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The Iris

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

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"I hope that people of any and all backgrounds recognize that NAMI is an organization that embraces them, too."

— Donna, NAMI Diversity Inclusion Committee member

"We encourage you during MIAW to walk in a NAMIWalk, purchase an Iris, check your local media for interviews and articles, visit your library, make copies of our Fact Sheet on page 11 and distribute them throughout your community. Let's bring Awareness to Wisconsin."

— NAMI WI Staff

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**Mental Illness
 Awareness Week**



October 3-9 2010

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Reminder:

**MIAW: Get on Board with
 National Depression Screening
 Day, Thursday, October 7**

Screening for Mental Health invites you to join them in celebrating the 20th year of National Depression Screening Day (NDS). Each year, thousands of community-based organizations register for screening kits and host NDS events. They give thousands of ordinary people access to a confidential screening, in the process educating the public and reducing stigma about mental illness.

To learn more visit www.mentalhealthscreening.org or contact Sara Herman, Coordinator of NDS, at 781-591-5233.

NAMI Gives Family Information, Reassurance, and Hope for Change

by Lannia Syren

Donna and her adult daughters, Elizabeth and Rochelle, are the kind of women that can claim your attention the moment they walk into a room. All three women are energetic, each reflecting her own unique style. These dynamic women are fairly new to NAMI and they represent mental health consumers, family members and mental health professionals. I interviewed Donna, Rochelle and Elizabeth to gather the story of how they became involved with NAMI.

"I first heard about NAMI when I took a family member to our local mental health center," Donna said. "One of the staff said we should call but things didn't click. Later, I was asked to present on Medicare and the State Health Insurance Program (SHIP) during the NAMI Wisconsin Annual Conference. We were hoping to raise awareness of SHIP among mental health consumers and it is part of my job to work on outreach. I decided I would bring three of my family members so they could hear what the speakers had to say. I particularly thought my daughter Elizabeth would glean something special from the conference and I believed the speakers would agree with many of my thoughts." With a small laugh, Donna added, "Sometimes it's easier to take guidance from someone that is not your mother."

Both Elizabeth and Rochelle attended the conference with Donna and shared the positive impact it had upon them.

Elizabeth said, "When I walked in the door, I immediately felt welcome. I didn't feel like I

was being judged." As an expectant mother, Elizabeth especially appreciated the session on mental illness and parenting. "I learned a lot of good information on how a child can be affected by a parent's mental illness. It was also nice to hear people talk about how being a parent can impact your own well-being. That it's not as hard, or as easy, as some people make it sound."

Rochelle responded in kind. "I loved it," she said. "The conference was my first real exposure to NAMI. It opened my eyes and showed me the helpfulness, resources and support that NAMI could provide. It just blew my mind." She added that she liked knowing she was "not the only one" living with a mental illness.

Donna particularly liked the message of keynote speaker Austin Mardon, PhD. "He backed up what I have been preaching all along. A mental health diagnosis does not have to stop your life. You have to keep people in your life for support. You need your own personal rescue squad. I say 'rescue' because now and then all of us might need someone to be the heavy in our lives. That way when our lives return to balance after a crisis we can look back and be happy that person was there. Like someone who has been drinking sobering up and being glad his friends didn't let him drive drunk."

I noted that Donna had mentioned one of the key components of NAMI: support. I asked

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NAMI Wisconsin County Affiliates

Barron	(715) 736-0089
Brown	(920) 430-7460
Chequamegon Bay.....	(715) 274-8403 (Ashland, Bayfield)
Dane	(608) 249-7188
Dodge	(920) 344-8733
Door.....	(920) 743-6162
Fond du Lac.....	(920) 922-6865
Fox Valley	(920) 954-1550 (Outagamie, Calumet, Waupaca, Winnebago)
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	(715) 298-2802 (Marathon, Lincoln, Langlade)
Oshkosh.....	(920) 651-1148 (Winnebago)
Ozaukee.....	(262) 243-3627
Portage/Wood	(715) 592-4522
Racine	(262) 637-0582
Richland	(608) 647-4191
Rock.....	(608) 879-9224
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South Central	(608) 768-5375 (Sauk, Columbia)
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UW Madison.....	(608) 268-6000
Vernon.....	(608) 637-8143
Walworth	(262) 495-2439
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Waukesha	(262) 524-8886
Wishigan.....	(906) 542-7219 (Florence, WI, Dickinson, MI)

Executive Director's Corner

by Lannia Syren, NAMI Wisconsin Executive Director

The leaves are changing colors and the air has turned brisk. Autumn is almost here and as you will learn in this issue of the Iris, NAMI affiliates across the state have been busy preparing for Mental Illness



Lannia Syren,
Executive Director

Awareness Week. As many of you know, the U.S. Congress established the first week of October as Mental Illness Awareness Week (MIAW) back in 1990 in recognition of NAMI's awareness efforts. Since then, MIAW has become a NAMI tradition. It provides local and state affiliates the opportunity to join voices with other affiliates across the country.

Like many of our affiliates, the staff and volunteers at the state office have also been busy. In addition to our schedule of NAMI signature program trainings, MIAW planning and diversity outreach efforts, the state office has been working to support the fledgling formation of two potential new affiliates and putting together our first Parents and Teachers as Allies training. On top of the countless day-to-day activities, we have been researching past strategic plans, reviewing years of financial documents, documenting recent accomplishments and considering strategic plans of other states to provide our state board the essential information they require as they begin our three year strategic planning process.

Although strategic planning can be a nerve-racking time for an executive director, I firmly believe it is a critical step for us. In order for NAMI Wisconsin to grow and continue to be successful, there needs to be a clear roadmap for our success. As the saying goes, "If you don't know where you're going, you'll probably end up someplace else." A strategic plan helps to provide direction and focus for both the staff and board. It helps us prioritize, points to specific results that are to be achieved and establishes a course of action for achieving them. Basically, strategic planning facilitates making short-term decisions based on long-term outcomes.

This brief article, like many others I have written, documents the many changes that are happening at NAMI Wisconsin. After the strategic planning process has been completed, I imagine our office will become an ever-increasingly active flurry of activity as we work to reach our goals. This feature has also been my opportunity to be a cheerleader for the program. Today I am happy to report that NAMI membership is up by nearly 200 members over our 2009 levels. As you may know, members who join NAMI automatically become members on the local, state and affiliate levels. Your membership dues are divided between the three program levels and support our efforts on all three levels. If you are no longer a member and you continue to receive the Iris, I urge you to reconsider membership. NAMI members are what make our organization strong and your financial support makes our work possible. ✿

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; and by offering conferences, seminars, and presentations.
- Advocating at all levels of government and throughout the public sector.
- Promoting public education and understanding of mental illnesses.

NA-MI-AW

by Geoff Greiveldinger

This issue of *The Iris* is dedicated to one of the most important times of our year, Mental Illness Awareness Week (MIAW). MIAW is a time when NAMI can do, all at once, the three things it does best: support, education, and advocacy.

This is also a time when the distinctions between NAMI levels—local, state, and national—vanish in our combined commitment to eliminating serious mental illness and advancing the cause of recovery. And so it is also a good time to talk about the vital inter-relationship that exists year-round, not merely in the first week of October. Permit me, therefore, to play a little with words (and acronyms)—hence this heading of "NA-MI-AW."

The first part is obvious: NA-MI stands for "National Alliance on Mental Illness". But what does "AW" mean not for "Awareness Week?" Let me suggest two related meanings.

The overarching meaning goes to a fundamental aspect of the entire NAMI movement, one that has been of increasing importance over recent years. I'll call it "NAMI Are We," a recognition that NAMI is an integrated organization that operates at the local, state, and national levels. And because we are an integrated entity, every NAMI member is a member at all three levels.

That's what makes NAMI such a powerful force: its ability, at all three levels, to advocate for the same causes, to conduct the same proven educational programs, and to provide the same effective support to those who need it. Among recognized national advocacy groups, NAMI is unique in its ability to maintain uniformity of policy and programs, while at the same time honoring its tradition of local direction of local activities. Truly, we are NA-MI-AW—NAMI Are We.

There is also a more focused meaning to this NA-MI-AW acronym: NAMI for All Wisconsin. Because so much of what NAMI does—advocating for services, educating the public, and supporting those in need—must be done locally, our first loyalties are usually to our local affiliates. That's more than understandable; it's essential to who and what we are.

But we are more than an aggregation of locally based, locally focused individuals who happen to have a certain commonality of concerns. Getting the training necessary to conduct NAMI signature programs requires coordination at the state level and often cooperation across county lines. Ensuring availability of necessary services, and the funding they require, requires not merely advocacy by the state organization, but the coordinated expression of support from NAMI members throughout the state. There is no meaningful difference between being a member of a NAMI local affiliate and being a member of NAMI Wisconsin. We are NA-MI-AW—NAMI for All Wisconsin.

Each of us on the NAMI Wisconsin Board of Directors feels privileged to serve. But sometimes we also feel a little daunted by our responsibilities to our fellow NAMI members statewide. NAMI Wisconsin is much like a number of local affiliates. Even though it has paid staff, it must rely on volunteers to accomplish essential work.

Simply put, there is more work—in fundraising, in articulating and advancing public policy, in coordinating and providing education, in communicating our message to the public, and in helping affiliates grow and flourish—than our hard-working staff and our 15 or so board members alone can do.

Like Uncle Sam in the recruiting poster, "We Want You" to share your talents with committees that serve the whole state:

- Affiliate & Membership Development
- Finance
- Fundraising
- Governance (Personnel and Nominating)
- Program (Conference, Diversity & Inclusion, and Education)
- Public Policy & Advocacy (Forensics, Public Relations, Veterans Affairs)

Most committees meet by teleconference; you needn't come to Madison to participate.

If you have an interest in any of these areas, please call—(800) 236-2988—or email nami@namiwisconsin.org. ✿

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Diversity Outreach a Priority for NAMI Wisconsin

by Lannia Syren

The NAMI Wisconsin Diversity Inclusion Committee launched into action in late July. On July 24, 2010 the first in-person committee meeting was held at the state office. NAMI members representing a variety of backgrounds were represented. During that meeting, and in the first teleconference a few weeks later, Brenda Wesley of NAMI Greater Milwaukee was chosen as committee chair and Pat Evers, a NAMI Wisconsin board member, agreed to act as secretary.

On August 28, 2010 the Diversity Inclusion Committee hosted a pilot NAMI National program, "Let's Talk: Diversity in Action." Attendees included NAMI Wisconsin board and staff, affiliate leaders and Diversity Inclusion Committee members, as well as, MaJose Carrasco, Director of the NAMI National Multicultural Action Center. NAMI Members Brenda Wesley and Janet Malcolm co-presented with MaJose. During the dialogues, the general consensus was that NAMI does not currently reflect the diversity seen in our state.

The "Let's Talk" attendees agreed with the NAMI National goal to "actively recruit, engage and serve members from every race, culture, ethnicity, age, religion, socio-

economic status, sexual orientation, gender, gender identity and disability and shall not discriminate against any person or group in the requirements for membership, provision of service or support or in its policies or actions." We discussed the need for power sharing, safety and trust, citing that every NAMI member should be made to feel like they belong. Tools and next steps were considered, including making diversity part of the state strategic plan, reviewing state and local by-laws to ensure diversity is addressed



NAMI Wisconsin Executive Director, Lannia Syren, Diversity Inclusion Committee Chair, Brenda Wesley, and MaJose Carrasco, Director of NAMI's Multicultural Action Center, prepare for the "Let's Talk: Diversity in Action" Program in Madison.

and creating tools that can be used for outreach in specific communities.

Following the "Let's Talk" dialogue, Diversity Inclusion Committee members discussed using NAMI Milwaukee's successful ASK program as an outreach template for other diverse communities. In the coming months, committee members will be using NAMI National tools and conducting local research to provide affiliates throughout the state with outreach tools to meet the unique needs in their communities. ✿

GLBT Community Affected by Stigma

by Maria Hanson, JD

Evidence has shown a prevalence of mental illness and addiction in the GLBT (Gay, Lesbian, Bisexual, Transgender) community. What was often thought of as a part of being gay, however, is now believed to be a result of being a member of an often hated and vilified minority group. What comes into play in the GLBT individuals' reactions to these stressors is whether they see themselves as victims or as resilient agents.

The GLBT community is at a higher risk of suicide than most minorities because most GLBT individuals grow up in an environment where their parents and siblings do not identify as GLBT. Unlike minorities who are sup-

ported by their families through social discrimination, GLBT youth and adults often do not have this mutual support. Stereotyping and abuse by fellow students often puts youth at high risk. These youth are 8.4 times more likely to report having attempted suicide. Many adults and children face isolation in rural communities and are silenced due to fear for personal safety. Physical and emotional hate crimes and invasive heterosexism, defined by Wikipedia, the free encyclopedia, as a "term that applies to a system of negative attitudes, bias, and discrimination in favor of opposite-sex sexuality and relationships, that diminishes the self-esteem of the GLBT individual." These factors play a role in internal-

ized homophobia which can lead to self-harm and even suicide. These stressors can lead not only to suicide but also may play a part when genetic mental illness is triggered by high stress situations and trauma at individual and societal levels.

Many young people afraid of rejection or who are rejected by family and peers run away and become vulnerable to many forms of victimization—hate crimes, prostitution and addiction. Youth who reported higher rates of family rejection were more likely to use illegal drugs and alcohol. An article by I.H. Meyer published in 2003 in *The Psychological Bulletin* 129 indicates higher rates of

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NAMI Gives Family Hope for Change

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Elizabeth and Rochelle to talk about their support networks.

Elizabeth told me that her family has been, "supportive and a backbone" for her. "Sometimes you need someone to support you when you're not in a good place. There have been times when I was unstable and wanting to harm myself. I always appreciate that my mother and family can help others understand that I am not well."

Elizabeth continued, sharing that her family first started to see symptoms of her mental illness when she was six. She didn't notice them herself until she was twelve. At the age of fifteen her father passed away. As a daddy's girl, she was hit hard and his loss also impacted her illness. "I was incapacitated for six years after that. No one at school took the time to figure out what was going on with me. They didn't understand that up until then I was always with my father. I learned so much from him, everything from how to make Kool Aid to how to play chess. I miss him."

Looking back, Rochelle can see signs of her illness in her high school days. "I thought that it was typical teenage drama until I attempted suicide. Up until then I thought that being depressed was a normal state. Mom made me go to therapy but I rejected the diagnosis of depression. It wasn't until I was in my late 20's that I started to deal with it. At that point I found the book Women with ADD. It was like the author had lived with me from birth all the way up." Although her family has been there to support her through the day-to-day struggles she has faced as a parent, Rochelle said that when it comes to living

with depression and ADD, her doctor has been the most important support person in her life. "He has been a part of my life for a long time," she said. "I don't think I would be where I am without him."

When asked about the stigma surrounding mental illness, Donna replied, "I think families of color have a harder time accessing life-saving treatment than other families. There are so many obstacles and road blocks that someone with a mental illness encounters. The current system makes people feel terrible about themselves. If the problems are not addressed and the system turns them away, this person could commit suicide or end up in trouble with the law. It's important for providers to understand the needs of people with diverse backgrounds."

As a result of this view, Donna, Elizabeth and Rochelle have become involved in NAMI Wisconsin's Diversity Inclusion initiative. As African American women who are active in their community, their input has been incredibly valuable.

"Outreach to diverse communities is a good idea for NAMI," Elizabeth said. "I wish my family had known about it when I was younger. NAMI is just now starting to reach out to hospitals. I want to be a part of it."

"I like the idea of NAMI programs that target diverse populations," said Donna. "Some communities do not accept mental illness and it is important for consumers from those communities to know organizations like NAMI are available. A hand reaching out to you can make it easier."

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substance abuse/dependence in the gay male population. Many young and adult GLBT individuals are in communities where gay social life is centered in the bars, leading to higher rates of addiction. Today, there are many more healthy options in most cities for GLBT social life such as sports groups, movie nights, pride marches, wellness groups, older adult groups, and teen and adult

support groups. In Madison, Wisconsin, Outreach — Madison's GLBT Community Center located at 600 Williamson Avenue, Suite P-1 offers many such groups. They can be contacted via their Web site: www.lgbtoutreach.org or by phoning 608-255-8582.

Gay advocacy and positive role models are changing the effects of discrimination for GLBT individuals. Creating more positive

Rochelle agreed that diversity outreach is very important. "Being a black consumer and family member I am struck by the lack of knowledge about mental illness in my community. There is a huge stigma when it comes to mental health issues and we need to break down those doors. The sad thing is that if mental illness is not addressed we know it may be addressed in the penal system."

At the conclusion of our interviews, I asked all three women if they had parting words they would like to offer about NAMI.

Elizabeth said, "The more I learn about it, the more excited I become about NAMI. NAMI offers a perfect place where you can go whether you have a problem or not. It is just comfortable and accepting."

Donna shared, "I hope that people of any and all backgrounds recognize that NAMI is an organization that embraces them, too. I hope they will feel comfortable enough to come forward and partake of what NAMI has to offer. Through NAMI, we can all positively impact how people are treated in the mental health system."

Rochelle added her insight that NAMI "is only as strong as the members." She said that she would definitely encourage others to get involved. "Be a voice. Don't assume that there are other people out there who will do what needs to be done. Every new NAMI member can bring their local organization to a better place by sharing resources or getting involved with programs. The more we put into the program, the more we make available in our community and every person's assistance is valued." ✿

self-images diminishes the effects of stressors that can contribute to mental illness and addiction. Continued support for GLBT education and encouraging those who come out to tell their stories may lead to lower incidences of mental illness and addiction. It is our responsibility to fight homophobia and sexism in order to create safe communities without the negative impacts of discrimination. ✿



Honors MIAW with Four Mental Health Lectures

As part of their mission of community outreach and education, the UW Department of Psychiatry will present a series of four lectures on mental health topics beginning during Mental Illness Awareness Week and continuing through the month of October. The lectures, offered free-of-charge and directed towards the community, will emphasize promoting mental health awareness and well being and will feature UW Department of Psychiatry faculty members. Each lecture will be followed by a question and answer period.

- **Tuesday, October 5, 7 pm – 8:30 pm:** Ned H. Kalin, MD, Hedberg Professor and Chairman, UW Department of Psychiatry, and Director of the Health Emotions Research Institute will speak on the topic of **anxiety and depression**.
- **Tuesday, October 12, 7 pm – 8:30 pm:** Gregory Kolden, PhD, Professor of Psychiatry will speak on **emotional well-being**.
- **Tuesday, October 19, 7 pm – 8:30 pm:** Art Walaszek, MD, Associate Professor of

Psychiatry will speak on **mental health for older adults**.

- **Tuesday, October 26, 7 pm – 8:30 pm:** William Taft, MD, Assistant Professor of Psychiatry will speak on **child and adolescent mental health**.

The lectures will be held in room 1325 of the Health Sciences Learning Center, 750 Highland Av., Madison. Contact Vanessa Balchen at 608-263-0491 for additional information. 🌿

Wisconsin Geriatric Psychiatry Initiative Web Site Expands Available Resources

by Suzanna Waters Castillo, PhD, and Catherine Swanson-Hayes, MSSW

The Wisconsin Geriatric Psychiatry Initiative has operated over a period of 8 years in an effort to meet the demand for mental health care for the growing aging population. The fact that there are scarce numbers of trained geriatric psychiatry professionals has resulted in the WGPI's ongoing efforts to shape a statewide geriatric psychiatry infrastructure out of existing resources.

Dissemination of needed geriatric psychiatry knowledge, skills and methods take place in the following formats: Case-based, on-site consulting/teaching which has also resulted in the development of interdisciplinary geriatric psychiatry learning hubs; continuing education sessions on the Wisconsin Star Method/WSM (an heuristic device leading to the discovery of the client's situation from a holistic perspective) and adapted for interdisciplinary case conferencing; continuing education professional certificate series

teaching advanced practice professionals baseline knowledge on late life mental disorders (not taught elsewhere); Summer Institute on Late Life Mental Disorders which is led by expert Geriatric Psychiatry Faculty from UW Madison.

The **WGPI Web Portal www.wgpi.org**, (though in its early developmental stages) is a source of information sharing, learning, resource linking and knowledge networking as a broad stroke technological means of advocating for older adults with mental illness and their families. It is also a tool for families to share their insight regarding the preferences and values that older adults have for mental health care. The WGPI web portal has been established for professionals and consumers/families and contains resources as diverse as e books and mental health organization links. The site also features journal articles and on demand webinar on

such topics as: Late Life Depression, Distinguishing Dementia from Depression and Delirium (which is classified as a medical condition and not a psychiatric disorder).

In progress is the development of on demand teaching capsules that provide fundamental information about late life anxiety, depression, alcohol and drug problems, managing psychotropic medications for older adults and behavioral and psychological symptoms of dementia. A key theme dominating the work of the WGPI is input from all persons affected by and dedicated to improving the quality of mental health care for older adults and their families. The consulting and teaching work of the WGPI has stimulated exchange of information across disciplines and organizations which is a significant outcome in the development of statewide resource linkage development. 🌿

Book Review: Thomas Joiner's Myths About Suicide

by Gail Louise Auerbach, NAMI Wisconsin Family-to-Family Director

Perhaps many who know me would be surprised to know that when I was a young mother in her second pregnancy, I was very pregnant, very depressed, and very suicidal. Thomas Joiner's new book is titled Myths about Suicide. In it, Dr. Joiner writes that people who are about to die by suicide may look and act very much as they always have, very much like you and I do today and very much as I did when I was suicidal. It is a myth to think you can tell someone is suicidal by their social appearance alone.

The author is a research psychologist and director of the University Psychology Clinic at Florida State University. He lost his father to suicide in 1990. He is therefore also a suicide researcher who, from personal experience, understands the perspective of survivors. He wrote Myths about Suicide to reduce the stigma and ignorance around perceptions of suicide.

I found Myths about Suicide to be sobering and instructive. Thomas Joiner looks at many myths that exist about suicide and draws on clinical cases, media reports, literary works and scientific studies to tackle them one by one in a logical and readable manner. Here I've selected three of the myths he analyzes to share some of what I learned about them and to give you a flavor of the book's content and style. They are:

Suicide's an Easy Escape, One that Cowards Use.

Joiner asks, "If it's so easy, why is it so difficult to do?" Few attempts are actually fatal. He goes on to give example after example of suicides that were physically difficult to accomplish. And first the suicidal person must come to terms with the self-preservation instinct, which is hard-wired and strong.

But people do die by suicide—why? Joiner says, "I believe that when people hold two specific psychological states in their minds, simultaneously and long enough, they develop the desire for death. These two states are the perception that one is a burden and the sense that one does not belong..." He concludes, "Death by suicide is not easy, it is tragic, fearsome, agonizing, awful, but it is not easy."

If People Want to Die by Suicide, We Can't Stop Them.

Since the Golden Gate Bridge was built in 1937, 1300 people have jumped to their deaths from the bridge. In 2006, over thirty people died. Dr. Joiner reports that for every person who dies by jumping from the bridge, the California Highway Patrol restrains two or more people from doing so. He asks what happens to those who are restrained. Do they still die of suicide? A 1978 study shows 95% did not. "...restraint saved hundreds of

lives." Dr. Joiner cites other studies of bridges where barriers have been built and the suicide rate plunged with no increase in people jumping from neighboring bridges. Why don't we have more barriers? The problem he says is fear and prejudice.

It's Just a Cry for Help.

Joiner emphasizes that the suicidal mind is ambivalent about living and dying. "Talking to others, especially about something personal and painful like ideas about suicide represents a reaching out to others, a questioning about whether reliable social ties are there and can be counted on," he states. "Much can depend on the answer to this questioning." If the person is encouraged to talk and to access care, Joiner feels that life can be affirmed. If the answer is dismissive "you're all talk" or "you're just trying to get attention"—life may not prevail.

In conclusion, Thomas Joiner tells readers, "We need to get it in our heads that suicide is not easy, painless, cowardly, selfish, vengeful, self-masterful, or rash... [T]hat it is preventable (e.g., bridge barriers) and treatable (talk about suicide is not cheap and should occasion treatment referral). And once we get all that in our heads at last, we need to let it in our hearts."

Highly Recommended. 🌿



Your Public Library: An Essential Outreach Site

According to the American Library Association, "Research by the ALA and the Center for Library and Information Innovation at the University of Maryland suggests a "perfect storm" of growing community demand for library services... Internet use continues to expand at public libraries, which have seen double-digit growth since 2007 in the on-line services they make available to their patrons. More than 71 percent of public libraries

provide their community's only free access to computers and the Internet."

MIAW is a great time to donate books to your local library. Giving gift subscriptions of *bp Magazine*, *SZ Magazine*, *Esperanza*, or *The Iris* are also good ways to provide library visitors with information on mental illness.

Your public library is also an excellent spot for year round displays and resources.

Remember to keep your library supplied with:

- Affiliate membership brochures and signature program information
- Affiliate meeting, support group information, local newsletter, and *The Iris*
- Displays for other events: NAMI Wisconsin State Conference; Children's Mental Health Month in May; Minority Mental Health Awareness Month in July; National Suicide Prevention Week, September 5 – 11, 2010; and others.

Your local librarian is an excellent community outreach resource. Stay in touch so that librarians know NAMI and NAMI's mission and can suggest NAMI as a resource for patrons seeking information. 🌿

NAMI Wisconsin Affiliates Bring MIAW to their Communities

Mental Illness Awareness Week begins on Sunday, October 3rd and officially runs through Saturday, October 9th, but as these pages will confirm, NAMI Wisconsin's affiliates have informative and meaningful activities planned before, during, and after MIAW. The list of activities fills three pages this year—a testament to our affiliates' energy and devotion to the NAMI mission. Wisconsin's citizens will have more opportunities than ever before to become aware of and support persons affected by mental illness. Check this listing for events in your community. We encourage you to walk in a NAMIWalk, purchase an Iris, check your local media for interviews and articles, visit your library, make copies of our Fact Sheet on page 11 and distribute them throughout your community. **Let's bring Awareness to Wisconsin.**

NAMI Brown County



NAMI Brown County will hold their annual NAMIWalk on Sunday, September 26th at Green Isle Park in Green Bay. Registration begins at 9:00 am. with a start time of 10:30 am.

NAMI Dodge County

NAMI Dodge County will be celebrating the opening of the new Drop In Center during Mental Illness Awareness Week. Contact Ruth Lindegarde (920-344-8733) for information about other special MIAW events.

NAMI Door County

NAMI Door County will have an informational display in the Door County library in Sturgeon Bay for the entire month of October. They will also present a selected book on mental health to the nine branches of the Door County Public Library System. They will hold Open House at JAK's Place Monday through Friday, October 4th through 8th from 4 to 5 pm. Sunday, October 10th they will present a Power Point on JAK's Place at 9:00 am at Hope United Church of Christ, Sturgeon Bay. Their monthly meeting on Monday, October

11th, at 7:15 pm will feature an *Ask the Doctor* session with Dr. Anne Miller from Door County Community Programs.

NAMI Fond du Lac County

On Tuesday, October 5th, NAMI's National Day of Prayer, NAMI Fond du Lac will give a presentation at the Unitarian Universalist Open Circle Fellowship at 7:00 pm. On Wednesday, October 6th from 1 to 4 pm at Friendship Corner, 27 Third St. in Fond du Lac, a program, *Hearing Voices that are Distressing*, will feature the video by Patricia Deagan and a sharing and discussion following. Thursday, October 7th NAMI Fond du Lac's monthly meeting will start with a pot luck dinner at 5:00 pm. From 6:00 until 8:30 pm a presentation, *Bipolar 101*, will feature a moderator, interactive pieces and panel discussion of the lived experience with a consumer, family members, an agency professional, and a half-way house supervisor. NAMI Fond du Lac will have an informational display table at US Bank with information on NAMI, Friendship Corner, Berry House, Adult Care Consultants and other resources. They will host poster displays at the Fond du Lac Public Library and Woods Florist, and will hold their NAMI Raffle Kick Off, a major chapter fund raiser.

NAMI Green County

NAMI Green County will place an informational display in the New Glarus Public Library. They will also enter a team in the Dane County NAMIWalk on October 3.

NAMI Kenosha County

On Monday, October 4th, Greg Berg of WGTD FM 91.1 will interview NAMI Kenosha President, Jack Rose, and In Our Own Voice presenter, Carol Slovachek. The radio spot will also feature taped material on mental illness. Jack Rose is also being interviewed for Kenosha TV's *Just Talkin'* with Jason Rimkus that will air on Channel 14 during MIAW. NAMI Kenosha will hold its Annual Fundraiser Thursday, October 7th through Sunday October 10th. NAMI members and volunteers will solicit donations in front of local retail stores: Tenuta's Delicatessen; AM Community Credit Unions (3 locations); Spiegelhoff's Super Valu; WalMart Super Store in Somers, WI; and Richter's Sentry Foods, Twin Lakes, WI. NAMI Kenosha will advertise their MIAW events in the Kenosha News.

NAMI La Crosse County

NAMI La Crosse is holding an Iris sale at five sites, offering silk Irises in exchange for contributions. This year the flowers will sport a tag that identifies NAMI La Crosse's new Web site: www.NAMILaCrosseCounty.org. Merchants permitting the Iris sales are: Quillan's and Festival grocers, Shopko and WalMart department stores. Family members and consumers man the sites and all proceeds go to NAMI La Crosse educational outreach. NAMI La Crosse is co-sponsor of a Suicide Prevention Initiative (SPI) Memorial Walk in the Park. They will also distribute

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NAMI membership brochures throughout the area via the Winding Rivers Library System, with a display case in the lobby of the main library in downtown La Crosse.

NAMI Manitowoc County

NAMI Manitowoc will hold a candlelight vigil at the courthouse in Manitowoc at 7:00 pm on Sunday, October 3rd. The vigil will feature a live guitar performance and poetry readings. The mayor of Manitowoc, Justin Nickles, will read a proclamation regarding Mental Illness Awareness Week at this event. NAMI Manitowoc is also placing informative placemats in the McDonalds restaurants in Manitowoc and Two Rivers, as well as informative displays in the public libraries in those cities.

NAMI Marinette & Menominee

NAMI Marinette & Menominee will put informational displays in five public libraries in Marinette County and two public libraries in Menominee County.

NAMI Greater Milwaukee

NAMI Greater Milwaukee will hold their Annual Awards Dinner Tuesday, October 12 at the Italian Conference Center, 631 East Chicago Street, Milwaukee. A reception and silent auction will begin at 5:30 pm followed by dinner at 7:00 and the Awards Presentation at 8:00 pm. NAMI Milwaukee will honor awardees and hear Green Bay Packer Ryan Grant tell why he has chosen NAMI Greater Milwaukee as his "charity of choice." Also speaking will be co-sponsors of the Wisconsin Mental Health Parity Bill, Senator Dave Hansen and State Representative, Sandy Pasch. To register for the dinner online go to www.namigrm.org and click on Dinner Registration.

NAMI Oshkosh

NAMI Oshkosh will participate in the monthly community *Gallery Walk*. They will advertise MIAW activities and host an Open House in their new NAMI office during the *Gallery Walk* on October 2nd. NAMI Oshkosh will focus on increasing awareness of PTSD and alert the community to the support and service resources available to those whose lives

have been affected by this disorder. For more information about NAMI Oshkosh MIAW activities contact Dianna Drew at 920-231-9498.

NAMI Dane County



NAMI Dane County will sponsor their annual NAMIWalk on Sunday October 3rd at Olin Turville Park, Madison. Registration begins at 11:00 a.m. with a start time of 1 p.m.

www.namidaneconomy.org

NAMI Ozaukee County

NAMI Ozaukee is supplying the six Ozaukee County Public Libraries with informative brochures and posters. They also plan to supply area high schools with MIAW information.

NAMI Portage/Wood

On October 19th from 7:00 to 8:30 pm Tina Zahn, author of *Why I Jumped*, will be speaking at Stevens Point Area Senior High Auditorium. This event is sponsored by Healthy People Portage County Suicide Prevention Committee. NAMI Portage/Wood is helping publicize the event and it will be their monthly informational meeting for October. NAMI Portage/Wood Counties will put displays in the area libraries for the month of October.

NAMI Racine County

NAMI Racine will give an informational presentation at the Racine Public Library on October 2nd. They will hold a candlelight vigil, Sunday, October 3rd at 4:00 pm at the First Presbyterian Church in Racine. The vigil will be followed by a supper for participants. NAMI Racine is distributing informational placemats to area restaurants and will be featured in a local radio broadcast that will outline NAMI's mission and programs.

NAMI Richland County

NAMI Richland County will be holding a candlelight vigil and program entitled, *The Art of Celebration: Finding the Brilliant Successful Self* on Monday, October 4, at the Community Building, 600 West Seminary St., Richland Center. The day will begin with a luncheon welcome by Mayor Larry Fowler at 12:00 pm, followed by an address by the keynote speaker, Joe Simon, President of People First and Board Member at Large for NAMI Richland County.

The Richland County program will feature interactive activities from 1:00 to 3:00 pm, including the Richland Neighbor to Neighbor Time Bank and membership activities. Call Martha White at 608-647-4191 to RSVP for the luncheon and with any questions about the event.

NAMI Rock County

NAMI Rock County will have an informational display booth in libraries in the Rock County area. The booth will feature mental illness fact sheets, books on mental illness, and information on the local affiliate, MIAW, NAMI, Family-to-Family and other resources. They will also have a booth at the Rock County Senior Fair, Tuesday, October 5th, from 10:00 am to 2:30 pm at Central Christian Church, 2460 Milwaukee Road, Beloit. NAMI Rock County will hold a candlelight vigil at 7:00 pm, Monday, October 11, to honor veterans and individuals and their families living with the challenges of mental illness. The vigil will be held at The River of Life United Methodist Church, 511 Public Avenue, Beloit. For more information, phone 608-879-9224. NAMI Rock County members also will submit *Letters to the Editor* focusing on mental illness awareness in local newspapers.

NAMI Sheboygan County

NAMI Sheboygan County is organizing a NAMI awareness event for local consumers. They are also placing informational brochures throughout the community.

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NAMI St. Croix Valley

NAMI St. Croix Valley will host a Celebration Picnic for their Peer-to-Peer class and for their Family-to-Family class. Past class members from both programs will also be invited to participate in this event.

NAMI Vernon County

NAMI Vernon County has partnered with the local library to display books on mental illness during MIAW. They will place a photo in the local newspaper demonstrating their partnership with the library. NAMI Faith Outreach materials will be shared with the Viroqua Ministerial Association, with MIAW providing the kick-off for NAMI outreach to area churches. A NAMI Vernon leader will be interviewed on a local radio station and is working with local newspapers on MIAW related articles.

NAMI Walworth County

NAMI Walworth is hosting a banquet for local NAMI members on October 6th at 5:15 pm. Dinner will begin at 6:00, with the program following. Awards will be given as well as a program orchestrated by Maria Ruby and Carol Grube featuring NAMI Walworth consumer members portraying the personal stories of famous people with mental illness. NAMI Walworth is also conducting a

fundraiser in five locations around the community to raise awareness and seek donations to support their mission.

NAMI Washington County

NAMI Washington County will place a display of NAMI mental health outreach materials and educational posters in three area libraries.

NAMI Fox Valley



NAMI Fox Valley is holding their annual NAMIWalk on Saturday, October 2nd at Appleton Memorial Park in Appleton. Registration begins at 7:45 am with a start time of 9:30 am. www.namifoxvalley.org


NAMI Waukesha County

NAMI Waukesha will kick off MIAW with their annual Iris sale. On October 2nd from 9:00

am to 5:00 pm at seven Pick 'N Save markets around the county volunteers will offer information about NAMI, provide facts about mental illness, and hand out silk irises in exchange for donations. NAMI Waukesha's 17th Annual Awards Dinner will be held October 7th at the Thunder Bay Grille in Pewaukee. Cocktails and silent auction begin at 5:00 pm, followed by dinner at 6:00 and the awards ceremony at 7:30. Contact the NAMI Waukesha office for reservations. On October 9th, NAMI Waukesha, in collaboration with Hebron House of Hospitality, is sponsoring "One Night, One Community."

This event is an overnight camp-out that simulates one night of homelessness. In addition to the camp-out they will hold an awareness walk down Main Street toward downtown on that evening. Individuals who are homeless or formerly homeless will tell their stories. NAMI Waukesha Connection facilitator, Roxanne Klejsmit, will share her story of overcoming homelessness and getting treatment. Space is limited. Consult the Web site, www.namiwaukesha.org or contact Aaron Winden at 262-524-8886.

NAMI Wishigan

NAMI Wishigan will place an informational display in the local library. They will also supply informational placemats to area restaurants and food banks. 

Medicare Doesn't Work As Well For Younger, Disabled Beneficiaries

by Juliette Cubanski, Associate Director of the Medicare Policy Project at the Kaiser Family Foundation in Washington D.C. and Patricia Neuman, Vice President and Director of the Medicare Policy Project at the Kaiser Family Foundation


Abstract:

Medicare is not working as well for its eight million disabled beneficiaries under age sixty-five as it is for its older beneficiaries. We report on a 2008 survey that found significant differences between the two Medicare populations, with the younger group experiencing more problems of cost and access. Even with the Medicare Part D prescription

drug program, the nonelderly disabled reported greater difficulty in affording medications, and more adverse health consequences as a result. One potential remedy is the Patient Protection and Affordable Care Act. The law includes reforms that could improve access to care and limit out-of-pocket expenses for the nonelderly disabled in Medicare—as well as those who are wait-

ing to become eligible for the program.

Health Affairs, doi: 10.1377/hlthaff.2009.0962 (Published online August 12, 2010)

The entire article is on the Health Affairs Web site: www.healthaffairs.org. Health Affairs is the leading journal of health policy thought and research. 



Myths and Facts About Mental Illness

What is mental illness?

- Mental illnesses and severe emotional disturbances are biologically based disorders, similar to diabetes, cancer and heart disease.
- Mental and emotional disorders disrupt a person's ability to think, feel, and relate to others.
- Mental illness is the nation's second leading cause of disability after heart disease.

Who does mental illness affect?

- Of Wisconsin's 5.6 million residents, close to 188,000 adults live with serious mental illness and about 60,000 children live with serious mental health conditions. One in four adults—approximately 57.7 million Americans—experience a mental health disorder in a given year. One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder and about one in ten children live with a serious mental or emotional disorder.

What are some of the consequences of untreated mental illness?

- In 2006, 670 Wisconsinites died by suicide. Suicide is almost always the result of untreated or under-treated mental illness. Nationally we lose one life to suicide every 15.8 minutes. Suicide is the eleventh-leading cause of death overall and is the third leading cause of death among youth and young adults aged 15-24.
- During the 2006-2007 school year, approximately 43% of Wisconsin students aged 14 and older living with serious mental health conditions who receive special education services dropped out of high school. Nationally over 50% of students with a mental disorder age 14 and older drop out of high school—the highest drop-out rate of any disability group.
- In 2008, approximately 5,100 adults with mental illnesses were incarcerated in prisons in Wisconsin. Nationally 24% of state prisoners and 21% of local jail prisoners have a history of a mental health disorder. 70% of youth in juvenile justice systems have at least one mental disorder with at least 20% experiencing significant functional impairment from a serious mental illness.

Common Myths about Mental Illness

Myth: If I have a mental illness, it is a sign of weakness--it's my fault. Reality: Mental illness is not anyone's fault any more than heart disease or diabetes is a person's fault. According to the Surgeon General's report: "Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), associated with distress and/or impaired functioning." Mental illnesses are not a condition that people choose to have or not have. No one should have to feel ashamed of this condition any more than any other medical condition.

Myth: People who have mental illnesses are dangerous. Reality: People who have mental illness are far more likely to be the victims of violence—not the perpetrators. In fact, the rate of violence among people with mental illness is exactly the same as the general population.

Myth: People with mental illnesses need to be in psychiatric hospitals or institutions until all the symptoms go away. Reality: People with mental illnesses may need to go to a hospital occasionally to help them get things under control, but most people learn to manage their illnesses and everyday life in the community.

Myth: If a person has a mental illness, he or she can forget about college and a career. Reality: People who have mental illnesses can recover and go on to college and get jobs that fit their talents and interests.

For more information contact: NAMI Wisconsin at 608-268-6000 or 800-236-2988

www.namiwisconsin.org