

VICE PRESIDENT'S MESSAGE

When NAMI Far North was born in Sandpoint in February of 2007, I was privileged to serve as the organization's first Vice President, assisting founder and primary organizer Ann Wimberley to launch this local affiliate of the National Alliance on Mental Illness. Our desire to develop a NAMI organization in Bonner and Boundary Counties had grown out of our prior experience with loved ones living with mental illness and our certainty that our fellow citizens in the 'far north' deserved education about mental illness, support in their time of need and advocacy for better access to treatment services.

Since 2007, NAMI Far North has been steadfast in providing these services to our community and has added training for ordinary citizens in Mental Health First Aid; suicide prevention and awareness in public schools; public information through its regular meetings, its newsletter and sponsorship of educational forums; information and support for family members through Family-to-Family classes and Family Support Groups; Connection Support Groups for individuals living with mental illness; and a highly successful program of Crisis Intervention Team (CIT) training and implementation in partnership with the community and our local and regional law enforcement agencies.

This progress would not have been possible without the generosity and support of the communities of Sandpoint and Bonners Ferry. Thank you.

Like all of you who live with mental illness or have a loved one with a neurobiological disorder, the leadership of NAMI Far North has grieved over national tragedies involving individuals with untreated mental illness as both victim and perpetrator. We have protested budget-driven cut-backs in care, and advocated for restoration of services. We have told our own painful stories publicly in order to alleviate stigma and encourage the availability of necessary services. We have refused simply to curse the darkness of fear and misunderstanding, and instead lighted small candles to encourage progress toward a societal comprehension of mental illness as a disease like any other, requiring research, compassion and effective treatment.

Because I have now moved away from north Idaho to a warm place in Arizona's desert, I am leaving my former NAMI Far North responsibilities in other competent, caring and committed hands. So is my husband, Doug, who has served NAMI Far North as its Treasurer from the very beginning. What we have not moved away from is our devotion to the cause of better mental health care. Will you pick up some of the tasks we are laying down and help NAMI Far North grow in strength as it seeks to improve the lives of individuals living with mental illness, their families and their friends?

—Ruth McKnight, Vice President NAMI Far North

CIT UPDATE

Congratulations are in order for Sheriff Daryl Wheeler and the Bonner County Sheriff's Office. Sheriff Wheeler and the BCSO were recently awarded the Idaho State Planning Council on Mental Health's 2013 Judicial/Law Enforcement Award. Sheriff Wheeler accepted the award, which recognizes BCSO's commitment to Crisis Intervention Training for the staff, at the Idaho State Capitol. The award recognizes individuals organizations who have demonstrated continued interest and involvement in understanding the concerns and needs of individuals with mental illness and their families. In accepting the award, Sheriff Wheeler said "This award truly honors the commitment of our deputies who serve in the detention and patrol divisions". Sheriff Wheeler also serves on the Region 1 Mental Health Board.

Region 1 CIT Academy #6 will be held February 17-21 with the Bonner County Sheriff's Office serving as the host agency. This year's academy is funded by a Fund For Idaho grant to NAMI Far North, proceeds from the NAMI Far North Take a Seat at the Table Fundraiser, the Sandpoint Police Department, and a donation from NAMI Coeur d'Alene. Twenty five officers are registered for this year's academy. The faculty for this 40-

hour POST (Peace Officers Standards and Training) certified training are primarily regional mental health providers. Ellis Amdur of Edgeworks is the keynote speaker. The curriculum committee, composed of Deputy Aaron Walker, Bonner County Sheriff's Office, Sgt. Foster Mayo, Bonners Ferry Police Department, Cpl. Leslie Lehman, Idaho State Police, Holly Bonwell, Program Director Region 1 Behavioral Health, Mary Peyton, Region 1 Behavioral Health, and Lynn Pietz, Amber Snoddy and Ann Wimberley of NAMI Far North, has met weekly since the first of the year. Region 1 Behavioral Health is printing the syllabus this year. Many area businesses will be contributing to the success of the academy. The 2013 Region 1 CIT officer of the Year will be honored at the graduation ceremony on February 21 at 2:45 p.m. NAMI members are encouraged to attend.

The Region 1 CIT Steering Committee will meet again on March 12. Carie Elmore will now represent NAMI Coeur D'Alene on the committee.

The Idaho CIT Work Group met on January 22 using the DHW video conference equipment in each of the seven regions and State Hospitals North and South. Each region will hold a forty hour academy in 2014. The Idaho Department of Correction is also working to implement CIT. Region 7 (Idaho Falls) held the first Youth CIT program in Idaho, a forty hour Memphis model training. A committee is being formed to discuss whether or not another CIT Train the Trainer is needed in Idaho.

—Ann Wimberley, MD (retired) Region I NAMI CIT Coordinator

NAMI IDAHO

Approximately 100 people gathered at 7:00 a.m. in Boise's 'Hall of Mirrors' across the street from the Capitol on Monday, January 27, 2014 for the opening of the 2014 NAMI Idaho West Region Conference and Advocacy Days. Idaho State Senator Lee Heider welcomed attendees and introduced Pete Earley, Pulitzer Prize nominated author of 'Crazy: A Father's Search Through America's Mental Health Madness' who spoke about the continuing need across our nation for

better access to treatment for individuals living with serious mental illness.

Following Mr. Earley's remarks, Conference speakers provided information on the roll-out of Medicaid Managed Care for mental health, the state-run insurance exchange, Medicaid redesign, coverage for persons who are eligible for both Medicaid and Medicare, the Idaho Lives high school suicide prevention project and gave a health care provider's perspective on the condition of the mental health system in the state. Ross Edmunds, Administrator of the Department of Health and Welfare's Division of Behavioral Health spoke of the proposed transformation of the mental health system and discussed a plan for launching a pilot program creating community behavioral health crisis centers in three cities.

During the afternoon, the NAMI Idaho Board of Directors individually and in small groups visited with House and Senate committee members and legislators from their own home districts, and encouraged their support of legislation advancing the cause of better mental health care in Idaho. Over 30 legislators were seen and received NAMI Idaho's advocacy position documentation.

In the evening, at the Capitol's Lincoln Auditorium, Pete Earley addressed the invited public, again emphasizing the theme of the need for improvements in America's methods and means of providing mental health care services.

FAR NORTH CONNECTION:

In 1996 a counselor encouraged me to read "Boundaries: When to say yes, how to say no to take control of your life". Authors Henry Cloud and John Townsend offer biblically-based skills to set healthy boundaries with parents, spouses, children, friends, co-workers, and even ourselves.

From this book, I learned for the first time that having clear boundaries is essential to a healthy, balanced lifestyle. A personal boundary defines that I am responsible for my own life. Personal boundaries include the physical, mental, emotional, and spiritual areas of my life.

Personal boundaries are not quite like a fence on the farm. Farm fences are rigid permanent separations that require constant supervision and maintenance. Personal boundaries are healthy habits, developed over time, which define individuals, and may change with circumstances. —Jan Burt, NAMI Far North

Board Member & Connection Facilitator

NEW UNDERSTANDING OF GENETICS BEHIND SCHIZOPHRENIA

Two independent studies conducted by scientists in the United Kingdom and the United States show that rare genetic changes found in the DNA of people with "http://bbrfoundation.org/schizophrenia" schizophrenia are clustered in proteins that manage the strength of connections and the communication between brain cells. These two studies together make up the largest genetic study of its kind, in which researchers found rare point mutations in many different genes, reinforcing the longheld belief that there is no one schizophrenia gene. They also discovered, however, that while the point mutations hit many different genes, these genes encode proteins that work together at the synapse to facilitate communication between neurons.

In one study, researchers analyzed the DNA of 2,536 people with schizophrenia and 2,543 control subjects. Despite the considerable sample sizes, no individual gene could be unambiguously implicated. That sobering but revealing finding suggests that many genes underlie risk for schizophrenia and that no two patients are likely to share the same profile of risk genes.

The second study analyzed DNA of 623 people with schizophrenia and their parents to look for new or "de novo" mutations. De novo mutations are carried by the person with schizophrenia but not by either parent and they are thought to have the potential to be more damaging. The degree of convergence between the two studies is unprecedented in schizophrenia genetics and reveals for the first time a handle on one of the core brain processes that is disrupted in this disorder.

The major insight of this research is the identification of an area of biological function that is relevant to schizophrenia and its causes. The findings also point to an overlap with the causes of other brain disorders suggesting that certain disorders might share some common mechanisms.

(From Brain & Behavior Research Foundation eNews, February 11, 2014.)

UP IN SMOKE

Every smoker is familiar with the strong mix of feelings that nicotine addiction elicits: you long for that next cigarette, but you're haunted by the knowledge that your habit is placing you—and your loved ones—at risk.

The health facts are indisputable.

According to the World Health Organization (WHO), 5.4 million people globally die from smoking tobacco each year—an average of one death every six seconds. Smoking also substantially increases the risk of heart disease and lung diseases, such as emphysema.

The stakes are disproportionately high for people with bipolar. About 31 percent smoke compared to about 21 percent of the general population, according to the U.S. government-funded "Systematic Treatment Enhancement Program for Bipolar Disorder. And while the average smoker has a one in four chance of quitting, a smoker with bipolar has a one in 10 chance.

Nicotine is an addictive drug that acts on specific receptors on the brain to cause the release of neurotransmitters, such as serotonin or dopamine. Smoking may therefore interfere with the effectiveness of many medications for bipolar, since these drugs work by blocking the activity of the same neurotransmitters that are increased by smoking. As evidence of this, a 2008 study out of the University of Melbourne found that nonsmokers taking antipsychotic drugs for acute mania showed significantly greater improvement in symptoms than the smokers in the group.

Many smokers quit multiple times before succeeding. Nicotine withdrawal symptoms such as irritability, craving, sleep disturbances, and increased appetite are often the culprit. There are steps you can take to increase your chances of quitting. For starters, pick a specific quit date, let loved ones know you're quitting, and ask for their support. Consider nicotine replacement therapy—such as sprays, gums, or a patch—or one of the newer smoking cessation drugs.

Researchers hope for better solutions for smokers who want to quit. Studies are underway to determine why people with bipolar are more vulnerable to nicotine and what types of cessation medications and behavioral therapies might be most effective for them.

Quitting Time:

Here are some nicotine-overcoming strategies:

- **Distract yourself.** Keep your hands busy.
- **Get help**. Talk to your health care provider.
- **Change habits.** Switch from caffeine or alcohol to juice or water.
- **Fight the fixation.** Try sugarless gum,

hard candy, carrot sticks or sunflower seeds.

- **De-stress**. Exercise, take a hot bath or read.
- **Breathe deeply.** Picture your lungs filling with clean air.

(Excerpted from bpMagazine Archived Articles, February 7, 2014. Your Habit...Up in Smoke.)

"BOILED BRAINS"

Nearly 400 years ago, in William Shakespeare's play, The Winter's Tale, an old and honorable shepherd expressed this opinion:

"I would there were no age between sixteen and three-and-twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancientry, stealing, fighting--Hark you now! Would any but these boiled brains of nineteen and two-and-twenty hunt this weather? They have scared away two of my best sheep, which I fear the wolf will sooner find than the master".

Through the shepherd's words, Shakespeare painted a picture familiar to many parents of teenagers, who sometimes wish THEIR youth would sleep away the years between sixteen and twenty three. Frequently, typical adolescents act on impulse, misread social cues and emotions, are accident prone and indulge in explosive, dangerous and risky behavior. Adolescents are less likely to think before they act, consider potential consequences, or modify dangerous or inappropriate behavior.

Neuroscience today has the imagescanning technology to look at living brains throughout life. Until about 15 years ago, it had been assumed that human brain development took place only in the first few years of life. Now it is recognized that brain maturation continues into young adulthood with the thinking part of the brain (frontal cortex) developing at a slower rate than the instinctual part (amygdala). In a healthy brain, during the adolescent years, some connections are lost, while others are strengthened. This process is similar to pruning an overgrown fruit tree to make better fruit. At the same time, the explosion of hormones is creating the tsunami of adolescence within the rapidly-changing body and mind of a child.

Researchers are focusing on this stage of brain development because many mental illnesses first surface during the adolescent years. Differentiating between normal adolescent behavior and early symptoms of mental illness is a challenge. The tools of technology available to researchers now may soon be common tools for early diagnosis and treatment of mental illness. Whether or not to use these tools as early predictors of possible future mental illness is controversial.

I wonder what Shakespeare's old shepherd would have to say about neuroscience's advances in really understanding the 'boiled brains' of nineteen and two-and-twenty? The experts remind us, however, that the very behavior that may frustrate adults also marks a time of increased ability to learn and the courage to experience life fearlessly.

(Blakemore, S.-J. (2014, January 22). "http:// thinkneuroscience.wordpress.com/2014/01/22/ adolescent-brain-development" and Blakemore. S.-J. (n.d.). The mysterious workings of the adolescent brain. TedTalks http://www.ted.com/ talks/sarah_jayne_blakemore_the_mysterious_ workings of the adolescent brain.html. Dobbs, D. (2010, November). The Making of a Troubled Mind. Nature, pp. 154-156. Facts for Families, No.95. (2012) American Academy of Child & Adolescent Psychiatry: "http://www.acap. org/ National Institute of Mental Health. (n.d.). "http://www.nimh.nih.gov/health" publication/theteen-brain-still under construction/teen-brain.pdf. Shakespeare. (n.d.). "http://shakespeare.mit.edu/ winters_tale/winters_tale.3.3.html")

IN MEMORIAM

Kaitlin Marie Marguerite Brosh, called "Kaiti' by those who knew and loved her, died on Tuesday, December 31, 2013 in a car/train collision near Sagle. She was only 25 years old, the beloved daughter of Donna and John Brosh of Sagle and locally well-known athlete, artist, massage therapist and certified nursing assistant. Most importantly, Kaiti was gentle, kind and giving, deeply caring about her friends and family and having a special love for animals and north Idaho's great and beautiful outdoors.

Members and friends of NAMI Far North extend their deepest sympathy to Kaiti's parents, John and Donna Brosh, who is one of the founding members of NAMI Far North and



continues to further the work of the National Alliance on Mental Illness (NAMI) through her graphic design, layout and printing of NAMI Far North's monthly newsletter and other educational literature. A memorial fund in Kaiti's honor has been established by NAMI Far North to assist those living with mental illness and their families. Contributions can be made at NAMI Far North, P.O. Box 2415, Sandpoint, ID 83864.

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ONAMI Far North

Membership in NAMI Far North entitles you to membership in NAMI and NAMI Idaho. You will receive the NAMI Advocate magazine as well as the NAMI Far North Advocate newsletter.

Name	MEMBERSHIP TYPES (check one)
Address	☐ INDIVIDUAL / FAMILY MEMBERSHIP (\$35.00 annual fee)
City, State, Zip	☐ PROFESSIONAL MEMBERSHIP (\$35.00 annual fee)
Phone	OPEN DOOR MEMBERSHIP (\$3.00 annual fee) (full annual membership for individuals and families on limited income)
Email Optional Information: I AM A:CONSUMERFAMILY MEMBERFRIEND	 SCHOLARSHIP MEMBERSHIP (full annual membership is paid by anonymous donor for individuals and families unable to afford the Open Door Membership)
MENTAL HEALTH PROFESSIONALOTHER	I want to make a tax-deductible donation to NAMI Far North
Directory:	

The NAMI Far North membership directory is intended to facilitate communication and support among NAMI Far North members. It will only be distributed to NAMI Far North members who are current in their dues and who have consented to have their names and contact information published in the directory. It will not be distributed to anyone else for any purpose.

Would you like to be listed in our directory? _____YES ____NO

NAMI FAR NORTH 2014 CALENDAR

FEBRUARY

2/19 **Annual Membership Meeting & Election of Directors**

Bonner General Hospital 6 pm Speaker:

Sharon McCahon "Mindfulness" 7-8:30 Family Support 7-8:30 NAMI Connection

2/24 **Bonners Ferry Family Support** Panhandle Health District

6-8:30 pm **MARCH**

3/5 **NAMI Connection**

Sandpoint Gardenia Center 11:30 Lunch 12-1:30 Support Group

3/19 **Regular Monthly Meeting**

Bonner General Hospital 6 pm: Pete Earley DVD 7-8:30 Family Support 7-8:30 NAMI Connection 3/24 **Bonners Ferry Family Support**

Panhandle Health District 6-8:30 pm

APRIL

4/2 **NAMI Connection**

Sandpoint Gardenia Center 11:30 Lunch

12-1:30 Support Group

4/16 **Regular Monthly Meeting**

Bonner General Hospital 6pm: Dennis Thibault "Vocational Rehabilitation" 7-8:30 Family Support 7-8:30 NAMI Connection

4/28 **Bonners Ferry Family Support**

Panhandle Health District 6-8:30 pm

MAY 5/7

NAMI Connection

Sandpoint Gardenia Center 11:30 Lunch

12-1:30 Support Group

5/21 **Regular Monthly Meeting**

Bonner General Hospital 6 pm: Cpl. Leslie Lehman, Idaho State Patrol (CIT International) 7-8:30 Family Support 7-8:30 NAMI Connection

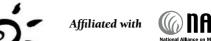
The NAMI signature 12-week course Family to Family will be offered in Bonners Ferry this spring. Contact Gini Woodward for more information 267-5638



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Gini Woodward, Editor Donna Brosh, Graphics

If you do not wish to continue receiving this newsletter, please email namifarnorth@yahoo.com **NAMI Far North** meets the third Wednesday of every month from 6:00 to 8:00 p.m. at the Bonner General Hospital Classroom.







For more information about NAMI, please go to www.nami.org

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