

Upcoming Events

September 2014	October 2014
03 – 06 NAMI National Convention – Washington, DC 04 National Day of Action – Washington, DC 10 World Suicide Prevention Day 11 Family-to-Family Education Class Begins 13 Market Days first Saturday – Uptown Columbus! 15 Monthly Educational Meeting 20 Peace of Mind Conference – Tyler, TX 27 NAMI Walk – Moultrie, GA <p style="text-align: center;">SEPTEMBER IS NATIONAL RECOVERY MONTH! CELEBRATE PROGRESS IN RECOVERY FOR YOU AND YOUR LOVED ONES</p>	05-11 Mental Illness Awareness Week (MIAW) 05 Peer-to-Peer Education Class Begins 8 National Day of Prayer for Mental Illness Awareness and Understanding 10 National Depression Screening Day 20 Monthly Educational Meeting <p style="text-align: center;">NAMI WALK IN ATLANTA NOVEMBER 1, 2014! LET'S TAKE THE LARGEST GROUP EVER THIS YEAR TO RAISE FUNDS FOR NAMI! BE THERE!</p>

“Open” Support Groups:

Every Monday night, 6-7:30 pm

Family/Friend and NAMI Connection Recovery Support Groups

Both meet at New Horizons CSB, 4411 Rosemont Drive

Every Saturday 1-2:30 pm

NAMI Connection Recovery Support Group

Meets at The Bradley Center's Multipurpose Room

HEAR YE, HEAR YE!

Calling all Connection support group members! We are looking for people like you who want to give back to NAMI. Remember your first group when you discovered that you are not alone? Please consider completing an application to volunteer for facilitator training. WE NEED YOUR HELP, and our future attendees do as well. Current NAMI Connection facilitators need assistance with a busy schedule. Send an email to info4@namicolsinc.org for an application. Thank you for giving back and helping others. NAMI needs you.

THE NEXT FAMILY-TO-FAMILY EDUCATION

CLASS BEGINS ON SEPTEMBER 11th!

Learn important coping skills as you and your family member(s) meet the daily challenges of living with mental illness. Contact Doris Keene to register NOW!

dfkeene@knology.net or 706-392-2944

MARKET DAYS MOVING FORWARD!

Our inauguration day for our table and tent area at Market Days each Saturday morning, September 13th in uptown Columbus! We need items to sell, so let's put our heads together to think of things that are effective money makers. We need talented members who are crafty, and anyone else who has creativity to make items that we can use to generate much needed funds for NAMI. Please email info4@namicolsinc.org if you wish to volunteer or have some creative ideas! We want to make some serious money AND do some serious stigma busting on Saturdays. Let's get this party started! **COME TO OUR MEETING ON 9/15 TO HEAR ALL OF THE DETAILS ABOUT MARKET DAYS!**

What We Can Do about Depression

By Ken Duckworth, NAMI Medical Director

I am one of many who would say that Robin Williams was among my favorite actors. His portrayal of a psychologist in *Good Will Hunting* is my all-time favorite. A colleague of mine told me her kids said to her last night, “Mrs. Doubtfire is dead.” They were crushed by this news which seemed so unbelievable based on their experience of the character. He was a figure that transcended generations. It was a very sad day for many, and my heart goes out to his family, who will bear the incredible pain of his death long after the news cycle ends.

I recalled that he had a history of struggles, but I was still shocked to hear that he had died by suicide. He was a genius and had many supports. But of course [depression](#) doesn't calculate those things. Severe depression distorts rational thinking and can lead to the fixed idea that hopelessness and pain are to be your experience forever. I have heard this from patients who have lived after suicide attempts. They told me they had lost all perspective and simply wanted to end their pain. They often reported simply losing a sense that they mattered to other people and forgot that they too were loved.



Depression distorts reality and causes a risk of death. It is a persistent and serious public health crisis that doesn't get enough coverage. It can happen to anyone and is associated with a great deal of the suicides in our country. When combined with a [substance use](#) disorder it becomes even riskier and harder to treat, and when it is part of a [bipolar disorder](#) it requires extra attention. Other public health problems like heart disease have seen great results in the past several decades—we cannot say the same about [suicide](#).

What can we do about this public health crisis that takes so many from us?

- **Advocate.** Fight for better treatments and for research into the underlying causes of psychiatric illnesses.
- **Be proactive.** Work to be sure that people get screened for this depression and that help happens earlier. [National Depression Screening Day](#) is October 9.
- **Get medical.** Get checked for medical causes of depression like thyroid disease.
- **Take the long view.** We can encourage people to stay with treatments as some do work even after others have failed. That is well established from the [STAR*D study](#) by NIMH.
- **Integrate.** Co-occurring disorders (like depression and substance use) often are poorly integrated into a person's care plan. This needs to change as substance use can be a failed self medication strategy to treat depression.
- **Change the field.** We can demand more [cognitive behavioral therapy](#), which clearly helps with depression, but many mental health professionals aren't trained to provide it.
- **Open up.** We can change the dialogue about depression—it is a condition that needs to be talked about. Isolation and silence are the dangerous traveling partners of depression.
- **Come together.** Our voice is more powerful together than alone.
- **Love.** Like Robin's character in *Good Will Hunting* we can reach out and love those we know who are struggling and let them know we are here for them.

Chances are someone you know is struggling with depression, and this is a simple way that can make a difference.

Rest in Peace Robin. We shall all miss you.

Photo: [Flickr / Eva Rinaldi](#)

Labels: [depression](#), [Robin Williams](#), [substance abuse](#), [suicide](#)

Criminalization of Mental Illness: It's a Crime

By Mary Giliberti, NAMI Executive Director



Today, 1 in 5 people in jails and prisons in this country live with a mental illness. About 70 percent of youth in the juvenile justice system have a mental health condition. This criminalization of mental illness is tragic and it's wrong.

Instead of getting people with mental illness the treatment and support they need, our society too often puts them in jails or prisons, which are the worst places for recovery.

News reports almost routinely revealed cases that should shock the conscience of Americans. In California, the state was [forced to adopt](#) detailed regulations after videotapes became public showing prison inmates with mentally illness being doused with pepper spray and violently removed from cells.

Solitary Watch, an advocacy group that focuses on solitary confinement issues in general has begun to [circulate videos](#) to document the brutal treatment of inmates with mental illness.

Two years ago, NAMI [warned the U.S. Senate](#) that putting people with severe psychiatric symptoms in solitary confinement is like pouring gasoline on a fire. It only intensifies symptoms. Today, a NAMI [fact sheet](#) on solitary confinement is being used to influence policymakers as part of the reform movement.

NAMI has worked for years to expand Crisis Intervention Teams ([CIT](#)) training for police for compassionate responses to people experiencing psychiatric crises. At a Senate hearing this year, NAMI called on the federal government to vigorously promote CIT nationwide.

At [NAMI's National Convention](#), Sept. 4-7, in Washington, D.C., NAMI will honor Cook County Sheriff Tom Dart of Chicago, a national champion for CIT and other criminal justice reforms. His staff recently gave me a tour of the Cook County Jail— which, sadly, is considered one of the largest “psychiatric hospitals” in the country.

Although Sheriff Dart works tirelessly to provide treatment in the jail, it still was sickening to see such a large number of individuals with mental illness confined because they did not get the help they needed. I also had the privilege to visit a community-based center for individuals with mental illness in the same city that provided extensive peer support and a place for people to feel part of a community. I was struck by the different outcomes for people with mental illness and how much rests on access to good services and supports and diversionary programs.

Besides honoring Sheriff Dart, NAMI's convention will focus on a range of criminal justice issues. The [convention program](#) includes:

- An “Ask a Cop” workshop.
- A networking session on “Families and the Criminal Justice System.”
- A major topic session is entitled “Treatment, Not Jail: Diverting Veterans from Incarceration into Mental Health and Substance Abuse Treatment.”

But criminalization is more than a policy topic. For many people, it can be an immediate, urgent crisis. Every month, NAMI's national Helpline gets hundreds of telephone calls for legal help:

- Individuals want to know whether it is safe to call 911 if they or someone they love is in crisis.
- Families want to know what to do if a loved one has been taken away by police.
- Families struggle to cope with having loved ones in prison, sometimes for years, and worry about whether they are getting the help they need.

What can you do to help? Send a message to Congress to pass the Mentally Ill Offender Treatment and Crime Reduction Act this year to support alternatives to incarceration for youth and adults with mental illness.

[Click here to take action](#)

If you need more information, please feel free to also contact the NAMI Helpline at 1-800-950-NAMI (6264). NAMI stands for help and hope. We welcome your support.

Labels: [CIT](#), [justice system](#), [MIOTCRA](#), [prisons](#), [Tom Dart](#)

Setting the Record Straight

By Mary Gilberti, NAMI Executive Director

As Congress goes into its August recess, it has yet to act on legislative proposals to improve mental health care in the U.S. Nearly two years after the Sandy Hook elementary school tragedy in Newtown, Conn. focused attention on the nation's broken mental health system, there has been much discussion in Congress about how to improve mental health care but very little resolution. Two significant bills have been introduced in the U.S. House of Representatives, one by Representative Tim Murphy (R - Pa.), the other by Congressman Ron Barber (D. - Ariz.). Both bills contain many excellent provisions that, if enacted, would represent major improvements in the mental health system.

For example, both bills include urgent resources for suicide prevention. Suicide is currently the second leading cause of death for young adults in the U.S. Having lost someone close to me to suicide, I know the consequences of inaction in this area and the devastating impact of suicide on families and those close to the person. Both bills also contain multiple provisions to put more resources into jail diversion and community reentry for individuals living with mental illness involved with the criminal justice system. The criminalization of people living with mental illness is a profound injustice and violation of human rights. Recently, I visited the Cook County jail in Chicago and saw firsthand why this correctional institution has been characterized as the largest de-facto mental health treatment facility in the U.S. The numbers of people with mental illness housed there was sickening.

The two bills also contain provisions to protect access to psychiatric medications in Medicaid and Medicare. Both would eliminate the exclusion of mental health providers from existing federal resources to expand and improve health information technology and electronic health information systems. Both bills provide resources for better integration of mental and physical health care. Finally, both would permit same day billing in Medicaid for physical and mental health services—something which is currently not permitted and imposes terrible burdens on people who have to make separate appointments and arrange transportation multiple times. Representative Murphy has been tireless in his efforts over the past two years to elevate attention to issues and promote improvements in access and quality of mental health services. Prior to his hearings, there was little discussion on Capitol Hill of the poor outcomes experienced by far too many people living with mental illness. NAMI is grateful to him for his ongoing efforts. His dedication to improving mental health treatment and services cannot be questioned.

Representative Murphy's bill is not without controversy and there have been differences of opinion within the mental health community over some provisions. These include provisions pertaining to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), involuntary inpatient and outpatient commitment, the federal health privacy law (HIPAA), the Medicaid prohibition on paying for certain inpatient psychiatric treatment, and the federally funded Protection and Advocacy for Individuals with Mental Illness (PAIMI) program.

People on both sides of the issues have criticized NAMI for either supporting Representative Murphy's bill or not being supportive enough. Although criticism can be constructive, some has been based on incomplete information. Some have failed to appreciate the harm that can come from infighting in any community and the need to find common ground and real solutions that can be enacted into law. In a previous job, I served as disability counsel to the U.S. Senate's Health, Education and Pensions (HELP) Committee. This experience more than any other shapes how I look at comprehensive mental health legislation. During my time on the Hill, I worked on several major bills and found that compromise led to bills that could clear both parties and both houses and usually led to policies that were successfully implemented. In the polarized political climate that currently prevails in Congress, sharp disagreements about specific provisions in bills only guarantee that nothing will pass. Mental illness does not discriminate. It affects Republicans and Democrats—and their families—alike. In the weeks remaining before Congress adjourns, we need to drive that message home. NAMI has been working hard behind the scenes to build consensus on some of the issues that are controversial. For example, we have recommended an alternative approach on HIPAA that would instill guidance in federal law clarifying that communication with families and caregivers is preferable in treatment and when it is permitted or not permitted.

NAMI has long advocated repealing completely the federal Institutions for Mental Diseases (IMD) exclusion that prohibits federal Medicaid dollars from paying for inpatient treatment in certain types of psychiatric hospitals and facilities. Nonetheless, we support a narrower provision in the Murphy bill that would allow federal Medicaid dollars to be used for short-term acute inpatient psychiatric treatment. This represents reasonable compromise. Unfortunately, the IMD exclusion is not addressed in Representative Barber's bill. NAMI continues to urge individuals and families affected by mental illness to call on Members of Congress to include it in comprehensive mental health legislation. But repealing the IMD exclusion is not enough. A major journal article this month noted abysmal rates of follow-up care for people after they leave hospitals. The National Association of State Mental Health Program Directors (NASMHPD) recently issued a report which noted that inpatient beds must be part of community-based systems of care, not apart from them.

We must demand better coordination of care for people reentering communities and better long term outcomes in treatment. Data on quality and outcomes of services in the mental health field is sorely lacking. Therefore, NAMI also strongly supports Representative Murphy's call to create a national mental health policy laboratory to track outcomes. Court-ordered Assisted Outpatient Treatment (AOT) is sometimes called the "third rail" in the mental health community for major reform. There are sharply polarized opinions on either side. They all should be respected in a dialogue to seek common ground. NAMI policy supports AOT as a last resort. However, we urge more focus on earlier options ("first resorts") because they can reduce crises before they occur and ensure that AOT is used for the right reasons—not because people cannot get help earlier on a voluntary basis.

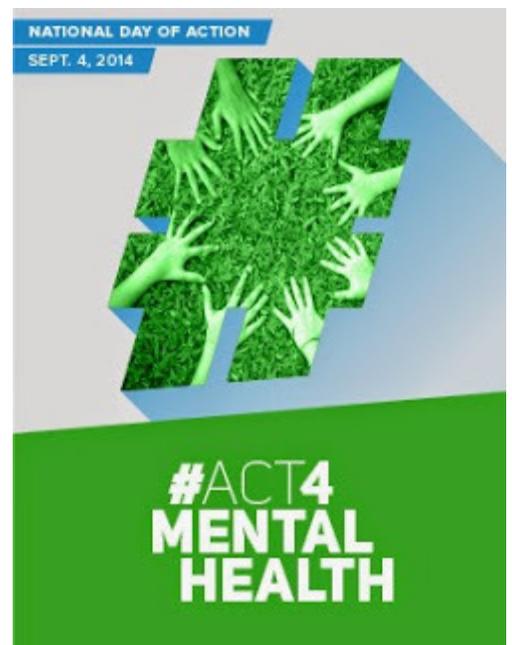
NAMI also strongly supports first-episode psychosis programs that provide early intervention when young people first show symptoms of psychosis, offering treatment and coping strategies, support to families, and education and employment support services. Comprehensive mental health legislation should support such programs including mechanisms for paying for such treatment through Medicaid and other funding sources. Some people believe NAMI has not advocated for the elimination of SAMHSA because we receive money from the agency. In full disclosure, we receive 3 percent of our funding from SAMHSA. NAMI is funded by SAMHSA to run the STAR Center, a technical assistance project that among other things, promotes outreach to diverse cultural and age groups of people with mental illness—as well as individuals and families involved in the criminal justice system.

Even if NAMI's funding from SAMHSA were larger, concerns that this compromises our advocacy are unwarranted. We will continue to urge SAMHSA and other federal agencies administering programs relevant to mental illness to focus resources on the needs of those whose lives have been significantly affected by mental illness. It is easy to criticize legislative proposals. It is harder to forge compromise. NAMI wants meaningful solutions to the mental health crisis in America. We need assertive action by Congress now. The purity of rigid positions means little to a person sitting in a jail cell today who was in need of crisis care the night before, or to the family of this person. They mean little to a person living with both schizophrenia and diabetes who cannot get integrated treatment—and whose lifespan is likely to be 25 years shorter than the general population. It is time to join together to fight against the abysmal mental health system, not each other. If we fail to do so, we will have only ourselves to blame if Congress does nothing.

On Thursday, September 4, attendees of the NAMI Convention and advocates throughout the country have the opportunity to have their voices heard on the importance of Congressional action through a National Day of Action. The message will be clear and simple—Congress must #Act4MentalHealth and pass comprehensive legislation to improve mental health care this year!

Visit [NAMI's website](#) to read more about the two bills and NAMI's position.

Labels: [#act4mentalhealth](#), [Medicaid](#), [Medicare](#), [Ron Barber](#), [Tim Murphy](#)





Columbus

P.O. Box 8581
Columbus, GA 31908
(706) 320-3755
Our Area's Voice on Mental Illness



Many people find their way to our classes by first attending a support group. If you are a NAMI Columbus "long timer" (we don't want to call you old), please attend either of the two weekly NAMI Connection support groups or the weekly Family support group. Newcomers can use your wisdom and hard-earned experience. Sharing a message of recovery gives the hope they are searching for. Many people tell us that the NAMI motto "**You Are Not Alone**" is the initial feeling they realize at their first meeting. If you are willing to train to be a support group facilitator, let us know!

I want to support NAMI Columbus and NAMI's mission.

Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers (do not enter a number if you do not want to be listed in the Membership Directory (members only).

E-Mail (Please include so we can be green and email you our monthly newsletter.)

Please check type of membership desired:

- Individual Membership \$35 Dues
- Professional Membership \$50 Dues
(Individual and Professional Dues are for one year and are tax deductible.)
- \$3 Open Door Membership (financial hardship)**
- I am not joining at this time, but I would like to make a contribution of \$ _____. (Thank you!!!)

✂ Please Cut and Mail ✂

NAMI National, NAMI Georgia and NAMI Columbus are dedicated to eradicating stigma and improving the lives of persons with mental illnesses thereby also benefiting their friends, family and community. Catch the wave and be a part of change.

NAMI Columbus is one of the largest affiliates in Georgia. We are a 501(c)3 non-profit charitable organization. Dues and donations are tax deductible. Membership includes a subscription to our monthly newsletter, membership directory, and access to immediate news on advocacy, treatment and support issues from our national, state and local organizations.

Please make checks payable to:
NAMI Columbus
P.O. Box 8581
Columbus, Georgia 31908

You can also join safely online at www.nami.org/join (\$35.00 by credit card).