



NAMI-Blue Ridge Family Alliance Newsletter December 2003

Upcoming Meetings

Informal Support Group Meetings:

(5:30pm – 6:30pm)

**December 4, December 18, January 8,
February 5, and March 4**

Speaker Meetings:

(5:30pm – 7:00pm)

January 15: Conscious Caring (How Caregivers Can Care for Themselves Mindfully)

Through time-tested mindfulness practices, caregivers can transform the stresses of caring into a journey toward heightened self-awareness. Susan Stone, educator and author, will explain and demonstrate some of these methods with a view to enabling participating caregivers to more deeply honor their own needs.

February 19: Blue Ridge Clubhouse

(Rescheduled from a previous date because of weather)

Evadne Deeds, Director of Blue Ridge House, will describe the clubhouse programs and will tell us about the invaluable support given by Friends of Blue Ridge House.

**Please mark your calendars and
plan to attend the meetings.**

**Meetings are held in the Board Room of the
Region Ten Building, 800 Preston Avenue.
Visitors are welcome.**



Register by December 31, 2003 for a 30% discount

President's Message

NAMI-BRFA is losing two valued members this year, and it is with regret that we bid them a fond goodbye – for now, anyway, as I am sure they will be visiting us whenever they can in the future. Irene Rebholz has been a member since moving to Charlottesville years ago. She has served as our President, Vice President, and Secretary, and she has also managed to organize monthly support group meetings in Fluvanna County, where she lived. This enabled several people who otherwise could not make the drive into Charlottesville to gather for support and education about mental illness. For the past six years Irene has represented Fluvanna on the Board of Region Ten, and she has kept the supervisors informed and educated about Region Ten's activities. She has served on the Executive Committee, and her fellow Board members describe her as being a superb Board member who is very loyal and dedicated. Irene is now moving to Harrisonburg – it is our loss, but the good luck of the NAMI affiliate in that area to have her as a new member.

Jim Peterson, Executive Director of Region Ten Community Service Board for twenty years, has offered his resignation effective next year. When he arrived at Region Ten it was much smaller, and under his influence and guidance it has grown enormously. Devoted to client care, Jim has hired an excellent staff, expanded the programs offered at Region Ten, expanded the residential program, and strengthened the entire organization. Blue Ridge Family Alliance was just a fledgling group of family members about the same time that Jim assumed his position at Region Ten, and he has been supportive of our activities all along as he responded to community needs. Board members describe him as an energetic and enthusiastic Director who will be missed by all who have worked with him and volunteered beside him throughout the years.

At the Board meeting last week two members volunteered to fill the positions left vacant by Irene's resignation. Mike Kelley has become the new Vice President and will be in charge of organizing the speaker meetings. I know he would appreciate any suggestions you may have. Irene Hagerty has become the new Secretary, and I know she is going to keep us all organized. Thanks to both of them for volunteering.

I would like to draw your attention to the meeting schedule, which is slightly different for December and January, due to the holidays. In February we will return to the usual schedule, as noted. A quick reminder – our meetings are also canceled if inclement weather has canceled schools that day. I look forward to seeing you at the meetings.

Sally Rinehart

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OFFICERS

SALLY RINEHART
PRESIDENT

MICHAEL KELLEY
VICE PRESIDENT

IRENE HAGERTY
SECRETARY

JAMES SCOTT
TREASURER

Treasurer Jim Scott's new address is:
250 Pantops Mountain Rd., Apt. 5323
Charlottesville, VA 22911

BOARD MEMBERS

Julie Curry
Virginia Germino
Margaret Grove
Irene Hagerty
Patricia Hanson
Michael Kelley
Ruth Mawyer
Pat Passalacqua
Sally Rinehart
Shelah Scott
James Scott
Millie Shor (honorary member)
Edie Wright

NEWSLETTER

Editor: Pat Passalacqua
Circulation: James and Shelah Scott

Newsletter Information:
This newsletter is published quarterly.
Persons wishing to contribute an original
article are asked to contact the editor.

WORLD WIDE WEB

(Monticello Avenue site)
<http://avenue.org/brfa>

(Charlottesville Community Calendar
Family Alliance meetings information)
www.chvillecalendar.com

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The following is a list of books that have been given to the Jefferson-Madison Regional Library by NAMI Blue Ridge Family Alliance. When catalogued, they will be placed on the shelves at the Central Library on Market Street and will be available for use by any visitor to the Library. Duplicates will be sent to other branches.

Hardcover

9 Highland Road, Sane Living for the Mentally Ill by Michael Winerip
Breaking Points by Jack & JoAnn Hinckley
The Broken Brain by Nancy Andreason
The Burden of Sympathy, How Families Cope With Mental Illness
by David Karp
The Caring Family, Living With Chronic Mental Illness
by Bernheim, Lewine & Beale
Conquering Schizophrenia by Peter Wyden
The Day the Voices Stopped by Ken Steele
Helping Someone With Mental Illness by Rosalyn Carter
Hidden Victims by Julie Johnson
Imagining Robert, My Brother, Madness, and Survival
by Jay Neugeboren
Life After Loss, the Lessons of Grief
by Vlamik Volkan & Elizabeth Zintl
Listening to Prozac by Peter Cramer
Private Terror/ Public Life, Psychosis & the Politics of Community
by James Glass
Psychoanalysis, the Impossible Profession by Janet Malcolm
The Quiet Room by Lori Schiller & Amanda Bennett
Unholy Ghost, Writers on Depression by Nell Casey

Paperbacks

Anatomy of an Illness by Norman Cousins
Call Me Anna, the Autobiography of Patty Duke
A Family Affair based on letters to Abigail Van Beuren
Fountain House, Portraits of Lives Reclaimed from Mental Illness
by Flanagan & Glickman
From Sad to Glad by Nathan Kline
Girl, Interrupted by Susanna Kaysen
Schizophrenia Genesis, The Origin of Madness by Irving Gottesman
Sights Unseen by Kay Gibbons
Tell Me I'm Here by Anne Deveson

Tape

Voices of an Illness, Schizophrenia, narrated by Jason Robards

(Thanks to Shelah Scott for making these arrangements with the Library.)

New Maryland Emergency Evaluation Law in Effect October 1, 2003 (from [NAMI MD's website](#))

Do you know a family who has been living in a nightmare unable to get an emergency evaluation for a loved one who doesn't recognize he needs psychiatric treatment? Has someone you know been forced by our old law to stand by helplessly, while their relative endangered himself by not eating or not taking needed medications for other serious medical conditions? Have you been forced to make the choice between living in fear for your own safety and evicting your loved one to homelessness because she did not meet the criteria for emergency evaluation? NAMI MD heard the calls for help and worked for two years to get the law changed.

As of Oct. 1, 2003, the new involuntary emergency evaluation law goes into effect. This law was proposed by NAMI MD, and supported by Maryland Psychiatric Society, and many others. The purpose of the new law is to help enable timely evaluation and treatment and prevent tragedies such as suicide, violence, homelessness, victimization, and criminalization.

Maryland law remains the same in that a physician, psychologist, licensed clinical social worker, licensed clinical professional counselor, health officer or designee of a health officer, or a law enforcement officer may petition for an emergency evaluation without judicial review. The health professionals must have examined the individual, however there is no time frame specified for the exam relative to the filing of the petition. The petition of a lay person must be approved by a judge prior to law enforcement action. With a petition, peace officers transport the individual to an emergency room for evaluation by a physician to determine if psychiatric or medical services are required. The petitioner must have reason to believe that the individual has a mental disorder.

There are several areas of change. The new statute broadens the petition standard for dangerousness. Clear and imminent danger of bodily harm is no longer required. The new law now requires that the individual **presents a danger to the life or safety of the individual or of others**. This matches exactly the dangerousness standard for involuntary hospital commitment law in use for many years. Dangerous acts as well as passive dangerousness brought about by lack of action are included under this standard. According to Dr. Jeffrey Janofsky of Johns Hopkins University, "That definition has been broadly interpreted by Administrative Law Judges and includes threats of violence, inability to care for self or maintain activities of daily living. Proving dangerousness under this definition does not require that overt acts of dangerousness be observed or alleged."

The new law also clarifies that peace officers need only observe the individual that they petition, not the dangerous behavior. Both law enforcement officers and designated medical professions may base their petition on "other information obtained that is pertinent to the factors giving rise to the petition." For example, this could include credible family reports of behavior or history of serious psychiatric disorders, and property that had been destroyed.

When asked to comment on the new law in Maryland, Val Marsh, Executive Director of NAMI VA, replied:

1) In Virginia, doctors and private clinicians do NOT have the authority to initiate a temporary detention order... it can only be done by emergency service staff of a CSB. I know of no other state in the country where doctors cannot hospitalize their own patients... it makes no sense. The law was changed in 1995, based on what I consider to be a flawed study.

2) Virginia does have an ECO law, which allows law enforcement officials to make determinations about whether or not someone should be picked up for evaluation for a TDO. Cops may pick up someone for up to 4 hours to be evaluated by a crisis team. We have discovered that too many communities rely solely on this method as a way to get someone evaluated. I think it is unfair to sheriffs and the police, insulting to doctors and private clinicians, and allows CSBs to keep their crisis staff from doing the outreach that I think is essential to offer any community. Even though emergency services are the only mandated service by law in Virginia, CSBs still don't receive enough money to offer it adequately.

Frankly, I have a difficult time believing in the clinical assessment skills of law enforcement officials over trained MH professionals... Having armed law enforcement officials show up at your door increases the likelihood, in my experience, of severely ill people getting scared enough to "pull it together" and not seem ill for a short period of time. Further, law enforcement officials do not have the incentive to actually pick someone up and take them in to a CSB evaluation team... they are charged not only with the assessment and transport, but also must be responsible for the person until and unless they are specifically relieved of that responsibility. In their eyes it is viewed as "babysitting," and eats up many hours of law enforcement time inappropriately.

(Val Marsh: continued from previous page)

3) I think the issues of commitment statutes and the seemingly high degree of dangerousness required for hospitalization have been huge issues for families for decades. Much has been written about it in the literature over the years... and consumer advocates, the ACLU, etc. have all been vilified for allegedly crafting laws that allow ill people to stay free and dangerous, while families are helpless. All kinds of suggestions have been made over the years about creating model "gravely ill" statutes, or loosening the criteria for dangerousness.

But it doesn't matter how well worded your law is. If there is not enough money in the system to pay for adequate hospital beds, the bar is raised so people mysteriously don't meet the standard needed for TDOs and/or commitment. It's all about money. Laws are a smoke screen for the lack of money. CSBs are trained to just say no. For years, they have been penalized in various ways by DMHMRSAS (financially, especially) for taking up too many beds in state hospitals.

4) What is most galling to me is that everybody is still focusing on hospitalization, splitting hairs about whether or not somebody should get in, when we should all be talking about **preventing the need for it**. Why do we have a system that is set up to force consumers and their families to wait until they are sick enough to "deserve" a precious bed? I don't get that. Inpatient care is the most expensive care in any MH system; however, community treatment works 60-85% of the time... an amazing record. But treatment only works if you can get it, and we can't get enough of it in Virginia. Our elected officials do not believe in investing enough money in the system for community treatment. Consumers and their family members are literally not worth the money, and meanwhile, more and more consumers are going to jail. I am outraged.

There are over 300,000 people in Virginia with mental illnesses each year. The CSBs only serve about 40,000 adults and 12,000 children in the community - about 17% of the total. I think that is shameful. We are looking at the wrong end of the telescope, if we spend too much time on hospitals... we need community care that involves lots of outreach, lots of cognitive behavioral therapy, lots of psychosocial rehab, lots of levels of housing and employment... lots of choice and lots of hope. Sure, people need to get in the hospital. Too many are denied getting in who need help, who are unable to take care of themselves, and who are in fact dangerous... but don't be fooled that it is because of a bad law. It's always the money.

(Please see the updated NAMI VA web site (<http://www.namivirginia.org/>) for a further discussion of this issue.)

NAMI Virginia Membership Application Form

I (We) wish to join ____ or renew membership ____:

- ____ Individual/Family \$35
- ____ Professional \$35
- ____ Open Door Members (for persons with limited income) \$3
- ____ Church/Synagogue/Civic Group \$50

I wish to support NAMI's work to improve the quality of life for people with serious mental illnesses.
I have enclosed my tax-deductible donation of \$_____.

Total dues and contribution: \$_____

Name_____

Address_____ City_____ ST_____ Zip_____

Telephone (optional)_____

Please make checks payable to NAMI-VA and mail to P.O. Box 1903, Richmond, VA 23218.

A portion of your dues will be forwarded to NAMI and to the local affiliate nearest your address.