insight and understanding of their loved one that may be described as **life-changing**.

Family-to-Family provides caregivers with communication and problem-solving techniques, coping mechanisms and the self-care skills needed to deal with their loved one's mental illness as well as its impact on the family

The NAMI Family-to-Family Education Program is a free, 12-week course for family or friends who are caregivers or connected to individuals with severe mental illnesses.

The course is taught by trained family members

All instruction and course materials are free to class participants

Over 300,000 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, borderline personality 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

Marquette/Alger classes begin February 15, 2012 and are held weekly. Last class for this series is May 2, 2012. Classes will be at the **Nonprofit Commons Conference Room, 129 W. Baraga, Marquette** (not the Marquette Commons)

Contact Louise at 906 235 0231 or Nicki at 906 228 3378 for more information and registration.