



# NAMI-Blue Ridge Family Alliance

## NEWSLETTER

June 2002

### Schedule of Meetings

For the months of June, July, and August, there will be support group meetings twice a month, on the first and third Thursdays. Speaker meetings will resume in the fall.

All meetings are held in the Board Room of the Region Ten Building, 800 Preston Avenue, from 5:30 p.m. to 7:00 p.m. Visitors are welcome.

### Mental health parity

Led by NAMI, the effort for parity in insurance coverage has for several years been a focus of the mental health community. Parity legislation would not only ensure equal health benefits, it would also indicate recognition by the U.S. Congress that physical and mental illnesses are of equal significance, or even that they are one and the same.

It now seems that parity may be close to realization. President Bush has called for legislation this year that would require employer health plans to treat mental illnesses like other ailments. Senators Peter V. Domenici (Rep.) and Paul D. Wellstone (Dem.), the leading sponsors of parity legislation in Congress, favor applying the proposed law to more than 200 mental illnesses, but there is some opposition to such broad and expensive coverage. Be on the lookout for more news on this topic in the coming months.

### NAMI 2002 Annual Convention

**“Building Communities of Hope”  
Science. Supports. Dignity  
June 26-30  
Cincinnati, Ohio**

more information and registration  
at [www.nami.org](http://www.nami.org)

### President's Message

As I become more proficient with the computer, I realize that there is a wealth of information coming from NAMI each day, and I would like to share some of the news with our readers. Rick Birkel, Executive Director of NAMI National, has announced that he will be forming a NAMI National staff membership task force with the purpose of overseeing the realignment of the national office to better serve our members in all areas. The primary goal of this task force is to take rapid action to ensure the future of our NAMI organization membership management and service capabilities. The first area to be addressed is the NAMI Web membership, which should be in effect July 1st. NAMI National will ensure that all affiliate offices will have a computer (if needed) with Internet access. The NAMI Web membership project will assist in the coordination of membership lists and files between NAMI groups at all levels and will improve services to our members.

There will be a Federal Mental Health Parity Rally at the U.S. Capitol on June 6th at 12:00 noon. It will be on the front lawn at 1st St. between the Mall and the Capitol. Your presence will demonstrate support for, and encourage passage of federal mental health bills – specifically for the Domenici-Wellstone and Roukema-Kennedy bills.

NAMI-Virginia's 2002 Annual Convention will be in Richmond Thursday 5/30 - Saturday 6/1 at the Wyndham Garden Hotel at Laburnum Avenue. For detailed information, please call Sarah Vinson at 888-486-8264 (toll free).

Notice of NAMI annual dues will be mailed from Richmond this year. In the past, Jim Scott, our treasurer, has handled this, but in an effort to streamline the procedure, the mailing will now come from Richmond.

As always, I encourage you to join us each 1st and 3rd Thursday of the month for our meetings held at Region Ten, 5:30 - 7:00p.m. We will be holding the usual support meetings during the summer months, and the speaker meetings will resume in the fall.

Sally Rinehart

# NAMI-BLUE RIDGE FAMILY ALLIANCE

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## NEWSLETTER

**Editor:** Pat Passalacqua  
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### Newsletter Information:

This newsletter is published quarterly. Persons wishing to contribute an original article are asked to contact the editor at 589-2885.

### WORLD WIDE WEB

(Monticello Avenue site)

<http://avenue.org/brfa/>

**Webmaster:** Pat Passalacqua

Charlottesville Community Calendar -  
Family Alliance meetings information

<http://www.chvillecalendar.com>

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## Los Angeles Times Wins Pulitzer Prize in Editorial Writing on Homelessness and Mental Illness (April 8, 2002)

### Statement of Jim McNulty, National Board President

Two weeks ago, the movie A Beautiful Mind won the Oscar for "Best Picture." Today, the Los Angeles Times won the Pulitzer Prize in Editorial Writing for its leadership in addressing issues affecting people with mental illness.

Both represent rare, but important and influential moments involving professional and public recognition of the world of mental illness.

We are thrilled – but not surprised – that the Pulitzer Committee has awarded Alex Raksin and Bob Sipchen the 2002 Pulitzer Prize in Editorial Writing. In the words of the committee, "their comprehensive and powerfully written editorials explored the issues and dilemmas" facing people with mental illness who live on the streets.

Last summer, NAMI also honored the Los Angeles Times with its 2001 National Media Award for Outstanding Editorial Writing, with specific recognition given to Alex Raksin for addressing mental illness issues with fairness, sensitivity and accuracy. We praised the newspaper for its sustained commentary, identifying and explaining issues in a way that helped to build public support for legislative reform.

At least one-third of all people who are homeless suffer from severe mental illness. The Los Angeles Times has been a model of leadership and civic responsibility. In clarity, style, reasoning and moral purpose, it clearly has fulfilled the standards for the Pulitzer Prize.



## Have you read...?

### Journey Not Chosen... Destination Not Known: Living with Bipolar

By Mary Worthen  
Published in 2001; \$9.95 paperback

This new little book has been highly recommended for persons who are afflicted with bipolar disorder and their families.

### Understanding Depression

By Raymond De Paulo  
Published in 2002; \$24.95

This book, by a national authority on depression, tells the reader how to recognize depression. It also describes the full range of proven therapies. Case stories from Dr. De Paulo's files at Johns Hopkins are included.



## On the Web

[www.sanonymous.org](http://www.sanonymous.org)

This is the site for "Schizophrenics Anonymous" and the National Schizophrenia Foundation. SA was started in Detroit in 1985, and there are now 140 SA groups throughout the United States. The groups function somewhat like Alcoholics Anonymous and offer a self-help support network for consumers. On the SA site there are instructions for beginning a group.

**Anyone wishing to make a  
memorial contribution to  
NAMI-Blue Ridge Family  
Alliance should send the  
check to:**

**NAMI-BRFA  
1863 Winston Road  
Charlottesville, VA 22903**



## Family Involvement in the Treatment Process

*By Valerie Marsh,  
Executive Director, NAMI Virginia*

Ever since I started at NAMI eight years ago, CSBs and hospitals have always complained that there are so many consumers who are abandoned by their family members, and that there is nobody to make decisions or look out for them EXCEPT the Mental Health professionals. I'd like to see the numbers, personally.

I think many times, not always, when they say this it means nobody really TRIED to work with the family. Mental Health professionals have an obligation to try to help the person in any way possible. If they aren't trying to draw the family in as part of the treatment team, they aren't doing their job.

We always thought family members were gold when I worked with the homeless mentally ill. Those who had family members were the ones least likely to come BACK to us homeless again.

The family might be alienated in the beginning, and not understand the illness, or have resentful feelings about past events because they didn't know how to separate the illness from the person or how to get help... but we always coached them, helped them understand, accept, and helped them find new ways of supporting their relative, even if they still did not want the person to live with them. We worked with them, over an extended period of time. It is slow going to get people to accept a situation that has caused them tremendous pain for so many years. You have to give it time and try repeatedly.

We treated the family members as the "secondary consumers" that they were. That's what families are supposed to be considered, even in federal government language—secondary consumers. MH professionals have an OBLIGATION to try to work with family members, and have an OBLIGATION to try to make sure the person's support system is as stable, as knowledgeable, and as tuned in to the treatment plan as possible. They need the support system to buy in, if the person is going to remain stable. Family members should not be buffeted away, unless you can really prove they are harmful to the consumer.

What is also interesting to me is that "family" doesn't necessarily mean the biological family members. We've worked with people who have others in their lives who support them and care about them - not blood relatives, but they might as well be. If biological family members will not step up to the plate, even if approached many times over, it is part of the MH system's job to help create a new family/support system.

A person with mental illness cannot make it in this world alone! Or by going to see a doctor/case manager once a month, or even by going to a clubhouse a few hours a day... Like the rest of us, consumers need caring people in their

lives. And it is the MH professional's responsibility to try to facilitate that, NOT alienate it or prevent it.

There is a place in the Code that says that if persons are CARETAKERS, they should be given specific information that helps them in their role—I can think of examples like what medication the person is on, how often it is administered, what the side effects are, what to look for in terms of problems, how often they should see the doc, what to do if things start to fall apart... if a relative is essentially acting as a HOSPITAL staff in many ways, treat them that way. You don't have to violate confidentiality by giving info that the caretaker needs.

The entire MH system should have as its routine intake and yearly update system the opportunity for consumers to sign releases for their family members to be able to talk to docs and case workers, etc., PLUS to give authorization for the CSB to give the names of their "family/support" members to either the CSB staff or directly to the local NAMI, so family members get to know about local family education or support groups. It would be so simple, so easy, and it is so silly that this was not done years ago.



### **Virginia General Assembly Creates New Independent Office for Protection and Advocacy**

On April 11, Governor John Warner signed a bill creating the new Virginia Office for Protection and Advocacy (VOPA). This legislation removes DRVD from the executive branch of government and re-establishes it as an independent state agency. An eleven-member governing Board will hire the Director of the agency and supervise the agency's overall operations. This new law ensures that Virginia's protection and advocacy system will be able to pursue its legal and investigative activities without being subject to potential undue influence from the executive branch of state government. The new Virginia Office for Protection and Advocacy will receive and act upon complaints, provide advocacy and legal services, investigate allegations or reports of abuse or neglect, and carry out systemic monitoring and other activities designed to improve the systems of services for people with disabilities

Also on April 11, Governor Warner signed three other bills relating to mental health, including the bill that limits the time 'Not Guilty by Reason of Insanity' misdemeanants are confined in a state hospital. NAMI Virginia has vigorously lobbied for all these reforms for many years, and this year their efforts were successful. Val Marsh and staff deserve a vote of thanks from all of our members.

## From the National Institute of Mental Health

### Mental Disorders In America

Mental disorders are common in the United States and internationally. An estimated 22.1 percent of Americans ages 18 and older — about 1 in 5 adults — suffer from a diagnosable mental disorder in a given year. When applied to the 1998 U.S. Census residential population estimate, this figure translates to 44.3 million people. In addition, 4 of the 10 leading causes of disability in the U.S. and other developed countries are mental disorders—major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder. Many people suffer from more than one mental disorder at a given time.

In the U.S., mental disorders are diagnosed based on the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV)*.

The full report gives statistic on all diagnosed varieties of mental illness. The following are statistics for the only serious and chronic mental illnesses that are the main concern of NAMI:

#### Depressive Disorders

Depressive disorders encompass major depressive disorder, dysthymic disorder, and bipolar disorder. Bipolar disorder is included because people with this illness have depressive episodes as well as manic episodes.

- Approximately 18.8 million American adults, or about 9.5 percent of the U.S. population age 18 and older in a given year, have a depressive disorder.
- Nearly twice as many women (12.0 percent) as men (6.6 percent) are affected by a depressive disorder each year. These figures translate to 12.4 million women and 6.4 million men in the U.S.
- Depressive disorders may be appearing earlier in life in people born in recent decades compared to the past.
- Depressive disorders often co-occur with anxiety disorders and substance abuse.

#### Major Depressive Disorder

- Major depressive disorder is the leading cause of disability in the U.S. and established market economies worldwide.
- Major depressive disorder affects approximately 9.9 million American adults, or about 5.0

percent of the U.S. population age 18 and older in a given year.

- Nearly twice as many women (6.5 percent) as men (3.3 percent) suffer from major depressive disorder each year. These figures translate to 6.7 million women and 3.2 million men.
- While major depressive disorder can develop at any age, the average age at onset is the mid-20s.

#### Bipolar Disorder

- Bipolar disorder affects approximately 2.3 million American adults, or about 1.2 percent of the U.S. population age 18 and older in a given year.
- Men and women are equally likely to develop bipolar disorder.
- The average age at onset for a first manic episode is the early 20s.

#### Suicide

- In 1997, 30,535 people died from suicide in the U.S.
- More than 90 percent of people who kill themselves have a diagnosable mental disorder, commonly a depressive disorder or a substance abuse disorder.
- The highest suicide rates in the U.S. are found in white men over age 85.
- The suicide rate in young people increased dramatically over the last few decades. In 1997, suicide was the 3rd leading cause of death among 15 to 24 year olds.
- Four times as many men than women commit suicide; however, women attempt suicide 2-3 times as often as men.

#### Schizophrenia

- Approximately 2.2 million American adults, or about 1.1 percent of the population age 18 and older in a given year, have schizophrenia.
- Schizophrenia affects men and women with equal frequency.
- Schizophrenia often first appears earlier in men, usually in their late teens or early 20s, than in women, who are generally affected in their 20s or early 30s.

For information about NIMH and its programs, please email [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov) or phone (301) 443-4513.