

MISSION: To empower persons affected by mental illness and their family members to achieve a better quality of life by providing them with mutual support, practical information, referral, advocacy and educational resources.

New(s) Bites from NAMI Greater Cleveland

NEW DIRECTIONS FOR NAMI GC

Assisting Those in Jails and Prisons

Terri Miller, our Consumer and Family Program Coordinator has been working with a task force to explore how NAMI can assist those with a family member or friend in prison who has a mental illness. Thanks to Dr. Nancy Johnson, Cynthia Beard, Jeanette Halton-Tiggs, Robin Jackson, and Eileen and Bob MacDowell for their work in helping Terri to design these new support and education programs. Please contact Terri if you are interested in being part of the task force.

Dual Diagnosis Support Group

Another area of interest for NAMI is beginning support services for persons who have both a mental illness and alcohol or drug dependence. We are looking for someone who has been dually diagnosed and who is in recovery that would be interested in facilitating this support group. Terri Miller is the contact for this project.

Training Psychiatry Residents from UH and CCF

Starting this past summer, NAMI began speaking to residents from University Hospital and Cleveland Clinic as part of our community education program. The idea is to assist "docs in training" so they have a perspective about mental illness from the people who have been there and their families. Family members who are interested in participating in this program, please contact Ellen Riehm, Community Education Coordinator.

Multicultural Outreach and Mental Illness/Health- Lessons Learned

The lessons learned from our work in the African American and the Hispanic communities are many, but there are a few critical features that have arisen as the project has evolved. For example:

- NAMI needs to meet people where they are—we haven't always done this and sometimes assumed people would come to us
- Community and/or relationship building is essential and takes time – the organization needs to have the sanction of community and religious leaders to proceed successfully—trust is a critical factor in helping
- You have to build a culturally competent organization to serve minorities including staff, board, members and volunteers, and that takes time too
- Stigma limits access, treatment and support more so in the minority community today than in the dominant culture
- "Watch your language"—linguistics factors in to how some may accept or reject "our" message—NAMI's traditional words or the "NAMI way" may not translate well

- NAMI programs may not work, depending on where you are, or who you are working with – traditional NAMI programs may need to be modified to be effective—for example, weekly family education groups are less likely to succeed in the African American and Hispanic/Latino populations than in the dominant culture.

To serve different cultures, it is important that NAMI examine its values and how it operates in order to develop as a culturally competent organization. Learning the art of helping others individually is a mutual process. In the similar way, helping people from various cultures involves empowering those you work with within that community while earning their trust, so we teach one another, how each can be of help to the other.

NAMI Multicultural Outreach staff Marsha Mitchell Blanks and Evelyn Rivera provide workshops on "Mental Health Disparities".

YOUR ADVOCACY EFFORTS AT WORK!

Because of your advocacy efforts, our legislators and the governor responded to our concerns. The revised funding formula from the Ohio Department of Mental Health would have re-distributed community mental health monies to other counties in Ohio was overturned.

New(s) (con't)

Governor Strickland agreed to keep the 408 funding allocation (which funds community mental health programs) the same as in fiscal year 2009. If the proposed formula went into effect, as much as \$13,000,000 could have been cut from county funding for mental health services- that would have been devastating. This reversal in policy is a testament to your advocacy at work!

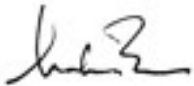
NAMI OHIO CONNECTIVITY

At the NAMI Ohio Convention in May, three of our board members were elected or re-elected to the NAMI Ohio Board. Lovell Custard, our board president joins board members Jodie Ross and David Brown as trustees for NAMI Ohio. Having this strong local representation will strengthen our communication and relationship to the state organization

COUNTY UPDATE

The Cuyahoga County Community Mental Health Board officially merged with the Alcohol and Drug Addiction Services Board July 1st, 2009. They are now named the Alcohol Drug Addiction and Mental Health Services (ADAMHS Board). William Denihan, CEO for the CCCMHB was named the Executive Director of the newly merged boards. A new board was appointed as well with Kathryn Gambetese serving as the chair of the board. NAMI's long-time friend Harvey Snider is serving on the board as well.

Sincerely,



MICHAEL BASKIN
Executive Director; NAMI GC
October 2009

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NAMI Greater Cleveland's Annual Meeting, Lunch and Awards Ceremony



NAMI Greater Cleveland's Annual Meeting, Lunch and Awards Ceremony was held Friday March 13th, 2009. Two hundred people attended the event held at Massimo Da Milano restaurant to listen to Special Guest Speaker, Armond Budish, Speaker of the Ohio House Of Representatives and to recognize the individuals and agencies who were the recipients of our 2008 Awards.

2008 AWARD WINNERS

CONSUMER -Debbie Sadlon, Peer-to-Peer Teacher. This award honors a consumer for their efforts on behalf of other consumers.

FAMILY MEMBER - Nancy Keener, Longtime NAMI Friend and Advocate. This award honors a family member for their contributions in assisting other family members.

COMMUNITY LEADER - Judy Jackson-Winston, Client Rights Officer, Cuyahoga County Mental Health Board This award honors a community leader that champions the cause of those with mental illness through their involvement in public service.

LEGISLATOR OF THE YEAR - Representative Kenny Yuko. This award honors a legislator that champions the cause of those with mental illness through their involvement in public service.

EUGENE BRUDNO MEMORIAL AWARD FOR AGENCY/ORGANIZATION - Connections, Ester Pla, CEO. This award recognizes the organization that has demonstrated innovative work with families and/or consumers.

THE SCOTT ADAMSON MEMORIAL AWARD FOR VOLUNTEERING - Branka Primetica, Benjamin Rose Institute. This award honors an individual who has demonstrated excellence in their volunteer work with NAMIGC in 2008.

CULTURAL COMPETENCE - Esther Jones, Support Group Leader, Murtis H. Taylor Human Services System. This award recognizes an individual or organization that has demonstrated outstanding commitment in the field of mental health related specifically in working with minority populations.

A BIG THANK YOU TO ALL OF OUR SPONSORS:

Marymount Behavioral Health Services, Murtis H. Taylor Human Services System, Oakview Behavioral Health, PLAN of NE Ohio, and Mr. and Mrs. Bob Spada



Improving Outcomes in Schizophrenia: *Unique Research Study Opportunities!*



Never before have there been more, *and better*, treatments for people with schizophrenia. Dr. Mark J. Woysville MD and North Star Medical Research (NSMR) are committed to bringing the most advanced care available to our mental health community – and that's why we are proud to offer two *uniquely beneficial* research opportunities to those struggling with schizophrenia!



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This information intended for caregivers and professionals alike

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Shades of Gray

LOST AND FOUND IN DEPRESSION

The Author

You may remember Jack P. Marschall. He worked at Channel 5 in 1982 as a weekend producer/weekday reporter and went to channel 43 when the 10'clock news began in January of 1988, then returned to Channel 5 in 2005. He is currently a media and community relations executive in Parma, Ohio. Jack is best known for his quick wit and sense of humor while conveying the trust of the guy next door. He is also a living organ donor.

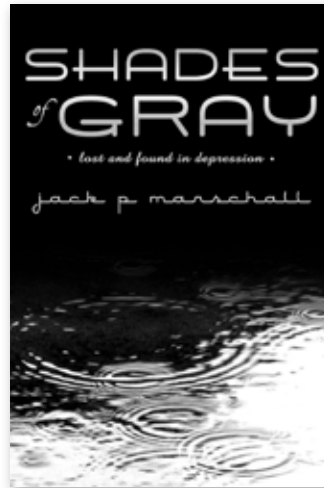
Edited version of the prologue of Marschall's book

This book is about the human condition. It is a journal of poetic prose with literary nuggets for readers of all ages, regardless of where you are on life's journey.

I was diagnosed with depression in January 1996. My psychiatrist looked into my blood-shot, baggy eyes and listened to my babbling rant. I mercifully begged for reasons as to why I wasn't sleeping, eating or living the life I had known for the better part of 45 years. In my mind's eye, I saw Herman Munster when I looked in the mirror. Little did I know I was staring into the devilish eyes of a deeply depressed man.

The Encarta World English Dictionary defines depression as a condition so severe as to be considered abnormal, either because of no obvious environmental causes, or because the reaction to unfortunate life circumstances is more intense or prolonged than would generally be expected; sadness greater and more prolonged than that warranted by any objective reason. The short version: I was indeed suffering from depression, apparently caused by a mid-life crisis. The aging process and my family history were to blame for my weakened condition. I would eventually get my life back through prayer, exercise, anti-depressants, therapy and a solid as a rock support system called Sharon. My wife said to me, "What's the big deal? Go see a shrink." So I did.

The problem, known all too well by those suffering from depression, is the old double standard; a faulty mind, mental illness, is grossly different than folks suffering from a physical ailment. There is a stigma with depression and disorders of the mind that can stifle even the bravest attempt to seek help. Doctors don't walk in our shoes, and many of them simply don't get it. They fail to diagnose depression and anxiety as the cause of our sickness because they cannot see how depression feels. I wish my family doctor at the time had been half as smart as my wife! But he was determined to find a physical reason for my mental anxiety. He, too, should have said, "Go see a shrink!"



Finally, the National Alliance on Mental Illness and other groups have documented a direct link between mood disorders – depression and anxiety – and drug or alcohol addiction. The common thread is feeding a demon that has an insatiable appetite for misery and pain. Over the years, my psychiatrist has become a friend; but my depression has become a constant companion, albeit a thinner cloud overhead.

Oh yea, depression and anxiety run in my family. The Marschall family tree is filled with deceptively delicious fruit that is better to view than chew. Sure, I thought about suicide years ago – during my lowest of lows – when the weight of the world was crushing my will to live. And although I thought of the peace it would bring, I was too chicken to end my life. Suicide is so . . . fatal!

Thanks to medication, my depression is under control. Still, surrendering to the wicked poison of depression can be mighty tempting when melancholy moods appear while the spirit is weak. Letting one's guard down is only human – an inherent flaw.

Admittedly, my altruistic attitude guiding my physical health can at times have the foundation of tapioca pudding when it comes to my mental well-being. For much of my adult life that cloud of depression and anxiety still follows me wherever I go and whatever I do. It can become habit forming, even with medication.

Seeking professional help is the only answer for a condition which is the punch line for jokes about Prozac and erectile dysfunction. Take it from me – talking with a shrink or therapist is the only salvation when you enter the world of depression and intense anxiety. I consider myself to be one of the lucky ones. The laugh is still in me.

My mom would often say, "If you have your health, you have it all." Heck, I'm a living organ donor, giving a kidney to a gentleman in need whom I did not know. My daughter, Lauren, donated one of her kidneys to her uncle on the same day, September 11, 2007. On a physical and psychological level, being a donor is one of the highest highs a human being can experience during our time on earth.

I have written about living organ donation because writing has always been my choice of silent reverie. And that is how I personally coped with and survived my battle with depression. What I scribbled down on paper during 2004 will not set the literary world on fire. Yet I believe everyone can relate to what *Shades of Gray* has to offer. Again, the poetic prose is a commentary on the human condition regardless of your age, background or state of mind. Indeed, I am confident all readers can relate to the words here, especially to those whose wings have been clipped by unexpected visitors of darkness. I hope it inspires more dialogue on issues relating to mental health. It may, in fact, strike a cord sounded by you or someone you know – by

Shades (con't)

someone you love.

Part One, *Echoes of My Soul*, was written in the spring of 2004 and conveys a witness to my shaky vision of life. They are snapshots of life and living – bursts of realistic pain and cynical insight into our existence – the good, the bad and the ugly. It is an emotional potpourri. I speak of love, hate, cynicism, God and thanksgiving; it is brutally honest about life as it is. *Country Love* is written with a lyrical twist that closely matches the gritty soundtracks of the legendary Neil Young.

Part Two, *Loose Ends*, was written in the fall of the same year and speaks with a slightly more hopeful and optimistic voice, both sections referring to our Creator and life after death – our graduation. Both Part One and Part Two stress the need to share love and time while giving ourselves to others sooner than later. The combined works are a stream of consciousness, at times one with seemingly little direction. Nonetheless, both represent the

disruptive journey in my life, a somewhat painful “growth spurt” which molded me into the man I am today, warts and all.

Sometimes the strongest of us can become the weakest. It takes guts to ask for health care questioned by cynics because we suffer from a disease that cannot be detected with a blood test, an x-ray or an MRI. Our humanity takes center stage.

Seeking help can be embarrassing – ignoring the crisis can be tragic.

As I have often said, members of our society are obligated to listen more than we speak. The speaker may be telling you that he or she is willing to end his or her life if that's what it takes to kill the demons and stop the excruciating pain. The silent screams of desperation cannot be ignored.

“Shades of Gray” can be purchased at Amazon.com, BarnesandNoble.com, and AuthorHouse.com (least expensive)

GRADING THE STATES: FALLING DOWN

A Report Card on America's/Ohio's Health Care System for Adults with Serious Mental Illness

UNITED STATES GRADE: D • OHIO GRADE: C

Mental health care in America is in crisis. The nation's mental health care system gets a dismal D. As the nation confronts a severe economic crisis, demand for mental health services is increasing -- but state budget cuts are creating a vicious cycle that is leaving some of our most vulnerable citizens behind. We must move forward, not retreat.

In 2006, Ohio's mental health system received a B. Three years later, the state's status as a leader on mental health has slipped to a C. It's disappointing for a state that seemed in striking range of an A.

OHIO GRADES BY CATEGORY

I. Health Promotion and Measurement: C 25% of Total Grade

Basic measures, such as the number of programs delivering evidence-based practices, emergency room wait-times, and the quantity of psychiatric beds by setting.

II. Financing & Core Treatment/Recovery Services: C 45% of Total Grade

A variety of financing measures, such as whether Medicaid reimburses providers for all, or part of evidence-based practices; and more.

III. Consumer & Family Empowerment: C 15% of Total Grade

Includes measures such as consumer and family access to essential information from the state, promotion of consumer-run programs, and family and peer education and support.

IV. Community Integration and Social Inclusion: B 15% of Total Grade

Includes activities that require collaboration among state mental health agencies and other state agencies and systems.

V. Innovations

- Evidence-based practices, such as ACT, IDDT, and supported employment
- National leadership on jail diversion and community reentry services
- Consumer and family involvement in design and delivery of services

Urgent Needs

- Restore and increase funding
- Improve coverage of uninsured persons and non-Medicaid services
- Increase acute care beds

Additional Information and Resources

For a full narrative and scorecard detailing on how Ohio graded out, go to www.nami.org

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Summertime is full of events that bring relaxation and memories to our book of life. If you are planning on shopping at Giant Eagle for your picnic celebration supplies, why not purchase Giant Eagle cards from NAMI Greater Cleveland so that we may continue to provide free education, support and resources for individuals with mental illness and their families to help make their life relaxing with fun memories.



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Recent legislation was extended in 2009 which allows you to make a charitable gift directly from your individual retirement account (IRA) if you are age 70½ or older. The Pension Protection Act of 2006 provides for distributions to be made from an IRA to one or more charities. These distributions are not included in your taxable income, nor are they subject to income tax withholding. Previously, if you wanted to use IRA funds for a charitable contribution, your only choice was to withdraw money from your IRA and then contribute it. The amount you withdrew was taxable, and the deduction for the contribution may or may not have offset the tax. Certain limitations apply to these non-taxable charitable distributions from an IRA: They cannot exceed \$100,000 per year, they must be made to a public charity (not a private foundation), they cannot be to a supporting organization or a donor-advised fund, the gifts must be outright; for instance, they cannot be used to establish a gift annuity or fund a charitable remainder trust and these tax-free distributions must be made by Dec. 1, 2009. For more information, please contact NAMI Greater Cleveland at (216) 875-7776.

NAMI Newsletter

In an effort to be green and keep costs down we will be offering our newsletter electronically. **If you would prefer to receive your newsletter via email please contact Liz Krull at lkrull@nami.org with your email address or call 216-875-0266.** Please ignore this message if you are already receiving this via email. Thank you!

THANK YOU

We would like to THANK YOU for sharing your day with us at NAMIWALKS 2009! The rain quickly turned to sunshine by the time the ribbon was cut and the kites looked absolutely beautiful in the sky. We truly hope you enjoyed yourselves throughout the entire summer - helping to raise funds, awareness, and encouraging others to join your teams. Everyone did a fantastic job of exceeding our goal and **raising over \$107,00** and we can't thank you enough for all your support to help keep NAMI Greater Cleveland's programs alive!

ASK THE DOCTOR:

New Treatment Options for Schizophrenia

MARK J. WOYSHVILLE MD • CEO and Medical Director • North Star Medical Research, LLC

This Ask the Doctor feature focuses on new research studies for persons in recovery for schizophrenia. The questions are representative of those the author has fielded throughout his psychiatric career, selected to be most likely to be of interest to the loved ones and caregivers of those with schizophrenia.

Q: My son with schizophrenia was recently hospitalized after he stopped taking his medication. The voices told him not to take the medication because it was poison. In the hospital he got medication supervised by the nursing staff, and soon was stable enough to be discharged. However, he is a long way from well, and even though he no longer thinks his medicine is poison, he does not understand why he needs to take it, and is already starting to miss doses. I am afraid he will soon be back in the hospital. What can we do?

A: Your concern is shared by many – indeed, most – of those who love and care for people with schizophrenia. It is a feature of the illness to minimize and deny its existence and need for treatment. However, with treatment many patients eventually conclude that life is better with treatment than without. But such a happy state does not usually come about without a prolonged period of uninterrupted treatment, best accomplished by minimizing the burdensome aspects of treatment adherence – such as having to remember to take medications multiple times daily. This problem may be solved by the use of long-acting medications. They are administered by injection on a biweekly to monthly basis, offering the person with schizophrenia the best chance of being treated long enough for it to make a real difference in their lives. And now, the active ingredients in two of the newer medications – aripiprazole (Abilify) and paliperidone (Invega) – are soon to be on the market in monthly injectible forms.

Q: My doctor keeps pushing me to take Risperdal Consta shots instead of pills. I know I can refuse the shots and I do – but why is he so insistent? He seems to think shots are better than pills. He tries to explain it with graphs and something about “blood levels,” but I think he’s a quack. What do you think?

A: As to whether or not your doctor is a quack I cannot say; but long-acting injectible forms of medication have some advantages over pills. When you take the pills, the medicine levels in your blood go up, but soon go down. This up-and-down behavior is associated with side effects, and can also make the medicine less effective. The long-acting injectible medication he is offering you does not have the problems associated with the up-and-down behavior, so most patients find they have fewer side effects, and feel better. Plus they don’t have to worry about pills. Only recently have newer medications such as risperidone (Risperdal) been available this way, and soon aripiprazole (Abilify) and paliperidone (Invega) will be, too. Perhaps you could bring someone you trust from your recovery team to your next appointment with the doctor, to help you decide if injectible medication is right for you.

Q: My daughter began running away from home when she was 17. She started doing badly in school, and hanging out with the wrong crowd. In a matter of months she turned into someone we didn’t even recognize. It was when she was finally hospitalized that she received the diagnosis of schizophrenia. Subsequently, she has been in and out of the hospital more times than I can count. She was tried on so many different medications, and was finally stabilized on a long-acting injectible form of fluphenazine enanthate (Prolixin). She does not mind the shot so much, as she has not been hospitalized since taking it; but she wishes she felt as good on the fluphenazine enanthate (Prolixin) as she did while taking aripiprazole (Abilify) tablets. She admits that while the aripiprazole (Abilify) helped, she couldn’t keep up with the three-times-daily dosing, started missing doses, and was soon back in the hospital. I am afraid she will stop taking the fluphenazine decanoate (Prolixin) injections because of how they make her feel. Are there any alternatives?

A: Yes; there certainly are alternatives. Long-acting monthly injectible forms of newer medications such as Risperdal Consta, paliperidone (Invega), and aripiprazole (Abilify) are either on the market (Risperdal Consta) or will be soon (Abilify, Invega). Your daughter

could qualify for a research trial in which she would be put back on aripiprazole (Abilify) tablets until she felt better, then switched to the long-acting injectible form.

Q: Our nephew was awarded a full scholarship to a prestigious college due to his high school performance. He was only gone about a year when he had his first episode of schizophrenia and was hospitalized. He is doing very well on risperidone (Risperdal), but is afraid he might relapse. He found the statistics presented in the hospital’s psychoeducational group very disturbing – especially how relapse predisposes to further relapse, and how every relapse confers treatment-resistance. He was also quite concerned about the relationship between treatment non-adherence and completed suicide, as it was suicidal thinking that got him admitted in the first place. He is doing well enough to be back in school, and his scholarship has been re-instated. He has no side effects and no suicidal thinking. What can he do to prevent relapse and stay focused on his academics?

A: Your nephew is remarkably well-motivated and engaged in recovery. He is quite right to be concerned that each relapse may increase the risk for future relapses, and that even after treatment for a relapse, patients may not return to their best level of prior functioning. Certainly staying true to his medication regimen will help; but I’m hearing he has many competing demands for his attention. He may find that Risperdal Consta, a biweekly long-acting injectible form of risperidone (Risperdal Consta) puts his mind at ease and allows him to prioritize his academics. However, the active metabolite of risperidone, called paliperidone, will soon be coming to market as Invega Injectable, and is a once-monthly injection as opposed to biweekly. However, your nephew may well qualify for a research study in which he would receive the paliperidone injection now while being closely monitored in a research trial.

Conclusion: Long-acting injectible forms of medicines for schizophrenia give patients – especially those not doing well or whose recovery is incomplete - the best chance at achieving their recovery objectives.



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- The Mt. Sinai Health Care Foundation
- The Woodruff Foundation
- The Reuter Foundation
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- The Cleveland Foundation
- United Black Fund of Greater Cleveland
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- Community West Foundation
- NAMI Ohio

Helping Hand AWARD



NAMI Office Assistant Liz Krull received a Helping Hand Award from the Cuyahoga County

Community Mental Health Board. The awards honor individuals and organizations for extraordinary achievements in the mental health field that embody the Board's mission, positively impact the lives of people and end stigma of mental illness in Cuyahoga County. Liz was recognized for providing help to families with a loved one living with mental illness by drawing upon her own experiences, and being instrumental to the operations of NAMI Greater Cleveland.

NAMI Greater Cleveland is hosting a Conference: **The Impact of Mental Health Parity Legislation on the Management and Treatment of Mental Illness: A Case Study on Mood Disorders.** The target audience is care givers (physicians, psychologists, social workers) payor groups (health plans, employers, benefit managers) and consumer advocates. CEU's and CME's will be available.

Date to be announced and more information to follow soon.



Resources

IMPORTANT PHONE NUMBERS

Life-threatening Emergency	911 or your local Police Dept.
24 Hour Mental Health Crisis Line for Adults and Children	216-623-6888
Suicide Hotline	216-623-6888
Alcohol Drug Addiction & Mental Health Services Board (ADAMHS) <i>(Formerly the Cuyahoga County Community Mental Health Board)</i>	216-241-3400
24-hour "Warmline" (Consumer Support)	440-886-5950
Cuyahoga County Ombudsman <i>(Problems or delays with gov't benefits or agencies)</i>	216-696-2710
Probate Court – Psychiatric Dept.	216-443-8933
Social Security Administration	800-772-1213
Ohio Legal Rights Services	800-282-9181
Legal Aid Society	216-687-1900



MEMORIAL & TRIBUTE GIFTS

REASONS FOR GIVING

- In Memory Birthday
 Recognition Sympathy
 Graduation Holiday
 Anniversary Parenthood

Other _____

Enclosed check in the amount of \$ _____

Commemorating (Occasion):

Send card/letter to (Name):

Address _____

City _____

State _____ Zip _____

Signed _____

Your City _____

Your State _____ Zip _____

Other Comments _____

Please make your check payable and return this form to:

NAMI Greater Cleveland
1400 W. 25th St., 4th Floor
Cleveland, OH 44113

THANK YOU!



MEMBERSHIP INFORMATION

NAMI Greater Cleveland members are provided with appropriate educational material and information about mental illness, the mental health care system and community resources. Speakers Nights are scheduled bi-monthly and are open to the public. A quarterly newsletter keeps members and others up-to-date on mental health issues and advocacy.

NAMI Greater Cleveland advocates for better medical care, education, housing, jobs, and the elimination of the stigma of mental illness.

Membership dues are \$35. Annual membership includes NAMI Greater Cleveland, NAMI Ohio and NAMI National memberships, and their newsletters.

NOTE: You will not receive this newsletter if you only join at the State or National Level.

Date _____

Name _____

Address _____

City _____

State _____ Zip _____

Day Phone _____

Email Address _____

I would like to volunteer time to help NAMI Greater Cleveland continue its important programs of Support, Education and Advocacy.

I would be willing to help with mailings, office work and/or telephone committee.

Enclosed is my check for:

Consumer Annual Membership	\$ 3
Annual Membership Dues	\$ 35
Annual Professional Membership	\$ 50
Organization	\$ 200
Additional Donation	\$ _____
TOTAL ENCLOSED	\$ _____



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