Brain Pages

The Newsletter of NAMI Greater Bloomington Indiana Area

Family and Friends Together Providing Support and a Voice on Mental Illness

Issue No. 11 July 2009

Recurring Events

1st and 3rd Mondays:
Family Support Group
First United Methodist Church 7:00pm

1st and 3rd Thursdays:
Depression and Bipolar Support Group
St. Marks Methodist Church 7:00pm

2nd and 4th Thursdays:
Schizophrenia Support Group
Fairview Methodist Church 7:00pm

Special Events

August 25:
Family to Family Education Program
Call 339-6168 or
catkorinek@aol.com

Family to Family Education Program Begins August 25

by Cathy Korinek

When my son first began exhibiting symptoms of a serious mental illness, my husband and I didn't know what was going on. We were afraid, confused, and looking for answers. It took a long time before we realized what was happening– when we finally recognized and admitted what was going on, we felt guilty. We felt that we must have caused the mental illness.

Serious mental illness, such as schizophrenia, manic depression/bipolar, or obsessive compulsive disorder, usually strikes young adults during their late teens or early 20s. It is a biological brain disorder. Causes are unknown and parents aren't responsible for having done something to have caused it.

To help families understand and support loved ones with mental illness, the NAMI Family-to-Family program will be offered in Bloomington starting August 25. The program is a series of 12 weekly classes taught by volunteer teachers who are first-degree relatives of family members with severe mental illness. They have been trained by the national NAMI organization to teach the classes.

The program provides families with skills to help them deal with family members with mental illness, education about the physiology of brain diseases, and treatment approaches using medication and therapy.

The Family-to-Family Education program also shows families how to deal with crisis situations involving their mentally ill loved one. During the program we bring people recovering from mental illness to talk about what they went through during their crisis and how they are doing today.

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Brain Pages is the official newsletter of the NAMI local affiliate in the Greater Bloomington Area.

For information or questions, please contact Kat Domingo, this issue's newsletter editor.

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NAMI-GBA wishes to thank Centerstone for helping to underwrite this issue of the newsletter.

Family to Family Education Program Begins August 25

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Teaching families how to help themselves is another important skill taught in the course. Care-giving family members can get burned out, and it is important for them to make special time for themselves for fun and relaxation.

The classes are funded by a grant from the Indiana Department of Mental Health and are at no cost to the participants. Classes start August 25 and will be held every Tuesday evening from 6:30 p.m. until 9:00 p.m. at the First United Church on East Third Street in Bloomington.

Because class size is limited, those interested in attending must pre-enroll by calling the Cathy Korinek at 812-339-6168 or emailing her at catkorinek@aol.com.

Mental Illness and Dental Health

by Lee Strickholm

After years of neglect, the issue of dental health is getting new attention in the mental health community. An article in a recent *NAMI Voice* publication drew attention to the need for routine dental examinations as an important part of care for those who live with mental illness.

Many find it challenging enough to deal with their daily living situations–dental care isn't high on the list of priorities. Unfortunately, people living with mental illness are often at a heightened risk for dental disease because many antipsychotic medications cause dry mouth symptoms that promote tooth decay. Saliva helps wash the mouth out and rids it of bacteria that cause tooth decay. It also helps rebuild tooth enamel.

When severe tooth and gum problems are present, many find it difficult to eat healthy foods. Painful cavities and even missing teeth lead to lack of proper nutrition, which in turn leads to poor overall health. In addition, many mentally ill, especially those with symptoms of schizophrenia, find that smoking alleviates some of their psychotic symptoms. Smoking has been shown to increase the risk of gum disease and significantly increases the risk of oral cancer.

There is a need for families and caregivers to help people overcome these obstacles. Encouraging regular dental check-ups and emphasis on preventative care will require assistance. The U.S. Health Resources and Services Administration maintains a list of

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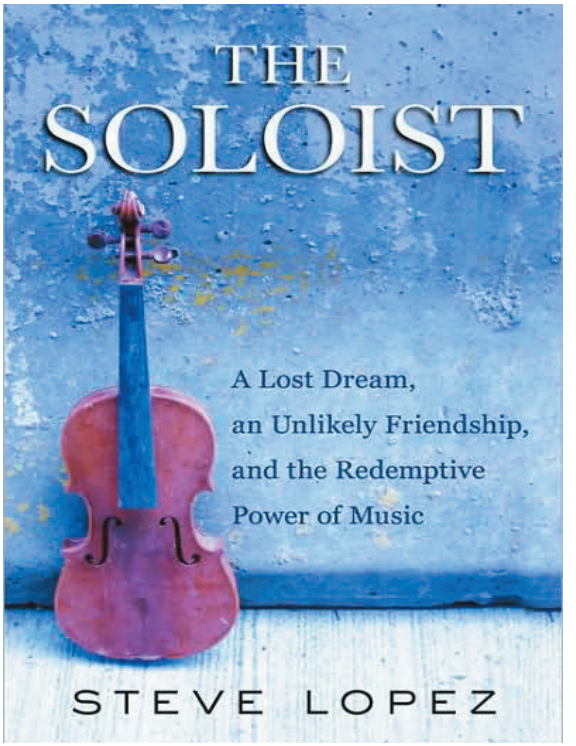
Book Review: *The Soloist*

by Sarah Hunt

The Soloist, now a major motion picture, is a book based upon the experiences of Los Angeles Times journalist Steve Lopez, as he was writing a series of columns on Nathaniel Ayers. Lopez meets Ayers on the streets of Los Angeles' Skid Row where he is passionately playing Beethoven on a two-string violin in front of a statue of the composer. Lopez is immediately intrigued by this African American street musician and initiates a conversation. This initial exchange so piqued the interest of Lopez that he speculates whether the man could be the subject of a future column. Through further research, Lopez learns more captivating details about the homeless musician, including that he was once a student at the prestigious Julliard.

Lopez learns that Ayers began to experience the symptoms of schizophrenia while at Julliard and was forced to drop out. Nathaniel Ayers has spent the subsequent thirty years living largely on the streets, content, provided that he has the ability to indulge his passion for playing classical music. Initially Lopez sets out to save Ayers and connect him with mental health services and lodging. However, he is unprepared for Ayers's strong resistance to his assistance. Over time, Nathaniel Ayers becomes much more to Lopez than the subject of his columns–the two men become friends. Ayers's experiences so vividly, eloquently, and accurately, depict the experiences and emotions—including the joys, triumphs, and frustration– that so many family members and friends of individuals suffering with mental illness experience. With each step forward comes at least one step backward, and Lopez is forced to learn new ways of communicating with Nathaniel.

Lopez writes with honesty and compassion about his experiences and friendship with Nathanial Ayers. The book is authentic, poignant, and at times heartbreaking. You can't help but find yourself immediately drawn in and rooting for both men, and hopeful that their friendship is strong enough to withstand the enormous roadblocks and twists and turns the two men experience together. When I sat down with the book, I immediately related to the emotions of both men. I was instantly enamored with Ayers, and I often found myself hoping that Lopez would not become so frustrated that he would distance himself from his friend and give up altogether. Just as many of us can personally attest, in the end, it is unclear which man has been most helped or touched by the other, and Lopez finds that his own life has also been changed, for the better, in immeasurable ways. The is a worthwhile read, one about the journey of two men, friendship, and an honest portrayal of what it is like to deal with mental illness, both from the perspective of one living in its midst as well as that of a family member or friend.



Children and Adolescents with Mental Illness

by Sarah Hunt

To be fair, I feel it important to disclose that this topic is both of great interest and personal significance. Recently, my teenage daughter spent time in a juvenile detention facility. Again. Quite unfortunately, this was her third such stay and each experience has been as devastating and mind boggling as the first. As a parent, it is not, nor should it be, something you can become comfortable with or easily accept.

While my daughter has had access to the most extensive community-based services, which most experts in the field suggest as critical in preventing youth with mental illness from being incarcerated, this has not spared her that outcome. She has not seemed to respond well and has remained largely unreceptive to receiving help.

Personal Experience

My experiences with these intensive community services, juvenile court system, and juvenile probation department have been largely positive. Mental health providers have been dedicated and supportive and her treatment well designed and implemented. The recommendations of the probation department have been largely in support of my daughter receiving the mental health care that she requires. All of those involved have worked tremendously well with her mental health providers and have followed the recommendations of these providers who have the added benefits of being familiar with my daughter as well as insight to her illness.

That said it has not been an entirely smooth process or void of frustration or complication. The juvenile detention facility housing my daughter, and most youth referred to detention in our community, is a two-hour drive from Bloomington and I am without transportation. Without the assistance of my extremely supportive and patient parents I would not have been able to visit her during her incarceration. I was unable to have any telephone contact with my daughter because, as is the case of many parents with a disabled child, I am only able to work part-time and could not afford the only and exorbitantly-priced means of communication available to her while there: collect telephone calls. Incoming phone calls were not allowed under any circumstances.

She has since been transferred to a psychiatric hospital about an hour's drive from Bloomington. I do not have the power to approve my daughter's visitors and even my parents, who are closer to her current facility and can more easily visit her, require the approval of the juvenile probation department in order to do so. When she returns home, she will no longer be approved for the services she previously received, which will be necessary for her successful return home as well as to remain in the community. We will need to begin the entire process, yet again, and can then only hope for a better outcome.

Because of our experiences and journey throughout the quagmire of the mental health and juvenile justice system, I sought to better understand the process. This article is the result of my quest for information and understanding.

Statistics and Prevalence

Few studies have been performed about the prevalence of mental illness of children and adolescents in the juvenile justice system. While research has been limited, the findings of those performed are particularly worrisome and have shown rates of mental illness and disorders among youth in the juvenile justice system as two to three times higher than that of youth in the general population. According to several experts in the field such as the American Academy of Child & Adolescent Psychiatry as well as the authors of Blueprint for Change, a study of the current system and model for treatment of youth with mental illness in the juvenile justice system, at

least twenty percent of these youth experience disorders severe enough to impair their ability to function significantly. These include major depression, bipolar disorder, conduct disorder, ADHD, and anxiety disorder, among others.

Regardless of level of care or geographic region, the majority of youth in the juvenile justice system meet the criteria for at least one mental health diagnosis. According to the authors of Blueprint for Change, overall data illustrates that around seventy percent of youth in the system were diagnosed with at least one mental health disorder with girls experiencing a higher rate of disorders (81 percent) than that of boys (67 percent). Of those who met the criteria of a diagnosable mental illness, nearly sixty percent were diagnosed with a co-occurring substance abuse disorder.

Often the unmanageable and inappropriate behavior leading to a child's involvement in the juvenile justice system is a symptom of a mental illness that has been undiagnosed and untreated. Others have received diagnosis and have been juggled from system to system; for these children the juvenile justice system may be their last chance of getting the help and services they so desperately need. In 1999 NAMI commissioned a study that included 903 families with a mentally ill child who responded to a survey about seeking mental health services for their child. Thirty-six percent of these parents acknowledged that their child was in the juvenile justice system because that was the only setting in which services could be obtained.

System Ill-Equipped

Regrettably, most juvenile detention facilities are not equipped to treat this population and their personnel lack the training to effectively cope with these children. According to the authors of Blueprint for Change, services are erratic, conflicting, and operate without guidelines. The system, which was not designed to serve as a provider of mental health services for youth, is becoming a dumping ground for, and is overwhelmed by, mentally ill children and adolescents.

Investigations performed by the US Department of Justice into the conditions of confinement in juvenile detention facilities found poor or nonexistent screening practices, insufficient clinical services, and inappropriate use of medications as well as other problems. In a statement prepared by the American Academy of Child and Adolescent Psychiatry on the Senate governmental affairs committee hearing on juvenile detention centers, the authors contend that a youth being placed in juvenile detention centers postpones treatment as well as exposes the child to other offenders who may negatively influence him. Alarmingly, suicides in juvenile detention centers occur four times more often than suicide in the general population. Nevertheless, most facilities do not conform to basic suicide prevention guidelines. Studies also indicate that 25% of incarcerated boys and 50% of incarcerated girls meet the criteria for Post Traumatic Stress Disorder.

Solutions Needed

Identification of youth who are in need of mental health services is a first step, with experts recommending youth in detention be screened for psychiatric problems within twenty-four hours of admission. Most research seemed to support and favor the use of the Massachu-

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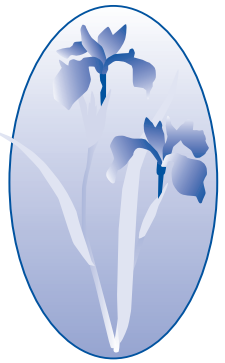

Juvenile Justice System

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setts Youth Screening Instrument, Version Two (MAYSI-2),which is a standardized and scientifically proven screening tool that can be administered by non-clinical staff in less than ten minutes. The MAYSI-2 identifies mental health concerns immediately upon entering the juvenile justice system. Other researchers suggested early screening as well, but referenced different screening methods. All supported early mental health screening, regardless of the method.

A collaborative solution involving the juvenile justice and mental health systems is necessary in order to identify and respond to the needs of these youth. Steps need to be taken to ensure that these children and adolescents, as well as their families, are linked to a wide range of community and social services upon release. In order to better understand this population with evidenced-based methods and best practices, we must better understand their needs. This requires research, which will in turn require time, personnel, and funding, all of which are in limited supply, especially in these times of economic uncertainty.

Mental Illness and Dental Health

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federally-funded dental clinics that provide care for low-income people without insurance. See www.findahealthcenter.hrsa.gov for more information. Some dentists are offering discounted services to people with mental illness.

A number of products are available to moisturize the mouth, and chewing sugarless gum will also increase saliva production. In addition, using an anti-microbial mouthwash (an over the counter product) can reduce the risk of tooth decay. Avoiding sugary foods and soft drinks that promote tooth decay and instead snacking on fresh fruits and vegetables will promote overall good health. Mental health professionals can help with strategies to quit smoking, which will also contribute to improved overall health. And emphasis on regular daily brushing and flossing is a necessity for prevention of tooth decay.

Maintaining oral health is a real daily struggle for people with serious mental illness, but with the help and support of family or caregivers it can be done.

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I am interested in:

_____ Helping to prepare mailings

_____ Writing an article or book review for the newsletter

_____ Helping with outreach for Mental Illness Awareness Week

_____ Participating on the NAMI Family Panel for CIT Training

_____ Training to be a Support Group Co-Facilitator

_____ Training to be a Family-to-Family class Co-Teacher

_____ Telling my story to church groups, university classes, etc.

_____ Other creative ideas: _____

_____

Name _____ Home Phone _____

Address _____ E-mail _____

_____ Preferred method of contact _____

Family to Family Education Program

Cathy Korinek, former NAMI board member and family advocate to Centerstone will be teaching the national education program called Family to Family this fall. The program is at no cost to participants, but space is limited!

Tuesdays starting August 25, 2009
6:30 PM
First United Church

Contact Cathy at 339-6169 or catkorinek@aol.com

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