

National Alliance on Mental Illness



nami

Promoting Mental Health

CHALLENGER

Albuquerque's Quarterly Newsletter

Contact us at 256.0288 or NAMI_ABQ@juno.com

January 2006

NAMI-Albuquerque Wishes You and Your Loved Ones a Safe and Happy New Year!

This issue of the newsletter has attitude! We hope that you will join with us in supporting some proposed new legislation designed to serve those with very severe mental health problems. There is lots of information about this new proposal in this newsletter, starting here on the front page with an invited article.

The author will be the guest speaker at our Luncheon event on January 23rd – details inside. Our website has up to date information on both the proposed legislation, and on our Luncheon, so click on www.nami.org/sites/albuquerque for the latest local NAMI news.

When Trouble Comes Looking For You You can call the Crisis Intervention Team – 911 and ask for a CIT officer

Interview with Sergeant Jan F. Olstad by Arlaina Ash

When your or your family member is in a crisis, the last thing you may want is for the police to come. If a call to the police becomes necessary, the Albuquerque Police Department has a program that makes this difficult situation much easier.

The Crisis Intervention Team (CIT) is a co-operative effort between the police department, the mental health system, the courts, and the community. The program originated in Memphis, Tennessee and has been used in Albuquerque since 1996. CIT officers, who make up about 25 percent of the police force, use calming techniques such as active listening and negotiation to increase safety both for people with mental illness and the officers. Their 40-hour training also includes role-playing with volunteers who have a mental illness, to get a better understanding of what they go through, as well as learning about the symptoms of different mental illnesses, types of medication, and patients' rights.

Sergeant Jan Olstad, an APD officer and CIT spokesperson estimates that they respond to between two and three thousand calls each year that involve someone with a mental illness. However, he says the number is actually higher because many calls about a disturbance or a "suspicious person" also fall under this category.

The CIT's goals are to reduce the number of arrests of people with mental illness and to reduce violence. They try to work in the least restrictive way possible, by calming the person down and, if

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Assisted Outpatient Treatment (AOT)

By invited author, Jonathan Stanley, J.D. Assistant Director of the Treatment Advocacy Center, in Virginia

I have bipolar illness with psychotic features. I have previously been involuntarily placed in treatment. It saved my life but was also one of the worst experiences of my life; I would never want to repeat the experience unless there was no other viable option.

I've been asked to write about how I, as both a consumer of mental health services and someone who specializes in AOT laws, react to the new proposal facing the New Mexico legislature which is the main topic of this issue of the newsletter, Assisted Outpatient Treatment.

What is AOT?

AOT is court-ordered treatment delivered in the community designed to bring intensive, consistent care to people overwhelmed by severe psychiatric illnesses.

If New Mexico passes AOT into law it will be the 43rd state to do so. The proposed law is modeled on New York's stunningly successful Kendra's Law. AOT is a last resort for the most desperate cases. If New Mexico makes as much use of the program as New York does, there would only be about 75 initial AOT orders issued each year in New Mexico (based on the population size).

Who is eligible for AOT?

AOT can bring sustained treatment to some of those most at risk because of their illnesses; individuals whose inconsistent care results in repeated hospitalizations that deplete New Mexico's scant mental health resources.

Any AOT law should have strict eligibility criteria that target only those for whom it is absolutely necessary. There must also be safeguards against the law being mistakenly used on someone who does not meet those criteria. The AOT proposal that NAMI-NM supports meets both of these requirements.

In order for someone to be placed in AOT, a judge would have to find that voluntary treatment is not an option and also that there

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When Trouble Comes Looking For You

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necessary, taking him or her to a hospital instead of to jail. As Olstad says, "If I take them to jail, they become a statistic, or I can take them to the mental hospital and hopefully they can get the help they need."

If they do have to take someone to jail they explain to the staff there that the new detainee has a mental illness so that they can get psychiatric help while incarcerated. Also, according to Olstad, the jail is building a separate ward for people who have a mental illness.

The techniques police are normally trained to use — clear, concise orders and a show of force — often don't work when someone is in a crisis. If a person is paranoid or has delusions of being persecuted a show of force could arouse their suspicions. Instead, CIT officers use persuasion and active listening. Usually people calm down if they get to tell their side of the story. "If I'm stuck on 'You need to put your hands on your head' and you're saying, 'My wife wants to leave me,' then it will be hard to get you to co-operate," says Olstad. "If I listen to you it may take 10 to 20 minutes and then you are more likely to comply with my requests."

Officers always try to calm the person down, even if it takes several hours. "As a rule we do not want to rush anything," Olstad explains. "Our goal is to slow things down so the person has better chance of making a good decision. De-escalation and time allows the person to get out of the crisis phase and better able to make the right choice. How many times have you seen the news 'Man holds SWAT team at bay for 6 hours before he surrenders'? The truth is the SWAT team decided to wait and let the negotiation officers calm the person down, then the person made the right decision to come out safely." They may also offer the person a favor to get them to co-operate. For example, says Olstad, "I offer them a free ride to the hospital. Most people say yes. They might not know that they don't have a choice."

Once the officers have the situation under control, they try to get information that will help the person they are working with. This includes names of psychiatrists, counselors, and case managers, and what medication the person is on. They also contact the family. They want family members to accompany them to the hospital because they know the person's history. They try to establish a relationship with the person and their family, and help them work with case managers and other mental health professionals. "If we have a good working relationship there are fewer calls for APD," Olstad says. "If they only call the police twice a year instead of ten times, it's a better use of resources. That's eight fewer times a mom, dad, brother, or sister have to see a family member in crisis."

One problem Olstad mentioned is that some people fall through the cracks of the mental health system. He can bring them to the hospital for an evaluation if he thinks it is necessary, but they cannot be held involuntarily for more than three days unless a judge rules that they are dangerous to themselves or others. During that time, the person will often begin to respond to treatment, but when they are released they often stop taking medication and their symptoms return. "There's no setup to

force people to take drugs or go to counseling like there is for domestic violence," Olstad says. However, CIT officers do more than handle tense situations. They are also called to work with people with a mental illness who witness or are the victim of a crime. For example, when someone who has schizophrenia reports that he or she witnessed a murder, they will talk to the person and investigate. They never dismiss what the person says because it may lead to solving a crime. Their sensitivity training also makes them better equipped to talk to people with depression and other mood disorders.

At least one CIT officer is on duty at almost all times. If you are in a crisis situation, you can request a CIT officer when you call 911. They are trained to handle a variety of issues that people with mental illness face, trained to help you get the assistance you need. ★

Assisted Outpatient Treatment (AOT)

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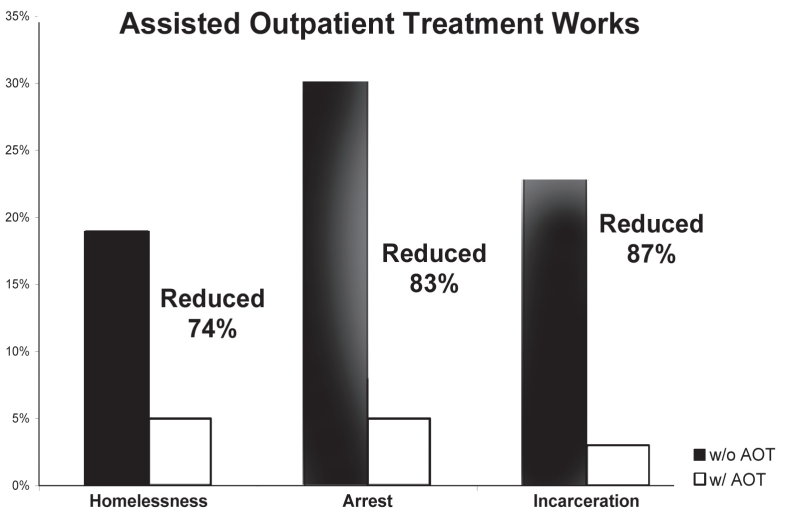
is no less restrictive option for the person's care. The person would also have to be unlikely to survive safely in the community and likely to cause serious harm to self or others without the court-ordered outpatient care.

People meeting that standard are simply incapable of maintaining their own treatment. The choice we then face is stark. Either we insist on treatment or we abandon sick people to the unchecked symptoms of their illnesses. We allow the disease to control the person, or we do not. Having been that sick, there is no doubt in my mind what should be done if I was so seriously ill again.

Are there any protections for consumers?

I am also pleased with the stringent consumer protections in the New Mexico proposal. AOT could only be ordered in a formal court hearing preceded by notice of that hearing to the consumer, who would be represented by counsel at all stages of the proceeding. The consumer would also have the opportunity to participate in creating the treatment plan that is the basis of the court's order. The initial AOT order would be for a six-month period, and any renewals would have to be approved in a hearing in which it is demonstrated that the person still meets the narrow eligibility standards. A person in AOT could also ask the supervising court to stay, vacate, or modify the order at any time.

continued ...



*Data from N.Y. State Office of Mental Health (March 2005), "Kendra's Law: Final report on the status of assisted outpatient treatment."

I particularly like the fact that anyone who makes a false statement or provides false information or testimony in an attempt to get someone in AOT is subject to criminal prosecution. Although the abuse of such a law is rare, it should be punished and deterred.

My strongest recommendation for the proposal is that I hope AOT, or something similar, will be in place should I ever again become lost to the symptoms of my disease. ★

When You Don't Know You are Ill

Re-print permission from the Treatment Advocacy Center

Some people do not know that they are ill.

The formal name describing the condition of not knowing that you are ill is **anosognosia** (pronounced anno sog nose ear – sort of!) It is a major problem for people with schizophrenia and bipolar disorder. The term is used by neurologists. It comes from the Greek word for disease (nosos) and knowledge (gnosis). It literally means “not knowing a disease.”

Anosognosia is the single largest reason why people with schizophrenia and bipolar disorder do not take their medication. After all, if you don't think you are ill, why would you take medicine? This impaired awareness of illness is caused by damage to specific parts of the brain, and affects approximately 50 percent of people with schizophrenia and 40 percent of people with bipolar disorder. Treatment can help.

What is impaired awareness of illness? People with impaired awareness of illness may not recognize that they are ill. Instead, they believe their delusions are real (e.g., the woman across the street is being paid by the CIA to spy on him) and that their hallucinations are real (e.g., the voices are instructions being sent by the President). Impaired awareness of illness is the same thing as lack of insight.

How big a problem is it? Many studies of people with schizophrenia report that approximately half of them have moderate or severe impairment in their awareness of illness. Studies suggest that approximately 40 percent of people with bipolar disorder have impaired awareness of illness; this is especially true if the person also has delusions and/or hallucinations.

Is this a new problem? I've never heard of it before. Impaired awareness of illness has been known for hundreds of years. In 1604 in his play “The Honest Whore,” Thomas Dekker has a character say: “That proves you mad because you know it not.” Among neurologists, unawareness of illness is well known since it also occurs in some people with strokes, brain tumors, Alzheimer's disease, and Huntington's disease. The term “anosognosia” was first used by a French neurologist in 1914. However in psychiatry impaired awareness of illness has only become widely discussed since the late 1980s.

Is impaired awareness of illness the same thing as denial of illness? No. Denial is a psychological mechanism that we all use, more or less. Impaired awareness of illness, on the other hand, has a biological basis and is caused by damage to the brain, especially the right brain hemisphere. The specific brain areas that appear to be most involved are the frontal lobe and part of the parietal lobe. ★

AOT Community Tragedy Prevention Act Key Facts

1. The AOT Law is designed to serve the severely mentally ill; those who cannot recognize their illnesses and who are in a downward spiral towards being a threat to themselves or others. **The law will give treatment before a tragedy occurs**
2. New Mexico's Mental Health Care system is seriously underfunded. There is a critical lack of beds in mental health facilities for inpatient care lasting more than a few days.
AOT will help to bridge the gap between people's needs and what's available
3. AOT will allow health care providers, social workers, crisis intervention personnel, and most importantly, families, to **petition the court for evaluation and court-ordered outpatient treatment before a patient hits rock bottom and becomes dangerous**
4. **The AOT law will save money and lower violence in the community**
5. 42 other states have passed the AOT law!
The time for New Mexico is now!

Myths & Misunderstandings

1. Mental health law advocates, such as the National Alliance on Mental Illness in New Mexico, oppose coercion in mental health treatment for those who recognize their illnesses and can choose medication. This law is not meant to infringe on civil liberties but to help the seriously ill who are unable to make informed choices.
2. AOT does not extend social control into the community. It affects a very small number of those with mental illness who cannot recognize their disease and who are at high risk of posing a threat to themselves or others. Best estimates are that New Mexico will have fewer than 75 court orders in a year. This is not many but even these can forestall the tragedies in our communities that we read about in the newspaper headlines.
3. AOT will not alienate Mental Health consumers from seeking treatment. The bill is not relevant to mental health consumers who recognize their illnesses and seek treatment.
4. Crisis Intervention Team officers and regular police, fire and emergency personnel (ambulances) need AOT. AOT helps to protect these officers of the community who risk their lives in response to crisis intervention calls.

For more information contact:

NAMI-Albuquerque

**6001 Marble NE, Suite 7, Albuquerque 87110
(505) 256-0288**

AOT contacts: Sherry Pabich 856-1551, 269-2626 or
Jane Lancaster 277-4323, 255-2852

For more about AOT visit our website at
www.nami.org/sites/albuquerque

NAMI Albuquerque Presents

AOT Community Tragedy Prevention Act Luncheon

Guest Speaker: Jonathan Stanley, J.D.

Assistant Director, Treatment Advocacy Center, Arlington, VA

January 23rd, 2006

Noon Day Ministries, 101 Broadway Blvd NE, Albuquerque, NM 87102-3420
Plenty of FREE parking!
(505) 246-8001

TICKETS ON SALE NOW!

\$10 in advance or \$12 at the door

NAMI-Albuquerque

6001 Marble NE, Suite 7 Albuquerque 87110

(505) 256-0288

Christie Mae's Restaurant will cater the box lunches. They have generously given us a discount in support of our cause (see instructions at the end of the Challenger.) Please buy your tickets early if you possibly can, so that we will know how many lunches to order.

The Noon Day Ministry is the site where up to 400 homeless people are given meals, medical assistance, legal advice, haircuts and other support. We feel this is a fitting place for our luncheon since so many of the severely mentally ill in Albuquerque are homeless.

The highlight of our lunch will be a talk about New Mexico's Assisted Outpatient Treatment bill by Jonathan Stanley from the Treatment Advocacy Center (TAC) in Arlington, VA. TAC is a national nonprofit organization working to eliminate legal and

clinical barriers to timely and humane treatment for millions of Americans with severe brain disorders. Jonathan Stanley is both a consumer and a lawyer. Since the onset of his bipolar disorder, he has graduated from Williams College in Massachusetts and Quinnipiac College School of Law in Connecticut and been a practicing attorney. He is an advocate who uses his troubled past to defend new legislation for the mentally ill. His talk in Albuquerque is aimed to members of NAMI; the civic government, police and court community downtown; and the Albuquerque community in general. The following day Stanley will give a lunch talk in the Round House to State legislators.

Please come and show your support for this important initiative to help mental health in our community.

For More Information Contact Sherry Pabich at 856-155 or Jane Lancaster at 277-4323

For more information visit our website at www.nami.org/sites/albuquerque

January Education Meeting

Movie and Popcorn Night 7:00 pm on January 10th 2006
NAMI-Albuquerque offices, 6001 Marble NE Suite 7

Come dressed in your comfortable clothes to enjoy a video, just released and to be broadcast on ABC in the future. *SHADOW VOICES: FINDING HOPE IN MENTAL ILLNESS* is an hour-long documentary which deals with stigma, recovery and hope for those concerned with mental illness. The program offers an inside look at what it is like to live with a mental illness. How do we find our way through medical, governmental, societal and spiritual matters. We'll have a discussion about the movie afterwards.

Into the Future

In my crystal ball I can see hundreds of people with sunglasses and hats walking around the perimeter of Albuquerque Academy. Oh my, look how much water that lady in the pink T-shirt is carrying – oh I see - it's for her dog...

9:00 am, Saturday May 20th will see the start of NAMI WALKS 2006 mark your diary now!

More information will follow in the next newsletter. As always, you can visit our website for updated information.

When combining court ordered AOT with services, States with the AOT law get:

Reduced hospitalization (up to 74%)
Reduced arrests (74%)
Reduced violence (up to 50%)
Reduced victimization (43 %)
Improved treatment compliance (58%)

Statistics from NY's Kendra's Law show that:

74% fewer participants stay homeless
77% fewer experienced psychiatric hospitalization
83% fewer were arrested
87% fewer were incarcerated

SUPPORT NM AOT



Get information about mental illness, medications etc. at **NAMI-Albuquerque, 6001 Marble NE, Suite 7**. Free pamphlets are available. A lending library of books and tapes is available for members. The office is usually staffed by volunteers M-F, 10:00am – 1:00pm. Call before coming to the office, to check that it is staffed and open! More resources are available on our website at www.nami.org/sites/albuquerque, or e-mail John Matsko at nami_abq@juno.com or call 256.0288

NAMI- ALBUQUERQUE FAMILY SUPPORT MEETINGS: Tuesdays 7:00pm-8:30pm at NAMI Albuquerque Office – 6001 Marble NE, Suite 7
If someone in your family is afflicted with mental illness and you don't know where to turn, come to the support meeting for help.

In Our Own Voice (IOOV)- People living with mental illness are available to speak about their experiences. Contact Mary Tabor 856-0175 for details.

CONSUMER SUPPORT MEETINGS:
The Depression and Bipolar Support Alliance (DBSA) Albuquerque support group meets Thursday 6:30pm - 8:30pm. Meetings are for patients/consumers and family members/friends at Trinity United Methodist Church 3715 Silver Ave. SE Phone 889-3632 or contact via dbsa4albq@yahoo.com

Double Trouble in Recovery (DTR) is a twelve-step fellowship of men and women, designed to meet the needs of those having addictive substance problems as well as a psychiatric disorder. For information call Donald Hume at 256-4995 or email dhume@nm.net

Sunshine Group Meetings on Saturdays 1:30pm - 4:30pm at the Community Room, #D3, of the Kentucky Manor apartments, 437 Kentucky SE. Contact Mickey at 266-6042 or Maurene 232-3800

Survivors of Suicide (SOS) Meetings held second and last Monday of each month 4:00pm St. Paul Lutheran Church, 1100 Indian School Road NE (just west of University Blvd.) Contact Richard Schwoebel 858-0277 or St. Paul's Church 242-5942

Suicide Survivors Support Group - Santa Fe 6pm-7:30pm. 1st and 3rd Thursday of each month at The Timothy Fleming building 2500 Cerrillos Rd. across the street from the Artisan art supply store. The facilitators are Janet Schreiber, PhD, Ruth Housman, MA, Barbara LoLordo, LPCC, and Joan Murphy. For more information call Janet 577-8261, or Joan 476-7889

Albuquerque Recovery Inc. Group meets every Sunday 1:00pm at the Presbyterian Hospital, 1100 Central Ave SE in Southwestern Room A. For more information, call Larry at (505) 243-4514 in Albuquerque.

Recovery Inc. Meeting Every Sunday 1-2:30pm Presbyterian. Hospital at I-25 and Central in the SW meeting Room A. Go into the main entrance, take the elevator to the basement. The meeting room is beside the food court. Phone 299-0889.

Santa Fe Recovery Inc. Group meets every Tuesday at 7:00pm Temple Beth Shalom, 205 E Barcelona, in the blue classroom across from the parking lot. Call Sarah at (505) 988-2748. Visit www.recovery-inc.org

Suicide Prevention Lifeline 1-800-273-(TALK) 1-800-273-8255

WEBSITE FOR PEER TO PEER HELP:
http://hospitals.unm.edu/UNMPC/PeerBridgers/PB_Index.shtml
2600 Marble Street NE (In the Atrium)
Call 272-5935 (Leave a phone number to set up an appointment) or email PeerBridgers@salud.unm.edu

Watch out for a special mailing in January about NAMI New Mexico's brunch with the legislature. Details to come and also on the web!

The **Challenger** is published quarterly. Our focus is the promotion of mental health to the local community. We would like to hear from our readers. Ideas and articles are welcome. Published articles do not necessarily reflect the views of NAMI. We reserve the right to edit material.

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ADVANCE TICKET ORDER FORM
AOT-Community Tragedy Prevention Act Luncheon

Name _____

Address _____

City _____ State _____ Zip Code _____

Number of Tickets _____ @ \$10 Total \$ _____

I am unable to attend the luncheon but I enclosed a tax deductible donation to NAMI-Albuquerque in the amount of _____. NAMI-Albuquerque is a 501(c)(3) organization.

Return to: NAMI-Albuquerque, 6001 Marble NE, Suite 7, Albuquerque 87110

