

ONE, TWO, THREE...MAY IS MENTAL HEALTH MONTH!

I. Mind Your Health

"For 65 years, Mental Health America and our affiliates across the country have led the observance of May is Mental Health Month by reaching millions of people through the media, local events and screenings. The 2014 May is Mental Health Month theme is 'Mind Your Health.' Our goals are to build public recognition about the importance of mental health to overall health and wellness; inform people of the ways that the mind and body interact with each other; and provide tips and tools for taking positive actions to protect mental health and promote whole health." Learn more at <http://www.mentalhealthamerica.net/may>



II. Cause for Celebration?

"The annual observance of Mental Health Month will not be cause for celebration as long as Americans with the most severe mental illnesses don't receive the treatment they need to stay out of jails and prisons, off the streets and on the road to recovery."

Read the entire article at <http://www.treatmentadvocacycenter.org/home-page/71-featured-articles/2538-annual-observance-of-mental-health-month-is-not-cause-for-celebration>

III. An Opportunity to Speak Out

"Right now I'm lying on my couch in Montana burning up with fever and feeling ever so awful," writes Jessie Close, an Ambassador of Bring Change 2 Mind, an organization working to end the stigma and discrimination of mental illness.

What did you feel when you read the

above?... "Oh, poor Jessie, I hope she gets better fast."

But if she had told you that she was lying on her couch in Montana with voices in her brain, would you have thought, "YIKES!? Too much information? We shouldn't talk about mental illness like that?"

That's because fever and flu are considered 'acceptable illnesses' to talk about, but mental illness has for too long been something of which we are ashamed.

Jessie Close goes on to say, "May is Mental Health Awareness Month. I hope to reveal my mental illness to strangers more than usual this month. I'll start the conversation by saying, 'Do you know that this month is Mental Health Awareness Month? I have a mental illness and I'm so very grateful that we can at least talk about it this month, aren't you?' Or, if you want to be more brazen, ask 'Is there mental illness in your family? There is in mine...'"

Let's get out there and start the conversation.

Read Jesse's blog at <http://www.bringchange2mind.org/blog/entry/blog-lets-talk-by-jessie-close>

WHAT'S IT ALL ABOUT?

The world of mental health care, like any professional or career specialty, has a vocabulary all its own. We who are clinicians, advocates and/or have been involved for many years in providing care to a loved one living with mental illness or are people living with mental illness have become familiar with the 'lingo', but we recognize that not everyone understands all of the frequently-used language. Sometimes, understanding the issues is dependent upon an understanding of the terminology. In this edition of 'The Advocate', in keeping with its mission of providing EDUCATION for individuals with mental illness and their family members, NAMI Far North is beginning a series of articles that we hope will help all of us better understand certain issues beginning with an introduction to civil commitment and including HIPAA, Assisted Outpatient Treatment and related topics.

Background

The National Institute of Mental Health (NIMH) in 2010 estimated that 7.7 million Americans suffer from schizophrenia and bipolar disorder, and that approximately 40% of the individuals with schizophrenia and 51% of those with bipolar are untreated in any given year.

The consequences of non-treatment are devastating: One-third of the US homeless population, and more than 16% of all jail and prison inmates live with untreated psychiatric illnesses. Many are regularly victimized and abused, and untreated mental illness is a factor in more than 90% of completed suicides. A few individuals with untreated mental illness create headlines with their violent behavior. The longer individuals with serious brain disorders go untreated, the more uncertain their prospects for long-term recovery become. Recent studies have suggested that early treatment may lead to better clinical outcomes, while delaying treatment leads to worse outcomes.

The financial costs of treating major mental illnesses are comparable to those for arthritis and coronary artery disease. It is a huge mistake to think that money can be saved by NOT treating people with psychiatric disorders. Police and social services, courts, ambulances, emergency rooms and incarcerations are expensive, and there are the less measurable but no less enormous costs in human suffering.

In light of the foregoing facts, why does mental illness remain untreated in our country? One huge reason is that our system of mental health care has been dismally dysfunctional for decades, with federal expenditures focusing on many services that do not address the most serious illnesses and no central effort to mandate evidence-based care. In recent years, well-publicized budgetary constraints in many states, including Idaho, have caused reduction of state-provided mental health services, making it very difficult for people to obtain these scarce resources.

Another reason for non-treatment is that a commonly-occurring symptom of severe mental illness is the lack of insight into one's own condition, leading to a person adopting the firm conviction that

'I'm not sick and I don't need help!' This condition is not denial, but an outgrowth of the mental disorder itself and is termed anosognosia. It affects almost 50% of people with schizophrenia and bipolar, and results in their refusal to seek or accept mental health care.

In other cases, treatment is not available because there are no resources to pay for it, either privately or through insurance, and in Idaho, the state mental health authority (Department of Health and Welfare) is statutorily only required to provide mental health services to certain categories of persons, including those who have been committed to its care by court order.

Our next article will explore Civil Commitment, mental holds, and Designated Examiners.

—Ruth McKnight, Esq.
NAMI Far North board member

PRESIDENT'S MESSAGE

I've experienced first-hand and through the stories of other family members how we deal with the crisis, chaos, and shock of family members whose loved one's behavior goes from predictable to catastrophic.

We feel overwhelmed, confused, and lost. We don't know how to deal with it. Our sense of emotional intactness is shattered.

Denial is often the first protective response. This gives us time to process the painful events that have turned our lives upside down. We decide all this is not really happening and/or there is a perfectly logical explanation for these events and/or to "normalize" what is going on.

Then begins a dawning of recognition and the hope that "this is not what I think it is." That it is something easier to deal with. We assume that if we make a huge effort it will change everything and our lives will go back to normal. This usually does not work; another crisis or relapse dashes our hopes. (Families call this the "roller-coaster")

What we need at this stage is support, comfort, empathy for confusion, help finding resources, crisis intervention, prognosis, empathy for pain. The kind of help we can find through NAMI.

If you, or someone you care about is dealing with a catastrophic event caused by mental illness and would like to be involved in the free NAMI Far North Family to Family educational program, please call our help line 208-597-2047.

—Amber Snoddy, President
NAMI Far North

CRISIS INTERVENTION TEAM (CIT) UPDATE

Idaho State Police Officer Leslie Lehman is the speaker for the May NAMI Far North meeting. Last year, NAMI Far North funded her trip to the CIT International 2013 Conference. Cpl. Lehman brought back information that helped keep the Region 1 CIT program up to date with similar trainings elsewhere in the country. She also had the opportunity to network with leaders from other CIT programs. Region 1 CIT Law Enforcement Coordinator, Bonner County Sheriff's Office Deputy Aaron Walker, will attend the CIT International 2014 Conference with funding provided by NAMI Far North.

The Region 1 CIT Steering Committee will meet again on June 4.

The Idaho CIT Work Group met on April 30 using the DHW video-conference equipment. Representatives from CIT programs in all 7 DHW regions attended. The Idaho Department of Corrections is continuing to work on implementing their first 40 hour training. The main focus of discussion at the meeting was in regards to a de-escalation Train the Trainer course. A committee will continue to meet via phone conference calls funded by NAMI Idaho until this issue is resolved. The Idaho CIT Work Group will meet again on July 23.

—Ann Ferguson Wimberley, M.D. (retired)
Region I NAMI CIT Coordinator

NAMI FAR NORTH CONNECTION:

May is Mental Health Month. One of the first things that comes to my mind on how to be mentally healthy is "attitude". To be honest with you, I struggle daily to have a positive mental attitude. I tend to veer off into the negative with anger, fear, anxiety, criticism etc. Depression is anger turned inward and I have mastered that over the years. But I have come a long ways in correcting those thoughts so that they don't linger too long.

Here is a quote from author Charles Swindoll that I like about attitude:

"...We cannot change our past... we cannot change the fact that people will act in a certain way. We cannot change the inevitable. The only thing we can do is play on the one string we have, and that is our attitude. I am convinced that life is 10% what happens to me and 90% of how I react to it. And so it is with you... we are in charge of our Attitudes."

"Embrace humor as healthy" is a Connection principle, so I will close with this story:

There once was a woman who woke up one morning, looked in the mirror, and noticed she only had three hairs on her head. "Well", she said, "I think I'll braid my hair today". So she did and had a wonderful day.

The next day she woke up, looked in the mirror and saw that she only had two hairs on her head. "Hmm, she said, "I think I'll part my hair down the middle today." So she did and had a grand day. The next day she woke up, looked in the mirror and noticed that she only had one hair on her head. "Well, she said, "Today I'm going to wear my hair in a ponytail". So she did and she had a fun, fun day. The next day she woke up, looked in the mirror and noticed that there wasn't a single hair on her head..."YEAH!" she exclaimed, "I don't have to fix my hair today!"

Connection is for people who struggle with mental illness. If you have any questions email me at dannjanburt1@gmail.com

—Jan Burt, Connection facilitator
NAMI Far North board member

CONGRESS INCREASES MENTAL HEALTH FUNDING IN SOME AREAS

The passage of the 2014 omnibus budget bill represents the first time since 2012 that Congress has been able to reach agreement on the annual budget. The 2014 budget agreement (HR 3547), passed last month, was supported in the House and Senate by both Democrats and Republicans. After several years of budget cuts, the budget bill restored funding in some areas and prevented major cuts in others. Below are some highlights from the budget bill related to mental health.

Mental Illness Research Funding

The budget bill stops any more cuts to funding at the National Institute of Mental Health (NIMH). For 2014, NIMH has a budget of about \$1.45 billion – which is still \$34 million below 2013 levels. However, the final bill includes full funding for President Barack Obama's Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative which is intended to speed the development of new technologies to help

further the understanding of the brain's structure and function.

SAMHSA Funding Increased

The Substance Abuse and Mental Health Services Administration (SAMHSA) will receive a \$144 million increase over 2013 levels, for a total budget of \$3.6 billion.

Highlights of the SAMHSA Budget:

- \$484 million for the Mental Health Block Grant, a \$24 million increase over 2013. The Mental Health Block Grant is dedicated to building and supporting the community-based public mental health system across the country. The bill also sets aside a new 5 percent that would require states to direct funding to support evidence-based programs that meet the needs of individuals with early serious mental illness.
- \$15 million for a new grant program to provide Mental Health First Aid training to police officers, first responders, judges, social workers and the staff of college and university counseling centers, among others,
- \$50 million for the Primary-Behavioral Health Care Integration (PBHCI) program, which supports the integration of mental health care in primary care settings,
- \$40 million for new Project AWARE grants, which will provide 20 grants to State Education Authorities for programs in 1,000-1,500 schools to get students with mental health challenges referred to needed services,
- \$46 million for the National Child Traumatic Stress Initiative which improves

treatment and services for children and adolescents who have experienced traumatic events and increases access to these treatments and services, and

• \$48 million for the Garrett Lee Smith Memorial Act programs which enable states, Indian tribes, colleges and universities to develop suicide prevention and intervention programs.

This information is from the NAMI website. Learn more at www.nami.org

SPRING RHUBARB: HR3717 HELPING FAMILIES IN MENTAL HEALTH CRISIS ACT

Predictably our nation's lawmakers can't agree on anything, much less the best way to help people and their families who struggle with issues of treatment and care for those with mental illness. Civil dialogue is the very foundation of our country.

Changes in the mental health care system are on the horizon. People are sharing their own experiences and listening to others to learn different perspectives. Inform yourself with information from credible sources, add your own experiences and enter the dialogue. Author and mental health advocate Pete Earley's blog at www.peteeearley.com is posting blow by blow testimony on this spring rhubarb from people of all positions and experiences on the issues surrounding this bill. An understandable summary of this bill is available at <http://beta.congress.gov/bill/113th-congress/house-bill/3717>

GRATITUDE

NAMI Far North wishes to acknowledge and express its thanks for a generous grant in memory of Kaiti Brosh. The grantor has allocated the majority of the gift to the support of CIT (Crisis Intervention Team) training in the area, with the balance of the funds supporting NAMI Far North's ongoing work of education and support for individuals living with mental illness and their families. When added to other contributions in Kaiti's memory and fund raising efforts in our caring and compassionate community, the recent gift will ensure the sustainability of CIT for a number of years. We extend our continued condolences to Kaiti's family and loved ones, and are grateful for each contribution in her memory.



BECOME A MEMBER OF



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 _____
Address _____
City, State, Zip _____
Phone _____
Email _____

Optional Information:

I AM A: _____ CONSUMER _____ FAMILY MEMBER _____ FRIEND
_____ MENTAL HEALTH PROFESSIONAL _____ OTHER

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

Make checks payable to NAMI Far North and send to:

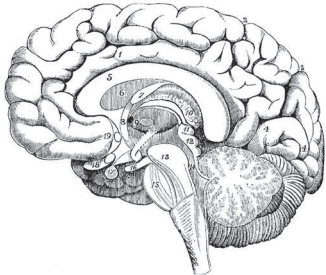
NAMI Far North • P.O. Box 2415 • Sandpoint, ID 83864

You may also give your application and check to a NAMI Far North board member at a monthly meeting.

MEMBERSHIP TYPES (check one)

- ☐ INDIVIDUAL / FAMILY MEMBERSHIP (\$35.00 annual fee)
☐ PROFESSIONAL MEMBERSHIP (\$35.00 annual fee)
☐ OPEN DOOR MEMBERSHIP (\$3.00 annual fee)
(full annual membership for individuals and families on limited income)
☐ SCHOLARSHIP MEMBERSHIP (full annual membership is paid by anonymous donor for individuals and families unable to afford the Open Door Membership)
☐ I want to make a tax-deductible donation to NAMI Far North

NAMI FAR NORTH 2014 CALENDAR

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| <p>MAY</p> <p>5/26 Memorial Day Holiday, no monthly meeting in Bonners Ferry</p> <p>JUNE</p> <p>6/2 NAMI Connection Sandpoint Gardenia Center 11:30 Lunch 12-1:30 Support Group</p> <p>6/18 Regular Monthly Meeting Bonner General Hospital 6 pm: Catherine Perusse <i>Idaho Lives Project</i> 7-8:30 Family Support 7-8:30 NAMI Connection</p> | <p>6/23 Bonners Ferry Family Support Panhandle Health District 6-8:30 pm</p> <p>JULY</p> <p>7/2 NAMI Connection Sandpoint Gardenia Center 11:30 Lunch 12-1:30 Support Group</p> <p>7/16 Regular Monthly Meeting Bonner General Hospital 6pm: Leslie Vilelli -Happiness 7-8:30 Family Support 7-8:30 NAMI Connection</p> <p>7/28 Bonners Ferry Family Support Panhandle Health District 6-8:30 pm</p> |  <div data-bbox="1112 430 1518 661"> <p>YOUR MEMBERSHIP IS VITAL TO THIS GRASSROOTS ORGANIZATION</p> <p>Send your completed application (page 3 of this Newsletter) and membership dues of \$35 (Open Door membership: \$3) to NAMI Far North, P.O. Box 2415, Sandpoint, ID 83864."</p> </div> |
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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.



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

Find help. Find hope.

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