Brain Pages

The Newsletter of NAMI Greater Bloomington Indiana Area

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

Issue No. 7 January 2008

Calendar of Events

February 4: TLC Support Group Meeting (First United Methodist Church, 7pm)

February 7: Depression/Bipolar Support Group (St. Marks Methodist Church, 7pm)

February 18: NAMI-GBA Support Group Meeting (First United Methodist Church, 7pm)

February 21: Depression/Bipolar Support Group (St. Marks Methodist Church, 7pm)

March 3: TLC Support Group Meeting (First United Methodist Church, 7pm)

March 4: NAMI-GBA Family-to-Family Program (Center for Behavioral Health, 7pm)

Announcing Spring 2008 Family-to-Family Class

by Lee Strickholm

One of the most important programs our NAMI-GBA is involved with is our Family-to-Family Educational Program. This is a 12-week program that is taught by families with mental illness, to families with mental illness. Our NAMI teachers understand that when one of our family members becomes mentally ill, that illness and the resultant behavior can profoundly influence the lives and well-being of everyone else in the family. Our NAMI Family-to-Family course is specifically designed to help family members of individuals with mental illness better understand how they can effectively help their loved one who is ill, especially since so many adults with severe and persistent mental illness either live with their families or receive primary care management from them. The ability to understand and provide a predictable environment is important for both the ill family member and all others involved with his/her care.

Please join us for our Spring session of the Family-to-Family program which will be presented by Lee and Al Strickholm. The program will begin on March 4 and the classes will be held each Tuesday evening from 7 to 9:30 p.m. at the Center for Behavioral Health, located at 645 South Rogers Street in Bloomington. The curriculum, which was designed and written by experienced family members and mental health professionals, includes concrete and specific information about the major mental illness diagnoses and their causes, a review of currently used medications, skill training and useful coping techniques, up-to-date rehabilitation and recovery methods, and practical and emotional support to help sustain caregivers as they navigate the mental healthcare system.

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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 the Center for Behavioral Health for helping to underwrite this issue of the newsletter.

Announcing Spring 2008 Family-to-Family Class

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Our class size is limited and pre-enrollment is required. To reserve a place, please contact Al or Lee Strickholm at 812-339-5440. This program is underwritten by the Indiana Department of Mental Health and NAMI Indiana. There is *no charge* to participants. Through education we can help ourselves, and then when we are ready, we can advocate to help change community attitudes and improve service systems. Let us help you along your journey. You are not alone.

Thank you to our supporters!

NAMI-GBA grew exponentially in membership during 2007. It is only through our members that we, as an organization, can continue to make an impact on our community's treatment and perception of our mentally ill loved ones.

Thank you to our donors who helped make 2007 a banner year for NAMI-GBA. Donations totaled $5,865.

In addition, we thank the following establishments that have provided these in-kind services:

Space for the Family-to-Family Classes:
First United Church
Center for Behavioral Health
Space for the Family Support Group:
First United Methodist Church
Underwriting *Brain Pages*:
Center for Behavioral Health

Decriminalizing the Mentally Ill in Bloomington

If you missed our October 2007 program "Decriminalizing the Mentally Ill in Bloomington," now is your chance to watch the panel discussion. Hear the comments made by Sheriff Jim Kennedy, Prosecutor Chris Gaal, Captain Mike Diekhoff, Dr. Perry Griffith, Judge Kenneth Todd, and Clinical Director at the Center for Behavioral Health David Carrico. Call CATS, Community Access Television Services, at 812-349-3111 to request the airing of NAMI's "Decriminalizing the Mentally Ill in Bloomington" program.

Book Review: *The Center Cannot Hold*

by Janet James

The Center Cannot Hold, the recent memoir of a "journey through madness" by Elyn Saks, couples well with Xavier Amador's "practical guide" entitled *I Am Not Sick, I Don't Need Help*. Saks is a consumer; an extraordinarily bright and driven, sometime paranoid schizophrenic, who tells her story with a novelist's skill. In the course of her "journey" which is laced with vivid accounts of psychotic breaks and institutionalizations, she also managed to graduate from Vanderbilt, Oxford, Yale Law School, and receive tenure at the University of Southern California. Her book has been admired for its candor and applauded for the hope it offers. She has meaningful and lasting relationships with friends and mentors, she has recovered from a brain hemorrhage, and she continues to teach and publish. She is a passionate advocate for eliminating the use of mechanical restraints in psychiatric hospitals, the result of her own experience. This is a remarkable woman, and by society's criteria, a very successful one. *The Center Cannot Hold* takes us on a hilly anecdotal trek through mental illness that is compelling, whether mental dysfunctions touch the reader's life or not.

Saks' book is a great read. She has a story to tell, and she tells it well. Here is a smart woman: she possesses a demonstrable capacity to reason and analyze, yet she repeatedly stops taking her medication because she is convinced she doesn't have a real illness. For non-consumers, this is the lynch pin of pain and frustration. In her own words she says, "I'd held onto the belief that, basically, everyone's mind contained the same chaos that mine did, it's just that others were all much better at managing it than I was...I wasn't mentally ill. I was socially maladroit....I wasn't convinced that I had a mental illness, nor was I convinced I really needed medication."

After the first flush of surprise subsides, perhaps with a trace of irritation, the reader may blurt out, as I did, "How could she be so smart and still be so blind!" Apparently I wasn't the only one who was exasperated. After twenty years of treatment, she admits her analyst said, "Stop your psychotic babbling and take your medicine," and she did. The book ends happily. She is married, maintains an active professional life, and has written a powerful and touching memoir. But what I looked for, and it is likely

that others have the same question, is why: "Why wouldn't you take your meds?"

This is where Amador's explanation of why people suffering from mental illness are frequently not medication-compliant intersects with Saks' account. He cites recent studies that report that about 60% (possibly as high as 80%) of patients with schizophrenia and bipolar disorder show little or no insight into their illness. He believes that it is the brain dysfunction itself that causes poor self-insight. Amador has it right; the lack of insight (and presumably the reluctance to medicate for an illness you don't think you have) affects Elyn Saks just as much as John Doe. To admit that one's behavior is seriously different from the behavior of others, much less to admit that the brain is broken, exposing

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The 2008 Presidential Primaries...

In the fall of 2007, NAMI produced a questionnaire for all presidential candidates. The document included 24 questions on a variety of issues related to the treatment of the mentally ill in our society. NAMI-GBA does not endorse specific candidates and provides information for educational purposes only.

As President, will you support federal parity legislation to provide equivalent coverage of mental health and substance abuse conditions?

Clinton: Too many Americans with mental health concerns do not have access to health insurance. I have been a champion of mental health parity since the 1990s. Earlier this year, I co-sponsored the Mental Health Parity Act of 2007. This bill would prohibit employers and health plans from imposing durational treatment limits and financial limitations on coverage for mental illness that do not apply to all other medical conditions. I believe this bill is one step in our effort to provide meaningful mental health care coverage. It would also build on the mental health parity provided to federal employees during the Clinton Administration almost a decade ago. I've been championing access to mental health benefits since my time as First Lady, and I was proud to co-chair the first-ever White House Conference on Mental Health with Tipper Gore.

I am also the lead democratic sponsor of the Help Expand Access To Recovery and Treatment Act (HEART). This legislation would provide equitable access to substance abuse treatment services for 23 million adults and children of alcoholism and other drug dependencies.

Edwards: I co-sponsored the Wellstone Mental Health Equitable Treatment Act and I will continue to work to make insurance companies responsible for providing the same level of coverage for mental and physical illnesses.

Obama: I strongly support mental health fairness. In Illinois, I passed the state's mental parity law. In the U.S. Senate, I co-sponsored the Mental Health Parity Act of 2007 and have been a strong supporter of the bipartisan Paul Wellstone Mental Health and Addiction Equity Act of 2007. I believe we should prohibit group health plans from imposing treatment or financial limitations on mental health and substance-related disorder benefits that are different from those applied to medical or surgical services. I also support ending discrimination against people suffering from mental illness and addiction.

Will you support federal incentives to recruit and train mental health professionals, particularly to increase workforce diversity and serve rural areas?

Clinton: Health profession shortages are becoming a national crisis. Doctors, nurses, and other health professionals – including those serving mental health patients – are critical to delivering and improving quality. These people are truly the eyes and ears – and in many ways, the heart and soul – of our health care system. When I am President, I will provide funding to address these shortages. For example, I will provide funding to nursing schools to allow them to admit and train more nurses and to recruit and retain more faculty. I will give first priority to schools with a record of sending graduates to serve in underserved areas – from rural communities, to urban areas, to low-income neighborhoods. I'll also work to recruit more doctors, nurses, and behavioral health specialists to these professions in the first place – reaching out to communities of color that are traditionally underrepresented, and providing scholarships and loan forgiveness so we can have a more diverse, culturally competent workforce.

Edwards: I support federal investments in ensuring that the American health care workforce is equipped to meet the demands of a universal health care

...Bringing Mental Healthcare to the Ballot

Included here are answers to several questions by Democratic candidates Sen. Hillary Rodham Clinton, former Sen. John Edwards, and Sen. Barack Obama. At the date of printing, no Republican candidates have responded to the questions. Visit www.nami.org *as candidates' answers continue to be received.*

system. This includes strengthening mental health and rural health care resources.

My plan for universal health care will cover the 9 million rural Americans that lack insurance and establish a nationwide network of safety net clinics and public hospitals, including mental health treatment facilities. I will also support investments in telemedicine to instantaneously connect distant specialists and advanced equipment with local doctors and patients, allowing better monitoring, chronic disease management, and emergency response.

Obama: I support the recruitment and training of mental health professionals to increase workforce diversity and serve rural areas. I am committed to tackling the root causes of disparities in certain health care populations, including disparity and rural populations, by addressing differences in access and health care quality and promoting prevention and public health. I will also challenge the medical system to eliminate inequities in health care by requiring hospitals and health plans to collect, analyze and report health care quality for disparity and rural populations and holding them accountable for any differences found; diversifying the workforce to ensure culturally effective care; and supporting and expanding the capacity of safety-net institutions, which provide a disproportionate amount of care for underserved populations with inadequate funding and technical resources.

Will you support increasing programs to divert people with mental illness from jail into appropriate community treatment?

Clinton: SAMHSA currently funds pre- and post-booking jail diversion pilot programs at the local level. A 2004 evaluation of these programs by SAMHSA found that jail diversion participants spent less time in institutions and more time in the community. The evaluation also found that while the initial costs of these programs was more expensive, they resulted in overall savings to the criminal justice system. I believe that these results are promising, and we should be looking at ways to expand best practices from these pilot programs so that we can better treat non-violent offenders.

Edwards: We need more alternatives to incarceration – such as drug courts – for first-time, nonviolent offenders because sending them to prison can create lifelong criminals.

Obama: I support a smart and effective crime policy that ensures that individuals with mental illnesses receive the treatment they need.

Will you support increasing programs to identify youth with serious mental disorders at first contact with juvenile justice systems and increase diversion to community treatment?

Clinton: I believe that we should ensure that jail diversion efforts should also apply to the juvenile level, so that we can help to get youth the resources they need prior to prolonged exposure and experience in the criminal justice system.

Edwards: I support the goals of the Second Chance for Ex-Offenders Act, including the establishment of a National Adult and Juvenile Offender Reentry Resource Center to collect data and assist community groups with ex-offender reentry programs and services such as training and mentoring to help ex-offenders and their families.

Obama: I am a strong supporter of ensuring that individuals who need treatment can receive it, which includes young people involved with our juvenile justice system.

Visit www.nami.org for more comments.

Book Review: *The Center Cannot Hold* By Elyn Saks

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oneself to the stigma attached to being "crazy," is too traumatizing. Denial stems from the lack of insight, and the behavioral consequences of denial include refusing to take medication.

Saks' journey seems to end when she takes her meds. Of course it is not simply that one day she woke up with insight at her side, popped a pill, and now lives happily ever after. She has been fortunate to have had intensive analysis and therapy throughout her struggle. And she has been trained professionally to acquire insight, because that is one of the things academics do. When she did concede that she could not will herself well, and needed medication to help her recover, she began to discover who she was at her core. Medication is not the miracle cure, but it is where a new journey begins. Both books help illuminate the issue that bedevils bewildered and uncomprehending caregivers: medication compliance.

Research Review: Schizophrenia and Cancer

by Al Strickholm

A recent report from the National Institute for Mental Health (NIMH) showed a surprising genetic link between schizophrenia and lower rates of cancer. This was reported by researchers at the December 2007 Annual Meeting of the American College of Neuropsychopharmacology (ACNP).

This is interesting since many of those individuals with mental illness often have unhealthy eating habits and experience high rates of smoking. Usually individuals with poor health habits generally have much higher rates of cancer than the normal population. However, this report indicates just the opposite was found with those individuals diagnosed with schizophrenia.

This finding developed from research, which concluded that there is no simple genetic link to mental illness. Many disperse genes appear to contribute to susceptibility of becoming ill. In other words, no dominant gene can be identified as causative for this illness, but many are involved in the susceptibility for mental illness. Indeed, there is gene variation from individual to individual, which explains the huge variety and differences of mental illness symptoms. Supporting evidence for this is found in identical twins. If one develops schizophrenia, the chance for the other becoming ill is about 50%, and not 100% as might be expected. The surprise of this genetic search for susceptibility genes is the puzzling connection as to why individuals diagnosed with schizophrenia, who have poor dietary life styles, have a lower incidence of cancer.

Dr. Amanda Law, a research participant on this study, has described the connection as "being about basic decision-

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Research Review: Schizophrenia and Cancer

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making by cells, whether to multiply, move, or change their basic architecture." She further describes the situation: "Cancer and schizophrenia may be strange bedfellows that have similarities at the molecular level. In cancer the molecular system functions to speed up the cell, and in schizophrenia the system is altered in such a way that causes the cell to slow down." Dr. Law adds that selective treatment of these pathways may be a potential target in developing treatments for schizophrenia.

Dr. Daniel Weinberger, the lead researcher on this study, added that although these genes cannot predict who will exactly acquire these diseases, they can be used to help determine risk. He also stated, "It's very curious that a brain disorder associated with a very complicated human behavior has, at a genetic and cellular level, a striking overlap with cancer, a very non-behavior related disorder. Understanding these pathways might provide us with some new strategies for thinking about cancer." He further stated that if therapeutic insights can reverse these processes, the implications are not only for treating schizophrenia, but maybe for cancer as well.

Not yet a member of NAMI-GBA? Join today!

Your annual membership includes newsletters from NAMI National, NAMI Indiana, and NAMI Greater Bloomington Area, as well as access to NAMI's wealth of resources and information.

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Name _____ Home Phone _____

Address _____ E-mail _____

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Join Family-to-Family!

NAMI Greater Bloomington Area will provide the Family-to-Family Educational Program starting March 4.

- Every Tuesday from 7:00 until 9:30
- Held at the Center for Behavioral Health
- Classes are at NO CHARGE to participants
- Taught by family members with mentally ill loved ones

Please call Lee or Al Strickholm if you wish to take advantage of this opportunity. NAMI-GBA offers the Family-to-Family Program in the spring and in the fall of every year. 812-339-5440

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