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*A Publication of
NAMI Wisconsin
— the State's Voice
on Mental Illness*

Subscription \$10.00

November / December 2010 Volume 25 Issue 6

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"Gains we have achieved are not immune from political and economic pressures that afflict us all. So, as we tighten our belts, let's fasten them, too. We've faced turbulence before."

— Sandy Hall, NAMI Wisconsin Board of Directors Co-President

"[The presentation] was extremely moving and told with both grace and style, inspirational."

— In Our Own Voice presentation audience comment

Consider making a generous gift today.



The 2011 NAMI National Convention will be held in Chicago July 6th through 9th. The convention will feature:

- Top-notch researchers and clinicians providing information and tools to advance and sustain recovery from mental illness.
- The country's keenest minds and savviest policymakers offering strategies and tactics to effectively advocate for changing the mental health system in our nation.
- Abundant networking opportunities so we can learn from each other on how to make change on the local level.
- Inspiration, innovation and an exhilarating four days in one of America's great cities.

NAMI National is offering a "First on Board" early registration rate of \$185 for those who register for the convention by December 31. Hotel rates at the Chicago Hilton—on Chicago's Magnificent Mile—are \$149 per night (plus tax) for a double or single room. Call toll free—(877) 865-5320—to make your reservation by June 1, 2011 to receive the reduced hotel rates.

NAMI Wisconsin members are encouraged to consider attending the convention. More information about the convention may be found at www.nami.org/convention.

What Do These Election Results Mean For People Affected By Mental Illness?

by Andrew Sperling, Director of Legislative Advocacy, NAMI National

While the political pundits and partisan spin-meisters are still busy on television and on-line analyzing the 2010 election results, a few certainties are starting to emerge regarding how the repercussions of this may play out in 2011 and beyond for people living with mental illness and their families. While the impact is far from certain, we can predict with some precision what the shift of partisan control in Congress will mean—both in terms of the Republicans taking over the House and the Democratic majority in the Senate being significantly reduced.

A few things we anticipate include:

Discretionary Spending Will Remain Flat in 2011 and 2012

At minimum, the Obama Administration is expected to come forward with a flat budget proposal for fiscal year 2012 in February—with exceptions made for defense and veterans. The new House Republican majority is likely to go even further and seek to cut domestic discretionary programs back to fiscal year 2008 levels. This could mean as much as a seven percent reduction for mental illness research at the National Institute of Mental Health—from \$1.541 billion, down to \$1.405 billion—ASSUMING the President relents and accepts cuts of this level to domestic spending.

The Increase in Federal Medicaid Payments (FMAP) Will Not Be Extended

In light of revenue shortfalls in almost all of the states, the federal government provided a temporary increase in the Federal share of

Medicaid spending which was scheduled to end on December 31, 2010 and extended until June 30, 2011, albeit at a reduced rate. The combination of concern over federal spending with the changes in Congress would suggest that chances of extending this federal support to states is unlikely to be happen again. Not a single House Republican voted for the higher FMAP last summer, so there is little expectation that the new majority would be supportive of extending higher FMAP any further in 2011.

It Will be Difficult to Repeal Healthcare Reform

The political realities of repealing a law make this scenario very unlikely, principally because of President Obama's veto power. Another complication is that some parts of health care reform already in effect are pretty popular. Among them are provisions forcing insurers to cover children with pre-existing conditions and allowing parents to keep kids up to age 26 on their policies. That's why you hear so many pundits asserting that any potential rollbacks would be more piecemeal rather than a full-scale discard.

While we will likely see many proposals related to changing the healthcare reform law, most concerning for NAMI and people with mental illness will be efforts to scale back or delay the Medicaid expansion scheduled for 2014. As noted above, federal discretionary funding will not be growing and additional federal Medicaid assistance is

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NAMI Wisconsin County Affiliates

Barron	(715) 736-0089
Brown	(920) 430-7460
Chequamegon Bay (Ashland, Bayfield)	(715) 274-8403
Dane	(608) 249-7188
Dodge	(920) 344-8733
Door	(920) 743-6162
Fond du Lac	(920) 922-6865
Fox Valley (Outagamie, Calumet, Waupaca, Winnebago)	(920) 954-1550
Green	(608) 329-6211
Iron	(715) 476-2172
Kenosha	(262) 605-9038
La Crosse	(608) 784-7532
Manitowoc	(920) 682-7025
Marinette (WI) and Menominee (MI)	(906) 864-1933
Milwaukee	(414) 344-0447
Northwoods (Marathon, Lincoln, Langlade)	(715) 298-2802
Oshkosh (Winnebago)	(920) 651-1148
Ozaukee	(262) 243-3627
Portage/Wood	(715) 592-4522
Racine	(262) 637-0582
Richland	(608) 647-4191
Rock	(608) 879-9224
Sheboygan	(920) 803-6193
South Central (Sauk, Columbia)	(608) 768-5375
Southwest Wisconsin (Grant, Iowa, Crawford)	(608) 348-6136
St. Croix Valley (St. Croix, Pierce)	(715) 307-0355
UW Madison	(608) 268-6000
Vernon	(608) 637-8143
Walworth	(262) 495-2439
Washington	(262) 338-2393
Waukesha	(262) 524-8886
Wishigan (Florence, WI, Dickinson, MI)	(906) 542-7219

Executive Director's Corner

by Lannia Syren, NAMI Wisconsin Executive Director

2011 will bring new challenges to NAMI Wisconsin and our affiliates. Regardless of your political leanings, the winds of change will likely impact those affected by mental illness negatively. Two key points Andrew Sperling of NAMI National recently raised are in the forefront of my mind.



Lannia Syren, Executive Director

First, discretionary spending is expected to remain flat in 2011 and 2012, with the exception of spending for defense and veterans. Given the softening of military withdrawal deadlines, the current war expenses will continue to weigh heavily on the economy. Cuts to mental health research are possible.

Second, it is highly unlikely for the increase in Federal Medicaid Payments (FMAP) to be extended. For those of you who helped us contact legislators back in June, you know it was a struggle to extend the temporary increase from December 31 of this year to June 30 of 2011. In the absence of extended higher FMAP, Medicaid funding will be at risk.

As always, NAMI Wisconsin is reviewing our plan of action. We know that NAMI signature programs provide critical education and that the knowledge and skills imparted by these programs can help lift the family burden. However, we have to ask, are our consumers and family members gaining the information and support they need to ask the right questions and advocate for improved

services and mental health funding in their communities? What can we do to increase individual advocacy among our members?

We face a variety of challenges in this task. Limited funding, a small staff and the stigma surrounding mental illness make it difficult for NAMI to effectively grow. A great deal of our outreach is conducted through word-of-mouth and, because we don't always tell people we are part of this great organization, it can take a long time to raise awareness. Here are some important steps you can take today to support the efforts of NAMI Wisconsin:

Renew your NAMI membership. Membership funds support NAMI at the local, state and national levels. The size of our membership also determines our public impact.

Consider making a year-end gift to NAMI Wisconsin. You may also donate through your workplace giving campaign or the Combined Federal Campaign. Through Community Health Charities or the Combined Federal Campaign you can designate NAMI Wisconsin as your charity of choice and support our efforts.

Tell your story. Hearing someone's personal experience is often the most powerful and effective tool to educate our community, decision-makers, researchers and others about mental illness issues and NAMI.

Ask questions, educate yourself and be visible. Attend board meetings in your county, read and respond to related internet forums and write letters to the editor. Ensure that mental health is on the radar in your community. 🌱

The mission of NAMI Wisconsin is to improve the quality of life of people affected by mental illnesses and to promote recovery.

NAMI Wisconsin will accomplish its mission through the following:

- Establishing local Affiliates in keeping with NAMI National's principles and guidelines.
- Supporting Affiliates by providing follow-up advice and counsel, educational and training programs and materials, access to financial resources as appropriate, conferences, seminars, and presentations.
- Advocating at all levels of government and throughout the public sector.
- Promoting public education and understanding of mental illnesses.

Belts — Tightening And Fastening

by Sandra Hall, NAMI Wisconsin Co-President

Campaign 2010, which seemed endless, has finally concluded.

As a non-profit, NAMI Wisconsin must remain non-partisan. But even if it weren't, this wouldn't be a partisan commentary. That's because the challenges facing our state and national leaders—including those of greatest importance to NAMI Wisconsin—would be there regardless of the election's outcome.

At the federal level, there is a collective recognition that we cannot continue living beyond our means, that we must restrain our spending and/or generate additional revenues. And many go further and assert that, in a period of economic stagnation, raising tax rates is counter-productive. Those messages seemed to resonate with many voters.

At the state level, the July 2011 to June 2013 biennial budget is expected to have a structural deficit—a revenue shortfall even if expenses hold steady—of at least \$2.5 billion and probably much more. What can be done?

We hear a lot these days about how we'll have to reduce our expenditures on things that aren't absolutely essential. The common metaphor is that we'll have to "tighten our belts." To that metaphor I suggest we add another: "Fasten your seatbelts." As the airline pilots sometimes say, "We could encounter some turbulence."

Because we live in Wisconsin, where social services are delivered by counties, we have to worry about changes locally as well as at the state and federal levels. Counties budget annually, with fiscal years that match calendar years. They're finalizing their 2011 budgets right now. The problem for counties is that they pretty well know how much social services funding they'll receive from the state for the first half of 2011. But the state's 2011-2013 budget might produce some unwelcome surprises for the second half, forcing some counties to cut back on some disability services mid-way through the year. And some might be budgeting conservatively right now, because they anticipate reductions at the state level. Counties must hear from us that for many of their residents, mental

health services are essential.

To the extent that any state programs rely on state revenues (as opposed to pass-throughs of federal funds), those programs will almost certainly get a hard look by the state legislature. State funding for mental health services will not be an exception. Some programs, like basic Medicaid funding, should be OK. But there might be changes in Medicaid waiver programs or in funding that the state sends to counties for the range of social services. Our state legislators—many of whom are new—must hear that Wisconsin can't afford mental health service cuts.

The intense focus on federal spending makes it clear that items of "discretionary" spending in the federal budget will also receive close scrutiny. This won't necessarily happen in fiscal year 2011 (which began on October 1), but fiscal year 2012 is a different story. And cuts at the federal level—e.g. in the Community Mental Health Block Grant—will affect the state and counties. Wisconsin's congressional delegation—with three new members—must hear that, for individuals and families living with serious mental illness, services are not "discretionary."

And consider this: We finally have mental health insurance coverage parity under both state and federal law. We heard much about health care reform in the 2010 campaign, not about parity. But, especially in Wisconsin, parity could be in jeopardy.

Parity passed the State Senate and the Assembly by wide margins. But of the 20 senators who voted for it, only 14 will be in the Senate in January. Eleven of the 13 who voted "Nay" will remain, joined by two who did so in the Assembly. Fifty-seven Assembly representatives voted "Yea"; 36 of them will remain. Thirty-three of the 40 "Nay" votes will remain.

All of this is a reminder that we cannot, we must not, rest. Gains we have achieved are not immune from political and economic pressures that afflict us all. So, as we tighten our belts, let's fasten them too. We've faced turbulence before. 🌱

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Which Medicines And When? The Collaborative Process of Finding the Right Medicines

by Claudia L. Reardon, M.D. Psychiatrist and Assistant Professor, UW Hospital and Clinics

Many consumers have long and trying journeys on the way to finding medication regimens that work for their particular sets of psychiatric symptoms. It isn't always obvious why psychiatrists choose certain medications and avoid others for given consumers. Thus, in this article I will review the process by which a physician chooses a psychiatric medication for a consumer. The more the consumer knows about how the psychiatrist is thinking through the medication decision-making, the more active a role that consumer can play in the process.

Psychiatrists consider the following issues when prescribing a medication:

Target symptoms: A consumer might have many different symptoms, for example, depressed mood, anxiety, trouble with concentration, and severe insomnia. It is important to decide which symptoms should be addressed first, since it is likely that one single medicine will not help all of the symptoms. Doctors often prefer not to start multiple medications at the same time, as it can be difficult to figure out which medicine is helping or which is causing side effects. Thus, in a consumer with all of the above symptoms, the physician might first choose to address the consumer's depressed mood with an antidepressant. Since trouble with concentration and severe insomnia could be caused by depression, it is possible that treatment with an antidepressant will help those symptoms

as well. It is important to address the symptoms in the order that makes the most sense.

Psychiatric diagnosis: The physician cannot simply treat a target symptom with a medication without knowing the overall psychiatric diagnosis. For example, depressed mood could be due to many different diagnoses, including major depressive disorder, bipolar disorder, schizoaffective disorder, drug or alcohol abuse, or medical problems such as low thyroid. Each of these would have different treatments. Major depressive disorder would be treated with antidepressants, while antidepressants can actually sometimes worsen bipolar disorder. Likewise, if a consumer's depression is caused by a medical problem, it is essential that the medical problem be addressed rather than simply "band-aiding" the symptom of depression with an antidepressant.

Medical conditions and other medications: It is critical that the physician know consumers' medical problems and the other medications they are taking. Certain psychiatric medications would be dangerous if prescribed to consumers with certain medical problems. For example, some medications can worsen seizure disorders, cause abnormal heart rhythms, or worsen diabetes. Additionally, some psychiatric medications can have dangerous interactions with other medications.

Side effects: Psychiatrists must consider how a given medication's side effects will

impact a given consumer. For example, a consumer who drives heavy machinery for a living should probably not take a medication that causes drowsiness. On the other hand, sometimes physicians can "take advantage" of side effects. For example, if a consumer is sleeping and eating poorly, the doctor might prescribe a medication with sleepiness and increased appetite as side effects.

History of response: If a consumer or his or her family member has had a good response to a medication in the past, that might be a good reason to choose that medicine now.

Consumer preferences: Finally, and most importantly, the physician must make sure that the consumer is willing and able to take the medication being prescribed. If the consumer feels that the side effects are intolerable, or simply cannot afford it, it doesn't matter how reasonable the choice of medication might be since the consumer will not take it. The physician should check with consumers to ensure they are okay with the medication being prescribed. Likewise, consumers should not hesitate to speak up if they have concerns about a medication being prescribed for them.

In summary, physicians consider a multitude of factors in choosing a psychiatric medication for a consumer. Ultimately, the decision about a medication should be a collaborative one between the psychiatrist and the consumer. 🌿

Light Therapy May Alleviate S.A.D. Symptoms

If you notice periods of depression that seem to accompany seasonal changes during the year, you may suffer from seasonal affective disorder (SAD). This condition is characterized by recurrent episodes of depression—usually in late fall and winter—alternating with periods of normal or high mood the rest of the year.

Symptoms of winter SAD usually begin in

October or November and subside in March or April. Some patients begin to slump as early as August, while others remain well until January. Regardless of the time of onset, most patients don't feel fully back to normal until early May. Depressions are usually mild to moderate, but they can be severe. The usual characteristics of recurrent winter depression include oversleeping, daytime

fatigue, carbohydrate craving and weight gain, although a patient does not necessarily show these symptoms. Additionally, there are the usual features of depression, especially decreased sexual interest, lethargy, hopelessness, suicidal thoughts, lack of interest in normal activities, and social withdrawal.

Light therapy is now considered the first-line

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2011 Annual Conference — “Recovering Together: Growing Our Grassroots”

by Lannia Syren

NAMI Wisconsin and conference co-hosts, NAMI Waukesha and NAMI Greater Milwaukee, invite you to attend the 2011 Annual Conference, scheduled for April 15-16 at the beautiful Hilton Milwaukee City Center.

The NAMI Wisconsin Annual Conference brings together 400 family members, mental health consumers and professionals from throughout the state. Those who attend our conference are the Wisconsin citizens responsible for securing or recommending mental health services, products, and information for themselves, loved ones and clients diagnosed with serious mental illnesses. We know that to meet this responsibility, you need the latest information on treatment options, coping strategies, support services and wellness.

The conference committee and Consumer Council are currently working to secure top-notch keynote speakers. Anticipated conference topics include: Ask the Doctor sessions on a wide variety of mental illnesses, Crisis Intervention Team and Partners, Navigating the Insurance Waters, Stress Reduction,

Raising a Child with Mental Illness and the Impact of Diversity and Double Stigma, among others. A total of 35 sessions will be offered.

The NAMI Wisconsin Consumer Council will again be hosting a Leadership Summit prior



The Hilton Milwaukee City Center

to the conference. The summit will be held on Thursday, April 14th. Pre-registration will be required and conference scholarship applications for consumers will be available at namiwisconsin.org or through the NAMI office on January 28, 2011. A limited number

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treatment intervention, and if properly dosed can produce relief within days. Antidepressants may also help, and if necessary can be used in conjunction with light. Bright white fluorescent light has been shown to reverse the winter depressive symptoms of SAD. Studies show between 50% and 80% of users showing essentially complete remission of symptoms, although the treatment needs to continue throughout the difficult season in order to maintain this benefit. Side effects of light therapy are uncommon. Some patients complain of irritability, eyestrain, headaches, or nausea. There is no evidence for long-term adverse effects, however, and disturbances experienced during the first few exposures often disappear spontaneously.

If symptoms are mild, you may want to try light therapy as described above or experiment with adjusting the light in your surroundings with bright lamps and scheduling more time outdoors in winter. If your depressive symptoms are severe enough to significantly affect your daily living, consult a mental health professional qualified to treat SAD. 🌿

Reviewed by Michael Terman, Ph.D., Director, Winter Depression Program, New York State Psychiatric Institute at Columbia University Medical Center. New York City (February, 2004).

Reprinted from NAMI National: www.nami.org.

See also: the Personalized Inventory For Depression and SAD at www.cet.org

of scholarships are available and NAMI Wisconsin is currently accepting donations in support of our scholarship fund.

We are particularly excited to be hosting the conference in Milwaukee. In addition to the convenience of free ramp parking and a discounted rate on the Hilton's indoor waterpark, the Hilton Milwaukee City Center hotel is just steps from many local attractions. Nearby you will find the Milwaukee lakefront, Henry Meir Festival Grounds, Bradley Center Sports Complex, the Milwaukee Theatre and the famous Shops at Grand Avenue with its collection of 170 shops in historic Wisconsin buildings. Attendees may also want to check out the Milwaukee Public Museum and Harley-Davidson Museum, which are both open on the Sunday following the conference.

Keep an eye on *The Iris* and our website, namiwisconsin.org, for more conference details, exhibitor opportunities, scholarship applications and event registration information. We hope you will join us to make the 2011 NAMI Wisconsin Conference bigger and better than ever. 🌿

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unlikely. The consequences of these actions will put further pressure on state and county budgets, further eroding resources for publicly funded mental health services which are critical for many people who live with mental illness. 🌿

Re-printed from NAMI Blog Posted: Thursday, November 4, 2010

Diversity Inclusion Committee Meets to Formulate Next Steps for Outreach in Wisconsin

by Vaunceil Kruse

The NAMI Wisconsin Diversity Inclusion Committee met at the NAMI Greater Milwaukee offices on Saturday, October 16. Brenda Wesley of NAMI Greater Milwaukee called the meeting to order with committee members Misty Barnhill, Donna Bryant, Rochelle Crowell, Pat Evers, Terry Findley, Vaunceil Kruse, Janet Malcolm, Lacsia Mason, Adriana Rodriguez, and Lannia Syren present.

Lannia Syren opened the meeting with a call for NAMI Wisconsin 2011 Annual Conference workshop ideas. She also gave the group an update on the NAMI Wisconsin Strategic Plan as the plan pertains to the goal of diversity. The goal, entered into a NAMI Wisconsin Board of Directors planning session on September 11, includes: continuing efforts to develop diverse outreach opportunities;

working to be in compliance with NAMI National's diversity standards and practices; educating affiliates on methods for outreach to diverse communities; inclusion of young people and elders in outreach efforts.

Brenda Wesley presented her innovative ASK Program to the group, pausing throughout for questions, explanations and input for using the model to reach other diverse communities. The ASK (Access, Support, Knowledge) Program was created to reach out to the African American community, due to "troubling statistics of untreated mental illness." The program includes sobering statistics about untreated mental illness and stigma in the African American community and in the U.S. as a whole. Information on mental illness and treatment is also included.

The proven success of this program since its development in 2007 has been felt not only in Milwaukee, but in other communities that have requested the program.

Given the success of the ASK Program, the Diversity Inclusion Committee has made a commitment to use the program's basic template to bring the Access, Support, Knowledge model to three other groups targeted for outreach: LGBT, Latino and Native American. Social work intern, Adriana Rodriguez, of NAMI Greater Milwaukee has completed a re-design of the ASK Program for the Latino community. Janet Malcolm and Vaunceil Kruse agreed to gather data and pertinent information for an ASK Program targeting the Native American community. Terry Findley and Adriana Rodriguez will gather informa-

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tion for the LGBT community program.

Brenda also reported on the success of her play, *Pieces*, both as a powerful anti-stigma tool and as a fund-raiser to help keep the ASK Program alive in the community. The play features consumers speaking "in their own voices" about living with schizophrenia, major depression, ADHD, bi-polar disorder, PTSD and suicide. In marketing the play Brenda states, "This play will help you better understand the unique journeys, complexities, and aspirations of individuals living with mental health issues. Let's all do our part to reduce the stigma that surrounds mental health issues and schedule a performance of *Pieces* for your organization."

The committee was inspired by the ASK presentation and motivated by Brenda's success

to take the next important steps in bringing diversity and inclusion to NAMI Wisconsin's affiliates and others throughout the state. The committee's conference call on Wednesday,

November 3rd, resulted in a tentative timeline for the next steps in the roll-out of the Diversity Inclusion Plan for NAMI Wisconsin.



Adriana Rodriguez and Pat Evers listen carefully to Brenda Wesley's presentation.

Strategic Planning for NAMI Wisconsin's Future

by Lannia Syren

Strategic planning is critical to the operation of non-profit organizations and ensures that the mission is not forgotten as the organization grows. A successful strategic plan helps the board and staff members refocus on the vision of the organization. If developed properly, the plan will clearly show the goals and objectives for the next three to five years and how the organization plans to deliver on these goals and objectives.

As the staff and board worked to develop the 2011-2013 plan, we closely examined our future course. We reflected on where we are today, what tools we have at our disposal and where we want to go in our efforts to accomplish our mission.

Following staff input, a board retreat and a recent Executive Committee follow-up plan-

ning session, the following goals have been identified, in no particular order:

Focus on growing new affiliates as well as supporting and strengthening existing affiliates. Much of NAMI's mission is carried out at the local level so strong affiliates are vital to the organization's success.

Enhance fund development in both diversity and dollar amount. NAMI Wisconsin must build a sound financial foundation to ensure it can continue the mission into the future.

Increase diversity in terms of directors, general membership, staff and consumers. NAMI Wisconsin needs to reach out to all people regardless of race, religion, national origin, sexual orientation and/or disability. All have equal opportunity to be affected by serious mental illness.

Increase advocacy efforts to promote enhanced services for and better understanding of people with serious mental illness.

Continue to develop the Board of Directors in terms of recruitment and training. A capable, skilled board is essential to NAMI Wisconsin's continued viability.

Since the follow-up meeting, the board has made strides toward identifying specific strategies and optimal outcomes for each goal. Over the next three years we will work with our affiliates and membership to improve the quality of life for those affected by mental illness by taking steps toward these important goals and building on recent successes.



Teacher Leadership Summit Energizes Teachers, Programs

by Gail Louise Auerbach

The 2010 Teacher Leadership Summit (TLS) was held at the Ramada in Stevens Point, Saturday, November 6th. Twenty-six people attended, traveling from local neighborhoods and from as far as Barron, Milwaukee and Door Counties. The Teacher Leadership Summit was a full day conference held to provide Basics and Family-to-Family teachers an opportunity to network with their colleagues and to partake in a continuing education event.

The teachers received certificates of appreciation for their teaching, support and individual advocacy for families of people with mental illness, and were recognized for the number of Basics or Family-to-Family classes they had taught. Jana Hockerman, NAMI Waukesha Family-to-Family teacher and trainer, was congratulated for teaching more than 15 classes.

After a warm welcome by Kathy Hartman,

Family-to-Family teacher from Portage/Wood, Lannia Syren, Executive Director of NAMI Wisconsin, in her keynote presentation, challenged the group to help NAMI Wisconsin "Build a Better NAMI." She emphasized that it is critical for program graduates to have a better understanding of advocacy. She also made it clear that it is important for Basics and Family-to-Family to reach a more diverse audience so that our classes reflect our communities. Lannia emphasized, "We build a better NAMI when we include African American, Native American, Asian American, Latino and LGBT communities, among others, in Basics and Family-to-Family."

The TLS was composed of a variety of topics and learning modes, among them: The Next Step: Evidenced Based Practice; Successful Problem Solving; *In Our Own Voice*; Trauma Based Learning; and Family-to-Family and Basics program updates. Panel discussions,

held for the first time, Teaching Challenges and Program Outreach received very positive ratings. Also rated very positively, was an Open Forum, a request from the previous TLS participants. Presenters were Basics trainer Anne Henry and Family-to-Family teachers and trainers Kathy Hartman, Jana Hockerman, Barbara Jacobs, Sherry Williams, Mike Williams, and Gail Auerbach. *In Our Own Voice* presenters were Emily Fiedler and Lorri Nandrea.

The day was quickly over. One teacher wrote, "It was great to network with teachers more experienced than myself. I got a lot of ideas to put into practice. I feel energized to teach again after a year's hiatus!"

Another teacher commented "It was good to learn about Basics as well as evidence-based practice. *In Our Own Voice* was excellent!"



NAMI Barron County Engages With the Community, Looks to the Future

by Patti Loucks

NAMI Barron County members, Nancy Mares, Laura Oser, Kathy Jacobsen and Kathy Schultz pose with Dr. W. Bradley Goetz, speaker at their annual conference.



Rice Lake is a small town, population 8,257, with a small group of dedicated people who make up NAMI Barron County. The current president of the group, Laura Oser, has been a member of NAMI for many years and brings much knowledge and determination to the affiliate. Laura is also a Family-to-Family

teacher for NAMI Barron County. Much like Laura, Vice President Kathy Shultz has been a member of NAMI for many years. Kathy is very active in community outreach and has been a good advocate for the NAMI group. Laura and Kathy are both strong leaders who love getting involved with community

programs in order to reach out to people affected by mental health issues. The other dedicated members, who also have been affiliated with NAMI for many years, have worked to keep the Barron County group alive and flourishing.

The Barron County affiliate has been busy this year. We were able to hold two Family-to-Family classes, and anticipate getting another teacher certified so that we may offer more classes next year. We are also sending three members to Madison in November to become certified to teach the *Peer-to-Peer* education course. We have teamed up with the local drop-in center and hope to get a *Peer-to-Peer* class started with some of the

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consumers who are active at the center.

Two NAMI Barron County members, Doug and Patti Loucks, attended the NAMI Wisconsin Annual Conference in Green Bay. As a result, the group has been focusing on their biggest task so far this year—trying to implement a Crisis Intervention Team (CIT) in Barron County. The Barron County affiliate has found other groups focusing on mental health who have been successful in starting CIT programs in their own areas. Barron County has been actively working with these groups to make CIT a reality in Barron County. This project is very time consuming and we are finding it difficult to seek out the right connections within the county to make

it possible. Nevertheless, we hope that the CIT program will be in Barron County within the next three years.

In October NAMI Barron County held a mini-conference titled, “Mental Health: Myths and New Paths,” at the Wisconsin Indianhead Technical College in Rice Lake. The guest speaker for the conference was Dr. W. Bradley Goetz, PsyD, who currently practices and resides in Eau Claire. Dr. Goetz discussed current issues in mental health, including: misconceptions about diagnoses, as well as controversies about self-esteem, guilt and anger management. Dr. Goetz’s talk was well received by the audience and there were many requests to have him speak at future conferences and events.

The Barron group has been focusing on getting into the community more, and has participated in events with other local groups that also focus on mental health topics, such as county groups and school programs. The Barron County group meets every month at 6:30 pm in the lower level conference room at the Lakeview Medical Center with an average of about nine members and friends present. If you are ever in the area, stop by and say hello. The group is always happy to see new faces. Many great things are happening and, hopefully, many more great things will happen in the Rice Lake community thanks to the small group of dedicated people in NAMI Barron County. 🌸

Trainings for Consumer Programs Promote Growth

by Maria Hanson

We have hit the road running in 2010 with trainings and other projects to continue to expand the *In Our Own Voice* Program (*IOOV*) and the *Peer-to-Peer* Program (*P2P*).

For the first time the *IOOV* program had two trainings this year, one in May and one in October. State trainers, Ava Martinez and Mary Balzar, trained 16 attendees in May who all graduated from the course. The number of potential presenters on a waiting list led to the October training where 12 individuals graduated from the class. The October training had representatives from the following affiliates: Racine, Dane, Fox Valley, Marinette, St. Croix, Door, Brown, Kenosha and Wisconsin. Door County sent its first two *IOOV* presenters to this training.

IOOV presenters have provided a total of 23 presentations and educated over 513 audience members so far in 2010. Comments from the audience evaluations continue to inspire presenters and prove the impact of the presentation. “It’s good to see that people

who suffer or have suffered from a brain disease can move beyond, see hope and have dreams for the future.” and “It was extremely moving and told with both grace and style, inspirational.”

This quarter, NAMI Wisconsin reached out to all hospitals and colleges/universities in Wisconsin. Eighty-six colleges were contacted and given a description of the *IOOV* program. We received eleven responses and forwarded these on to local affiliates to coordinate presentations for these sites. Eighty-four Wisconsin hospitals were contacted with information on the *IOOV* presentation and four hospitals, including one major teaching hospital, contacted NAMI Wisconsin and were referred to the local affiliates for presentations.

November’s *Peer-to-Peer* (*P2P*) training was led by state trainers Luann Simpson and Andy Barnhill. Ten trainees representing Barron County, Milwaukee, Fox Valley and Brown County affiliates attended. Barron and Brown sent their first *P2P* mentors to the training.

This quarter Dane, Greater Milwaukee and Fox Valley offered *P2P* Programs that assisted 28 attendees on the road to recovery. In the first quarter of 2010, Racine (14 attendees), St. Croix (6 attendees) and Kenosha (30 attendees), brought this valuable program to their communities. There are currently 54 trained *P2P* mentors in the state of Wisconsin.

One of these trainings was a first for NAMI Dane County and Wisconsin as a whole. For the first time a *P2P* class was offered in a state mental hospital by *P2P* mentors Ava Martinez and Maria Hanson. The attendees at Mendota Mental Health Institute were enthusiastic about an outside agency wanting to be there for them. As the state Consumer Coordinator and Mendota Mental Health Institute Peer Specialist, I am blessed to have been invited to take part in the group, giving me a better sense of how the program works, and watching the consumers I work with grow so much during this program. 🌸

NAMI Connection Program Continues Early Successes

by Vaunceil Kruse

Since the official launch of the NAMI Connection program in Wisconsin in August of 2009, the Recovery Support Group Program has shown a steady growth. NAMI Wisconsin currently has 14 NAMI Connection groups meeting weekly in seven county affiliates.

A NAMI Connection Recovery Support Group is an alliance of individuals who have the common experience of living with mental illness. The group provides a place to share experiences and use them as learning opportunities. Connection groups are designed to provide safe spaces to confront the challenges all consumers face, regardless of diagnosis: low self-esteem; social isolation; dual diagnosis; stigma and discrimination. Connection support groups are facilitated by individuals living with mental illnesses who are at a point in their recovery where they want to “give back” to others. They attend an intense training designed to help them develop the skills they need to facilitate a

NAMI Connection Recovery Support Group. NAMI National’s commitment to the Connection model has prompted them to provide solid financial support for state NAMI affiliates. The initial training in 2009, in which 27 consumers were certified as Connection facilitators, was fully paid for by NAMI National. Also supported were state facilitator trainings, several local trainings, and the training of three state trainers. Joining Sandy Pharis, who had been trained in the NAMI Connection model previous to the 2009 rollout, was Alyce Knowlton-Jablonski, trained at the next NAMI National “NAMI Connection Train the Trainers” in St. Louis. NAMI Wisconsin now has added two more state trainers, certified to train facilitators for Connection Recovery Support Groups, Amy Wendel of NAMI Dane County and Roxanne Klejsmit of NAMI Waukesha.

With her intense training in St. Louis behind her, Ms. Wendel undertook a local training

for NAMI Dane County just two weeks after returning to Madison. With the assistance of NAMI Dane County Program Coordinator, Ava Martinez, Ms. Wendel trained three new facilitators for NAMI Dane County’s two NAMI Connection support groups. The two-day local training is a new undertaking from NAMI National. The training may have no more than six persons to be trained and must be held locally for local members only. Everyone stays in his or her own home, eliminating the stress of travel and a roommate who may be a stranger. Some of the specifics on the operations of NAMI are shortened or eliminated since one assumes trainees are familiar with those operations in their own affiliate.

With the addition of two new state trainers and the local training option, the goal of a Connection support group in every community is closer than before. 🌸

What is Bipolar Disorder?

Reprinted from the National Institute of Mental Health site: www.nimh.nih.gov

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. Symptoms of bipolar disorder are severe. They are different from the normal ups and downs that everyone goes through from time to time. Bipolar disorder symptoms can result in damaged relationships, poor job or school performance, and even suicide. But bipolar disorder can be treated, and people with this illness can lead full and productive lives.

Bipolar disorder often develops in a person's late teens or early adult years. At least half of all cases start before age 25. Some people have their first symptoms during childhood, while others may develop symptoms late in life.

Bipolar disorder is not easy to spot when it starts. The symptoms may seem like separate problems, not recognized as parts of a larger problem. Some people suffer for years before they are properly diagnosed and treated. Like diabetes or heart disease, bipolar disorder is a long-term illness that must be carefully managed throughout a person's life.

What are the symptoms of bipolar disorder?

People with bipolar disorder experience unusually intense emotional states that occur in distinct periods called "mood episodes." An overly joyful or overexcited state is called a manic episode, and an extremely sad or hopeless state is called a depressive episode. Sometimes, a mood episode includes symptoms of both mania and depression. This is called a mixed state. People with bipolar disorder also may be explosive and irritable during a mood episode.

Extreme changes in energy, activity, sleep, and behavior go along with these changes in mood. It is possible for someone with bipolar disorder to experience a long-lasting period of unstable moods rather than discrete episodes of depression or mania.

A person may be having an episode of bipo-

lar disorder if he or she has a number of manic or depressive symptoms for most of the day, nearly every day, for at least one or two weeks. Sometimes symptoms are so severe that the person cannot function normally at work, school, or home.

Doctors usually diagnose mental disorders using guidelines from the Diagnostic and Statistical Manual of Mental Disorders, or DSM. According to the DSM, there are four basic types of bipolar disorder:

Bipolar I Disorder is mainly defined by manic or mixed episodes that last at least seven days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, the person also has depressive episodes, typically lasting at least two weeks. The symptoms of mania or depression must be a major change from the person's normal behavior.

Bipolar II Disorder is defined by a pattern of depressive episodes shifting back and forth with hypomanic episodes, but no full-blown manic or mixed episodes.

Bipolar Disorder Not Otherwise Specified (BP-NOS) is diagnosed when a person has symptoms of the illness that do not meet diagnostic criteria for either bipolar I or II. The symptoms may not last long enough, or the person may have too few symptoms, to be diagnosed with bipolar I or II. However, the symptoms are clearly out of the person's normal range of behavior.

Cyclothymic Disorder, or Cyclothymia, is a mild form of bipolar disorder. People who have cyclothymia have episodes of hypomania that shift back and forth with mild depression for at least two years. However, the symptoms do not meet the diagnostic requirements for any other type of bipolar disorder.

Some people may be diagnosed with rapid-cycling bipolar disorder. This is when a person has four or more episodes of major depression, mania, hypomania, or mixed symptoms within a year. Some people experience more than one episode in a week, or even within one day. Rapid cycling seems to

be more common in people who have severe bipolar disorder and may be more common in people who have their first episode at a younger age. One study found that people with rapid cycling had their first episode about four years earlier, during mid to late teen years, than people without rapid cycling bipolar disorder. Rapid cycling affects more women than men.

Bipolar disorder tends to worsen if it is not treated. Over time, a person may suffer more frequent and more severe episodes than when the illness first appeared. Also, delays in getting the correct diagnosis and treatment make a person more likely to experience personal, social, and work-related problems.

Proper diagnosis and treatment helps people with bipolar disorder lead healthy and productive lives. In most cases, treatment can help reduce the frequency and severity of episodes. 🌿

Pick 'N Save: Support NAMI Wisconsin While You Shop

Would you like to support NAMI Wisconsin but you aren't sure you can afford to make a year-end donation? There is an easy way to give back if you shop at Pick 'N Save! Any Advantage Plus Saver's Club cardholder can designate one authorized non-profit organization to which their household's purchase dollars will be credited. The funds allocated by this program do not come directly from you, but come from points earned by the money you spend at Pick 'N Save.

Stop by the service counter at your local Pick 'N Save today to complete a "change" application, identifying NAMI Wisconsin as your charity of choice using the NAMI Wisconsin "We Care" code number: 028590. Thank you for your support! 🌿

MIAW — NAMI Kenosha County Reaches Out

by Jack Rose, President, NAMI Kenosha County

Mental Illness Awareness Week (MIAW) is a great opportunity to reach out to your community and let 'em know what's going on locally in mental health. In our 27 years of existence NAMI Kenosha has concentrated our fundraising efforts on a very basic system of soliciting donations in front of local stores. It's a pretty straight forward approach that gets NAMI out there. From the preliminary media hype to the vests that we wear, to the cans that we hold, to the bookmarks that we hand out, to the banners that adorn some of the nearby fences, we give folks a heads up.

MIAW was kicked off September 7th with a taped interview on Jason Rimkus's local TV show, Channel 14's *Just Talkin*, letting the folks know what is going on locally. In the interview I included: our free support sessions for adults, adolescents, family and friends; our Family-to-Family program; a CIT/CIP update; and an IOOV update. In speaking about the *Walkabout Rewards Program* I included a big "thank you" to Rogan's Shoes and their manager, Chuck Gustafson, for their continued support. I also provided a list of the stores where NAMI Kenosha would be soliciting donations. NAMI Kenosha's MIAW activities were also given in a public service announcement in the *Kenosha News*. For the record, we have

found that a timely article by Joe Potente of the *Kenosha News* shortly before Family-to-Family begins really adds to the list of attendees. Thanks to Joe, this year we had a class of 25 with 11 more on the waiting list.

We preceeded our actual fundraising with a live interview on Greg Berg's morning show on WGTD Radio on Monday October 4th. Carol Slovachek and yours truly talked about what we are doing locally and Carol shared some of her insight into the importance of *In Our Own Voice*. Carol coordinates the local IOOV program which has reached 473 local residents so far this year. To further spread the word during MIAW, NAMI Kenosha gave two IOOV presentations to a total of 46 attendees. The first on October 5th was given at Transcorp, a local residential facility. On October 6th the IOOV presentation was given to ten Kenosha Police Department detectives during their annual inservice. The opportunity to be a part of the local law enforcement inservice has been a real challenge, but can be quite effective.

We have grown a group of diehard supporters that we can rely on. This year, through those stores' cooperation, we collected the following amounts: Tenuta's Delicatessen (\$745); Walmart (\$1,886); AM Communitiy Credit Union (\$317); Richter's Sentry in Twin

Lakes (\$453); and Spiegelhoff's SuperValu (\$81). With a corps of 38 volunteers in 53 hours over the October 7th through 9th solicitation period, we collected \$3,482.

Despite the current economic mileiu, the customers were extremely generous. We also gained a few more participants for our twice monthly support groups, a new volunteer for *In Our Own Voice* training, and received a big assist from the Kenosha Police Department, with Sgt. John Rohde, Motor Officer Warren Arnold and his son, Tim, among our volunteers. The *Circle of Care*, supported by a strong nucleus of CIT/CIP trained folks in the community, along with fantastic corps of volunteers, continues to grow in Kenosha. 🌿



Motor Officer Warren Arnold gives his son, Tim, a musical assist in collecting donations.

2010 Voice Awards Honors Portrayals of Soldiers and Their Families Dealing With PTSD

The Annual Voice Awards, hosted by the Substance Abuse and Mental Health Services Administration (SAMHSA), were given in a ceremony at the Paramount Theater in Los Angeles on October 13, 2010. Each year SAMHSA and a number of program partners, including NAMI, Mental Health America, and others honor honest depictions in the media of persons dealing with mental health issues. The awards this year focused on portrayals of soldiers grappling with mental health issues—most often post-traumatic stress disorder.

Among the films honored for their depiction of the behavioral health issues faced by soldiers returning from the battlefield was *The Dry Land*, a drama written and directed by Ryan Piers Williams about a soldier who returns home from war, struggles to reconcile his experiences abroad with the life and family he left in Texas. It co-stars America Ferrara and Jason Ritter.

Among the other awards were an award to *Army Wives*, Lifetime television's series, for depicting a series of episodes addressing how post-traumatic stress disorder and traumatic

brain injuries can affect military personnel and their families. *Grey's Anatomy* (ABC) and *Mental* (FOX) also received awards for episodes depicting the effect of PTSD on military families. The documentary film *Coming Home: Military Families Cope with Change* (Sesame Workshops) received an award for addressing the effects of PTSD and traumatic brain injury on military families. 🌿

For a complete list of the 2010 Voice Awards visit: www.samhsa.gov/newsroom/advisories/1010134157.aspx.