

Spotlight On

NAMI Basics – For Families With Kids

Teri Brister has been Director of NAMI Programs for Young Families for the last year. A licensed counselor who worked with community mental health centers in Mississippi for 20 years, she started her NAMI career as a program director with NAMI Mississippi, later becoming its executive director. She went on to become a regional leadership consultant for NAMI National before moving into her current position. As a mental health professional, she was frustrated by the lack of resources and support for consumers and

their families, especially families of young children and adolescents with mental illness.

Like other family members of individuals living with

mental illness, these caregivers struggled to find resources and support. Many times they had no idea what they were dealing with: They endured questions about their parenting skills, received multiple diagnoses of what the primary problem might be, wondered if anything they were doing would make a difference — of any kind. It doesn't help that it can take three to seven years before a child's mental illness is properly diagnosed.

"It used to be that families with children would come to NAMI or any other organization, and there was nothing for them," recounts Teri. "There are so many

things that these parents need and want to know: 'How do I deal with the school when he keeps disrupting class? How do I deal with my neighbors when she creates problems with other kids? What can I do when she loses control while we're at the mall?' So I made it my goal to find something for them." That something was the creation of another successful NAMI program startup – NAMI Basics.

Introduced in 2007, NAMI Basics is NAMI's newest signature education program that provides education, support and resources to primary caregivers — regardless of relationship — of children and adolescents who have been diagnosed with mental illness, or are exhibiting symptoms but are not yet diagnosed. How do parents and other caregivers connect to the program if they don't know what's going on?

"Our outreach strategy is a significant part of the training of the individuals who will teach this program. Like other NAMI signature programs, NAMI Basics is a peer education program. Teachers have to be primary caregivers of an individual who showed symptoms before age 13; because of their experience, they can relate to other caregivers. We want them to connect with PTAs, school counselors, special education teachers, pediatricians — these are the front-line folks caregivers may interact with when symptoms start."

NAMI Basics represents a natural progression in the development of child-focused programs. Prior to its inception, many NAMI state and local organizations used similar programs developed by NAMI Texas, NAMI Ohio or NAMI Maine. The field had been asking for a national signature program

for years, according to Teri, and NAMI decided that the time had come.

The program's structure features a core curriculum with six 2½ hour classes. The course may be provided in six weekly sessions, or in a format of two sessions per week, depending on the needs of the participants. This flexibility is necessary for families dealing with the demands of their child's care. The length of the course is key; it was purposely compressed to provide the most critical information — the basics — in the shortest amount of time possible in an effort to accommodate as many caregivers as possible.

An even more important element of NAMI Basics is that caregivers do not need to have a specific diagnosis for their child in order for them to participate. This is crucial — remember, it can be anywhere from three to seven years from the onset of symptoms before a child is diagnosed.

"The field has been begging for this [kind of] program for years! It's clear from the comments we received from participants in our pilot state trainings how vitally needed NAMI Basics is," says Teri.

So what does 2008 look like for NAMI Basics and Teri Brister?

"It's going to be a very busy year. We've just finished our initial teacher trainings in 2 of our 3 pilot states — Illinois and Utah — and will train the third pilot state, South Carolina, in January. A preliminary evaluation of those trainings will be conducted by Missouri State University. We'll be rolling out trainings into 6 additional states: California, Connecticut, Indiana, New Jersey, North Carolina and



Training in Utah

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Unmasking Mental Illness—NAMI'S Third Annual Research Gala

By Jeny Beausoliel, NAMI Communications Department

NAMI's grassroots advocacy and the tireless efforts of NAMI advocates have fueled over 25 years of raising awareness and promoting research into the causes and cures of mental illnesses. The public investment in that research — and the burgeoning private sector commitment — were celebrated in the third annual NAMI Research Gala, "Unmasking Mental Illness," held at the Andrew Mellon Building in Washington, D.C., on Wednesday evening, October 17, 2007.

Distinguished guests from the research community, including the National Institute of Mental Health (NIMH), members of the U.S. Congress, political leaders, esteemed journalists, NAMI grassroots leaders, and friends, attended the event. The evening served as a vivid reminder to all of NAMI's mission, its tireless advocacy for research, and its support of new efforts.

Co-chairs Ann Pincus, U.S. Senator Susan Collins, renowned researcher and author Kay Redfield Jamison, M.D., and Congressman Pete Stark were joined by members of the benefit committee, sponsors, and guests for a program that was presented

by Al Hunt, with entertainment by the popular song-writer and performer Paula Cole.

Opening the evening's festivities, newly elected NAMI President Anand Pandya, M.D., spoke of his experiences with mental illness within his and others' families, and of how those experiences have helped shape his focus on treatment and community outreach.

Later, Pete Earley, best-selling author of the book, *Crazy: A Father's Search Through America's Mental Health Madness*, presented the \$50,000, 2007 NAMI Mind of America Scientific Research Award to A. John Rush, M.D., for his lifetime contribution to the study of depression.

Reflecting on the fundraising celebration, NAMI Board member Sheila Amdur observed, "What is extraordinary about the NAMI Gala is that hundreds of people gather in a festive, convivial atmosphere to celebrate advances in mental illness research. They embrace hope, and believe in the promise of recovery." Through the generous contributions of the title sponsor,



A. John Rush, M.D. and Pete Early

Bristol-Myers Squibb, and other sponsors, proceeds from the event support NAMI's ongoing efforts to engage with families, consumers, and communities in America through support, education, advocacy and research on mental illness.

NAMI's 2007 "Unmasking Mental Illness" gala honored all of the dedicated individuals who help to keep mental illness a national priority: from the researchers who commit their professional lives to helping persons living with mental illness to achieve recovery, to those working at the grassroots level as well as their elected leaders who work each day to engage the public in the dialogue of understanding and hope.

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Tennessee between March and May. In October, we'll be training state trainers to train others, creating a true peer network."

Teri is also working to create additional stand-alone modules for Basics; a web page with a question-and-answer FAQs with

Ken Duckworth, M.D., NAMI's Medical Director, should be up and running the first part of the year.

She declares, "We do have some things to work on, definitely. Participants in the pilot trainings want us to do more on

dealing with violence and law enforcement, for example. The pilot trainings give us even more insight as to what people on the ground really need."

As one participant mentioned in their evaluation after the training: "Hallelujah!"

A Living Miracle: My Remarkable Journey Through Mental Illness

by Chitra Shankar

I was born and raised in Bangalore, a city in South India, living there for twenty-two years. Ours was an arranged marriage: We married four days after a one-hour meeting. My husband then went back to Texas, where he worked. I stayed back to take care of my Mother-In-Law and the house for about eighteen months until I got a visa to come here in 1987. I was going to school part-time while a full-time mother of two young boys. My first son was very ill and had to be hospitalized for over a month. Within two years I had another baby boy. I was under a lot of stress; slowly, I started deteriorating emotionally. Before I knew it, I had a full blown episode of psychotic depression in the fall of 1994. Following is my remarkable journey from that darkness to recovery, a story I call "A Living Miracle."

It was March 20th, 2000: The voices in my head were so intense that I wanted to scream, yell, anything to make them go away. The voices were telling me to kill myself; it was not worth

living through the sorrow that I was experiencing. I had become totally psychotic and delusional, hallucinating all the time. I would see people dressed in black,



Chitra Shankar

chasing me down an open field with guns, swords, and knives, trying to kill me. I thought I was somebody else living in a foreign body. Nothing would stop the delusions and hallucinations. I put my head in the dryer and tried to shut the door. I tied a

bandana so tight around my forehead that it left bruises.

I cried my heart out, the pain was so bad, a pain I had been experiencing for six years now on a daily basis. I was angry at everybody. I blamed my family for not letting me die, begging them to let me die if they truly loved me. My mother always answered: "You will come out of this a winner. You will see your boys grow up, graduate from high school, and get through college with flying colors."

I finally decided to attempt suicide #5, but this time I wanted to make sure I succeeded. I slowly walked to the kitchen

counter, took out all my Rx medicines from the cabinet and laid them all down. There were 150 pills in all. Outside, I could see my two young sons, ages 12 and 10, playing in the backyard. I heard my husband in the shower. I convinced myself this was the perfect time to do it. Slowly, I filled up a big glass with water, and swallowed as many pills I could at a time, making sure I took all 150 pills.

The next thing I remember was waking up in the hospital with two or three nurses trying to talk to me. Nothing made sense. The nurses tried to tell me to lie quietly and let them do their work. They had to pump my stomach three times. I was put into the ICU where I spent the next two days. I believe the doctors told my husband they

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A Message from the Executive Director



The year 2007 brought positive movement on issues near and dear to NAMI members and supporters. Yet, other important

issues remain unresolved, due to budgeting crises and/or political maneuvering. So allow me to present a recap of 2007 à la NAMI's version of "The Good, The Bad, and The Ugly."

The Good:

- Mental health parity bills are making their way through Congress. The Senate passed a parity bill in September; the House has yet to pass one. We are still hopeful for passage of a parity bill similar to the Senate's version. We are also pushing 2008 presidential candidates to take a stand on improving our country's mental health system.
- In response to the Virginia Tech tragedy, Virginia Governor Tim Kaine has created a budget that provides an additional \$40 million for mental health services in the state. NAMI thinks this is a good start. But greater investments in services such as Assertive Community Treatment (ACT), peer services and recovery supports are also needed.
- The VA's care of veterans and active military continues to be a "hot button" issue. Congress has responded by adding \$3.7 billion to the President's FY 2008 request for VA medical care, with a directive that the VA spend more on mental illness.
- Police Crisis Intervention Team (CIT) Programs now exist in hundreds of communities across the country; several states are well on the way to adopting this effective jail diversion model as

an alternative to incarceration for people with serious mental illness who need treatment, not punishment. Following the example of Ohio Chief Justice Evelyn Stratton, chief justices in a number of states are also becoming involved in efforts to keep people with serious mental illness out of the criminal justice system.

The Bad:

- Efforts and resources have been focused on passing broad gun reporting laws and strengthening the ability of colleges to exclude students with mental illnesses instead of addressing the real culprit: nearly non-existent mental health care in many parts of the country.
- President Bush signed a limited bill to continue The State Children's Health Insurance Program (S-CHIP), having vetoed two versions that would expand coverage to more under- and uninsured children, and require private sector S-CHIP plans to provide parity coverage for mental health. As a result, states may have to scramble for funds to avoid cutting off necessary services to children in need.
- The Department of Defense continues to drag its feet in destigmatizing mental illness throughout its chain of command. Too many soldiers accept discharges after stellar service careers only to find themselves barred from receiving the very benefits they need for treatment of their service-related mental illnesses.
- The Federal Center for Medicare and Medicaid Services (CMS) has proposed a rule that would limit funding of services through the Medicaid Rehabilitative Services Option — the most important source of money for community-based services for people with serious mental

illness. The rehabilitation option funds services such as ACT, skills training, mobile crisis and other supports that promote recovery.

Thanks to NAMI's advocacy, in partnership with others, Congress recently passed a six-month moratorium on implementing this restrictive new law until further study of its implications.

The Ugly:

- Shootings near the end of the year — in Omaha, NE, and Arvada and Colorado Springs, CO — continue to bring mental health issues to the fore of national attention in a negative way. We must continue to remind people that mental illness does not beget violence. These are extreme instances of young

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were not sure if I would make it because of the amount of medications in my stomach. My husband called the hospital every hour to check on me. The doctors told him that they had to be careful and monitor me for any damage to my liver or intestines.

My kids told me later that my youngest called 911 while my husband tried to make me vomit before the paramedics came. The side effect of detox was so bad. I suffered from constant, severe migraines and nausea, unable to keep anything down. I felt so weak. I had no energy left. Mean-while, my parents, who lived in Texas at the time, flew in the very next day. Two days later I was transferred to a hospital in Boston, where I spent the next three to four weeks in the psych ward. I lost a total of 17 pounds.

After trying many different medications, the doctors told my husband and parents that the next best thing would be ECT (Electro-Convulsive Therapy). I was so petrified to even imagine them sending some electric shocks to my brain. This was the last resort, the doctors told my family.

Slowly but surely I recovered one step at a time with my husband, parents, and children not giving up on me. After I was released from the hospital, I went to day treatment for two more weeks.

My parents stayed with us the entire time — just like before — taking care of me, driving me to and from the day treatment hospital, promising me that I would be fine one day. They believed in me when I could not believe in myself.

Two years later I had a relapse. After many years of this torture, I met a wonderful, compassionate psychiatrist who truly believed I could recover from this devastating illness called

“MENTAL ILLNESS.” While in the hospital in 2002, I was correctly diagnosed with “SCHIZOAFFECTIVE DISORDER” which is a severe form of Schizophrenia and Mood Disorders. I stayed there for six weeks. This time I had to undergo another set of ECTs. Once, when my family was visiting me, I had another psychotic episode. I was screaming and became very violent. The nurses had to put me in a restraint and inject me with Haldol [Haloperidol] to calm me down. This was not new to me. I had gone through this before. I felt worse than an animal. It totally horrified my children to see me taken away in restraints.

That was week six; on one of their visits, my parents told me they were going back to India for good soon and I had to decide if I wanted to work harder to try to get better. That very same day, my doctor told me that, since I was not responding to any medications, I would be transferred to a state hospital in the next day or two. I could not believe what I was hearing. State hospital meant I would not have him as my doctor and I had no say in my recovery or anything else. It would be for the court to decide if and when I would go home. This was my “WAKE UP CALL.” I begged my doctor to give me another chance. This time I promised to work hard and not give up like I had always done. I promised myself that day that I would beat this and come out a winner. It was time to face this “DEMON” with everything I had.

A week later I was discharged from the hospital. My parents had made a hand-written schedule for me to follow everyday. They took me on walks and basically promised me if I put in the effort I could recover. With baby steps, surely but very slowly,

I came around. In the beginning I had to see my doctor and therapist once a week. I see them once every three months now. That is how far I have come. A side effect of the new medications I was on was weight gain. My next goal was to lose all that weight and become fit. I exercised every day and joined Weight Watchers. Within six months I lost all of the thirty pounds I had gained and became a lifetime member of Weight Watchers.

Today, I still go for a four-mile walk, watch my diet and have a very positive outlook in life. I have become the person I am today because of everything I went through. Even though I know there is no “CURE” for my illness, I embrace everyday for just what it is and live everyday like it is my last one on this earth. I have worked in the same school for the past eight years as a Teacher’s Aide for special-needs students in the middle school. I am very proud of what I do. I truly enjoy everyday and thank God for all my blessings in life. I feel I am a living miracle. Like my mom promised me, I did get better. My first son is in college now, having graduated from high school with honors. I am waiting to see my younger son, a senior in high school, graduate next year with high honors, too.

I am very active in my recovery now. I have trained through NAMI to be an IOOV (In Our Own Voice) presenter. I do this once a month in the very same hospital where I was hospitalized many, many times and I truly enjoy doing it. It is not only empowering but very powerful in my recovery. I am also trained to start a support group for consumers in hospitals, clubhouses etc. If I can do it, so can all of you who are suffering from this illness. There is hope and we just have to believe in it.

Leadership Alliance Corner

Thanks to your generosity to NAMI this past year, we have been able to continue our efforts on behalf of people living with mental illness and their families.

We have a lot to be proud of, including:

- Taking action on behalf of America's veterans and active duty military through Congressional testimony, the media, and the launch of the NAMI Veteran's Resource Center.
- Training over 260 presenters, who reached over 21,000 people to dispel social barriers through NAMI's **In Our Own Voice**, an interactive presentation by individuals living with mental illness.

- Publishing and disseminating 20,000 copies of *A Family Guide ~ Choosing the Right Treatment: What Families Need to Know About Evidence Based Practices*, a guide for caregivers of children with mental illness.

- Working successfully with U.S. Senators Domenici, Kennedy, and Enzi on the Senate passage of a comprehensive mental health parity bill.

- Launching the **NAMI Connection**, a consumer recovery support group program, in nearly 150 sites in 12 states, and completing the training of nearly 500 support group facilitators.

- Fielding over 50,000 HelpLine requests and nearly 6 million Web visitors who turn to NAMI for information, support, and referral.

We need your continued support in 2008 to help us in our efforts on behalf of the millions who rely on NAMI.

Please take a moment now and make a generous contribution through.

- **A general donation at www.nami.org**, a secure, fast way to help NAMI today.
- **A gift in honor or memory** of a friend, relative, colleague or group.
- **A donation of stock**, which saves you in two ways — you receive a tax deduction and you avoid capital gains.

For more information, contact our development office at 703-516-7970 or email lindar@nami.org. Have a Happy New Year and thank you again for your ongoing support.

Need to make a winter get-away?

Now is the time to plan your stress-reducing winter getaway with NAMI Travel. Go to www.namitravel.com to find some of the best travel deals available online. Skiing in Vermont? Cruising the Caribbean? Beach-combing in Hawaii? NAMI Travel has something for you! And the best part is your fun in the sun (or snow) helps NAMI. When you book your getaway with NAMI Travel, NAMI gets 40 percent of the commissions paid on that travel to support our work.

Take a tip from the polar bear: go ahead and get away — and help provide NAMI with resources to promote education, advocacy, and research on mental illnesses.



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people falling through the cracks; they make clear the need for a coherent mental health system across the country.

- The number of suicides and near-suicides in Massachusetts prisons have reached a crisis level. It confirms what we have known all along: People with serious mental illness do not belong in jails or prisons. Treatment is usually substandard,

inappropriate, or delivered too late — if at all. Prisoners with mental illness are vulnerable to abuse by correctional officers and other prisoners. Massachusetts is not alone. Prisons and jails remain the largest providers of mental health services in the country.

- The post-Katrina Gulf region continues to serve as a reminder of the devastating consequences

that can result to our health infrastructure when catastrophe hits. Now is the time to create an affordable, top-notch system of services and programs; the need is certainly there.

We made great strides in 2007; here's to greater ones in 2008.


Executive Director