

The Fight of a Lifetime

by Eldon Pollard

In my childhood I remember things being pretty “normal.” But as I moved into my early teenage years, I started to notice something wasn’t right. I got to the point that I couldn’t control my thoughts or my actions.

It got so bad that in about 1970 my parents took me to a psychiatrist. After spending some time with him, he told my parents that I was anti-social. As I have researched and talked to other doctors I have found that you can’t correctly diagnose a child that young (I was twelve or thirteen) as anti-social.

At around this time I also got involved with drugs and alcohol. I even made sure that I associated myself with others who either used or sold drugs. At one point I even sold marijuana and speed out of my parent’s home without them knowing.

Even my schooling suffered. All though grade school it was like I was bored. I wouldn’t do my work and I would find other ways to occupy my time. In my freshman year of high school I ditched for fifty-six days, and was still able to pass. My poor

parents, they didn’t know what was going on; they just knew they couldn’t control me.

It was at this point that they decided enough was enough. I was sent to Del Mar, California to attend San Diego Military Academy. It was also where I found out that I was a pretty smart cookie after scoring 148 on an entrance IQ exam. Even though the depression, anxiety, and racing thoughts that came with this illness were still around, I did really well.



Eldon Pollard

I did well in school, played football, wrestled and was even on the drill team. For two years I did so well that my parents let me come home and go to my regular high school for my senior year. Boy, was that a big mistake. I don’t know if I got worse or it was the loss of the structure, but my symptoms were stronger, and I started using drugs more.

I then dropped out of high school with only one semester left and joined the Army. I went though basic training without any problems but when I got to combat engineer school, I took a weekend pass and stayed gone

for three months. Needless to say Uncle Sam didn’t like that, so I ended up with a “General under other than Honorable” discharge. That’s one step up from “Dishonorable.”

As I came back to Arizona I tried to figure out what happened and what I was going to do. Everything was alright for a while. As I got older my mental illness and my addiction got worse and worse.

From this time until the 1990’s I attempted suicide several times. They would hospitalize me for a short while then they would release me. No meds and no follow ups.

I had several marriages, but they were marriages of convenience, not love. Also during this time I had several run-ins with

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A Message from the Executive Director

As I write this letter, we are preparing for our NAMI 2008 annual convention in Orlando. Our theme “Tomorrowland Today: Making Recovery Real!” captures the progress we have witnessed in improved treatments, social supports, education initiatives and other innovations that have made recovery possible for many people living with mental illness. The theme is also a reminder that there is still work to be done as we celebrate our growing, diverse NAMI family, now in its 29th year.

As the nation’s largest grassroots organization, dedicated to improving the lives of individuals and families affected by mental illness, we remain committed to advocating for improved mental health services for all people, as well as cultural competence in the mental health care system. This 2008 presidential election season is an opportunity to educate the candidates about the hope of recovery and the importance of investing in mental health services for all communities.

Our Multicultural Action Center hosted its first leadership conference in March. Leaders of multicultural efforts from NAMI state organizations and affiliates around the country met in St. Louis to receive new information and tools necessary for bolstering local advocacy and multicultural outreach efforts. Participants developed meaningful action plans to take back to their own communities.

NAMI also recently released a new educational brochure, *Women and Depression*. We know that 1 in 8 women experi-

ences major depression, twice the rate of men. The 16-page brochure highlights symptoms, causes, women of color, life stages, and treatment, with additional sections on seeking professional help, self-help, preventing recurrent depression, and helping other women. In April, the American Psychiatric Association (APA) released a Military Mental Health study that suggests stigma still prevents many military members and military spouses



from obtaining the mental health care they need. Clarence Jordan, a member of the NAMI national board of directors and 15-year veteran of the U.S. Navy, shared his own story of struggling with mental illness while he was active duty.

We know that the consequences of untreated mental illness are staggering: the economic cost of post-traumatic stress disorder (PTSD) and depression cases alone for veterans— including medical care, lost productivity and lost lives through suicide — is estimated at \$4 billion to \$6 billion over two years, according to a recent Rand Corporation report. Broken relationships, unemployment and homelessness are other stark realities that flow from the current crisis.

The report is a sober reminder that as more soldiers return from Iraq, Afghanistan and other war zones, many will face a second war at home, confronting profound mental health problems. There is an urgent need for increased services for all military members and their families.

At NAMI’s convention, we will join people from across America and around the world to learn more about these complex social, political and economic factors that affect the lives of people living with mental illness. I know we will be inspired to recommit ourselves to making NAMI a dynamic, visible force in every community in America, so that all people with serious mental illness can get the services they need when they need them. Thank you for your support and all that you do.

A handwritten signature in blue ink that reads "Michael J. Fitzpatrick". The signature is written in a cursive style.

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Executive Director



Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201-3042
Phone: (800) 950-NAMI
Fax: (703) 524-9094
TDD: (703) 516-7227

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the law for anything from failure to appear, to theft, to drug possession and use. And quite often during this time, I was also homeless. To be honest with you there is time where I really don't remember what happened.

In 1993 I married my current wife. During this time I also joined the Church of Jesus Christ of Latter Day Saints. This was going to be it. I had a great wife and a wonderful church. In fact, except for a few relapses, I was doing well. My wife and I had a daughter, which brought the number of kids up to five.

I worked hard within the church and received the priesthood. I blessed my daughter and was even able to take my wife to the temple in Mesa, Arizona where we were sealed together for all time and eternity. With the help of my wife and the strength of my spirituality, I was

able to stay clean and sober for several years. I even kept my mental illness at bay.

But then something happened. My symptoms came back worse than ever. I was either very manic, very depressed or both. And yes, you can be both. I started using Crystal Meth very heavily. I even started selling all of my family's stuff to pay for it.

My wife kicked me out and then got an order of protection against me. I was jailed for trying to go to see my kids and I got arrested for possession. I was very lucky and I got probation for that one. After I got off of probation I self-medicated with crack cocaine. I just couldn't stand this hell anymore.

This time I attempted suicide by taking a whole bottle of Methadone. But death wasn't to be. I woke up in the back of an ambulance with a paramedic

pushing Narcan into my IV. After spending twenty eight days in a psych hospital in Phoenix, I was finally diagnosed as Bipolar and found that my diagnosis qualified me for treatment through the Regional Behavioral Health Authority in Mesa, Arizona, where I live.

Finally, I got meds, counseling, doctor visits and case management. I've had a couple of case managers who were great. They helped me to find what I needed to do to find the path of recovery. They held the hope when I couldn't. At one point I was on nine different meds. I'm down to two.

With the help of my spirituality, my loving wife and my clinical team I got to work. And after I got to where I believed in myself, I took off. I went through

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Great Travel Deals to Help NAMI

NAMI continues to have great success with its own travel Web site. This service, launched last year, is designed to save you money while at the same time helping to improve the lives of people living with serious mental illnesses. NAMI's travel Web site is like having our own Expedia® just for NAMI supporters and friends.

Everything you need is right here. You get access to the same airlines, hotels and rental car companies, cruises, and vacation packages you find on all the other major travel Web sites, and, best of all, you get some of the lowest travel prices on the Internet.



Here's How it Works – Did you know that every time you use a travel Web site like Expedia®, the travel companies pay big commissions for your reservation?

Well, now when you book travel on our web site, NAMI will get 40% of those commissions.

You get great travel rates and you help funnel dollars from the travel companies into NAMI.

With your help and other NAMI supporters like you we can raise *thousands* of dollars for NAMI to

help people living with mental illness.

You're probably in the middle of planning your summer travel. Why not take the NAMI travel Web site for a "test drive" right now? You'll like what you find.

Try it out now at: www.nami.org/travel

Some Suggestions on How to Find the Right Special Needs Trust Attorney

Increasing attention has been given in recent years to the concerns of aging parents who worry about the day when they will no longer be available to provide assistance, support and advocacy to a child who needs their help. From articles in the national media, to increased marketing by financial services companies, to the expanding role of private care management companies, “future planning” has become an issue of national concern.

Future planning (also referred to as “special needs planning”) is different from traditional estate planning and elder law, which tend to focus on tax minimization and protecting assets against the debilitating costs of long term care. This type of estate planning requires knowledge of a much broader array of government benefit programs, familiarity with a unique and often fractured system of residential services, and (of special importance to the mental health community)

experience in drafting trusts and other management arrangements which allow for unpredictable changes in a beneficiary’s ability to live independently. Often the family’s biggest challenge is in finding an attorney with enough relevant experience to help them work through these issues.

One might begin by looking for an attorney with significant elder law experience. But keep in mind that services and programs for younger individuals with disabilities can be very different from those for the elderly. For example, an elder law attorney will often focus on dementia-related disability and an entirely different community-based service delivery system. Families should always ask the attorney how many clients have family members with a similar disability.

Also consider whether the attorney has an established connection to the disability community. Whether through experience with a family member or involvement with disability advocacy

organizations, the family should spend some time establishing the credibility the professionals who will be involved in developing their plan. Disabilities are different, and a plan developed for a young child with Downs Syndrome will look significantly different than a plan developed for a middle aged man with bipolar disorder. A seasoned special needs planner will know why.

Families can locate professionals of this caliber by speaking with others who have gone through the process, and by contacting local chapters of national or statewide advocacy organizations like NAMI, who will have an “ear to the ground” in their communities.

For questions you might have on “future planning” for your family, contact Darcy Taylor at (703) 516-7992. As usual, with questions about or to join NAMI’s Leadership Alliance, contact Linda Radcliffe at (703) 516-7990.

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the WRAP program and then went through Peer Support training. One month after I graduated I went to work for a non profit organization and worked there for about a year and a half. I then went to work for the RBHA as a Peer Mentor, and I am still there.

I was also introduced to NAMI, where I not only joined

but I serve on the board of my local affiliate. I also serve on NAMI-AZ Consumer Council. I am also trained in In Our Own Voice and Peer to Peer. I have also been through an Advocacy Institute and I work as an advocate and I have been through the Leadership Academy.

I guess as you can tell, I have found my passion. And to

top it off, I have three years of being clean and sober, and my family and I have a wonderful life together. So to wrap this up I guess I would say that it may be a lot of work, but recovery is very possible and worth every ounce of work you put into it.

DON’T GIVE UP!

Multicultural Leadership Conference: Moving from Good to Great through Advocacy, Cultural Competence, and Outreach

For the first conference of its kind, leaders of multicultural efforts from NAMI state organizations and affiliates around the country gathered for a weekend-long leadership development conference in St. Louis in late March. The goal of this conference was to provide NAMI leaders with the information and tools necessary to carry out strategic initiatives to promote progress in multicultural action at the local level, moving these leaders from good to great through advocacy, cultural competence, and multicultural outreach.

The NAMI Multicultural Action Center regularly hosts events and symposia on a range of multicultural issues in mental health during the NAMI National Convention. This small separate event provided further opportunity for participants to hone in on developing specific leadership skills, small group collaboration,

and networking with individuals engaged in similar work with a wide variety of expertise. Attendees' engagement within



Attendees of the NAMI Multicultural Leadership Conference, March 2008

NAMI ranged from local volunteering to participation on the National Board of Directors.

The conference began with presenters Majose Carrasco, MPA, Director of the NAMI Multicultural Action Center, Clarence Jordan, MBA, MS, member of the NAMI National Board of Directors and Altha Stewart, MD, Past-President of the American Psychiatric Foundation. The session provided an overview of the skills and expertise represented at the conference as well as an update on NAMI National's major initiatives. Special guest, Dr. Altha Stewart offered a dynamic and motivating synopsis of pressing issues in multicultural mental health and set the tone for an enthusiastic weekend.

Saturday showcased sessions around the central conference themes, starting with Angela Kimball, NAMI National's Director of State Policy, providing practical information on successful advocacy. Following were sessions on organizational readiness in cultural competence, provided by Delia Saldaña, PhD,

and examples of state and local efforts in the areas of advocacy and multicultural outreach. One attendee's evaluation of the day: "Skill building as well as sharing what has worked in other locations—these workshops are crucial for helping move in positive directions!"

In the final workshop of the conference, attendees were taken through a guided process by NAMI Regional Leadership Consultant, Valerie Hunter, MA, MFT, ORT. In this colorful, and interactive session, *Accentuating the Positive: Transforming Your Learning into Action*, participants worked together, utilizing information gained throughout the weekend, and created meaningful action plans to take home to



Sharon Lyons and Yolonda Kelsor with speaker Valerie Hunter

their NAMI state or local affiliate. Conference participants had a very positive reaction to this session, as one individual expressed, "Everything was so intense but like a good workout. My mind was really challenged to get into gear with my home NAMI."

Throughout the conference participants expressed a desire to provide feedback to NAMI National. In the final activity of the weekend the group engaged

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Conference attendees await the start of Saturday afternoon breakout sessions.

“UNMASKING MENTAL ILLNESS”

NATIONAL ALLIANCE ON MENTAL ILLNESS

FOURTH ANNUAL DINNER AND PRESENTATION OF THE MIND OF AMERICA SCIENTIFIC RESEARCH AWARD

CO-CHAIR: Kay Redfield Jamison, Ann Pincus

DATE: Wednesday, October 15, 2008

LOCATION: Andrew W. Mellon Auditorium
1301 Constitution Avenue, N.W.
Washington, D.C.

ATTIRE: Informal (Business/Cocktail)



NAMI will host its 4th Annual Gala celebration, “Unmasking Mental Illness” on Wednesday, October 15, 2008. The evening will begin with a cocktail reception, followed by a seated dinner and the presentation of the Mind of America Scientific Research Award to a scientist whose efforts have resulted in ground-breaking research that has significantly contributed to a better understanding and treatment of mental illness.

Proceeds from the evening will benefit the programs of NAMI, their dedication to eradicate mental illnesses and improve the quality of life of all whose lives are affected by these diseases.

Founded in 1979, NAMI today works to achieve equitable services and treatment for more than 15 million Americans living with serious mental illnesses. Thousands of volunteers participate in local and state affiliates to provide education and support, combat stigma, support increased funding for research, and advocate for adequate health insurance, housing, rehabilitation, and jobs for people with mental illnesses and their families.

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in an impromptu, facilitated one-hour session, where they provided input and feedback for NAMI National. The session resulted in a list of recommendations including issues such as resource dissemination, standards, and guiding efforts

within specific targeted populations.

The NAMI Multicultural Action Center acknowledges the enthusiasm and expertise of attendees and presenters alike for the success of this event. We look forward to continued work

with these individuals and new leaders across the country as NAMI progresses in our efforts to provide helpful education, promote recovery, and advocate for a better mental health system for *all* Americans.