



NAMI Collin County, by encouraging research and by providing proven Support, Education and Advocacy Programs, will empower those living with severe Mental Illness and their Families to live life to their fullest potential.

DECEMBER MEETING

Thursday – December 11, 2008

Custer Road United Methodist Church – Lower Level
6601 Custer Road, Plano, TX 75023

This meeting will be NAMICCO's annual Christmas Party. There will be no support groups this evening.

Save the Date

December 11: Our annual Christmas party and Talent Show.

January 8: IOOV [In Our Own Voice] Several consumers will be sharing their story.

February 7: PLAN's Open Your Heart Dinner and Silent Auction. Contact Cynthia James at 817-416-5086 for more information.

Our annual Christmas Party is Thursday, December 11 at 6:30 in Fellowship Hall A and B on the first floor [SE end] of Custer Road United Methodist Church. Meat and beverage will be provided. Please bring a side dish to share. The Iris singers will entertain as will Ron with his dulcimer. Do you have a talent to share too? This is always a fun evening. Please join us. [No support groups this evening].

At our meeting on January 8, several consumers who have been trained in the IOOV [In Our Own Voice] program will be telling their story and how they cope with mental illness.

A new **FREE** 12-week NAMI Family-to-Family education class will be offered on Monday evenings from 6:00 to 8:30 PM at Custer Road United Methodist Church in Plano beginning on January 12, 2009. Pre-registration is required. Please call Mary Taddiken for information or to register for the class at: 972-442-2369.

Go Green and help save a tree. You can get your NamiCCO Clarion by email in PDF format by sending your email address to newsletter@namicco.org. You will get your News Letter 5 to 7 days earlier and save us the printing costs.

NAMICCO's phone number has been changed. The new number is (214) 908-6264

The deadline for submitting news for the January Newsletter is December 17. Anything received after the deadline might not be included. Send your articles to news@namicco.org.



To leave more space for news this issue does not list the support groups

A complete list of all support groups is available on the “Support Groups” page on our web site at www.namicco.org.

Please join us for the monthly children's conference call with Dr. Ken Duckworth on December 20 from 11:00 AM - 12:30 PM. Eastern Time. To access the toll-free call, please dial 1-888-858-6021 then the access number 309918#. We hope that you will join us!

Please join us for our monthly adult issues conference call with NAMI's Medical Director Dr. Ken Duckworth, and guest Dr. Lisa Dixon. Dr. Dixon is the Director of the Division of Services Research at the University Of Maryland School Of Medicine and the Associate Director for research at the VA Capitol Health Care Network Mental Illness Research Education and Clinical Center. Dr. Dixon's work focuses on persons with severe mental illnesses such as schizophrenia who have co-morbid medical and substance use disorders, homelessness and other vulnerabilities as well as on services to family members.

Dr. Dixon will speak on the effectiveness of NAMI's Family to Family education program.

The call is toll free and scheduled from 11:00 AM -12:30 PM Eastern Time on Friday, December 5th. To access the call, please dial 1-888-858-6021; access number 309918. This call can be made from any phone.

Monthly meeting, November 13, 2008

Support groups were 6:30-7:20 facilitated by Rosemary Wood and Joan Abrams.

Our President, Sherry Cusumano had several announcements. Since there was no competition for Board positions, Sherry asked the members for affirmation of the folks who agreed to serve. Sharon DeBlanc will serve as President, Mary Taddiken as Vice President, Dom Tolotta as treasurer, Doris Nissley as secretary. Ron Holley and Cheryl Andrews will be members at large and since Chad Stafford opted out for this year, Linda Smith was nominated from the floor and accepted a position as member at large. Serving on NAMICCO BOD is exciting and we hope many of you will consider this opportunity in the future.

Our December 11 meeting is our annual Christmas potluck and talent show. The Iris singers will be entertaining as will Ron with his dulcimer and Phil with one of his instruments. Bring your talent to share. Janel, Linda and Doris will be decorating for the party—if you'd like to help, call 214-509-0085.

Janie Mensinger of MHA soon will be presenting a workshop in Collin County on how to advocate to your legislators. Sharon said this year we are going to march forth on March 4th and take a bus to Austin to visit our legislators. Janie will teach us about issues that we can talk to our legislators about.

Sharon told us that Sherry received a special recognition award—one of the prestigious MHA Prism Awards. Congratulations Sherry!



The NAMICCO *CLARION*



PLAN's Open Your Heart Dinner and Silent Auction will be held February 7, 2009. Contact Cynthia James for more information. Her phone number is 817-416-5086.

Thanks to Janet Carr for delicious refreshments.

Our speakers were Amy Campi, Janice Wheatley, and Janie O'Brien from the Plano Adult Probation Office. They took turns speaking and answering our many questions. They work with individuals with MI that caused their wrong actions. Janice explained the difference between probation and parole. People on probation have not been in jail; people on parole have been released from jail. Conditions for probation or parole are set by the court and may include community service, taking prescribed medication, keeping doctor appointments. Officers need to check if they are following instructions, where they live, are they working, are they attending programs, etc. A probation officer may have a limit of 45 cases at a time as set by a grant they received. Last month totals: 5545 on direct supervision; 5948 supervised in other counties/states. Total offenders on Substance Abuse caseloads: approx. 145. Mental Health caseload offenders: 32. The department is part of the judiciary system and salaries are paid by the courts. There are a total of 75 officers and 103 Department staff. Many more offenders have identified MH issues, but there is no funding to deal with specific issues related to their diagnoses. Identified substance abusers are not always supervised on a substance abuse caseload. Line officers make referrals for substance abuse evaluations, treatment and aftercare programs. Collin County is working on an electronic system for quick reference to decide if an offender needs to be in the Justice system or the Mental Health system.

Collin County has mushroomed and along with that comes an increase in our troubled population. As problems arise, we need to search for solutions.

Post-war help for families

Members of the nation's armed forces brave dangers that the rest of us face only in a nightmare.

Too many of them return home only to live their very own nightmare. These veterans of Iraq and Afghanistan bear psychological scars the eye won't see, but their wounds often reach deep into their core with devastating consequences. Sadly, because of the stigma and often-elusive symptoms, these veterans can be the hardest to reach and treat. Even more difficult is keeping the veterans' families healthy and intact.

They must know – and the wider community can help spread the word – that psychologically wounded veterans and their loved ones can tap a new resource for help in healing themselves and family relationships.

Operation Healthy Reunions can be a life-saving starting point. In North Texas, the program operates through a grant to Mental Health America of Greater Dallas, through the Dallas Foundation. The effort can help ensure that struggling veterans and their families get the treatment and guidance they need.

No one should underestimate that need. A comprehensive study released by the Rand Corp. this year found that nearly one in five veterans of the Iraq and Afghanistan wars suffers from major depression or stress disorders. Yet less than half of those 300,000 veterans have sought treatment.

Untreated or under-treated, mental health disorders will cause a "cascading set of consequences," researchers found, including drug use, suicide, marital problems and unemployment.



Veterans who went untreated often said they feared that seeking psychological care would hurt their careers. Or they thought friends and family could provide as much help as mental-health professionals.

Here's what friends can do: Watch for symptoms, especially personality changes. Perhaps the veteran is depressed, irritable or anxious or lashes out at his or her spouse. Substance abuse is a strong indicator.

Family, friends and church and school personnel should watch for stress in a veteran's spouse and children. Their stability is vital to helping the veteran whose service is at the source of the problem.

In any case, Operation Healthy Reunions offers a way out.

Help for veterans and families

- In North Texas, call Operation Healthy Reunions at 214-871-2420, ext. 110 or 117.
- Nationwide, visit Operation Healthy Reunions Web site, www.nmha.org/reunions.
- To reach the mental health access program at the Dallas VA Medical Center, call 214-857-0853.

Family Members Struggle against Perception and Law

Family members of someone with a severe mental illness are often put in an uncomfortable situation. They are struggling to help loved ones who frequently are not even aware of their need for treatment.

It can be a lonely situation, often compounded by a set of laws aimed at blocking, instead of facilitating care.

Georgina Norris of Michigan recently experienced this struggle that culminated with the murder-suicide involving her brother who suffered from bipolar disorder and his girlfriend. Her family's story came to light following news accounts that then hit Internet blogs, much to Norris' dismay.

"Everyone who read this article or saw the news coverage only heard the sensationalism, but the whole picture was not shown," Norris wrote in a lengthy letter to the Port Huron, Mich., Times-Herald which first covered the story.

A similar plight was summed up following a recent tragedy in Oregon.

"Imagine your brother had a severe chronic illness. Imagine it messed with his ability to realize how sick he was and made him act a little crazy," wrote columnist Don Colburn in the Oregonian. "Imagine he resisted getting treatment and insisted he was fine. Imagine he threatened you when you tried to help. Imagine his caregiver nearly went bankrupt. Imagine you found out he was off his meds again and about to be evicted. Imagine you were scared, desperate and clueless what to do -- but decided to visit him one more time."

He wrote about the real-life tragedy of Theresa Rockwood who tried to help her brother get treatment and the help he needed from schizophrenia.

Norris, even in a state with a favorable mental health law known as Kevin's Law, faced an uphill legal battle marked by difficulties in being taken seriously until it was too late.

"It [the news coverage] does not say that upon going to the Probate Court, the parents were laughed at by the Probate Court staff, and told there was no way that they could file a petition because he was "of age," Norris wrote. The bottom line is that no one asks to suffer from a mental illness. It affects individuals and entire families. Policies



need to take that into account and offer help to those trying to get care for a loved one, not ridicule and roadblocks. Family members are the key in pushing for better use of laws, like Kevin's Law in Michigan, and can be helped by some good resources.

You can get more information on some good resources on the web site listed below
<http://www.treatmentadvocacycenter.org/storage/tac/documents/2005springsummercatalyst.pdf>

To read Georgina Norris's complete letter to the "Times-Herald" go to this web site
<http://www.thetimesherald.com/article/20081114/NEIGHBORHOODS06/811140301>

Clergy Dismiss Mental Illness By Laura Weldon

A recent Baylor University study of church members who sought help for a diagnosed mental health problem found the illness was denied or dismissed by a third of the pastors. The church members were instead told that the issue was spiritual in nature.

This study surveyed 293 individuals who approached their pastors for assistance with their own or a family member's mental health problems. These illnesses had been previously diagnosed by licensed mental health professionals as serious disorders, including schizophrenia and bipolar disorder. In 32 percent of the cases the pastor claimed there was no mental illness.

The lead researcher, Matthew Stanford, professor of psychology and neuroscience at Baylor University in Texas, was quoted on www.livescience.com as saying, "The results are troubling because it suggests individuals in the local church are either denying or dismissing a somewhat high percentage of mental health diagnosis. Those whose mental illness is dismissed by clergy are not only being told they don't have a mental illness, they are also being told they need to stop taking their medication. That can be a very dangerous thing."

Untreated, mental health problems such as schizophrenia and bipolar disorder tend to increase in severity.

The research, published in the journal *Mental Health, Religion and Culture*, was limited to Christian churches. It found that women were more likely to have their mental health symptoms dismissed by clergy than men.

A follow-up study indicated that dismissal or denial of mental illness was more prevalent in conservative churches, less so in liberal churches.

The study's implications are troubling, since clergy are often the first person their parishioners seek out for a wide range of problems. People are more likely to turn to clergy, not mental health professionals, particularly when experiencing psychological distress. In fact, it's a cultural norm to do so in many parts of the country.

Numerous studies conducted in the past have shown that nearly half of people with mental health symptoms seek help from clergy at some point. The National Institute of Mental Health reported in 1993 that individuals with disorders listed in the *Diagnostic and Statistical Manual of Mental Disorders* requested assistance from clergy more often than from psychologists and psychiatrists combined.



Pastoral education in mental health is on the rise, particularly in mainstream denominations. Research shows that when members of the clergy have up-to-date mental health training and are aware of the services available in the community, appropriate referrals increase. Collaborative efforts between clergy and mental health professionals are the focus, making spiritual as well as mental health a top priority.

Students in College Learn Mental Illness is not the End

By Melissa Fletcher Stoeltje - Express-News, San Antonio

Kristina Rhodes was diagnosed with bipolar disorder when she was 16. She experienced severe and destabilizing mood swings that left her angry and combative one minute, crying and crouching in her bedroom the next. She went weeks without bathing or combing her hair. She could barely eat and sleep. She tried to commit suicide three times and was hospitalized in her hometown of Seattle. From age 16 to 18, she was put on 14 different medications to get her extreme moods under control.

But that was just the beginning.

“What I went through in college made what happened to me in high school seem like nothing,” says Rhodes, now 22 and a pretty, articulate young woman with almond eyes and a diamond stud in her nose.

At Trinity University, the former high school sports star found herself battling bouts of mania and depression as she sought to maintain a perfect grade-point average.

She started self-medicating with cocaine and alcohol. Her sophomore year went well, thanks to a new medication, but by her junior year her world came crashing down and she was again hospitalized for a suicide attempt.

Rhodes transferred to Arizona State University, thinking the academic pressure would be less, but drugs and drinking again took their toll, and she was arrested for driving under the influence. Stabilized yet again, she transferred back to Trinity, where she slowly slipped back into drug use and suffered the trauma of being attacked by a stranger.

Her story is hardly an anomaly. It is estimated that between 10 percent and 20 percent of college students struggle with serious and persistent mental illness — bipolar disorder, major depression, schizophrenia. Their stories tend to make headlines when tragedies such as the Virginia Tech shootings occur.

Rhodes’ story has a happy ending. Her moods again became stable through medication and therapy — she is a frequent client at Trinity’s counseling center — and she has stopped drinking for good. In December she will graduate with honors.

“I’m just taking it one day at a time,” says Rhodes, who will earn a bachelor’s degree in speech communication and marketing and plans to be a spokeswoman for a bipolar awareness campaign.

But the reality is that young adults with mental disorders often struggle in college, given the unique and stressful atmosphere of campus life, where they find themselves away from family for the first time. This is especially true for students whose disorders first manifest while they’re at college — the age of onset of many mental health illnesses is between 18 and 24. Such students often don’t want to admit they have a problem and will try to hide their condition from others, experts say.



College campuses in recent years have seen an influx of students with serious mental illness, a reflection of the relatively recent trend in earlier detection of mental disorders in children and adolescents and the improvement in psychotropic drugs, such as antidepressants and mood stabilizers, that enable such youth to complete high school and go on to pursue secondary education.

Given the right treatment and support, college students who struggle with mental illness can go on to be successful and lead productive lives.

“The majority of (mentally ill) students do end up achieving their academic goals,” says Richard Shadick, director of the counseling center at Pace University in New York.

And the overwhelming majority of college students with mental disorders pose a danger to no one.

“The vast majority of people, including young adults, with psychiatric illness are not violent or harmful to anybody else,” says Chris Martin, a psychiatrist and professor at Baylor College of Medicine and medical director of Compass, an inpatient treatment program for young adults with serious mental illness. “Mentally ill individuals are no more violent as a group than any other group of people.”

College life is often a trigger of either a relapse or the onset of symptoms.

“It’s a time of transition, and even though these may be positive changes, they’re still stressful,” says Andrew Harper, associate professor of psychiatry and behavioral sciences at the University Of Texas Medical School at Houston. “Students have moved away from tightly knit support groups and parents who may have helped them in the past. The academic pressures and requirements are higher in college than in many high schools. They may struggle with social challenges with peers, dorm-mates and intimate relationships.”

All these stressors, along with poorer eating and sleeping habits and greater accessibility to drugs and alcohol, serve to make matters worse. Many students with mental illness, like Rhodes, like to self-medicate.

“And when you add alcohol, which is a depressant, on top of things like depression, it’s like adding fuel to a fire,” Martin says. “Other drugs can trigger psychotic symptoms and paranoia. It can really be catastrophic.”

And then there’s the lingering stigma associated with mental illness. One study found that 70 percent of college students who said they had experienced depression or suicidal thoughts were not in treatment. Not surprisingly, suicide is the second leading cause of death among college students, claiming some 1,300 young people a year.

Intervention

If you have a loved one who is battling with the disease of addiction, it is time to take a step in the right direction. Alcoholism and Drug Addictions are progressive and persistent diseases that, if not treated properly, will likely end in the death.

Addiction is often rationalized by denial. The person addicted will think that their problem is not serious or that they can control it or stop it at any time. Frequently when a person does realize that a problem exists, they will be unable or hesitant to seek help for it.

Intervention is the best way to get the proper aid and guidance to those struggling with an addiction. Ninety-two percent of those who go through an intervention proceed to treatment and have the prospect to change their lives for the better.



The NAMICCO *CLARION*



NAMI Collin County

An affiliate of NAMI Texas and NAMI (The National Alliance on Mental Illness)

P. O. BOX 867264
PLANO, TX 75086-7264
(214) 908-6264
Email: info@namicco.org

RETURN SERVICE REQUESTED

Open Your Mind



**Mental Illnesses are
Brain Disorders
Treatment Works!!!**

NEXT MEETING IS THURSDAY DECEMBER 11, 2008

NAMI Collin County Board of Directors: bod@namicco.org

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UPCOMING Events

December 11 - Monthly Meeting
Annual Christmas party and talent show
Custer Road United Methodist Church
Lower Level

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December 16 - Board of Directors Mtg.
10:30 AM - 12:00 Noon
Custer Road United Methodist Church
Lower Level
6601 Custer Road, Plano, TX 75023

The NAMICCO Clarion is a monthly publication of NAMI Collin County

Take your medicine on time, in the prescribed manner—eat a healthy diet—mostly grains, fruits and vegetables—high fiber/low fat.

Since 1987 - Empowering People with Mental Illness and their Families to Live Better Lives!