



# GRASSROOTS

NAMI - the National Alliance on Mental Illness  
Newsletter of NAMI Huntsville, a grassroots affiliate of NAMI Alabama and NAMI



## Events Calendar

All NAMI Huntsville Meetings are held in  
The United Way Building  
701 Andrew Jackson Way, Huntsville,  
Unless otherwise announced.

### Tuesday, August 5

7:00pm – Support Group  
Facilitator: Howard Fry

### Tuesday, August 19

6:00pm – Board Meeting  
7:00pm – Education Program  
Topic: 8<sup>th</sup> Street Group Home  
Speaker: Andrea Williams

### August 21 - 23

NAMI AL State Meeting  
2008 Annual Meeting  
In Montgomery

### Monday, September 1

Labor Day  
OFFICE CLOSED

### Tuesday, September 2

7:00 - pm Support Group  
Facilitator: Jan Neighbors

### Monday, September 8

Fall Family-to-Family (F2F)  
Class Begins  
See complete info inside

### Tuesday, September 16

6:00pm – Board Meeting  
7:00pm - Education Program  
To Be Announced

### Every Thursday

6:00pm - Bipolar Support Group  
In the United Way Bldg.

Contact: David Hepler – 256.539.1411

\*Depression and Bipolar Support Alliance affiliate

## Family-to Family (F2F) Education Program

### Fall Class Begins September 8

A free 12-week course for family and friends of individuals with serious mental illness. Taught by trained NAMI family members, Dr. Pippa Abston and Howard Fry, NAMIH First Vice-president will teach this class.

Topics include:

### Information about illnesses of the brain and their treatment:

- Current information about schizophrenia, major depression, bipolar disorder, 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 treatment to promote recovery

### Coping Skills:

- 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

### Power of Advocacy:

- Guidance on locating appropriate supports and services within the community
- Information on advocacy initiatives designed to improve and expand services.

Class size is limited. Call NAMIH today to register:

**256.534.2628**



## Ask the Psychiatric Pharmacist

*Written by Mark Schneiderhan, Pharm.D.*

***I was told by my doctor that I need to take the medication for the rest of my life. Is it absolutely true that I will have to take the medication for the rest of my life?***

There are a few things to consider when thinking about long-term treatment of mental illness. Similar to the treatment of high blood pressure and diabetes, a person can be on medications for many years, even a lifetime. The reason for this is that they are prescribed by doctors to help relieve symptoms or put disorders in remission but not be a cure in most cases.

Most important, medication treatment needs to be tailored to the person depending on the type of symptoms and response to treatment. Tailored medication treatments are decisions that are made between the person and doctor.

There is some evidence that the longer a person has suffered with a mental illness the longer the person may need to stay on the medications. A person is more likely to need medications for a longer period of time if: 1) you have been suffering with a mental illness continuously for 2 years or longer; 2) you have had repeated relapses of the illness; 3) you need combinations of medications to control your symptoms.

The good news is some exciting evidence that the sooner a person is treated for a mental illness the better the response will be. Also, the longer the person remains symptom free while taking the medication the better the chances that the doctor may later consider lowering the dose of the medication and possibly stopping the medication. Remember, there are always exceptions to the rule depending on the person and the type of illness. Even in the best-case scenario, a person will need to be re-evaluated on a regular basis for the

need for ongoing medications. Please always consult with your doctor if you are thinking of stopping your medication or are concerned about how long to take your medication. – *Reprinted from NAMI.org website, "Ask the Psychiatric Pharmacist".*

## Major Provisions in HR 6331 for Beneficiaries with Mental Illness

HR 6331 (July, 2008) includes a number of critical provisions for Medicare beneficiaries living with serious mental illness, including:

- Parity for cost sharing for outpatient mental health services under Part B, gradually moving the current discriminatory 50% requirement down to 20% between 2010 and 2014,
- Statutory authority under the Part D drug benefit for the Centers for Medicare and Medicaid Services (CMS) to ensure broad coverage on prescription drug plan formularies for antipsychotics, antidepressants and anticonvulsants,
- Removal of the current ban on Part D plans offering coverage for benzodiazepines (a critical tool in treatment for acute mania in bipolar disorder and severe anxiety disorders),
- Changes to eligibility for the Part D Low-Income Subsidy (LIS) program (also known as "Extra Help") – These reforms include an increase the amount of allowable resources, elimination of barriers to enrollment and the current late enrollment penalty and new exemptions for the value of a life insurance policy and in-kind support and maintenance. Eligibility for the LIS significantly lowers premiums and cost sharing for drug coverage and exempts beneficiaries from the "doughnut hole" coverage gap.

*Open Your Mind*



*Mental illnesses  
are brain disorders*

## 10 tips for reaching those who will not accept treatment

Written by Ron Diamond, for *Relapse*, a magazine about management of persistent mental illness.

Put treatment in the context of patients' lives. Be concrete about what they may gain by taking prescribed medications. Start with the patients own agendas. Take seriously what they say they want for their own lives.

Be concerned about whether patients follow through with agreed upon treatment plans.

Ask specific questions designed to open up dialogue rather than put patients on the defensive.

Involve patients as much as possible in treatment plan decisions. Inform them about options and plans.

Make sure patients, families, and involved agencies are kept informed about treatment plans. Be sensitive to the agendas and prejudices of all and try to work with them.

Be willing to involve friends, families, landlords, clergy as much as confidentiality allows and how it fits into the patient's own goals and agenda.

People in support systems exert considerable influence in patients' decisions. Be willing to be tenacious when necessary, but flexible in how you engage patients. If they decline medication, focus on "safe" topics first.

If warranted, connect medication compliance with continued community involvement. Try linking usage with activities the patient wants and needs, such as spending money and obtaining transportation.

Accept that some patients refuse parts or all of treatment, despite all efforts. Offer what you can, be it bowling or lunch. Patients may be

more willing to comply once a relationship is established.

Plan to anticipate crises. Use them to build trust. Following through on promises will strengthen therapeutic and family alliances.

## Library Book Review: *The Insanity Offense*



-Ruth Karr

In this, the nineteenth book by E. Fuller Torrey, MD, the reader gets a straightforward message, just as to be expected by the author whom we call our "NAMI Guru.

*Contrary to what we wish the public sector to think, violent acts by persons with serious mental illness (SMI) is not the same as of society in general!* Not if you take into consideration the subset of those persons with SMI who would have been violent even if they had never been seriously mentally ill, (i.e. those with anti-social personality disorder and SMI) or if they live in a community without available effective treatment.

Dr. Torrey goes into great detail to tell how deinstitutionalization was not planned or carried out according to the concept, and how it continues to fail to the present time.

He gives many statistics, and many families' experiences with violence as a result of the weakness of mental health systems and our civil liberty laws that foster violent acts both by and against persons with SMI.

This book is not an easy read, but unfortunately, it carries many tragic truths. However, Dr. Torrey spells out many solutions to remedy a large part of these terrible tragedies. It is time all good advocates and caring families read Dr. Torrey's book. It well could be his best, if only his solutions would be put into practice.

Thank you NAMIH member Karolyn Voight for bringing this book to our attention, and for donating it to our library.



## Statistics For the first half of 2008

Recently we prepared a report for fiscal accountability. From this activity came numbers which you might find interesting. The figures include the first two quarters of 2008, January – June, serving Madison County, Alabama.

NAMIH's purpose is to **educate**, members and the general public about SMI and to offer **support** to families who have a loved one with SMI.

**Education includes:** newsletter and publications circulation, brochures disbursed, F2F class, Ed meetings, and public relations exposure. Our conservative figure for education of the public is 4,798 citizens. Not counting circulation of *The Huntsville Times*.

**Support includes:** Support Group attendees, Ed Program attendees, phone calls for SMI information and referral, office visits for consultation. Our figure for support is 356 Families. *Note: Families represent more than one person.*



## Join NAMI Huntsville

Become a partner. Help NAMIH realize our goals to support, educate and advocate on behalf of individuals with mental illness and their families.

### MEMBERSHIP FORM

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\$20 individual

\$25 family

New

Renewal

Donation \$ \_\_\_\_\_

**Mail check to: NAMIH, 701 Andrew Jackson Way  
Huntsville, AL 35801**

## G R A S S R O O T S

### Official Newsletter of NAMI Huntsville

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