The Iris

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Wisconsin Parity Act Is Now Law

By Vaunceil Kruse

With a stroke of the pen, Governor Jim Doyle signed the Wisconsin Parity Act into law on April 29th. The signing ceremony, held at the state capitol building, brought to a close over a decade of educating and advocating for mental health insurance coverage. The Wisconsin Parity Act passed the Wisconsin Assembly on April 15 with a strong bi-partisan vote, 57-40. The bill fills in gaps in the coverage outlined in the federal Wellstone-Domenici bill that took effect January 1, 2010.

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NAMI Greater Milwaukee Executive Director, Peter Hoeffel, presents the Contribution to Advocacy Award to Brenda Wesley.

A press release from the Governor's office noted, "Senate Bill 362 requires that group health insurance policies cover mental health, alcoholism and other drug abuse treatment services at the same level as other types of treatment. The bill also eliminates the minimum annual amounts of coverage that a group health insurance policy must provide for individuals with those conditions."

"I have worked very hard in my time as Governor to make sure all Wisconsin's citizens have access to quality, affordable health care," Governor Doyle said. "I am proud to sign this bill into law to help those with mental illnesses and substance abuse problems receive the same benefits."

Governor Doyle thanked Senators Hansen and Wirch and Representatives Pasch and Richards for their work on the bill.

Asked to comment on the passage of the Parity Act, NAMI Wisconsin member and tireless parity advocate, Catherine Beilman, said, "To all the NAMI folks who wrote letters, called, e-mailed, and/or visited their legislators through the years, give yourselves a big pat on the back. Educating our legislators to understand that mental illnesses are brain disorders required perseverance and patience. Finally, we have mental health insurance parity. Congratulations to all." And with the clear thinking displayed by all good advocates, she added, "But we still have a way to go."

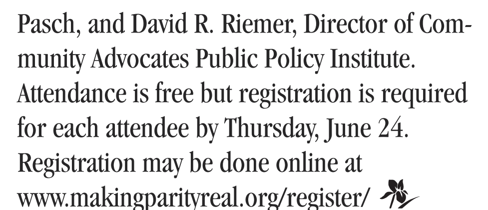
Mrs. Beilman's sentiments were echoed by one of the bill's sponsors, state Representative, Sandy Pasch, (D-Whitefish Bay) in an interview with La Crosse Tribune reporter, Richard Mial. "It's going to be the start of a lot of things we will have to do."

One thing that supporters of mental health parity can do is participate in a symposium sponsored by Making Parity Real.

The next Making Parity Real symposium will be held from 10 am to 2:30 pm, Tuesday, June 29 at Gateway Technical College, 1001 S. Main St. in Racine. The symposium will be presented by Rep. Cory Mason (D-Racine), Rep. Sandy

NAMI Wisconsin advocate Jennie Lowenberg watches Governor Jim Doyle sign the long-awaited Wisconsin Mental Health Parity Bill.

Pasch, and David R. Riemer, Director of Community Advocates Public Policy Institute. Attendance is free but registration is required for each attendee by Thursday, June 24. Registration may be done online at www.makingparityreal.org/register/



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Executive Director's Corner

by Lannia Syren, NAMI Wisconsin Executive Director

Lannia Syren

The last two months have passed in a whirlwind. On March 23, 2010, President Obama signed health care legislation into law. The changes brought about by the law specify insurance benefit requirements for mental health consumers. These benefits include emergency services and prescription drugs, as well as mental health and substance abuse treatment services. Mental health parity is a requirement in state-based exchanges. All plans offered through insurance exchanges must comply with the Domenici-Wellstone Mental Health Parity and Addiction Equity Act of 2008.

Locally, on April 29, Governor Doyle signed the Wisconsin Parity Act into law. I hope you will join me in celebrating this success for mental health consumers and family members that was brought about, in part, by the New Day Coalition, representing NAMI Wisconsin and 82 other mental health organizations from around the state.

Another recent success for NAMI Wisconsin was the 2010 annual conference in Green Bay. Keynote speakers Pam Hyde and Dr. Austin Mardon were well received and our attendance of 399 allowed us to reach a wider audience than in 2009. I would like to express immense appreciation to our sponsors, exhibitors, volunteers and the many phenomenal speakers who generously donated their time and expertise to this event. Thanks to all of you for making this year's event memorable!

On a negative note, the disturbing results of a 2004 SAMHSA survey were released last week. The survey, along with previously-unreleased data that tracked admissions to public and private psychiatric hospitals, reported that people living with serious mental illnesses are more likely to be in jail or prison than they are to be in a hospital. The study calculates that there are approximately 3.2 people with serious mental illness in jail or prison for every 1 person in a psychiatric bed. Change is needed in our criminal justice system. It is critical that we strive for open communication between mental health providers, advocates and the criminal justice system.

In addition to this justice system call-to-arms, I must share the sad news that on March 30, 2010 Harriet Shetler passed away. Her loss was tangible during the 2010 conference where both Bev Young and Nancy Abraham shared words in Harriet's honor. As many of you know, Harriet is considered a co-founder of both NAMI Wisconsin and the national NAMI office.

As Harriet said in a 1993 letter to the editor, "We are trying to change, one person at a time, society's attitudes toward mental illness. We are trying to level the playing field to improve job opportunities, access to housing and the chance to live in the community instead of being warehoused in an institution." Despite some recent legislative wins, our fight continues. Thank you to Harriet Shelter for helping to ignite the fire that became the NAMI movement. You will be missed.

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.
- Promoting public education and understanding of mental illnesses.

The Beat Goes On

by Geoff Greiveldinger and Sandy Hall

This year's annual conference was nothing less than spectacular. NAMI Wisconsin staff and NAMI Brown County put on a show we'll remember for years to come. With 399 registered participants, we exceeded by 10% Madison's excellent turnout in 2009.

Conference participants uniformly praised the quality and variety of the keynotes and the breakout sessions. Two notable events were Friday's keynote address of Pamela Hyde, Administrator of the Substance Abuse & Mental Health Services Administration (SAMHSA) and Saturday's presentation by Andrew Sperling, NAMI National's Director of Legislative Affairs.

Ms. Hyde discussed SAMHSA's 10 strategic initiatives, covering many areas important to us, such as violence and trauma, military members and families, housing and homelessness, and health care reform implementation. Sperling updated us on federal and state legislative and budgetary developments important to the mental health community. Both were reminders that change is a constant and that we cannot rest on our laurels.

Take mental health parity. The federal law, Wellstone-Domenici, became effective January 1, 2010. Though a major step forward, there are some gaps: it only covers employers with 50 or more employees, it lets employers avoid parity by eliminating mental health or substance abuse coverage, and it lets local governments with self-funded plans opt out.

Sperling noted that at least one visible Wisconsin firm—Woodman's Markets—entirely dropped mental health coverage and that several Wisconsin cities and counties elected not to be bound by the parity requirement.

The good news was that, one day before the conference, Governor Doyle signed the state's mental health/substance abuse parity law, thereby closing some loopholes.

The new state law requires that group insurance plans for employers of 10 or more employees and local governments' self-funded plans provide the same coverage of mental health and substance abuse treatment as provided for other types of medical care. It closes loopholes for medium-sized Wisconsin employers (10-50 employees) who have group insurance plans, as well as self-funded local governments. (Private employers who can show certain percentage increases in total coverage costs may opt out.)

Firms like Woodman's can still deny their employees any mental health coverage, but the federal and state laws represent real progress. Now, employees and advocacy groups like NAMI Wisconsin must ensure that employers meet their obligations.

But more battles await. The federal 2011 budget may include major cuts in critical areas, e.g., housing for persons with disabilities. Early next year, the state will tackle the next biennial budget, which will probably be worse even than the current one.

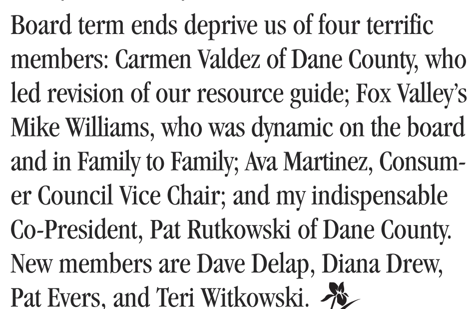
But in the next few months, the focus will be on local governments. Soon, every Wisconsin county will begin work on its 2011 budget, including funding for mental health services, in the face of cost-shifting by the state. At a time when taxpayers bemoan property value declines and sales tax revenues are down, county elected officials are disinclined to raise taxes.

Because Wisconsin delivers mental health services at the county level, there is a special burden on the members of the NAMI family to advocate at that level for the services so important to all persons whose lives are affected by serious mental illness. Now is the time to talk with the county human services and social services directors and their bosses—the county administrative coordinators, county administrators, or county executives.

And it's not too early to contact the county supervisors who must pass the budgets. Let your individual supervisor know that these issues are important to you—especially if that person is on the finance or human services committees. You can have an important influence on these elected officials.

If you have advocacy questions, contact Jennie Lowenberg at NAMI Wisconsin or the Public Policy & Advocacy Committee.

Board term ends deprive us of four terrific members: Carmen Valdez of Dane County, who led revision of our resource guide; Fox Valley's Mike Williams, who was dynamic on the board and in Family to Family; Ava Martinez, Consumer Council Vice Chair; and my indispensable Co-President, Pat Rutkowski of Dane County. New members are Dave Delap, Diana Drew, Pat Evers, and Teri Witkowski.



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NAMI Basics Education Program: Caring For You, Your Family and Your Child with Mental Illness

By Terri Brister, PhD

The first U.S. Surgeon General's report on mental health in 1999 stated that approximately four million children in the United States were living with a serious mental illness, and that twenty-two percent of the nation's children between 9 and 17 years of age had diagnosable mental or addictive disorders that caused at least minimal impairment at home, school or with peers. The 2003 Final Report of the President's New Freedom Commission Report noted that half of all lifetime cases of mental disorders begin by age 14. Mental illness in children and adolescents is a national health concern.

Families of children and adolescents with mental illness have diverse and complex needs. They routinely struggle with finding the most appropriate and effective treatment for their child in a fragmented mental health system; securing the services their child needs in order to receive an adequate and appropriate education in the school system; and dealing with their own feelings of guilt and inadequacy in caring for the child with the illness as well as the rest of the family. Support and education for these families is a national priority within the NAMI organization.

NAMI's agenda and advocacy on children's issues has grown tremendously through the work of the Child and Adolescent Action Center. The logical next step in that growth was the development of a signature education program designed specifically for parents and other caregivers of children and adolescents with mental illness.

The NAMI Basics Education Program was developed in 2007. It is the core educational course for what will become a variety of helpful resources for state and local NAMI affiliates to utilize in serving young families in their communities. The curriculum was developed with input from an Advisory Committee comprised of parents and other caregivers from across the country who were actively involved in education and support services for their peers. NAMI Basics was built around time tested NAMI family education course elements which have been extensively tested and found to be highly effective in the field, including:

- recognition of mental illness as a continuing traumatic event for the child and the family;
- sensitivity to the subjective emotional issues faced by family caregivers and well children in the family;
- recognition of the need to help ameliorate the day-to-day objective burdens of care and management;
- gaining confidence and stamina for what can be a life-long role of family understanding and support; and
- empowerment of family caregivers as effective advocates for their children.

The course was purposely compressed into six, 2.5 hour classes that can be taught either weekly for six weeks, or bi-weekly for three weeks. This allows the flexibility necessary to accommodate the hectic schedules of the caregivers who will benefit most from this program. Each class builds on the one before it, and prepares participants for the class to follow. Classes focus on (1) it's not your fault, mental illnesses are brain disorders, (2) the biology of mental illness—getting an accurate diagnosis, (3) treatment works—an overview of treatment options, (4) acknowledging the strains of family burden and the impact of mental illness on each family member, (5) understanding the mental health, school and juvenile justice systems, and (6) building an advocacy team for the child.

All NAMI Basics teachers are either the parent or primary family caregiver of an individual with a mental illness who began experiencing symptoms prior to the age of 13 years. Teachers are required to participate in a rigorous weekend training that includes learning the content of the curriculum and the techniques necessary to assist participants in processing the information that they are learning. One of the teachers after completing the training said, "The program takes families step by step through the system and how to access information and programs. I am so, so excited to get started teaching this class. It is going to change and improve so many lives."

A pilot evaluation was conducted by Missouri State University on the NAMI Basics classes provided in three states, Illinois, Utah and South Carolina between January and May, 2008. A Pre-Post Test design was used to measure each participants' changes in knowledge about mental illness in children and adolescents, as well as changes in their own perceptions of (1) the impact of the illness on their family and (2) their personal ability to influence treatment interventions and advocacy related to their child's illness.

The study found that parents/caregivers who participated in the NAMI Basics Education Program demonstrated an increase in their own knowledge about mental illness in children and adolescents, as well as the assessment, treatment and advocacy regarding the illnesses. The study also found that the perception that parents/caregivers had of themselves and their own reactions to the illnesses of their children were improved after taking the course.

The researcher concluded that participation in NAMI Basics appears to be associated with increases in knowledge about childhood and adolescent mental illness, assessment and treatment, and advocacy. NAMI will pursue further evaluation of the program to provide more empirical support for the utility of this program and contribute toward eventual designation as an Evidence-Based Practice.

Plans are being made for the development of stand alone, topic specific training modules that will be available to states who are implementing the NAMI Basics programs. These modules will allow states and affiliates to provide additional training to parents and caregivers above and beyond what is available in the core Basics curriculum. The first module, focusing on the issues of Transition Age Youth, will be launched at the NAMI Convention this summer in Washington DC.

The NAMI Basics page on the NAMI Wisconsin Web site home page includes a ***Frequently Asked Questions*** page that allows visitors to watch and hear Dr. Ken Duckworth's video response to a series of questions that are common to most caregivers. Also available on

(continued on page 5)

WFT Provides Multi-Faceted Support to Youth with Mental Health Needs and Their Families

by Hugh Davis

Wisconsin Family Ties (WFT) is a statewide, parent-run organization working with families that include children (to age 21) with mental, emotional or behavioral disorders. WFT's mission is to create greater understanding, acceptance and support in the community for youth with mental health needs and their families.

The agency was founded in 1987 in response to situations where family involvement and input was either marginalized or excluded entirely in favor of provider-directed plans. Over the past 23 years, in part due to advocacy by groups like Wisconsin Family Ties, family involvement has evolved into not only an essential and integral part of plans for youth, but is now acknowledged as the key piece in achieving successful outcomes.

Wisconsin Family Ties provides four basic services to identified youth and their families.

- **Information & Assistance**—supplying information on a variety of topics, including disorders, treatment options, service programs, providers, child and parental rights, mental health system and special education.
- **Education & Training**—conducting workshops, presenting at conferences, providing scholarships for families to attend training events, and individual parent coaching / mentoring.
- **Advocacy**—helping families develop healthy working relationships with the systems that serve their children.
- **Support**—providing emotional support to help families rekindle hope by finding steps they can take to receive the help they need.

WFT sponsors two statewide events of interest to youth and their families. ***Family Fun Day,*** which will be held this year on July 6, gives families a chance to relax for a day at a Wisconsin Dells water park. The ***Children Come First Conference,*** which will be held on November 8-9, focuses on child and adolescent behavioral health and includes a full youth track. Information on these events may be found on the Wisconsin Family Ties website, www.wifamilyties.org.

Some of the 1,779 family members who enjoyed the Wisconsin Family Ties Fun Day in 2009.

So who are the kids that Wisconsin Family Ties serves? They frequently have challenging behaviors to manage, even by those closest to them, and their parents often struggle to effectively advocate for them with the systems that they encounter. Many of these children are judged harshly by others and never given the chance to highlight the unique talents and gifts they possess. They typically have tough times in school environments. These youth are more likely to be ostracized or victims of bullying and harassment, both in and out of school.

Wisconsin Family Ties' employees, called Family Advocates, offer confidential support to these families, particularly during times of crisis. They are specially trained to provide assistance in working with schools, mental health providers and human service organizations.

Among the things WFT hopes to accomplish is a collaborative working relationship between families and the systems that serve them. Wisconsin Family Ties' employees follow a process to help service providers understand how to build better relationships with families and help families understand how to work more effectively with providers.

Wisconsin Family Ties presently has 12 family advocates located throughout the state. To serve families in areas where face-to-face help is not available, WFT operates a toll-free help line. For more information, call the Wisconsin Family Ties help line (800-422-7145) or go to www.wifamilyties.org.

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the Basics web page is the NAMI Minnesota video ***Understanding Mental Illness in Children,*** and links to other resources for families.

For more information on NAMI Basics, please visit our webpage at www.nami.org/basics, or contact Teri Brister, Ph.D., Director of Programs for Young Families at tbrister@nami.org.

The next **Making Parity Real** symposium will be held from 10 am to 2:30 pm, Tuesday, June 29 at Gateway Technical College, 1001 S. Main St. in Racine. The symposium will be presented by Rep. Cory Mason (D-Racine), Rep. Sandy Pasch, and David R. Riemer, Director of Community Advocates Public Policy Institute. Attendance is free but registration is required for each attendee by Thursday, June 24. Registration may be done online at www.makingparityreal.org/register/

NAMI La Crosse Finds Experience and New Ideas are Keys to Success

By Patti Jo Severson

Things are happening at NAMI La Crosse County. Our first NAMI Family-to-Family Education Program course was offered in 2004 and since that time, education has become the corner stone of the work we are doing. We have been touching families' lives. We have increased our educational offerings this year to include NAMI Basics—a hit with parents of youth, (see article on page 4) and Parents and Teachers as Allies (details on this NAMI program follow). We have reached nearly 200 area teachers with more requests for the upcoming school year. The NAMI Family-to-Family Education Program continues with nearly 200 graduates having completed our course. We are offering our 11th course this spring.

NAMI La Crosse offers a Family Support Group and we have plans to improve marketing to increase attendance.

The Board of Directors is changing. Many of our long-term board members who have served more than 20 years are now or soon will be retired. (Eighty is the magic retirement age for all of you on other boards.) We will have a new president when our current president, Mary Lou Ryan, retires at the end of the year and we preparing our current vice-president, Adrian Novak, for the job. New people yield new ideas. We looked at our by-laws and made changes, formed a web page committee, and have been working on improving promotion and increasing membership. Each month our current president, Mrs. Ryan, sends a diary of her activities to Mr. Novak, the incoming president, as a reference to the requirements and activities of the office.

NAMI La Crosse County continues to hold informative monthly meetings open to the public. Recent presentations include: a representative of La Crosse County Human Services—Clinical Services, who discussed the CCS program; a staff member from Fort McCoy, who talked about screening and treating mental illness affecting soldiers returning from Iraq/Afghanistan; planners of the new La Crosse Crisis Center discussing the eight bed facility that has opened recently.

NAMI La Crosse President, Mary Lou Ryan, convenes the monthly informative meeting.

February's meeting had the largest turnout ever when Sheriff Steve Helgeson gave a positive and hopeful talk about how changes in the new jail (La Crosse's largest mental health facility) will affect inmates with mental illness. Many of these changes were due to NAMI La Crosse's advocacy efforts over the past ten years to achieve better treatment of inmates with mental illness in the jail. The jailhouse suicide of an incarcerated young person prompted NAMI representatives to join their advocacy with others and the Suicide Prevention Initiative now exists as a separate entity. NAMI La Crosse financially supports the Suicide Prevention Initiative's annual memorial walk in Riverside Park. We also publicize their monthly Suicide Prevention Support group meetings.

In our ongoing effort to be a presence in the community, you may see NAMI La Crosse County—hosting a group of consumers on a La Crosse Queen boat ride/pizza party; putting up a Christmas tree at the Rotary Lights display in Riverside Park; hosting a December Christmas Party for families; serving on multiple committees at the La Crosse county and community levels, including a ten year participation in the Long Term Care Initiative; selling Tootsie Rolls in May and Irises in October; putting up a display in the library in October; attending the state convention; assisting at RAVE (a drop-in center); assisting the Mental Health Coalition of the Greater La Crosse Area with *Mental Health Crisis Intervention Team Training for Law Enforcement (CIT);* advocating at the local, state (WI and MN), and national levels.

NAMI La Crosse continues to expand its mission. Some of the additions coming in the near future are: an August "pot luck in the park" meeting to roll out our fall programs and educational opportunities plus a Web site with lots of informative pages.

Parents & Teachers as Allies: In-Service Mental Health Education

The *Parents and Teachers as Allies* in-service mental health education program for school professionals focuses on helping school professionals and families within the school community better understand the early warning signs of mental illnesses in children and adolescents. The two hour program focuses on how best to intervene so that youth with mental health treatment needs are linked with services. The program also covers the lived experience of mental illnesses and how schools can best communicate with families about mental health related concerns. This program responds to the recommendations included in Goal 4 of the New Freedom Commission report on mental health that calls for schools to play a larger role in the early identification of mental health treatment needs in children and in linking them to appropriate services.

For more information about bringing PTA to your community, please contact:
Email: lannia@namiwisconsin.org
Phone: 608.268.6000

Transition — To What?

by Nancy Marz, MSW

"Transition" is a constant in our lives—as we move through age groups, levels of education, employment situations, relationships, etc., but the transition of interest here is that of youth from the children's mental health system to the adult mental health system and more generally, adult living.

Young adults with severe emotional disturbances (SED) have a particularly difficult time with transition to adulthood compared to other young adults. Outcomes demonstrate the failure of current efforts. Young adults with severe emotional disturbances have a higher secondary school dropout rate (They are fourteen times less likely to complete high school.), higher arrest and unemployment rates, and lower independent living rates compared to their peers without disabilities.

The fact that there are two systems of care—adults' and children's—has exacerbated the situation. The National Network on Youth Transition for Behavioral Health indicates that ". . .fragmented services, varying eligibility criteria, different funding mechanisms, and distinct philosophies across the child and adult mental health systems further complicates the situation for these young people in obtaining appropriate services and supports and achieving adulthood roles."

The differences between the adults' and the children's systems can come as an unpleasant surprise to parents and youth and need to be looked into and prepared for as much as possible during the teen years.

So, is there any light at the end of this discouraging tunnel?

Over the last decade awareness of these transition challenges has improved. On the state level, Wisconsin's two annual transition focused conferences have increased the number of keynotes and breakouts devoted to mental health related issues; many county mental health agencies, several working in conjunction with NAMI or FACETS, have held well attended "transition fairs" for youth, parents, and school staff. The ongoing expansion of Comprehensive Community Services, a mental health program that provides psychosocial rehabilitation services across the lifespan to those with either a mental health or substance use diagnosis, has grown to 31 sites. As of 2009, BadgerCare Plus began extending insurance coverage to youth aging out of foster care until they reach 25.

Nationally there have been other improvements. The 2009 round of Healthy Transition Initiative grants, given to seven states including Wisconsin, is designed to fund pilot programs that extend support and services to young adults until the age of 25, a significant acknowledgement by the federal government of the need for continued services. Of note, the grant promotes changes in state policy and practices that are to be outgrowths of recommendations by not only a state wide Interagency Transition Team but also a statewide Youth Council, recognizing the importance of consumer voice.

A potential improvement in funding options is the Center for Medicare and Medicaid Services (CMS) amendment known as 1915(i) and titled Community Recovery Services in Wisconsin. The state is working with CMS to finalize details needed for approval. This amendment covers all ages and provides federal funding for supported employment, peer specialists, and in-home (including several residential settings) supports.

There is, of course, much more to do. The child and adult mental health systems need to practice better cooperation and communication. Just as the child welfare, juvenile justice, substance abuse, and mental health systems need to recognize that they serve the same people—they are all "our kids"—the child and adult mental health systems need to see their clients as the same people at different places on an age continuum. Improved collaboration is a worthy and attainable goal.

For more information on issues and solutions

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Internet Resources: Children and Adolescent Mental Health

NAMI National Child & Adolescent Action Center

The NAMI Child & Adolescent Action Center (CAAC) works to improve the lives of children and adolescents living with mental illnesses and their families through advocacy, support and education. **www.nami.org** and **www.nami.org/template.cfm?section=child_and_teen_support**

KidsHealth

KidsHealth has separate areas for children, teens and parents. Each of these sections includes its own design, age-appropriate content, and tone. There are many in-depth features, articles, animations, games and resources developed by experts in the health of children and teens. **www.kidshealth.org**

Mindzone — Cope. Care. Deal.

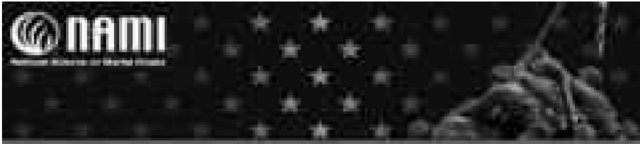
Mindzone is a mental health web site for teens that includes plenty of extremely helpful information. The funding for Mindzone comes from the Annenberg Foundation Trust at Sunnylands with support from the Annenberg Public Policy Center of the University of Pennsylvania. **www.copecaredeal.org**

Reach Out!

This Australian-based Web site contains valuable information for any tennager to help improve their mental health and wellbeing during the transition-age years. The interactive site includes coping tips, forums, fact sheets, personal stories and resources regarding mental illness. **www.reachout.com.au**

The Trevor Project

An organization dedicated to ending the disproportionately high rates of suicide among lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth. **www.thetrevorproject.org**



The Veterans' Corner

By Bruce Rhoades, MD

The many important activities in mental health in the VA system made it evident that NAMI Wisconsin must attempt to keep the consumers of Wisconsin informed about those activities. In this, and in subsequent issues of *The Iris,* "The Veterans' Corner" will be devoted to issues regarding Wisconsin's veterans affected by mental illness.

Among the issues affecting the health of our veterans include many that are the result of war: PTSD (post traumatic stress disorder), TBI (traumatic brain injury) and suicide. Other aspects of life affected by active duty include the change in family relationships, drug and alcohol use, legal issues, homelessness, physical health issues and disabilities.

Suicide rates for veterans have escalated. One response of the Veterans Administration to this situation was to establish a VA call center. The VA Call Center, 1-800-273-TALK, took 19,000 calls in 2009.

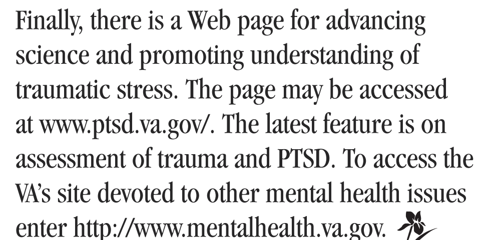
The VA also began a study to understand who is likely to commit suicide. As yet there is no definitive profile, however, the preliminary data suggests these criteria: the person who commits suicide is more likely a white man, is less than 25 years old, has a rank of E-1 to E-4, is divorced, is on active duty, has a GED or less educationally, and has substance abuse problems, coupled with legal, administrative, or financial problems. Thirty-six percent of those who commit suicide have a history of a mental disorder. Most have relationship problems as perhaps shown by the number of veterans who are divorced.

On February 24, 2010 the Veterans Affairs Committee of the House of Representatives, chaired by Rep. Bob Filner (D-San Diego) held hearings entitled, "Exploring the Relationship Between Medication and Veteran Suicide." The hearing was one step in bringing the escalating suicide rate among veterans to wider public attention. Unfortunately, the hearings, with their conflicting views on how best to deal with veterans' suicides, were not well publicized.

Another issue related to veterans dealing with the effects of war is addressed in a *New York Times* article dated, March 15, 2010, "Defendants Fresh from War Find Service Counts in Court." The article notes that veterans returning from Afghanistan and Iraq with PTSD, drug dependency and other problems who run afoul of the law are finding veterans courts helping them get treatment instead of incarceration.

On June 15-16 the Madison Warrior Summit will be held at Truax Campus. For more details, see the article below or, visit www.wiwarrior-project.org/page/upcoming-madison-summit.

In July the VA will host a forum for women veterans to discuss the quality of VA health care, the provision of benefits for women, and ways to improve access to care, and benefits for women veterans.



Finally, there is a Web page for advancing science and promoting understanding of traumatic stress. The page may be accessed at www.ptsd.va.gov/. The latest feature is on assessment of trauma and PTSD. To access the VA's site devoted to other mental health issues enter http://www.mentalhealth.va.gov.

Wisconsin Warrior Project: Madison Summit

The Wisconsin Warrior Project will hold its second Warrior Summit in Madison on June 15 and 16, 2010, at the Madison Area Technical College's Truax Campus. The Wisconsin Warrior Project is a collaborative effort designed to engage veterans groups, community organizations, mental health professionals and the general public in learning about the mental health and other issues facing veterans and their families.

Kyle Hausmann-Stokes, the keynote speaker at the Madison Summit, wants to tell the soldier's story. Following high school, Kyle enlisted in the United States Army as a 19-Delta Cavalry Scout/Reconnaissance Specialist. From January 2002 to August 2004, Kyle was assigned to the 1st of the 509th (AIRBORNE) Infantry at the Joint Readiness Training Center (JRTC), Fort Polk, Louisiana. Kyle was honorably discharged in August 2004.

In September of 2006, Kyle was accepted into the prestigious USC School of Cinematic Arts-Production Program. That same week, however, he also received a letter from the US Army recalling him to active duty and a yearlong deployment to Iraq. Although his film school acceptance was enough to exempt him from this nationwide recall, Kyle decided instead to take an 18-month academic leave of absence and fulfill his military obligation.

From May 2007 to May 2008, Kyle served as a squad leader and convoy commander in Iraq as a member of the 1st of the 160th Infantry Battalion. For his actions under fire and meritorious service throughout the yearlong deployment, Kyle was awarded 2 Army Achievement Medals and the Bronze Star.

Kyle returned to the USC School of Cinematic Arts in August 2008. Kyle's most personal film, *Now, After,* eloquently reflects a combat-veteran-turned-student's daily struggle with PTSD and his journey to get help.

Registration for the Madison Warrior Summit runs from 7:30 to 8:30 am, followed by the presentation of colors at 8:30. Hausmann-Stokes will give his keynote address at 8:45. Breakout sessions begin at 9:30. Hausmann-Stokes will also be speaking at 11:30 am on day two of the Summit.

Registration fees are $40 for the full conference, with CEUs available for an additional $25. If you are a veteran or family member of a veteran not attending from an organization and cannot attend because of the fee, a waiver is available.

To register and to see a full agenda of the two day event log on to the Wisconsin Warrior Project Web site at www.wiwarriorproject.org.

Ask a Question, Save a Life

By Eric Garland

With a stroke of the pen, Governor Jim Doyle signed the Wisconsin Parity Act into law on April 29th. The signing ceremony, held at the state capitol building, brought to a close over a decade of educating and advocating for mental health insurance coverage. The Wisconsin Parity Act passed the Wisconsin Assembly on April 15 with a strong bi-partisan vote, 57-40. The bill fills in gaps in the coverage outlined in the federal Wellstone-Domenici bill that took effect January 1, 2010.

A press release from the Governor's office noted, "Senate Bill 362 requires that group health insurance policies cover mental health, alcoholism and other drug abuse treatment services at the same level as other types of treatment. The bill also eliminates the minimum annual amounts of coverage that a group health insurance policy must provide for individuals with those conditions."

"I have worked very hard in my time as Governor to make sure all Wisconsin's citizens have access to quality, affordable health care," Governor Doyle said. "I am proud to sign this bill into law to help those with mental illnesses and substance abuse problems receive the same benefits."

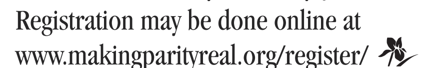
Governor Doyle thanked Senators Hansen and Wirch and Representatives Pasch and Richards for their work on the bill.

Asked to comment on the passage of the Parity Act, NAMI Wisconsin member and tireless parity advocate, Catherine Beilman, said, "To all the NAMI folks who wrote letters, called, e-mailed, and/or visited their legislators through the years, give yourselves a big pat on the back. Educating our legislators to understand that mental illnesses are brain disorders required perseverance and patience. Finally, we have mental health insurance parity. Congratulations to all." And with the clear thinking displayed by all good advocates, she added, "But we still have a way to go."

Mrs. Beilman's sentiments were echoed by one of the bill's sponsors, state Representative, Sandy Pasch, (D-Whitefish Bay) in an interview with La Crosse Tribune reporter, Richard Mial. "It's going to be the start of a lot of things we will have to do."

One thing that supporters of mental health parity can do is participate in a symposium sponsored by Making Parity Real.

The next Making Parity real symposium will be held from 10 am to 2:30 pm, Tuesday, June 29 at Gateway Technical College, 1001 S. Main St. in Racine. The symposium will be presented by Rep. Cory Mason (D-Racine), Rep. Sandy Pasch, and David R. Riemer, Director of Community Advocates Public Policy Institute. Attendance is free but registration is required for each attendee by Thursday, June 24. Registration may be done online at www.makingparityreal.org/register/



Warning Signs of Suicide

Most people who are suicidal give warning signs that they are in crisis. Suicide can be preventable.
Most people who are suicidal don't want to die, but they want the pain to end. Preventing suicide begins with education.

Warning Signs

Any one of these symptoms does not necessarily mean the person is suicidal, but several may signal a need for help.

- A previous suicide attempt by yourself, a family member or friend.
- Talking about suicide and/or death; making suicide threats.
- A change in behavior such as increased alcohol or drug use, reckless or impulsive behavior or withdrawing from friends and family.
- Change in eating or sleeping habits.
- Loss of interest in school, work or hobbies.
- Feelings of hopelessness, helplessness, worthlessness, anxiety, agitation, anger, rage, a feeling of being trapped or quick mood changes including dramatic positive changes.
- Making final arrangements such as giving away special possessions or unusual contact with personally significant people.
- Making a plan. For example, acquiring a weapon or stockpiling drugs/medication

What To Do

- If the person is in immediate danger, call 911.
- Always take thoughts of suicide seriously.
- Do not leave the person alone.
- Ask the person if they have a plan or weapon.
- Listen and talk openly.
- Allow the person to express their feelings.
- Don't act shocked—this can create distance.
- Don't ask "why"—this may encourage defensiveness.
- Be non-judgmental and don't debate if suicide is right or wrong.
- Don't be sworn to secrecy. An angry friend is better than a dead friend.
- Seek support. Ask for help from a teacher, counselor, parent or other trusted adult. Don't try to handle it alone.

Call 911 if the person is in immediate danger, otherwise, call (800) 273-TALK or contact a doctor or mental health professional.

You may want to offer to accompany the person when they seek help.

Adapted from Mental Health America of Wisconsin's brochure ***Suicide can be Prevented, Help a Friend in Crisis.*** www.mhawisconsin.org

Glossary of Terms: Child and Adolescent Mental Health

This glossary excerpt from SAMHSA's National Mental Health Information Center contains terms frequently used when referring to the mental health needs of children and adolescents. For more information about children's mental health issues or services, call the Center at 1-800-789-2647 (toll-free), 866-889-2647 (TDD), or http://mentalhealth.samhsa.gov/child.

Assessment:
A professional review of child and family needs done when services are first sought from a *caregiver.* The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the *caregiver* and family decide what kind of treatment and supports, if any, are needed.

Case manager:
An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

Case management:
A service that helps people arrange for *appropriate services* and supports. A *case manager* coordinates mental health, social work, educational, health, vocational, transportation, advocacy, *respite care,* and recreational services, as needed. The *case manager* makes sure that the changing needs of the child and family are met. (This definition does not apply to *managed care.*)

Child protective services:
Designed to safeguard the child when abuse, neglect, or abandonment is suspected, or when there is no family to take care of the child. Examples of help delivered in the home include financial assistance, vocational training, homemaker services, and daycare. If in-home supports are insufficient, the child may be removed from the home on a temporary or permanent basis. Ideally, the goal is to keep the child with the family whenever possible.

Children and adolescents at risk for mental health problems:
Children are at greater risk for developing mental health problems when certain factors occur in their lives or environments. Factors include physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of a loved one, frequent relocation, alcohol and other drug use, trauma, and exposure to violence.

Continuum of care:
A term that implies a progression of services that a child moves through, usually one service at a time. More recently, it has come to mean comprehensive services. Also see *system of care* and *wraparound services.*

Coordinated services:
Child-serving organizations talk with the family and agree upon a *plan of care* that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. *Case management* is necessary to coordinate services. Also see *family-centered services* and *wraparound services.*

Crisis residential treatment services:
Short-term, round-the-clock help provided in a nonhospital setting during a crisis. For example, when a child becomes aggressive and uncontrollable, despite in-home supports, a parent can temporarily place the child in a *crisis residential treatment service.* The purposes of this care are to avoid *inpatient hospitalization,* help stabilize the child, and determine the next appropriate step.

Cultural competence:
Help that is sensitive and responsive to cultural differences. *Caregivers* are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They also adapt their skills to fit a family's values and customs.

Day treatment:
Day treatment includes special education, counseling, parent training, vocational training, skill building, crisis intervention, and recreational therapy. It lasts at least 4 hours a day. *Day treatment* programs work in conjunction with mental health, recreation, and education organizations and may even be provided by them.

DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition):
An official manual of mental health problems developed by the American Psychiatric Association. Psychiatrists, psychologists, social workers, and other health and mental health care providers use this reference book to understand and diagnose mental health problems. Insurance companies and health care providers also use the terms and explanations in this book when discussing mental health problems.

Early intervention:
A process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk. *Early intervention* can help children get better in less time and can prevent problems from becoming worse.

Emergency and crisis services:
A group of services that is available 24 hours a day, 7 days a week, to help during a mental health emergency. Examples include telephone crisis hotlines, suicide hotlines, crisis counseling, *crisis residential treatment services,* crisis outreach teams, and crisis respite care.

Family-centered services:
Help designed to meet the specific needs of each individual child and family. Children and families should not be expected to fit into services that do not meet their needs. Also see *appropriate services, coordinated services, wraparound services,* and *cultural competence.*

Family support services:
Help designed to keep the family together, while coping with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parenting training, *crisis services,* and *respite care.*

Home-based services:
Help provided in a family's home either for a defined period of time or for as long as it takes to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other necessary help. The goal is to prevent the child from being placed outside of the home. (Alternate term: in-home supports.)

Individualized services:
Services designed to meet the unique needs of each child and family. Services are individual

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NAMI Wisconsin Board of Directors Offers Committee Opportunities

The NAMI Wisconsin Board of Directors maintains a number of committees that meet once per month, quarterly, or as needed. Each committee has a specific purpose that it works toward and a minimum of one board member is active on each committee. In many cases, non-board members may become involved as committee members or participate in committee projects or efforts.

The **Governance Committee** is commissioned to: recommend a corporate structure that best suits its organizational needs; ensure that the Board comprises committed and engaged directors who have the expertise and on-going training to fulfill their responsibilities; defined, review and recommend policies relevant to the effectiveness of the Board's governance; and continuously monitor the overall quality of Board performance. It shall periodically review and recommend policies. The board **Nominating Committee** is a sub-committee of this group.

The **Fund Development & Marketing Committee** assumes primary responsibility in all matters pertaining to annual and long-range fund development, planned giving, and capital campaigns, thereby solidifying the financial base and ensuring long-term financial stability. It shall also be commissioned by and accountable to the Board of Directors of the organization to coordinate efforts to foster a positive public image for NAMI WI and develop a strategy to promote NAMI WI and its programs. Sub-committees include: **Corporate Giving, Individual Giving** and **Fundraising Events.**

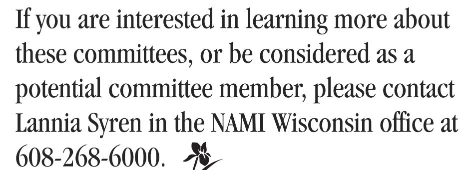
The **Affiliate and Membership Development Committee** advises and supports the activities of staff to: encourage growth and development of memberships and affiliates; foster stronger links between NAMI Wisconsin and local affiliates; foster stronger links between NAMI National and local affiliates; and work with staff to develop ways to facilitate the work of local affiliates. It shall periodically review and recommend policies concerning the continued growth and development of memberships and of local affiliates.

The **Program Committee** is commissioned by and accountable to the Board of Directors of the organization to: advise and support the operation of programs and services in collaboration with staff; monitor accountability of program activity; and evaluate program outcomes. It shall periodically review and recommend policies concerning the programs or services of the organization. The Program Committee will also work to ensure inclusion of diverse communities in NAMI programming. Sub-committees include: **Diversity Inclusion, Annual Conference** and **Education.**

The **Finance Committee,** which is chaired by the Treasurer, is commissioned by and accountable to the Board of Directors of the organization to: safeguard its assets; oversee the judicious discharge of its funds; and ensure prudent investments, thereby discharging its fiduciary responsibilities and safeguarding the fiscal solvency of the corporation. It shall recommend and periodically review all policies concerning the finances of the organization.

The **Public Policy & Advocacy Committee** will carry out the commitment to be "the state's voice on mental illness" by: developing and formulating clear policies on mental health-related issues of importance to the consumers, family members and the public at large; ensuring the clear, prompt, articulation of policies in appropriate venues; and ensuring that, to the maximum extent possible, the public in general is made aware of issues and concerns vital to consumers and family members. Sub-committees include: **Veterans Affairs, Forensics** and **Public Relations/ Marketing.**

If you are interested in learning more about these committees, or be considered as a potential committee member, please contact Lannia Syren in the NAMI Wisconsin office at 608-268-6000.



Criminal Justice Mental Health Task Force Begins Work

By Jennifer Lowenberg

Chief Justice Shirley S. Abrahamson convened a new statewide task force focusing on improving the criminal justice system's response to people with mental illness in Madison on March 11. The task force is charged with three tasks: identify current programs and initiatives operating across the state; analyze gaps in the mental health and criminal justice systems; and develop a best-practices model of evidence-based, cost-effective interventions that can be implemented early to improve responses to people with mental illness.

The 80-member task force represents diverse stakeholders and policy makers including law enforcement, legislators, judges, district attorneys, public defenders, Department of Corrections and Department of Health Services, jail administrators, state mental health directors, local mental health providers, lawyers, non-profit organizations, consumers, hospital administrators, county board members, county executives, and mental health advocates.

Lively roundtable discussions were facilitated by circuit court judges from Eau Claire, Racine and Milwaukee. In these discussions task force members shared information about programs operating throughout the state that facilitate positive responses to individuals with mental illness who are in contact with the criminal justice system. Participants identified gaps in services and communications between the mental health and criminal justice systems and generated ideas for improved responses and possible alternatives. Consumer participants offered valuable perspectives from their own complicated experiences with criminal justice. Among the three roundtable discussion common themes arose: the necessity of communication, collaboration, and community partnerships across the criminal justice and mental health systems.

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Speakers, Workshops, Honorees Highlight NAMI WI Annual Conference

by Vaunceil Kruse

The NAMI Wisconsin Annual Conference, co-hosted by NAMI Brown County, convened on April 29th at the Radisson Hotel and Conference Center in Green Bay. Following a welcome by Green Bay Mayor, Jim Schmitt, NAMI Wisconsin founder, Bev Young paid a tribute to co-founder, Harriet Shetler, who passed away earlier this year. Bev spoke about the tremendous momentum that began with a small group of dedicated volunteers and grew into a national movement. Harriet's loss is difficult for her family and friends, but her influence will continue to resonate with the NAMI organization, in Wisconsin and nationwide, far into the future.

John S. Wallschlaeger, Appleton police officer, accepts the Protect and Serve Award from NAMI Fox Valley Executive Director, Karen Aspenson.

Conference keynote speaker, Pamela S. Hyde, JD, Administrator of the Substance Abuse and Mental Health Services Administration addressed the conference on "Behavioral Health 2010: Challenges and Opportunities." Ms. Hyde outlined SAMHSA's ten Strategic Initiatives: prevention of substance abuse and mental illness; trauma and justice; military families—active, guard, reserve, and veteran; health insurance reform implementation; housing and homelessness; jobs and economy; health information technology for behavioral health providers; behavioral health workforce —in primary and specialty care settings; data, quality, and outcomes; public awareness and support. She also covered some of the changes in mental health services families affected by mental illness can expect in the near future. Among new services are: new home visiting programs for young children —with a focus on families with substance use disorders; programs to expand "medical homes" to include behavioral health; and school-based health clinics to provide mental and substance use disorder assessments, crisis intervention, counseling, and treatment.

NAMI Wisconsin Executive Director, Lannia Syren, NAMI Brown County President, Donajane Brasch, NAMI Wisconsin Board of Directors Co-President, Geoff Greiveldinger, and keynote speaker, Pamela S. Hyde, prepare for the opening of the annual conference.

Ms. Hyde concluded her address by reminding the audience that behavioral health is essential to health. She also emphasized that "prevention works; treatment is effective; and people recover."

Workshop sessions began at 10:30 am. Conference attendees gave excellent reviews to the sessions offered on Friday, with the physicians' informational sessions given their usual top ratings. Some of the comments from other sessions provide some insight into the conference experience that keeps attendees coming back.

"The speaker was extremely interesting to hear. He obviously has a great deal of knowledge about the subject matter. He kept my attention by using humor."

"The speakers were very enlightening with their own recovery stories. It gives hope and empowerment to my own recovery."

"This session was interesting and informative. The presentation was well put together and the speaker was very passionate about subject matter. I will take what I learned here and be able to apply it to my job!"

Luncheon on Friday featured the presentation of Iris Awards. Presenting the Consumer Council Jim Maddox Peer of the Year Award to Wendy Warren was Council Chair, Misty Barnhill. Presenting the second Consumer Council Jim Maddox Peer of the Year Award to Richard Bauer was NAMI Wisconsin Board member, Sandy Pharis.

Donajane Brasch, NAMI Brown County President, presented the NAMI Brown County Sparkplug Awards to Beth Hoffman and Ann Skochinski.

Bill Jartz received the Outstanding Media Support award from NAMI Fox Valley member, Sherry Williams. Fox Valley's Executive Director, Karen Aspenson, presented the Protect and Serve Award to John Wallschlaeger for his work in the CIT program.

NAMI Wisconsin Executive Director, Lannia Syren, presented the Outstanding Contribution to NAMI Wisconsin Award to NAMI Wishigan's retired president, Fumiko McLain.

Peter Hoeffel, Executive Director of NAMI Greater Milwaukee, presented the Contribution to Advocacy Award to Brenda Wesley for her development of and work with the ASK Program, designed to bring support and ease the stigma of mental illness in the African American community. Brenda also received a special recognition plaque from the Wisconsin State Assembly for the ASK program.

Voting members of NAMI Wisconsin were given the opportunity to vote to fill four seats on the Board of Directors. Election results were announced at the NAMI Wisconsin Annual Meeting which convened after Friday's workshop sessions concluded. Elected to fill four vacated seats were: Dave Delap of Madi-

son, Diana Drew of Oshkosh, Pat Evers of Mequon, and Teri Witkowski of Waunakee. Leaving the Board at the conclusion of their elected terms were, Co-President Pat Rutkowski, Carmen Valdez, PhD, Terry Schnapp and Mike Williams.

Conference attendees were welcomed to Saturday's session by NAMI Wisconsin's first president, advocate and long time champion, Nancy Abraham. Introductions were handled by NAMI Wisconsin Executive Director, Lannia Syren. The featured speaker, Austin Mardon, PhD, CM, addressed the conference after the first set of concurrent workshops. Dr. Mardon's address, "My Personal Journey with Schizophrenia: From Madness to the Queen's Representative in Canada's Rideau Hall" focused on his path to recovery after his diagnosis.

NAMI National's Director of Federal Advocacy, Andrew Sperling, JD, addressed the conference on the implications of health care reform on persons affected by mental illness. Among the mental health specific provisions provided for under the health reform bill are: essential benefits requirements (Section 1302)—includes emergency services, prescription drugs, mental health and substance abuse treatment services; parity requirements in state-based exchanges (Section 1311)—all

Outstanding Mental Health Professional Award recipient Dr. David Mays is congratulated by NAMI board member, Jack Rose.

plans offered through exchanges must comply with the Domenici-Wellstone Mental Health Parity and Addiction Equity Act of 2008. Section 5604 of the bill provides for co-location of primary care in community health settings—new demonstration authority for grants to co-locate primary care in Community Mental Health Centers. Another section of the bill of interest to NAMI members, the Medicaid option for health home for chronic conditions (Section 2703), specifically lists serious mental illness as a qualifying chronic condition.

Saturday's physicians' sessions were, as on Friday, standing room only. Many other sessions were also well received.

"Superb—exactly what we came to the conference for."

"Excellent information and help to get started including long term planning and goal setting for education, advocacy and support."

Saturday's luncheon featured a presentation of the Mental Health Professional award to Dr. David Mays by NAMI Kenosha president and NAMI Wisconsin Board of Directors member, Jack Rose.

The NAMI Wisconsin Outstanding Leadership in Government Award was presented in absentia to Senator Judy Robson of the Wisconsin State Legislature.

Both days of the conference featured the popular silent auctions and raffles sponsored by conference co-host, NAMI Brown County and the NAMI Wisconsin Consumer Council. A fitting and pleasant end to the activities was the drawing of raffle winners and the announcement of silent auction winners, proceeds from which will support the projects and programs of NAMI Brown County and the NAMI Wisconsin Consumer Council in the coming year.

Friday's recipients of NAMI Wisconsin 2010 awards, left to right: Ann Skochinski, Beth Hoffman, Brenda Wesley, John Wallschlaeger, Fumiko McLain, Bill Jartz, and Richard Bauer.

Transition

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refer to: *Transition of Youth and Young Adults with Emotional or Behavioral Difficulties,* compiled by the authority on mental health transitions, Hewitt B. "Rusty" Clark and his associate Deanne K. Unruh. For suggestions and resources specific to Wisconsin, consult the Mental Health Transition Advisory Council: "Do It Yourself Case Management and Advocacy; How to Get Mental Health and Related Services from the Adult System and Things to Do While You Wait" and "Transition Resources for Adolescents with Mental and/or Emotional Disorders and Their Families": www.wicollaborative.org/lins.htm#Transition.

***Nancy Marz, MSW,** is a child and adolescent program coordinator in the Bureau of Prevention Treatment and Recovery.*

Criminal Justice

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A summary report will describe existing programs and information-sharing methods, identify gaps in the criminal justice and mental health systems, and outline innovative interventions that will promote improved responses to individuals with mental illnesses who are at risk of incarceration or in contact with the criminal justice system.

A Tribute to NAMI Wisconsin's Selfless Volunteers

by Terry Ryan

There have been so many volunteers of the National Alliance on Mental Illness organization that I don't know where to begin in thanking all of them. I don't want to be too sentimental but I believe that the contributions of so many people have been so critical to the successful operation and growth of the National Alliance on Mental Illness. I think that these people should be recognized!

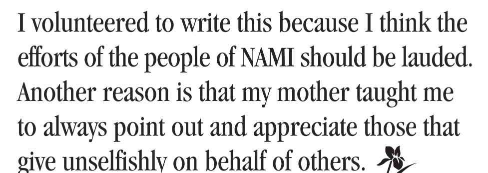
Beginning with the founders of what was then called AMI, dedication was never lacking. The Family to Family course was one of the first NAMI courses that I learned about. Although I never attended one, I know that my mother and father did and that they were helped by it very much. My mother began teaching it after she attended it regularly for a long time. My father eventually became the president of the Wisconsin Board of Directors so that he could actively advocate for and support those that suffered as a result of severe and persistent mental illness. He contributed a lot and he worked alongside many people that he appreciated and respected.

Since I've been a member of the Board of Directors, active on the Consumer Council as well as a certified In Our Own Voice Presenter, I've worked with many people that have inspired me and impressed me with their tireless efforts and commitment to our mission. NAMI is able to help people because of the hard work of the dedicated paid employees but also because of the many volunteers that give their time and make sacrifices. I don't think NAMI could have reached the level of success that it has if it not for the efforts of the many people that advocate, educate and support on behalf of those affected by mental health issues. Many of the people I'm referring have families and full-time jobs; the fact that they give their extra time and effort to volunteer amazes me. There are also a lot of consumers that have gone to great lengths to participate and help in any way that they can. I value every volunteer equally because we all contribute in different ways.

Many of the duties performed by volunteers are difficult and time-consuming. The Board of Directors has a meeting on the second Saturday of every other month. The Consumer Council meets about four times per year for a total of about seven hours per meeting. In addition, we all put in extra time to carry out the duties required by each committee that we serve on and in organizing in the state convention.

The challenges that have been overcome since the beginning of the council amaze me to this day. It couldn't have been established or sustained if not for consistent work of many consumers. Some have devoted an incredible amount of time and energy on meaningful tasks. There are many names that I would love to mention, however I have decided not to for the simple reason that I don't want to leave anyone out or make some seem more important than others.

I volunteered to write this because I think the efforts of the people of NAMI should be lauded. Another reason is that my mother taught me to always point out and appreciate those that give unselfishly on behalf of others.



Glossary of Terms

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ized when the *caregivers* pay attention to the needs and strengths, ages, and stages of development of the child and individual family members. Also see *appropriate services* and *family-centered services.*

Managed care:
A way to supervise the delivery of health care services. *Managed care* may specify which *caregivers* the insured family can see and may also limit the number of visits and kinds of services that are covered by insurance.

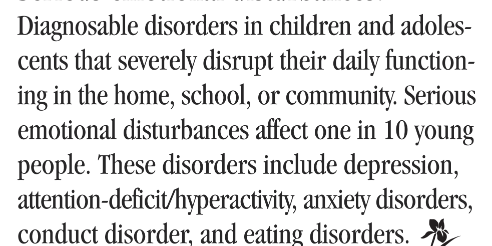
Mental disorders:
Mental disorders are real. They affect one's thoughts, body, feelings, and behavior. Mental disorders are not just a passing phase. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental disorders include depression, bipolar disorder (manic-depressive illness), attention-deficit/ hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

Plan of care:
A treatment plan especially designed for each child and family, based on individual strengths and needs. The *caregiver(s)* develop(s) the plan with input from the family. The plan establishes goals and details appropriate treatment and services to meet the special needs of the child and family.

Residential treatment centers:
Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with *serious emotional disturbances* receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than inpatient hospitalization.

Respite care:
A service that provides a break for parents who have a child with a *serious emotional disturbance.* Trained parents or counselors take care of the child for a brief period of time to give families relief from the strain of caring for the child. This type of care can be provided in the home or in another location.

Serious emotional disturbances:
Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. Serious emotional disturbances affect one in 10 young people. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorder, and eating disorders.



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"There have been some new developments since my last conference, excellent update on new health care."

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