



The Iris

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

Subscription \$10.00

January / February 2010 Volume 25 Issue 1

NAMI Wisconsin Annual Conference

***Taking the Journey Together:
The Art of Living with
Serious Mental Illness***
April 30 – May 1, 2010

Radisson Hotel & Conference Center
2040 Airport Drive, Green Bay, WI 53413
Co-Hosted by NAMI Brown County



Friday's Keynote Speaker:

Pamela S. Hyde, J.D.
Administrator,
Substance Abuse
and Mental Health
Services Administra-
tion (SAMHSA)
U.S. Department of
Health And
Human Services

Dates of Note:

- February 12** Consumer Scholarship applications available
- March 5** Early Bird registration deadline
- April 7** Hotel discount rate cut-off
- April 23** Last day to register for conference and for cancellation refunds

See page 13 for Conference program details and pages 14 and 15 for registration form

Pamela S. Hyde, Administrator of SAMHSA to Open NAMI Wisconsin Conference

NAMI Wisconsin's Annual Conference, *Taking the Journey Together: the Art of Living with Serious Mental Illness*, will open Friday, April 30, 2010 with a distinguished speaker. Pamela S. Hyde, J.D. was nominated by President Barack Obama and confirmed by the U.S. Senate in November 2009 as Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA).


Ms. Hyde came to SAMHSA with more than 30 years experience in management and consulting for public healthcare and human services agencies. She has served as a state mental health director, state human services director, city housing and human services director, as well as CEO of a private non-profit managed behavioral healthcare firm. In 2003 she was appointed cabinet secretary of the New Mexico Human Services Department by Governor Bill Richardson, where she worked effectively to provide greater access to quality health services for everyone until her SAMHSA appointment.

SAMHSA is responsible for improving the accountability, capacity and effectiveness of the Nation's substance abuse prevention, addictions treatment, and mental health services delivery system. As Administrator, Ms. Hyde leads SAMHSA's staff of approximately 550 public health professionals and manages a budget of approximately \$3.5 billion dedicated towards efforts and policies advancing the health and well being of the American people. SAMHSA's vision as an agency of the federal government is "A Life in the Community for Everyone." This vision is based on the premise that people of all ages, with or at risk for mental or substance abuse disorders should have the opportunity for a fulfilling job/education, a home, and meaningful personal relation-

ships with friends and family. The economic costs of undiagnosed and untreated mental and substance use disorders are staggering. The human costs—measured in lost jobs, lost families and lost lives—are incalculable. Yet, mental and substance abuse disorders are treatable illnesses from which people can and do recover. The toll of substance abuse and mental illnesses can be dramatically reduced by prevention and early intervention with state-of-the-art services and supports. SAMHSA is bringing this knowledge to communities across the nation to ensure that people with or at risk for mental or substance use disorders have the opportunity for recovery and a fulfilling life in the community.

The SAMHSA website (www.samhsa.gov) gives an overview of the breadth and depth of the programs devoted to the SAMHSA mission, a philosophy that echoes and supports the NAMI mission.

One of SAMHSA's program priority areas is "mental health system transformation," a priority that has been a cornerstone of Pamela Hyde's professional life. As a member of The President's New Freedom Commission on Mental Health, she served as consultant on Medicaid. As Secretary of the Human Services Department of the State of New Mexico she addressed the fragmentation of behavioral health care services in that state and nationwide. On the announcement of her appointment to be the Administrator of SAMHSA, Governor Bill Richardson said, "Pam Hyde has served New Mexicans well, and now she will use that same hard work and dedication to behavioral health issues to serve all Americans."

The staff and board of NAMI Wisconsin hope you will join us in welcoming Ms. Hyde during NAMI Wisconsin's 2010 Conference. 

NAMI Wisconsin County Affiliates

Barron	(715) 736-0089
Brown	(920) 430-7460
Chequamegon Bay..... (Ashland, Bayfield)	(715) 274-8403
Dane	(608) 249-7188
Dodge	(920) 887-8193
Door.....	(920) 493-2912
Douglas.....	(715) 378-2772
Fond du Lac.....	(920) 922-0566
Fox Valley	(920) 954-1550 (Outagamie, Calumet, Waupaca, Winnebago)
Green.....	(608) 329-6211
Iron	(715) 476-2172
Jefferson	(920) 262-7887
Kenosha.....	(262) 605-9038
La Crosse	(608) 784-7532
Manitowoc	(920) 682-7025
Marinette (WI) and Menominee (MI)	(906) 864-1933
Mid Central	(608) 296-3373 (Adams, Green Lake, Juneau, Marquette, Waushara)
Milwaukee	(414) 344-0447
Northwoods	(715) 298-2553 (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.....	(815) 624-5944
Sheboygan	(920) 803-6193
South Central	(608) 768-5375 (Sauk, Columbia)
Southwest Wisconsin.....	(608) 348-6136 (Grant, Iowa, Crawford)
St. Croix Valley	(715) 307-1921 (St. Croix, Pierce)
UW Madison.....	(608) 268-6000
Vernon.....	(608) 637-6109
Walworth	(262) 495-2439
Washington	(262) 338-2393
Waukesha	(262) 524-8886
Wishigan.....	(906) 542-7219 (Florence, WI, Dickinson, MI)

Executive Director's Corner

by Lannia Syren, NAMI Wisconsin Executive Director

In the past I have experienced several “lightbulb moments” of true clarity. Sometimes those moments of clarity have come after hardship or a time of growth. In all cases this moment of clarity resulted in change.



Lannia Syren

In the case of NAMI, a recent “lightbulb moment” has helped me to better understand the long and winding path we must take to improve services for individuals with mental illness around the state. In many ways we must return to our roots and take a long, hard look at the services provided in communities and counties throughout Wisconsin. We need to ensure that evidence-based practices are the focus and that scarce mental health dollars are being used as effectively as possible. We need to look at the outcomes reported by our service providers and get behind the programs that are the most effective for individuals living with serious mental illnesses. We need to ask the difficult questions and not relent until our needs and those of our family members, neighbors and co-workers living with mental illnesses are met.

Today, as in the past, NAMI members and affiliate leaders have an opportunity to create real change. In this issue and other issues throughout 2010 you will find that we

are revisiting articles from past Iris publications. These pieces of our history are still relevant today as many NAMI affiliates around the state search for new leadership, struggle to impact local mental health services and continue to work toward improving the quality of life for individuals living with mental illness.

We know that investing in effective treatments and services for mental illnesses will save lives and money. In the coming days NAMI will need your help fostering and supporting those programs and services that work. As the saying goes, “many hands make the load lighter.” Truly, we will need all the helping hands and passionate hearts we can find.

Throughout 2010 NAMI Wisconsin will continue to grow our membership. As many of you know, membership is NAMI's strength, voice and future. We must constantly strive to reach out to new mental health consumers, family members and professionals and ask them to add their strength and knowledge to our own. Additionally, we will reach out to new communities to build new NAMI affiliates where services are lacking. Each member can help this building and growing process by inviting a friend to become a member or accompany them to the 2010 Conference.

The journey ahead will bring many challenges but I believe in the mission of NAMI and together we can meet those challenges head-on. 🌸

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

NAMI of 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.

Presidents' Message

By Geoff Greiveldinger, Co-President, NAMI Wisconsin Board of Directors

The start of the year is State of the Union time, and the reprint of Harriet Shetler's article, "Second Thoughts", written a decade ago, could serve as our State of NAMI address for 2010. It also provides us guidance for the next decade.

Harriet started by reminding us that NAMI's founders' first thoughts "were centered on advocating for more and better services for our family members with mental illness, most of whom weren't doing well." She applauded NAMI's decision to focus on education of NAMI members and others. In providing perspective on how far we had come, Harriet asked some pertinent questions, including:

"How close is NAMI to being the significant force in human services that we hoped it would be?"

"Did we, in our rush to support newly discovered drugs . . . overlook the help that can come from well-designed psychotherapy along with the pills?"

"Did we spend enough time out of NAMI's need for effective advocacy to bind up the wounds in families torn apart by guilt and discouragement?"

"Have the larger, well-coordinated groups in NAMI done enough to encourage six-to-ten member groups in small towns where stigma is overwhelming?"

Some of these questions may still need to be asked—not because we have failed to fulfill our high self-expectations, but because the constant change of life creates new issues and sometimes causes old ones to reoccur.

On the advocacy front, we have made some progress over the last year. Congress passed the federal parity bill, and the Wisconsin Senate has passed the state parity bill 20 -13. The state bill must still pass the Assembly, but we are one step closer to legislation that will help many of those not covered by the federal law. At the same time, we have seen large employers like Woodman's and the City of La Crosse take advantage of loopholes in order to skirt the parity provisions. The same misinformation about treatment and about mental illnesses prevails in places where we could have supposed it diminished or gone.

The advocacy of Harriet and her cohorts helped make Wisconsin's mental health system

one of the nation's best, but our position has diminished over time. State funding for mental health has been parsimonious, and counties are forced to bear more of the cost. Worse yet—and echoing Harriet's question about the relative value of different therapeutic methods—our state administrators appear to lack interest in measuring the quality of services received, meaning we do not know what we are paying for or how effective it is. In the realm of advocacy, we can never rest on our laurels.

We're doing a good job of "binding wounds." The explosion in signature education courses, structured support groups, and timely adaptations—e.g., veterans-focused programs—has been dazzling. Credit goes to the NAMI organization at all levels and, above all, to the dedicated volunteers who make the programs happen. But we can't rest on our laurels here either. New individuals and new families face critical situations every day, and we must keep helping to bind their wounds.

We continue to see some small affiliates struggle, although some are incredibly resilient. The state organization and some larger affiliates—e.g., NAMI Fox Valley—work to guide and encourage smaller ones. A heartening trend is the rise of consumer-led affiliates. NAMI Mid-Central, NAMI Northwoods, NAMI Southwest, and NAMI Washington are examples of this trend. Nonetheless, we have had difficulty across the state in developing new affiliates and in keeping some older ones going. Equally troubling is the fact that our total state membership is down.

In this new year and new decade let's keep asking ourselves Harriet's questions. These are things we can accomplish as individuals, as groups, and as an organization. We each need to take responsibility for doing what we can to assist in NAMI's efforts—by continuing to attend meetings, continuing to educate ourselves about new developments in treatment of mental illness, bringing new members to meetings, participating in fundraising activities, or contacting our government officials at all levels. We have so many who have given so much, and yet we need more.

In the words of Harriet Shetler: Press on; there are miles to go! 🌱

NAMI Wisconsin, Inc
4233 West Beltline Highway
Madison, WI 53711

Office Staff and Volunteers

Lannia Syren	Gail Auerbach
Kate Bahr	Bob Fox
Vaunceil Kruse	Jennie Lowenberg
Kurt Monson	Dennis Wilder

Office Phone: (608) 268-6000
(800) 236-2988

FAX (608) 268-6004

nami@namiwisconsin.org

www.namiwisconsin.org

This newsletter is published quarterly. The views expressed in our newsletter are those of the authors and not necessarily those of our officers or funding sources. Newsletter materials may be reproduced without further permission, if credited, except for original artwork, which is copyrighted.

NAMI Wisconsin Board of Directors 2009-2010

Co-Presidents Pat Rutkowski
Geoff Greiveldinger

Vice-President Sandy Hall

Treasurer Robert Wrenn

Executive Committee

Member at Large Misty Barnhill

Members at Large Eric D. Garland
Ava Martinez
Sandy Pharis
Joseph Phillipps
Bruce Rhoades, MD
Jack Rose
Terry Ryan
Patti Jo Severson
Carmen R. Valdez, PhD
Mike Williams

Proud Member of
**Community
Health Charities**
WORKING FOR A HEALTHY WISCONSIN

Ask the Doctor: Anxiety Disorders

by John H. Greist, MD



John H. Greist, MD

From 1992 through 1998, Dr. John Greist was a Distinguished Senior Scientist at the Dean Foundation for Health, Research and Education and in 1998 became a Distinguished Senior Scientist at the Madison Institute of Medicine, Inc. He is also Clinical Professor of Psychiatry at the University of Wisconsin School of Medicine and Public Health. In addition, he is co-founder and co-director of the Lithium, Bipolar and Obsessive Compulsive Information Centers and a Director of Healthcare Technology Systems, Inc.

What is an Anxiety Disorder?

Each of us has experienced anxiety and fear. To live without them is impossible. Anxiety can be a wearing stress or a stimulating tonic. Fear can be protective and lead to appropriate escape from danger. Fear can be overcome with bravery or become overwhelming. *Anxiety* and *fear* have been defined in various ways, some of which are specific and scientific while others are vague and overlapping.

I feel that it would be futile to try to impose a rigid definition on either term and that to do so would be more confusing than enlightening. Anxiety and fear are often used interchangeably without any loss of understanding. For example, a phobia is a type of anxiety yet is defined as a "persistent or irrational fear." Or a person may complain of being anxious in anticipation of a specific external event such as public speaking or may have an "ill-defined fear" that something unpleasant will happen. If any distinction is to be made, it is that the causes of fear tend to be more external to the individual and thus more easily identified, such as when our car skids out of control on a patch of ice or we are threatened by a hoodlum. Anxiety, by contrast, can be viewed as a response to a less obvious, ill-defined, irrational, distant, or unrecognized source of danger. *Anxiety* describes an unpleasant state of mental (or psychological) tension often

accompanied by physical (or physiological) symptoms in which we may feel both physically and mentally helpless, and exhausted by being always on guard against an unidentifiable danger. *Fear* also causes unpleasant mental tension and physical changes.

Phobias are recognized by the sufferer as irrational fears that do not frighten most people and that cause the sufferer to avoid the frightening situation or even thoughts about it.

Anxious people have some of the following common complaints: shakiness, jumpiness, jitteriness, trembling, tension, muscle aches, fatigue, and inability to relax. There may also be eyelid twitch, furrowed brow, strained face, fidgeting, restlessness, easy startle, and sighing.

Other indications of anxiety are sweating, racing or pounding heart, cold, clammy hands, dry mouth, dizziness, light-headedness, numbness and/or tingling in the hands or feet or other parts of the body, upset stomach, hot or cold spells, frequent need to urinate, diarrhea, discomfort in the pit of the stomach, lump in the throat, flushing, pallor, and a high pulse and respiration rate, even while resting.

An anxious person is apprehensive and continually feels anxious, worries, ruminates, and anticipates that something bad will happen to himself or herself (such as fainting, losing control, or dying) or to others (such as family members becoming ill or being injured in an accident).

The individual feels "on edge," impatient, or irritable. There may be complaints of being easily distracted or having difficulty concentrating and sleeping.¹

Are there any new or highly effective treatment options for anxiety disorders?

There are always new treatments that will help a few anxiety disorder sufferers who have not been helped by previously available treatments. That said, there have been no new treatments offering dramatic benefits. Fortunately, treatments that have been available for decades are usually quite helpful when thoughtfully applied.

Two secrets:

1. Cognitive behavior therapy (CBT), with the emphasis on behavior therapy more than

cognitive therapy, is *about twice as effective* for most patients as FDA approved medications. For example, the two definitive National Institute of Mental Health studies comparing CBT with FDA approved medications for treatment of obsessive-compulsive disorder (OCD) showed that CBT was more than twice as effective as medications, both short- and long-term, for both adults and children.

2. Unfortunately, while CBT works for panic disorder, agoraphobia, social anxiety disorder, OCD, PTSD, and generalized anxiety disorder, excellent CBT is hard to find in most communities. CBT also avoids medication side-effects. CBT limitations are that most expense occurs up front and CBT requires patients to set up a graduated but repeated program to confront the things they fear until their anxiety dampens down through habituation.

In the absence of CBT or for those who prefer medication, excellent anti-anxiety medicines are available that are usually well tolerated. Many lose their benefit when stopped and some cause physical dependency which while real, is not as large an issue as some claim and many worry.

In summary, excellent treatments are available that will help most anxiety sufferers. Recent new treatments have added little to treatments already available.

Do you think peer support groups for individuals living with anxiety disorders are valuable? Why or why not?

For some yes, for others less yes, for a few no. People differ in the ways they respond to any kind of help, just as there is a range of responses to medications and CBT. The quality of groups varies and what may be high quality for one individual may be neutral or conceivably negative for another. It is best to consider issues of privacy, reputation of the group and any leader. Try it and if it seems helpful, continue, if not, stop. 🌿

¹ Adapted from Greist JH, Jefferson JW, and Marks IM. (1986) *Anxiety and its treatment: help is available. What Is Anxiety?* (pp. 1-2). Washington, DC: American Psychiatric Press, Inc.

Wisconsin Mental Health and Substance Abuse Parity Act (SB-362) Passes

by Jennifer Lowenberg

A significant milestone was achieved on January 28, 2010 with the passage of Senate Bill 362. Senators passed SB-362 with a vote of 20 to 13, bringing Wisconsin citizens one step closer to realizing coverage for mental health and substance abuse treatment equal to that of other medical conditions. The companion bill Assembly Bill 512 is expected to come to a floor vote in the State Assembly in early March. Up-to-date information about the legislation and advocacy action is available on the *Parity for Wisconsin* Web site available at: <http://www.parityforwisconsin.org/>.

The Wisconsin Parity Act will provide equitable mental health and substance abuse treatment benefits for many of the 700,000 Wisconsin residents left uncovered by the Federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (P.L. 110-343).

Movement toward parity in coverage will undoubtedly have policy and resource implications for Wisconsin's citizens. NAMI Wisconsin has joined other advocacy organizations and Community Advocates Public Policy Institute in hosting a series of *Making Parity*

Real symposia around the state. These events feature moderated dialogue among local stakeholders—providers, advocates, consumers, members of the recovery community and law enforcement officials—to assess the major state policy challenges facing addiction and mental health treatment services in Wisconsin. Two very successful and informative symposia have already occurred in Milwaukee and Green Bay with wide stakeholder participation.

The next *Making Parity Real* symposium will be held from 10:00 am to 2:00 pm Friday, March 5 at North Central Technical College in Wausau. A panel of north central Wisconsin experts including advocates, treatment providers and consumers will discuss the major policy changes needed to improve addiction and mental health treatment.

Rep. Donna Seidel (D-Wausau) will co-host the symposium. The symposium will be held in Building E, Rooms 101/102 on campus at 1000 W. Campus Dr., Wausau. Attendance is free, but registration is required by Wednesday, March 3. To register for this event go to <http://www.makingparityreal.org/register/>



MAKING
PARITY
REAL

A PROJECT OF



COMMUNITY ADVOCATES

Public Policy
Institute

**Making Parity Real
Symposium
Friday, March 5, 2010
North Central Technical College
1000 West Campus Drive
Wausau, WI
Register by March 3 online:
<http://www.makingparityreal.org/register/>**

Will Health Reform Help You?

Reprinted from *Bazelon Center for Mental Health Law*

January 28, 2010—"If I Have a Psychiatric Disability Will Health Reform Help Me?" is a summary of the mental health-related provisions in the two bills already passed by the U.S. Senate and House of Representatives. But health reform cannot become law until Congress takes further action. For that to happen, Congress needs pressure from millions of Americans like you—*now*.

- **If you are a consumer**, please read the seven-page summary at http://www.bazelon.org/issues/healthreform/Will_HealthReform_Help_Me.pdf and think about how the legislation would specifically help you. Then write a short description of it with as much personal

information as you feel comfortable sharing, and get it to your two Senators and your member of the House of Representatives. You can send a one-page letter or an email, or you can telephone and speak with a member of the lawmaker's staff. See www.bazelon.org/takeaction/How_to_Contact_Lawmakers.htm

- **If you work with mental health consumers**, please forward this urgent alert to as many consumers as possible. You can also download and print the PDF document and hand it out to consumers and family members, with an explanation of how they can use it to create a powerful message to their Senators and Representatives.

As an example of how to tell your story, someone who has a mental illness along with diabetes and high blood pressure might tell about having to go to different treatment facilities. But, she recounts, her employer said that if she continues taking so much time off from work for doctors' appointments she will be fired. So she stopped going for medical care and went only to the mental health center—until she had a heart attack. She knows that if she had been able to get coordinated mental health and medical treatment through a "medical home," as provided in the health reform bills, she might have avoided the heart attack while keeping her job.

(continued on page 6)

Efforts to Fill Gaps in Mental Health Treatment Must Continue

by Jennifer Lowenberg

We owe a debt of gratitude to former Surgeon General Dr. David Satcher who in 1999 released a significant ground breaking report on a topic that had never before been broached. The content of the report is comprehensive and the conclusions are pointed and decisive. The executive summary of the final chapter entitled "A Vision for the Future" states, "The extensive literature that the Surgeon General's report reviews and summarizes leads to the conclusion that a range of treatments of documented efficacy exists for most mental disorders. Moreover, a person may choose a particular approach to suit his or her needs and preferences. Based on this finding, the report's principal recommendation to the American people is to seek help if you have a mental health problem or think you have symptoms of a mental disorder. As noted earlier, stigma interferes with the willingness of many people—even those who have a serious mental illness—to seek help. And, as documented in this report, those who do seek help will all too frequently learn that there are substantial gaps in the availability of state-of-the-art mental health services and barriers to their accessibility. Accordingly, the final chapter of the report goes on to explore opportunities to overcome barriers to implementing the recommendation and to have seeking help lead to effective treatment."

The report makes eight recommendations to address the critical gaps in the mental health treatment:

- Continue to Build the Science Base
- Overcome Stigma
- Improve Public Awareness of Effective Treatment
- Ensure the Supply of Mental Health Services and Providers
- Ensure Delivery of State-of-the-Art Treatments
- Tailor Treatment to Age, Gender, Race, and Culture
- Facilitate Entry Into Treatment
- Reduce Financial Barriers to Treatment

Consumers, friends, and family members will find that the eight recommendations that were so relevant in 1999 remain equally relevant today. As NAMI members and affiliate leaders, our organization addresses these recommendations to varying degrees, however, the system of care remains fragmented and unavailable to many. There are numerous committees, work groups, and advocacy organizations that are charged with facilitating progress in these areas and they continue to make small changes. The recent efforts to pass SB 362 and AB 512 in our state legislature point to the significance of two of these recommendations. It is critical that we work *to improve public awareness of effective treatment and ensure the delivery of state-of-the-art treatments*. The Surgeon General's report acknowledges that a "constellation of several treatments of documented efficacy for most mental disorders" exists, but people are

unaware of the choices and these practices are not widely disseminated.

Research in the mental health field has demonstrated that there is consistent scientific evidence that some specific practices work well in improving outcomes in the lives of individuals diagnosed with a severe mental illness. These specific practices, grounded in consistent research findings, are called Evidence-Based Practices (EBPs). These EBPs are interventions for which there is consistent, scientific evidence showing that they improve consumer outcomes. A vital element to achieving consistent positive consumer outcomes is fidelity to the specific models of practice. The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) promote Evidence-Based Practice and have developed informational and implementation materials to encourage the use of evidence-based practices in mental health. Over the next several issues of *The Iris* we will be detailing not only these practices but the expected outcomes and measures of fidelity.

For more information on effective treatments access the following Web sites:


<http://www.surgeongeneral.gov/library/mentalhealth/home.html>

<http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/about.asp> 

NAMI WI Announces Part Time Opening

NAMI Wisconsin has a 10 hour per week part time Consumer Program Coordinator position available. The Coordinator will work in the state office in Madison, Wisconsin and will be responsible for the coordination of NAMI Wisconsin consumer program support activities. He or she will arrange *In Our Own Voice (IOOV)* and Peer-to-Peer training details in conjunction with state trainers and provide ongoing support for *IOOV* presenters and Peer Mentors. The ideal candidate will be comfortable working with people in person, via e-mail


and on the phone. Some data entry, word processing, filing and organizational ability is required. Preference is given to candidates who self-identify as mental health consumers. For consideration, e-mail your resume and cover letter to lannia@namiwisconsin.org or mail your resume and cover letter to NAMI Wisconsin Attn: Executive Director 4233 W. Beltline Highway Madison WI 53711.

Please note: Resumes must be received by March 1st for consideration. 

Health Reform

continued from page 5

As you read the Web site, think about just how the legislation would make your situation better. Then tell it to your lawmakers. And don't forget to tell them you're their constituent, and give your name and address (with zip code).

You can find Senators' votes and Representatives' votes on the Bazelon Center's health reform web page available at: <http://www.bazelon.org/issues/healthreform/>. 

ASK PROGRAM has Positive Impact on the African American Community

by Brenda Wesley

Through the efforts of Brenda Wesley, Education and Outreach Coordinator at NAMI Greater Milwaukee, an African American outreach program called ASK (Access, Support, & Knowledge) has made a major impact on the community at large. Brenda developed the program because mental health issues run very close to home for her. Her son, sister and family have been impacted by mental illness. Brenda remembers the frustration of being unable to find any services in her community that offered education, access, and support.

While the overall rates of mental illness among African Americans are similar to those of white Americans, black Americans are over represented in need populations. The mental health needs are, however, in some ways greater within the African American community than the rest of the population. There are many reasons for these findings. Certain mental illnesses are documented as more prevalent in the African American population as well as issues that are strongly correlated with socio-economic status. With this information in hand, Brenda went out into the community to educate, increase awareness and put a face on this illness.

In 2007 NAMI Greater Milwaukee adopted the ASK Program and partnered with AstraZeneca Pharmaceuticals and the Kubly Foundation to launch the program. ASK was designed to educate the African American community, and to work to provide access to care for those who need it most. As Brenda herself says, "Sometimes all people need is to see that glimmer of hope through the darkness." According to a report by the Metropolitan Milwaukee Association of Commerce, about 16% (235,000 individuals) of Metro Milwaukee are black. At the time of the ASK Program launch, however, less than 5% of NAMI GM members were African American. NAMI's message was not resonating within the community, before ASK was launched.

The development of the program took about a year while the staff learned a great deal about effective African American outreach projects, tapping into statistical and anecdotal evidence, documenting various reasons for the historical disparity of participation.

The concept of the program is simple: get out into the community; put a face on the illness; and provide accurate information about research, services, and supports available. The program was designed as a series of cultural competency presentations to encourage individuals to seek help for themselves or their loved ones who may need mental health services, and then invite the community to come into the NAMI family. Brenda opens the ASK Program presentation by talking about her son's illness and reads a poem she wrote about their journey together. She brings in facts about mental illness and talks "a lot about stigma." Brenda concludes by encouraging her audience to seek help, if needed, and encourages family members to be a source of support.

NAMI provides ASK presentations free of charge to churches, civic groups, schools, and other community organizations. The sincerity of the ASK Presentation has prompted a number of organizations and community members to contact the NAMI Greater Milwaukee office to ask how they can get involved and make a difference in the community. The number of inquiries has led to the formation of the ASK advisory committee. The ASK committee has developed an expanded list of organizations, churches, providers, and schools to receive the ASK presentation and to keep the momentum going in creating continued public awareness and conversation. NAMI Greater Milwaukee (GM) has sponsored more than 50 ASK presentations with more than 2,000 participants to date. After a presentation the NAMI office noticed a huge increase in calls from people reaching out for support that were deeply touched by the ASK program and Brenda's story. NAMI GM is currently working to develop an ASK program for the Latino community and other under-served communities. One pleasantly surprising outcome of the ASK Program is the number of calls coming in from professionals requesting presentations and trainings for their employees. Their hope is to increase staff awareness on

disparities in mental health care for diverse communities. Professionals and other community members need to know how and why it is important to ensure access to culturally competent and sensitive services and treatment, thus helping and supporting people of diverse backgrounds who are affected by serious mental illnesses.

NAMI Greater Milwaukee, Brenda Wesley, and all those associated with this groundbreaking program hope that their outreach efforts will reduce the stigma associated with mental health issues in all communities. The goal is to encourage individuals to seek help and also to encourage family members to 'hang in there' with their loved ones. With the continuation and growth of the ASK program, they will continue to change lives, even if it is only one life at a time.

If other NAMI organizations in Wisconsin are interested in starting their own ASK program, NAMI of Greater Milwaukee would be glad to share program materials as well as do a presentation in their community. NAMI Greater Milwaukee may be contacted at 414-344-0447.

Editor's note: The ASK Program has received many accolades from the press and the community. In researching this program for *The Iris*, we discovered that the ASK Program and Brenda Wesley were named "Heroes of the Week" by ExpressMilwaukee.com for the week of January 13, 2010. The site notes, "For their tireless work to help end the stigma associated with mental illnesses, we are honoring Brenda Wesley and NAMI as our Heroes of the Week." To read the whole accolade go to: <http://www.expressmilwaukee.com/article-5802-event-of-the-week-defending-the-american-dream-summit.html>. 🌿



Brenda Wesley,
Education and
Outreach Coordinator,
NAMI Greater
Milwaukee

Stakeholders Cooperation is Key to Disseminating and Implementing Evidence-Based Practices for Elders

by Catherine Swanson-Hayes

For over 10 years, various national aging, behavioral health, medical and advocacy organizations, individually and in collaboration with others, have addressed the behavioral health problems of older adults.

Key issues impact working with older adults: problems in the elderly are often multi-factorial; co-occurring medical illness is the rule, NOT the exception; a distinguishing feature is the common presence of chronic medical illnesses that interact with and mimic psychiatric illnesses; older adults take multiple medications; mental and physical functioning varies widely among older adults of the same age; older adults may be hesitant to discuss their problems and accept assistance, and will often take more time to build a relationship of trust with service providers they do not know.

Prevention and early intervention programs, including those focused on risk and protective factors associated with this age group, are some of the most promising and appropriate ways to maximize health outcomes and minimize health care costs among older adults. These programs represent the future of age-appropriate care for the growing number of older Americans. An emerging evidence base supports the efficacy of a variety of pharmacological and psychotherapeutic interventions for substance abuse problems and major psychiatric disorders in older persons. Current prevention services for this population are extremely limited from both a substance abuse and a mental health perspective. Despite the substantial prevalence and adverse consequences of substance abuse and mental health problems in older persons and the considerable knowledge related to preventing these problems, ***evidence-based prevention and early intervention services are not widely available nor promoted for this at risk population.***

In this time of limited resources, it is critical to utilize the approaches that have been shown to be effective in reaching and providing treatment and supports to older adults with mental health/substance abuse disorders, and their caregivers. Evidence-based practices do, however, have limitations: EBPs are disease-

specific and do not apply to all groups of older adults across the lifespan (especially minority populations); EBPs have staff requirements/supervision that may not be easily met by counties state-wide; the MH/SA needs of older adults are different in the current generation of older adults and in the growing older adult population of the Baby Boom generation. Implementing EBPs usually happens by training clinicians and providers to provide the EBPs; training is necessary but is not enough. Each stakeholder group (clinicians and providers, consumers and family members, provider organization administrators, state-level policy makers and administrators) has a role for EBPs to be successfully implemented, and a partnership needs to exist so that groups are mutually reinforced.

Given the complexity and size of the current and future aging population, resources should be mobilized to modify and develop prevention and early intervention strategies to meet the specific needs and preferences of this rapidly growing older adult group.

Stakeholders should encourage plans to disseminate and implement effective treatment and prevention strategies and practices within routine health-care settings.

- **Primary Care:** The vast majority of mental health services provided to older persons are in Primary Care. Three studies of integrated mental-health in primary care addressing depression are: Primary Care Research in Substance Abuse and Mental Health Services for the elderly (PRISM-E) is a study undertaken to compare two ways of delivering mental health and substance abuse services to older adults; a study called PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial) funded by NIH's Institute of Mental Health (NIMH) found that an intervention that includes staffing doctors' offices with depression care managers helps depressed elderly patients reduce suicidal thoughts; the effects of a collaborative care model that emphasized the role of clinical pharmacists in providing drug therapy management

and treatment follow-up to patients with depression conducted by Finley et. al. found a significantly higher drug adherence rate than that of the control group receiving usual care.

- **Community-Based Mental Health Outreach Services for Older Adults:**

A study on the impact of community-based mental health outreach services for older adults conducted by Citters, Bartels, et. al. and published in the *Journal of the American Psychiatric Association* found that the data is largely anecdotal and suggests a need for some well-designed, controlled studies to confirm the effectiveness of outreach services with respect to case-finding techniques and generalizability of symptom reduction. Ultimately, outreach services may provide an essential bridge that connects effective pharmacologic and psychosocial interventions with individuals most in need of those interventions. One promising approach is the Gatekeeper Model a project conducted by the Washington Institute for Mental Illness Research and Training, Washington State University. The model trains employees of community businesses and corporations who work with the public to serve as community gatekeepers by identifying and referring community-dwelling older adults who may be in need of help. A research project was conducted at Spokane Mental Health, Elder Services Division, where the model was developed. The results indicate that community-based gatekeepers found 40% of clients who are not found by more traditional referral services.

- **Combined Case Identification and Treatment:** The Psychogeriatric Assessment and Treatment in City Housing (PATCH) program, supported by NIMH grants, the Mental Hygiene Administration of Maryland, Baltimore Mental Health Systems, and the Center for Research on Services for Severe Mental Illness of the Johns Hopkins University and the University of Maryland, is an outreach program targeting elderly public housing residents who need mental health care. The PATCH model relies on educating

housing personnel to serve as case finders, providing in-home psychiatric evaluation and treatment, and addressing medical and social co-morbidities through case management by psychiatric nurses.

- **Home-based programs:** Two programs set in the participant's place of residence in the community are outlined in the CDC Issue Brief #2. PEARLS (Program to Encourage Active Rewarding Lives for Seniors) is a brief, time-limited and participant-driven program that teaches depression management techniques to older adults with depression. It is offered to people who are receiving home-based services from community services agencies. The program is designed to reduce symptoms of depression and improve health-related quality of life. Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is a community depression program designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations through existing community-based case management services.

Resources

- (1) U.S. Department of Health and Human Services. Administration on Aging. Older Adults and Mental Health: Issues and Opportunities. 2001.
- (2) SAMHSA. Get Connected! Linking Older Americans with Medication Alcohol and Mental Health Resources. DHHS Pub. No. (SMA) 03-3824 Rockville, MD: Center for Substance Abuse treatment, Substance Abuse and Mental Health Services Administration. 2003. Available at: <http://www.samhsa.gov/Aging/docs/GetConnectedtoolkit.pdf>.
- (3) Bartels, SJ, Blow, FC, Brockman, LM, Citters, AD. Substance Abuse and Mental Health Among Older Americans: The State of the Knowledge and Future Directions. Older American Substance Abuse and Mental Health Technical Assistance Center. Substance Abuse and Mental Health Services Administration. Rockville, MD. August, 2005. Available at: <http://www.samhsa.gov/OlderAdultsTAC/index.aspx>.
- (4) NREPP: National registry of Evidence-based Programs and Practices. U.S. Department of health and human Services Substance Abuse & Mental Health Services Administration. Available at: <http://www.nrepp.samhsa.gov>.
- (5) Prevention Research Centers-Healthy Aging Research Network (PRC-HAN). Effective

Programs to treat Depression in Older Adults: Implementation Strategies for Community Agencies. Webinar. Evidence-based Mental Health Practices for Older Adults: The Latest Data, Strategies and Funding Options. Health promotion Research Center School of Public Health, University of Washington. Seattle WA. 2008.

(6) Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and

EBPs and Elders: Resources

Get Connected—Linking Older Adults with Medication, Alcohol, and Mental Health Resources

<http://www.samhsa.gov/Aging/docs/Get-Connectedtoolkit.pdf>

NREPP, National Registry of Evidence-Based Programs and Practices

www.nrepp.samhsa.gov

CDC Issue Brief #1, What Do the Data Tell Us? and CDC Issue Brief #2: Addressing Depression in Older Americans: Selected Evidence-Based Programs

http://www.chronicdisease.org/files/public/IssueBrief_TheStateofMentalHealthandAginginAmerica.pdf

CDC Interactive Data Web Site

www.cdc.gov/aging/mentalhealth/index.htm

National Initiatives to Increase the Use of Evidence-based Practices for Older Adults with Mental Health and Substance Abuse Problems

www.nasmhpd.org

Aging in America Issue Brief #1: What Do the Data Tell Us? Atlanta, GA. 2008. Available at: http://www.chronicdisease.org/files/public/IssueBrief_TheStateofMentalHealthandAginginAmerica.pdf.

(7) Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief #2: Addressing Depression in Older Americans: Selected Evidence-based Practices Atlanta, GA. 2008. Available at: http://www.chronicdisease.org/files/public/IssueBrief_TheStateofMentalHealthandAginginAmerica.pdf.

(8) Centers for Disease Control and Prevention. Mental Health and Aging. Atlanta, GA.

Available at: <http://www.cdc.gov/aging/mentalhealth/index.htm>.

(9) SAMHSA. Primary Care Research in Substance Abuse and Mental Health Services for the Elderly (PRISM-E) Study. (1998-2004) Available at:

http://www.samhsa.gov/SAMHSA_NEWS.

(10) U.S. Department of Health and Human Services. Care Managers Help Depressed Elderly Reduce Suicidal Thoughts. National Institutes of Health. NIH News. March 2, 2004. Available at:

<http://www.nih.gov/news/pr/mar2004>.


(11) Finley, PR, Rens, HR, Pont, JT, Gess, SL, Louie, C, Bull, SA, Lee, JY, Bero, LA. Impact of a Collaborative Care Model on Depression in a Primary Care Setting: A Randomized, Controlled Trial. *Pharmacotherapy*. 2003.

(12) Van Citters, AD, Bartels, SJ. A Systematic Review of Community-Based Mental Health Outreach Services for Older Adults. *American Psychiatric Association. Psychiatric Services* 55:1237-1249, November 2004.

(13) Florio, ER, Raschko, R. The gatekeeper model: implications for social policy. Washington Institute for Mental Illness Research and Training, Washington State University. Spokane, WA. 1998.

(14) Robbins, B, Rye, R, German, PS, Tlasek-Wolfson, M, Penrod, J, Rabins, PV, Black, BS. The Psychogeriatric Assessment and Treatment in City Housing (PATCH) program for elders with mental illness in public housing: Getting through the crack in the door. W.B. Saunders Co. Baltimore, MD. 2000.

(15) Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue brief #2: Addressing Depression in Older Adults: Selected Evidence-based Programs. Atlanta, GA. 2009. Available at: http://www.cdc.gov/Aging/pdf/mental_health_brief_2.pdf.

(16) Bartels, SJ, National Initiatives to Increase the Use of Evidence-based Practices for Older Adults with Mental Health and Substance Abuse Problems. Dartmouth Medical School. Hanover, NH. 2007. Available at: http://www.nasmhpd.org/general_files/meeting_presentations/07%20Persons%20Westat%20and%20NRFIN%20Bartels.pdf. 

Support Groups are Backbone of NAMI's Grassroots Outreach

by Vaunceil Kruse

NAMI Wisconsin's affiliates currently have more than 30 family or family/consumer combined support groups meeting in churches, libraries, and other community gathering places around the state. Central to NAMI Wisconsin's mission of "advocacy, education, and support" is the goal of providing every citizen in Wisconsin affected by serious mental illness—consumers, family members, and friends—with a safety net of knowledgeable support. Facilitators for Consumer Support Groups in Wisconsin, (NAMI Wisconsin's affiliates currently have more than 50 Consumer Support Groups.) with the launch of the NAMI Connection program, are now being trained in the new Connection model. Facilitators for Family Support Groups are encouraged to be trained as well, using the NAMI Support Group model.


Joyce Burland, PhD, author of NAMI's signature Family-to-Family Education Program notes in the introduction to the NAMI Support Group Manual, "As one of NAMI's central missions, support groups are the backbone of grassroots outreach to family caregivers coping with the stresses of serious and persistent brain disorders." One of NAMI's goals from the beginning is to provide "constructive, compassionate assistance to people in need."

According to the NAMI National Web site, "The NAMI Support Group model (formerly called the "Family-to-Family Support Group model") operates differently than other more traditional "share and care" groups. The NAMI Support Group model offers a set of key structures and group processes for facilitators to use in common support group scenarios.

These structures come with clear guidelines to follow; used together, they encourage full group participation in support group meetings." Sue Petkovsek of Madison has been training Support Group Facilitators for over ten years. "I first learned of the NAMI support group when my son became ill with schizoaffective disorder," Sue comments. "Since then, the NAMI organization has been a tremendous help in our lives. Support groups are often the first help family members receive when a loved one becomes ill. They are life changing. The training prepares us to facilitate the meetings in a constructive, positive, respectful, and compassionate way."

Sue and her co-trainer, Susan Schoenmarklin of Milwaukee, last trained Family Support Group Facilitators in July of 2009. Participants found the trainers to be, "genuine, experienced and very knowledgeable. They were an organized team and very constructive." Another participant added, "The trainers were excellent. They really explained [the material] clearly and gently, yet firmly, keeping us on the task at hand." A survey of the agenda for the two day facilitator's training gives one an idea of why "keeping us on the task at hand" would be a priority. The training begins with a lecture introducing trainees to the Support Group model, followed by a demonstration of the model as used in conducting a support group. Next, trainees are assigned to small groups to begin learning the skills essential in running a "constructive, compassionate" support group. As a facilitator how do you ensure that

a support group starts and stops on time? What do you do if someone monopolizes all of the group's time? How should you handle disrespectful group members? What should you do if someone brings up a "hot potato" subject such as suicide or involuntary commitment? What about someone who seems to have a problem that's just not solvable? How do you ensure that quiet members in the group get a chance to participate?

"We definitely need structure in running a support group. I liked the demonstration processes, the feedback and the trainers' critiques," reported a newly trained facilitator. NAMI Wisconsin has scheduled a Support Group Facilitator training for family support groups in March of this year. Affiliate leaders, NAMI members, and others are encouraged to send facilitators to be trained by Sue Petkovsek and Susan Schoenmarklin. While there is no official policy requiring support group facilitators to be trained and certified by NAMI Wisconsin's trainers, one can see from the questions posed above, that trained facilitators ensure a safe and supportive environment for themselves and for the group's participants. NAMI Wisconsin supplies all materials and meals for the two-day (Saturday and Sunday) Support Group Training. Overnight lodging at the training facility and mileage are the responsibility of the participant or his or her affiliate. This year's Support Group Facilitator Training will be held in Madison March 20th and 21st. Check with your affiliate leader or the NAMI Wisconsin Web site for registration forms. 

NAMI Wisconsin Calendar 2010

February:

24/25: Crisis Intervention Partners training, NAMI Fox Valley

March:

13: Board of Directors meeting

15 – 19: Crisis Intervention Team training, NAMI Fox Valley

20 – 21: Support Group Facilitator training

26 – 28: Family-to-Family Program teacher training

April:

14: Affiliate Teleconference

30: NAMI Wisconsin Annual Meeting (in conjunction with Conference)

April 30 – May 1: NAMI Wisconsin Annual Conference

May:

8: Board of Directors Meeting

15: NAMIWalk, NAMI Greater Milwaukee

17 – 21: Crisis Intervention Team training, NAMI Kenosha

22: NAMIWalk, NAMI Waukesha

June:

21: Regional meeting/Affiliates

June 30 – July 3: NAMI National Annual Convention, Washington D.C.

Check the NAMI Wisconsin Web site calendar at www.namiwisconsin.org for details and additional events and trainings.

Community Outreach is Key to Success for NAMI Portage/Wood

by Jan Lutz

The Portage/Wood County Affiliate of NAMI Wisconsin was incorporated in May 1994. That small group of people affected by mental illness now represents a membership of nearly 100 consumers and family members—and membership increases annually.

In the beginning, the focus of the group was **support**, as the members felt the need for a safe place to share their experiences and feelings concerning mental illnesses and how their families were affected by those illnesses.

The issue of **support** is still a priority. To that end NAMI Portage/Wood sponsors monthly support groups for consumers and also for family members at three locations—Marshfield, Wisconsin Rapids, and Stevens Point. The success of these groups has prompted a desire for more frequent meetings, and some groups now meet more than once a month. Brochures which inform community members of these meetings are available at area mental health care facilities and from area mental health care providers. Distribution of informative brochures has been instrumental in increasing attendance at these support groups.

Education is an important part of the NAMI Portage/Wood organization. Monthly meetings often include programs to increase knowledge about various mental illnesses. Speakers such as health care professionals and people from various agencies who deal with persons with mental illnesses are invited to speak at the monthly meetings. Videos and other materials provided by NAMI National are also used to bring knowledge about mental illnesses and recovery to the group.

When interest and funding exist, NAMI Portage/Wood offers both Family-to-Family and Peer-to-Peer education courses annually. Advertising these courses brings awareness of the affiliate and its contributions to the community. These courses have resulted in an increase in membership as well as adding to the attendance at support groups. NAMI Basics classes and *In Our Own Voice* presentations also serve to inform the public of issues surrounding mental illness while seeking to eradicate stigma. Some NAMI Portage/Wood members have participated in *Question, Persuade, Refer* workshops as part of a sui-

cide awareness and prevention effort as well as serving on other boards and committees which relate to mental health issues. Participation in other groups relays information about NAMI and also brings information back to the Portage/Wood organization about the issues with which other groups are dealing.

Walk for Hope is an annual event in Stevens Point which calls awareness to the problem of suicide. NAMI's presence for the past several years has helped them make contacts which have resulted in more interest in their organization and some new members. Portage/Wood members participate in the walk, while others man an informational booth and pass out literature about NAMI. In 2009, the NAMI Portage/Wood affiliate received the "Providing Hope Award" at the *Walk for Hope*.

NAMI Portage/Wood has informational booths set up at other community events. During Mental Illness Awareness Week in October they provide displays at the public libraries in Stevens Point, Marshfield, and Wisconsin Rapids as well as bulletin boards in area churches.

NAMI Portage/Wood has a mailing list of over 400 persons who receive their monthly newsletter, as well as a number of other individuals who receive the monthly newsletter by e-mail. Several Portage/Wood members have written letters to the editors of local newspapers and had newspaper articles published to heighten awareness of mental illness and the stigma that surrounds it in their communities.

Another of NAMI Portage/Wood's goals is **advocacy** for mental health services. Recently, several members contacted the Portage County Board of Supervisors prior to their annual budget meeting in an effort to prevent reduction in mental health services at the county level. The Portage/Wood members were heard and received some positive responses. Although services have been reduced to some degree, one psychologist who had been told that his position was being eliminated, has since been retained. Persons needing counseling who no longer receive it through county providers are given vouchers to cover their care by other community professionals who have agreed to accept this financial arrangement. NAMI Portage/Wood

will continue to monitor the effectiveness of this system and advocate for increased funding in the future, if needed.

Other advocacy activities include Portage/Wood's participation in *Frostbike*, an annual bike ride to call attention to the problem of suicide and how to prevent it. The affiliate is cooperating with other organizations which deal with mental health concerns, such as: Healthy People of Portage County; Portage County Caregivers Alliance; and a mental health support group sponsored and led by personnel from the behavioral health unit of Ministry Health Care.



Michele Nelson, psychiatric social worker of Ministry Medical, presents the "Providing Hope Award" at the 2009 Walk for Hope to NAMI Portage/Wood members, Kathy Hartman, Marvin Lutz, and Jennifer Culver.

Funding for the NAMI Portage/Wood affiliate comes from a number of sources: grants, donations, rummage sales and other fundraising activities. Recently they have been honored to receive memorial donations from the families of former NAMI members. NAMI Portage/Wood has no paid staff, but some very dedicated volunteers. Printing and layout of their monthly newsletter are accomplished with the help of volunteers from UW Stevens Point. NAMI Portage/Wood Counties began with volunteers, has continued as a volunteer organization, and looks forward to a future in which volunteers provide the impetus for support, education and advocacy for persons affected by mental illness through their programs and projects. 🌿

From Our Files: Second Thoughts

by Harriet Shetler

Reprinted from *The Iris*,
September/October, 2000

Our first thoughts when we started NAMI were centered on advocating for more and better services for our family members with mental illness, most of whom weren't doing well. Also, we quickly found out that we needed to try to move the mountain of ignorance, stigma, and blame about the cause and shape of the serious brain problems in our families. We were not prepared for the cavalier treatment from medical and social service professionals!

Twenty-four years ago this fall, when NAMI was only a dream of a few persons, we were certain of just one thing: Sigmund Freud's ideas weren't any help and the psychiatric establishment wasn't much help, either.

We organized formally in April 1977, and soon a lot of people in the helping professions and some political persons gave our struggling group a hand. These people of good will were willing to listen to lay persons with new ideas as they heard our handful of advocates tell about the "emperor's nakedness."

About this time the Beatles were singing "with a little help from our friends." It could have been our theme song—we scoured Dane County and then branched out into Wisconsin to find anybody who would join or help us. Within a year of fortuitous serendipity NAMI had become a movement.

One of our best decisions was a resolve to educate ourselves and the community about the nature of mental illness. The second meeting in May was open to the public; we learned from two social workers about the need for sponsored apartments. From that day on NAMI has held public meetings with informed speakers every month. Our members contributed by foregoing TV in favor of reading every book or article we could find on the subject. Our goal was immodest, but reachable: bringing to the attention of the state the estimated 25,000 citizens with serious depressive or schizophrenic illnesses.

Readers of *The Iris* know the rest of our founding objectives as we expanded to find and unify similar groups across the country.

Twenty-three years have gone by in this story that might be called "Anatomy of an Idea." But wait a minute—how close is NAMI to being the significant force in human services that we hoped it would be?

So my second thoughts are concerned with answering that question. As the answers start to come, my mood shifts from hubristic joy over the hundreds of thousands of persons NAMI has affected, to timid hope that the best is yet to be, to dejection about the mountain ahead that we haven't been able to move very far, and now must climb. We don't climb that alone, of course, especially as we age. There are lots of people coming along whose shoulders NAMI can stand on, particularly consumers and professionals, who know we're for real.

Psychiatry today, with its breathtaking discoveries, is an exciting field, that is, if you're not sitting alone, scared by whirling thoughts that don't yield to the newest medications. So many more people can live in the community fortified by these new generation drugs. On the other hand, we know of the gap for many who don't have access to adequate psychopharmacology.

Did we, in our rush to support newly discovered drugs that could improve emotional train wrecks, overlook the help that can come from well-designed psychotherapy along with the pills?

Have we ever paid enough homage to the courageous consumers who bravely tested "meds" whose results were unknown, or who entered research studies to see what worked?


Did we spend enough time out of NAMI's need for effective advocacy to bind up the wounds in families torn apart by guilt and discouragement? Did we use enough of the skills we had learned through experience and workshops, such as rational self-help methods, on families trying to cope, to pull

up their socks, and to engage in life beyond mental illness?

Have the larger, well-coordinated groups in NAMI done enough to encourage six-to-ten member groups in small towns where stigma is overwhelming?

A final second thought is one that I've been mulling over for years. Despite NAMI's work in supporting delivery services for persons in public psychiatry, we have not grappled at all with the discouraging reality of an inadequate system for patients in private psychiatry who can pay for at least some services or are enrolled in HMOs. There are few if any group living places for those who can underwrite part or most of their expenses. Mentally ill persons who are not badly confused do not belong in nursing homes. In part, because Madison-Milwaukee are centers of psychiatric training, private pay patients are shuttled from one "resident" in training to another every few months. Some have to wait three months for a primary assessment. Hospitals dislike taking on a patient who may have a longterm mental illness because of stringent discharge rules. HMOs may not authorize expensive new medications, or may dilly around, instead of offering prompt coverage. I believe that NAMI can use more clout to improve these services.

Some years ago I detected a sign of maturity in my participation in NAMI when I retired a speech I cobbled together entitled "Freud and the Good Ole Boys." I can't see much point in kicking Freud around and blaming him or his followers for the slow progress until the eighties in solving the riddle of mental illness. The enemy can well be ourselves if we don't continue to formulate and reach new goals in light of new brain discoveries and DNA breakthroughs by scientists in many disciplines, including neurology.

Press on; there are miles to go! 

NAMI Wisconsin Annual Conference
Taking the Journey Together:
The Art of Living with Serious Mental Illness
April 30 – May 1, 2010

Workshop Topics

Friday, April 30 – Morning

- **Keynote address by Pamela S. Hyde, JD**, Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Ask the Doctor—Depression
- Crisis Intervention Training (CIT) for Law Enforcement Information Session
- Mental Health for Older Adults
- Grounding Methods: Reducing Stressors in Times of Crisis
- Specialty Courts

Friday, April 30 – Afternoon

- Ask the Doctor—Schizophrenia and Schizoaffective Disorders
- Overview of Medigap Helpline, Mental Health Coverage, Medicare and Medicaid
- Consumer Council Open Meeting
- Planning for the Future—Ensuring Care for Loved Ones When You Are Gone
- Crisis Intervention Training and Partners—Bring CIT-CIP to Your Community

- Ask the Doctor—Co-Occurring Disorders
- Evidence-Based Practices in Mental Illness
- Posttraumatic Stress Disorder and Veterans Mental Health Concerns
- Legislature, Advocacy and Insurance
- Supported Employment
- *In Our Own Voice* Sample Session
- Mental Illness in the Criminal Justice System
- Consumer Networking: Sharing Our Resources
- NAMI Wisconsin Annual Meeting—5-6:00 PM – NAMI members encouraged to attend.

Saturday, May 1 – Morning

- **Keynote address by Austin Mardon, PhD**, author, scholar and mental health consumer
- Ask the Doctor—Obsessive Compulsive Disorder and Anxiety Disorders

- Healing Through Movement
- ACT (Assertive Community Treatment)
- Ask the Doctor—Mental Illness in Youth
- Launching a New Affiliate

Saturday, May 1 – Afternoon


- Medication Update
- Ask the Doctor—Bipolar Disorder
- Housing Programs for Consumers
- NAMI Basics—Education for Young Families
- Ask the Doctor—Borderline Personality Disorder
- Mental Health and the Art of Native American Storytelling—Medicine Wheel
- Mental Health among Minority Groups
- Pregnancy and Parenting with Mental Illness
- *In Our Own Voice* Sample Session

Workshop schedule subject to change. Please check www.namiwisconsin.org for updates.

NAMI Wisconsin Consumer Council to Host Consumer Leadership Summit

The NAMI Wisconsin Consumer Council will host a Consumer Leadership Summit on Thursday, April 29, 2010 from 4:30 until 7:00 pm at the Radisson Hotel & Conference Center, Green Bay. The speaker this year is Austin Mardon, PhD, who will be discussing his personal journey with schizophrenia. Dr. Mardon is the author of more than 20 books and numerous scholarly publications. He explored the Antarctic as part of the U.S.

NASA/National Science Foundation-sponsored Antarctic Meteorite Recovery Expedition in 1986. Following his diagnosis of schizophrenia, Dr. Mardon has added tireless advocate for persons with mental illness to his impressive list of accomplishments. He will also be the featured speaker at the NAMI Wisconsin Annual Conference on Saturday, May 1. Consumers attending the Leadership Summit are encouraged to also attend the two day confer-

ence which will feature workshops, references, and networking opportunities. Consumers wishing to attend the Leadership Summit must pre-register as space is limited. Consumer Scholarships are available on or after February 12, 2010. Scholarship awards for the NAMI Wisconsin Annual Conference include Leadership Summit registration fees. Registration form for both events and scholarship details are on pages 14 and 15. 

NAMI Wisconsin Annual Conference
Taking the Journey Together: The Art of Living with Serious Mental Illness
April 30 – May 1, 2010

Radisson Hotel & Conference Center ♦ 2040 Airport Drive, Green Bay, WI 54313
 Co-Hosted by NAMI Brown County

REGISTRATION FORM
Register by March 5, 2010 to Receive an Early Bird Discount!*

PLEASE SEND A SEPARATE REGISTRATION FORM FOR EACH PERSON REGISTERING		
Name:	NAMI Affiliate:	
Home Address:		
City:	State:	Zip:
Phone:	Email:	

Check the conference day(s) you plan to attend (Required): **Friday, April 30** **Saturday, May 1**

Meal Preference: Regular Vegetarian Other Meal Restrictions: _____

Special Accommodation Needs: _____

Conference Attendees	1 Day	2 Days
Members, Family, & Caregivers	\$70	\$115
Professional/Agency Members	\$90	\$170
Professional/Agency Non-Members	\$105	\$195
Low Income	\$45	\$65
*Early Bird Discount if received by March 5, 2010	(-\$5)	(-\$15)
Bring a New Friend Discount: Bring a new attendee to the NAMI conference and BOTH receive \$10 off registration. Registrations must be submitted at the same time. Friend's name: _____	(-\$10)	(-\$10)
Subtotal		
Consumer Leadership Summit Attendees		
Consumer Leadership Summit - Thursday, April 29 - 4:30 pm	\$10	\$10
Support the NAMI Wisconsin Scholarship Fund		
Donate to the NAMI Wisconsin Scholarship Fund		
Total		

REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT:

Enclosed is my check for \$ _____, payable to NAMI Wisconsin.

Please bill my credit card for \$ _____ Visa MasterCard

Acct# _____ Exp. Date ____/____/____

Signature: _____

Mail this form with payment to:
 NAMI Wisconsin
 4233 W. Beltline Hwy
 Madison, WI 53711

Or FAX to:
 (608) 268-6004
 (Payment by credit card required
 for fax registrations)

FOR OFFICE USE ONLY
DATE RCVD: _____
AMOUNT: _____
CHECK #: _____
DB ENTRY: _____

Terms and Conditions of Registration

Accommodations at the Radisson:

Please call the Radisson Hotel & Conference Center at 1-800-333-3333 for hotel room reservations. Ask for the "National Alliance on Mental Illness" room rate of \$99 per night for single and/or double occupancy. Cut-off date for this rate is April 7, 2010. NAMI Wisconsin cannot guarantee rooms beyond the number that have been reserved in our block, so book now! Hotel directions will be sent with confirmation of conference registration.

Cancellation Policy:

To cancel or transfer a registration, you must notify NAMI Wisconsin by April 23. No refunds after April 23.

Cut-off Date for Early Registration:

Early registration deadline is March 5, 2010. Last day to register for the conference is April 23, 2010.

Exhibitors Welcome:

Exhibitors may rent tables for the NAMI Wisconsin Annual Conference. For forms and details please contact Kate Bahr at kate@namiwisconsin.org or 608-268-6000.

Registration:

Registration opens Friday, April 30 at 7:30 am. Conference begins Friday, April 30 at 8:30 am and ends for the day at 4:45 pm. The NAMI Wisconsin Annual Meeting and the state Board of Directors election announcements follow from 5:00-6:00 pm. All NAMI members are welcome to attend the Annual Meeting. Registration re-opens Saturday, May 1 at 7:30 am. The conference starts at 8:30 am Saturday and closes at 3:45 pm. Attendees must register to attend prior to April 23rd as no onsite payments will be accepted.

Returned Check Policy:

A processing fee of \$10 will be assessed for any checks returned due to insufficient funds.

Special Accommodation Needs:

If you need an interpreter, materials in alternative format or other reasonable accommodations, please notify the NAMI Wisconsin office at least two weeks prior to the conference.

Consumer Leadership Summit:

The NAMI Wisconsin Consumer Council Leadership Summit will be held Thursday, April 29, from 4:30 to 7:00 pm at the Radisson Hotel & Conference Center. This event requires pre-registration. Consumer Scholarship winners may attend the event and will have the Summit fee waived, but must pre-register.

Consumer Scholarships:

A limited number of consumer scholarships will be available for the conference. Please call the NAMI Wisconsin office at 800-236-2988 on or after February 12 to receive information regarding the application process for the scholarships. Scholarships are for conference registration and lodging only. There is a \$10 co-pay due with the application. Scholarships cover continental breakfast and lunch included in the conference but not dinner or transportation. If you live within 30 miles of the Radisson Hotel in Green Bay, WI you will not be eligible for lodging costs. Priority will be given to those who have not received a conference scholarship in the recent past.

Dates of Note

February 12	Consumer Scholarship applications available
March 5	Early Bird registration deadline
April 7	Hotel discount rate cut-off
April 23	Last day to register for conference and for cancellation refunds

QUESTIONS? Call the NAMI Wisconsin office at 608-268-6000 or 800-236-2988.



4233 W. Beltline Hwy., Madison, WI 53711

Nonprofit Org.
U.S. Postage
PAID
Permit No. 1731
Madison, WI

Return Service Requested

Help NAMI Wisconsin bring vital education programs to people affected by mental illness.



Yes, I want to support NAMI Wisconsin with the following gift:

\$100 \$75 \$50 \$35 Other \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Please charge \$ _____ to my: Visa MasterCard

Acct# _____ Exp. Date _____ / _____

Signature _____

Is your donation being made in memory or in honor of someone special? If so, please complete the following:

In Memory of: _____

In Honor of: _____

I'd like more information about the following: a local NAMI affiliate in my area becoming a NAMI member

Your gift to NAMI Wisconsin will change minds, raise voices, and help many individuals and families affected by mental illness.

"The NAMI training prepares us to facilitate the meetings in a constructive, positive, respectful, and compassionate way."

—Sue Petkousek, Support Group Facilitator Trainer

"Sometimes all people need is to see that glimmer of hope through the darkness."

—Brenda Wesley, ASK Program Coordinator

Consider making a generous gift today.