

NAMI of Kalamazoo NEWS

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NAMI of Kalamazoo is a registered 501C-3 non-profit self-help and advocacy group. Our mailing address is: NAMI of Kalamazoo; P.O. Box 51693, Kalamazoo, MI 49005-1693; Editor: Michael D. Kenny, 269-343-6952

Newsletter Notes

In late September 2009 we watched as both Michigan State and our national legislators were discussing 2010 budgets and health care reform. What can we say? The Michigan legislature can't seem to do budgets on time; they are good at cutting funds for needed programs but can't seem to do things that might improve the state's revenue collections, or to add good jobs within Michigan for our citizens, or to reasonably explain their behaviors. The Michigan general fund is a sinking fund situation and state economists can't now accurately predict cash flows to the state so all we hear are cuts, cuts, cuts...

This next year, or current fiscal year-2010, is the first time in memory that people requiring mental health support in Kalamazoo County are being placed on a waiting list if they personally can't qualify for state Medicaid assistance. And to make matters more complicated the state has laid off state employees who review and qualify people who might be potential Medicaid recipients. Approximately 1 person in 9 is now on Medicaid support in Michigan.

As a consequence to the daily news barrage, I could not think of issues that would have been appropriate for the fall 2009 issue of this newsletter. Both the national and state news on health matters seem to dominate the papers and airwaves.

Please contact your elected representatives and let them know your position on these issues.

NAMI Michigan 2010 State Conference, April 24 and 25, 2009 in Grand Rapids, Michigan

NAMI Michigan's State Conference "Finding Truth, Fighting Fear, Fulfilling Lives" is scheduled to be held in Grand Rapids at the Amway Grand on two days, April 24th and 25th, 2010. The Keynote speaker will be the author and LA Times columnist, Steve Lopez, who wrote, *The Soloist*. *The Soloist* is described by the phrase: "A Lost Dream, an Unlikely Friendship, and the Redemptive Power of Music."

Join NAMI Members and Friends from across Michigan to hear Mr. Lopez speak about his friend, Nathaniel

Ayers, a man who is a talented musician and diagnosed with a mental illness who is the focus of Mr. Lopez' book and the film that followed.

The 2010 conference promises to be filled with excellent sessions focused on affiliate development, stigma fighting information and breakthrough programs that will stimulate your thinking and renew your spirit. Join us in Grand Rapids on April 24th and 25th. For more information visit www.namimi.org or call the NAMI Michigan office at 517-485-4049 or email info@namimi.org.

NAMI of Kalamazoo Meetings

We now hold 1 meeting each month for members, friends, and advocates to attend. This is the Board meeting, which is usually held on the first Thursday of most every month at the Pathways building at 119 West Vine St., in Kalamazoo; about one block from the Bronson Hospital complex. The meeting begins at 6:30 PM.

We will meet next on Thursday, January 7, 2010 for a regular board meeting beginning at 6:30 PM. Our annual business meeting will be held later, probably on April 1, 2010. There are no board meetings held in July or August.

Our Board members for 2010 are: Mike Kenny (343-6952), Tom Belco (685-8243), Ann Bonevich (349-8444), Linda DeYoung, Bob Green, Chaya Gieszer, and Toni Moorian.

Kalamazoo Regional Educational Service Agency event focuses on Youth Mental Health

By [Kalamazoo Gazette staff](#), December 26, 2009

The Kalamazoo Regional Educational Service Agency will host an informational discussion Jan. 7, 2010 about services and supports for young adults with developmental disabilities or mental illness. The session

is scheduled for 7-8:30 p.m. and speakers will include Kathy Lentz and David Jenks from Kalamazoo Community Mental Health. It is part of an informational series about topics affecting students with disabilities as they transition from school to adult life.

The meeting will be held at the Kalamazoo RESA Service Center, 1819 E. Milham Road in Portage. Students, parents, teachers and community members are invited to attend. Participants do not have to attend all of the sessions and can choose the topics that interest them. Other upcoming topics in the series are:

Feb. 4, 2010: "Employment for Youth with Disabilities: Michigan Rehabilitation Services"

March 11, 2010: "Living Options and Transportation"

April 8, 2010: "Social Security"

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Millions of laid-off workers lose subsidies for health insurance

By Patricia Anstett; Detroit Free Press Staff Writer
Millions of laid-off Americans lost federal subsidies today that helped them buy [health insurance](#).

The development is likely to trigger a growing crush of people lining up at free and federally subsidized clinics and hospitals that serve them, [health](#) leaders in Michigan said.

Congress is considering new legislation to resume the subsidies but costs and other issues make passage unlikely anytime soon, health leaders say.

The subsidies that ran out today were provided to workers starting in March, for nine months, and paid 65% of a person's health [insurance](#).

COBRA subsidies will continue for those who started getting the help after March, for a total of nine months. That includes anyone who signs up for the coverage by Dec. 31. After that time, unless Congress approves an extension of the program, a person or [family](#) would have to pay the full cost of their coverage.

In Michigan, a family received an average \$665 a month average subsidy toward a policy that otherwise would cost \$1,023, according to a report released Tuesday by Families USA, a health research and advocacy organization that supports health insurance reforms in Congress.

"For millions of laid-off workers and their [families](#), the federal COBRA subsidies have been a health-coverage lifeline," said Ron Pollack, executive director of Families USA. He called extension of the subsidies essential, but expects a fight over the bills.

Sister Mary Ellen Howard, director of Cabrini Clinic, a free clinic in Detroit, said that loss of the subsidies, along with recent cuts in Medicaid payments to doctors, are likely to drive up waits at places serving the uninsured as well as Medicaid recipients.

"If you are uninsured or a Medicaid enrollee in metro Detroit, you are going to have a very hard time finding affordable health care," she said. "Most of the free clinics are at capacity."

Contact PATRICIA ANSTETT: 313-222-5021 or panstett@freepress.com

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Kalamazoo Gazette Viewpoint:

A State Effort to save \$5 million could cost \$23 million

November 27, 2009, by: Sherri Solomon.

After what we have seen in Lansing this year, it is safe to say the time has come to change our philosophy because the system is broken. Politicians controlling our tax dollars are out-of-touch with reality. Some actions by the Legislature, designed supposedly to "save money," will actually end up costing Michigan taxpayers significantly more.

Case in point — the governor and state Legislature are seeking to repeal Public Act No. 248, a law passed in 2004 protecting mentally ill citizens who receive Medicaid assistance. It provides physicians the tools needed to find the most suitable medicine(s) for their patients. If repealed, doctors will have a narrow list of older, cheaper medicines and generic drugs from which to choose and will be saddled with a complicated, time consuming pre-authorization process that may further erode their ability to care for their patients.

If access to medicine is denied or even delayed, patients may turn to self-destructive behaviors that almost immediately will lead to a rise in drunk driving, domestic violence, child abuse and neglect — all making our state a less safe place to live.

Inevitably, there will be a spike in emergency room visits at a cost three to five times higher than a normal doctor appointment, costing the state's Medicaid program far

more. Medicine, more than any other factor, keeps those suffering from mental illness functioning at their jobs, in school and as active members of society.

When denied access to doctors and medicines, patients are more likely to appear in overtaxed police departments, on courtroom dockets, in over-populated prisons and homeless shelters.

The Legislature believes it can save \$5 million by decreasing access to medicines. They ignore a 2008 study conducted by the National Alliance for Mental Illness Ohio, which found that saving money by denying access to medicines would cost taxpayers \$23 million.

While the financial impact of limiting access to medicine can be measured, it is impossible to quantify the cost in human suffering for those wanting, yet denied, resources to maintain a healthy life.

Now is not the time for politicians to take away access to doctors and medicines. We simply can't afford it.

Sherri Solomon is currently the executive director of the National Alliance on Mental Illness Michigan, a statewide advocacy, support, and education organization for those diagnosed with mental illnesses and their family and friends.

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Internet addresses for your usage

1. Recovery Institute of South West Michigan news at http://recoverymi.org/RI_pages/news.php
2. Our NAMI of Kalamazoo site is: www.namikalamazoo.org

Psychiatry tries to get its Disorders in Order

By Shari Roan | Tribune Newspapers May 31, 2009

SAN FRANCISCO – Is the compulsion to hoard things a mental disorder? How about the practice of eating excessively at night? And what of Internet addiction: Should it be diagnosed and treated?

As the clock ticks toward the release of the most influential of mental-health textbooks, psychiatrists are asking themselves these and thousands of other complex – even controversial – questions.

The answers will determine how Americans' mental health is assessed, diagnosed and treated.

Over the next 18 months, psychiatrists will hammer out a draft of the fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, more commonly called DSM-V. Nowhere have the discussions been more heated, the ramifications most vividly foretold, than here at the organization's annual meeting.

Some psychiatrists warn direly that the new tome runs the risk of medicalizing the normal range of human behaviors; others say that it must be broad enough to guide treatment of those who need it.

But all agree that the so-called bible of psychiatry is expected to be more nuanced and science-based than the last edition, the DSM-IV, published in 1994.

Brain imaging and other technologies, plus new knowledge about biological and genetic causes of many disorders, have almost guaranteed significant alterations in how many mental afflictions are described. "There are no constraints on the degree of change," said Dr. David Kupfer, chairman of the DSM-V task force and a psychiatrist at Pittsburgh's Western Psychiatric Institute.

The book will describe disorders in more detail, acknowledge variations that haven't been viewed as part of "classic" illness and explain how conditions differ based on age, race, sex, culture and physical health.

Planning on the text began almost a decade ago, and leaders delivered a progress report to their colleagues recently. They emphasized that the book, slated for publication in 2012, should better reflect the complexities of real people, not simply the most severe cases or most cut-and-dried diagnoses.

Critics of the current edition – and there are many – say that it allows for diagnosis only after a dramatic threshold has been reached.

"We are really hoping we'll be able to improve things," Kupfer said. "And that will help us do a better job of taking care of our patients."

Used around the world and available in 13 languages, the DSM-IV book has evolved from its humble origins in 1952 as a dry collection of statistics on psychiatric hospitalization. It is used by not just psychiatrists but internists, family practitioners, psychologists, social workers, courts and educational professionals to guide the diagnosis and therapy for a host of mental and behavioral conditions. More than 1 million copies of the latest edition have been sold.

A study published online in the current issue of the journal *Psychotherapy and Psychosomatics* found that of the 20 members of a psychiatric association committee writing clinical practice guidelines for treating schizophrenia, bipolar illness and major depression, 18 had at least one financial tie to industry. A commentary in the May 7 issue of the *New England Journal of Medicine* said that 56 percent of 137 DSM-V task force members have industry ties.

DSM-V committee members have been asked to abide by conflict-of-interest rules, including agreeing to receive no more than \$10,000 annually from industry sources during the period they serve on the committee.

But that isn't enough, said Lisa Cosgrove, the author of the analysis and an associate professor and clinical psychologist at the University of Massachusetts. "There are currently work groups where every single person has ties," Cosgrove said. "It doesn't seem like genuine progress has been made."

Regardless of the potential pitfalls of the upcoming edition, mental-health professionals say, the current DSM doesn't always describe the people they are seeing, those with more than one disorder, a less-severe version of a disorder or one clearly diagnosable disorder but hints of other problems. "In reality, there are a lot of shades of gray," said Dr. William Narrow, research director of the DSM-V task force.

Other changes simply reflect modern times, with obesity, for example, potentially to be labeled as a symptom of, or risk factor for, a mental disorder. This, among other things, may help doctors address a growing controversy on whether candidates for bariatric surgery are being screened adequately for their psychological health before they undergo the procedure.

"We know obesity is a risk factor for physical disorders and is probably a risk factor for psychiatric disorders too," Kupfer said. "The work group has spent time on what to do with obesity in DSM-V."

Gambling, sex addiction and Internet addiction – formerly dismissed as harmful habits that could be defeated with willpower – also may be labeled illnesses.

"It isn't a question of whether these things are real," Kupfer said. "They are. The question is whether there is enough empirical evidence to meet the threshold."

But debates, revisions and studies to test new ideas are slated to last for 18 more months.

And even then, the new edition won't land on psychiatrists' desks with a note saying, "See you in 15 years." Task force members made it clear that the upcoming edition will be a living document that will be revised frequently, continually informing doctors and their patients.

Innovative Therapy That Offers New Hope

Patients coping with the chaos and misery of Borderline Personality Disorder (BPD) now have reason for strong confidence in making major life changes through a new treatment, Schema Therapy. For the first time, three major outcome studies have shown that many patients with Borderline Personality Disorder can achieve full recovery across the complete range of symptoms.

In one study Schema Therapy was shown to be more than twice as effective in bringing about full recovery as a widely-practiced traditional treatment (Transference Focused Psychotherapy). Schema Therapy was also found to be more cost-effective and to have a much lower dropout rate. In a second study group schema therapy led to even stronger outcomes than those in the previous investigation over a briefer period with a 0% drop out rate and a recovery rate of 94% over an 8 month period. A third study, now in press, shows that individual Schema Therapy can be successfully implemented in regular mental health care settings with no loss of effectiveness.

While other specialized treatments for BPD have demonstrated empirical support, all but Schema Therapy have serious limitations in their impact on patients' functioning and quality of life and only Schema Therapy has demonstrated cost effectiveness. Schema Therapy is also associated with higher levels of patient and therapist satisfaction with the treatment.

The first of these large scale studies was reported in the *Archives of General Psychiatry*, published by the American Medical Association, the second published in the *Journal of Behavioral Therapy and Experimental Psychiatry* and the third will soon be appearing in *Behavior Research and Therapy*. Schema Therapy is an integrative approach that expands on the principles of cognitive-behavioral therapy.

According to the National Institute of Mental Health, Borderline Personality Disorder is found in about 1 to 2.5 percent of the general population although a recent large-scale epidemiological study reported a much

higher estimate of 5.9%. This latter study indicates that BPD is potentially five to six times as prevalent as either schizophrenia or bipolar disorder.

Patients with the disorder live life on the edge: they're typically impulsive, unstable, and sensitive to rejection, have regular outbursts of anger, and live daily with extreme emotional pain. They often self-mutilate and make repeated suicide attempts. Identity problems, low stress tolerance, and fears of abandonment also make the disorder difficult for patients and for those who live with them. Many with BPD either cannot work or do not function at levels that could be expected in light of their intellectual capacities. As a result, the disorder carries high medical and societal costs, accounting for more than one in every five inpatient psychiatric admissions.

Until recently, psychotherapy offered help for only some of the symptoms of BPD. The best available alternatives, such as Dialectical Behavioral Therapy, relieve many of the self-destructive behavioral symptoms of the disorder, but have not been able to reduce many of the other core symptoms, especially those related to deeper personality change. New York-based psychologist Jeffrey Young, Ph.D. (on the faculty in the Dept. of Psychiatry at Columbia University) began to develop Schema Focused Therapy in the mid-1980s.

Schema Therapy is an integrative approach, founded on the principles of cognitive-behavioral therapy, then expanded to include techniques and concepts from other psychotherapies. Schema therapists help patients to change their entrenched, self-defeating life patterns – or schemas – using cognitive, behavioral, and emotion-focused techniques. The treatment focuses on the relationship with the therapist, daily life outside of therapy, and the traumatic childhood experiences that are common in this disorder. Dr. Young believes that Schema Therapy's greater effectiveness arises in part from its use of "limited reparenting," which is not part of other approaches to BPD.

Both Schema Therapy and Transference Focused Psychotherapy focus on deeper personality change, in comparison to other recent treatments that have been limited to the reduction of specific behavioral symptoms of the disorder, such as self-mutilation.

According to a statement from Dr. Young: "Other treatments for BPD, such as Dialectical Behavior Therapy, have also led to more effective coping skills and a significant reduction in self-harm. With Schema Therapy patients are, in addition, breaking free of lives

of pain, self-hatred, and emptiness, making deeper personality changes, and significantly improving the quality of their lives."

Even the most intensive version of Schema Therapy mentioned in the first study was found to be cost effective. An economic analysis conducted by the authors of the study indicated that, for each year Schema Therapy patients were in the study, Dutch society benefited from a net gain of 4,500 Euros per patient (the equivalent of about 5,700 US dollars), despite the cost-intensive treatment. The savings over the course of several years after the completion of treatment could actually prove to be higher. The newest innovation, group schema therapy, is likely to be even more cost effective.

Schema therapists and researchers are hoping that these repeated validations of the effectiveness of Schema Therapy for patients with Borderline Personality Disorder – that for so many years has been considered intractable—will lead to more research studies and will encourage more clinicians to learn Schema Therapy. They also hope that this study will convince healthcare insurers to reimburse the costs of effective longer-term psychotherapy for this painful and costly illness. Author: George Lockwood, Ph.D.

She Was D'artagnan

The sharp wit, the fine character, the curious mind;
A treasure as a friend in her you'd always find.
Closed mouthed, quiet thinking, your secret's safe with
her;
But wickedness and slander she'd carefully abjure.

I enjoyed our discussions though they'd be hot
sometimes.
In a worthwhile search for meaning she'd always find
the time.
Her anger at the system provoked her mighty pen.
Wit and humor brought her listeners everywhere and
when.

She did not travel widely; the world lost and so did we.
I begged her to expose herself, but socially she'd flee.
Talent like hers is often hidden, no one knows how
much.
But her gifts were shared with friends who valued her
strong touch.

A poem in honor of our longtime friend and member, Ms. Alice Skridulis was written by her friend Ms. Andrea Ailes and printed with the permission of the author.

Alice Skridulis died on September 28, 2009. Andrea wrote and read the above poem at Alice's memorial service, which was held in October.

L'Arche Communities

L'Arche communities are family-like homes where people with and without disabilities share their lives together, give witness to the reality that persons with disabilities possess inherent qualities of welcome, wonderment, spirituality, and friendship.

The first L'Arche community in the United States was founded in 1972 in Erie, Pennsylvania. Today, L'Arche USA has 16 communities and two projects nationwide. For more information see: <http://larcheusa.org/>

NAMI of Kalamazoo-Year 2010 Dues

Our NAMI of Kalamazoo organization serves Kalamazoo and surrounding SW Michigan counties as a local chapter of the National Alliance on Mental Illness. We are also affiliated with the State organization, NAMI Michigan, located in Lansing, MI and the National Alliance on Mentally Illness- NAMI, located in Arlington, VA

NAMI of Kalamazoo goals are to educate, support, and empower individuals and families affected by brain neurobiological disorders (NBD), commonly called mental illnesses. We are a community wide 501C-3 non-profit advocate organization whose members are available and accessible to NBD affected consumers and their families.

Special thanks to those sending in your additional contributions for our NAMI of Kalamazoo organization; these donations are the only extra monies that we have for activities in addition to the \$5 we keep of your annual dues. We use your donated money to pay for local activities that benefit our community.

Call Ms. Renate Shiver, Family Support KCMHSAS, for information and registration for the next "Families in Action" class, which begins on March 17, 2010. Family Support also teaches several other mental health classes.

Recovery Institute of South West Michigan

We are a Peer-to-Peer support organization and are located at 326 W Kalamazoo Ave, Suite 312 in the Park Trade Center, Kalamazoo, MI 49007-3361; our phone is (269) 343-6725

Our Web address is <http://recoverymi.org/> Sign on and read about us and our experiences in recovery.

A National Association of Peer Specialists Conference will be held next summer. The 4th annual national peer specialist conference is planned for August 23-25, 2010 at the Westin Hotel in Lombard, Illinois. Plan now for another exciting conference where peer specialists from across the country gather to share knowledge, experiences and fun. More information about the conference will appear on the NAPS website, <http://www.naops.org> as it becomes available.

High Court Cites PTSD in Death Sentence

WASHINGTON, Dec. 1, 2009 (UPI) – The U.S. Supreme Court has ruled post-traumatic stress disorder must be considered when applying the death sentence.

The High Court Monday threw out a death sentence against a Florida man – a decorated Korean War veteran who killed his girlfriend and her lover in 1986. George Porter Jr. was sentenced to death despite evidence he suffered mental health problems stemming from his traumatic war experiences, in which he was twice wounded in bloody battles that saw half his comrades killed or wounded, the court wrote.

But, they noted, his PTSD was not known to the sentencing jury because Porter did not reveal his combat experiences.

"The relevance of Porter's extensive combat experience is not only that he served honorably ... but also that the jury might find mitigating the intense stress and mental and emotional toll that combat took on Porter," the court wrote in a unanimous, unsigned opinion.

The ruling appeared to be the first time the court has said PTSD should be included among mitigating factors considered for leniency in capital cases, overturning previous rulings on the case made by the Florida Supreme Court and the 11th U.S. Circuit Court of Appeals in Atlanta.

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NAMI of Kalamazoo NEWS

Alliance for the Mentally Ill

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January 2010

Thursday, January 7, 2010 at 6:30PM, NAMI of Kalamazoo Board meeting; Pathways building—119 West Vine St. in Kalamazoo, MI; this building is located one block west of the Bronson Hospital complex.

Thursday, January 7, 2010; a KRESA seminar will be held at 7 PM at the Kalamazoo RESA Service Center, 1819 E. Milham Road in Portage; speakers will include Kathy Lentz and David Jenks from Kalamazoo Community Mental Health.

February 2010

Thursday, February 4, 2010 at 6:30PM, NAMI of Kalamazoo Board meets; Pathways building—119 West Vine St.

March 2010

Thursday, March 4, 2010 at 6:30PM, NAMI of Kalamazoo Board meeting; Pathways building—119 West Vine St.

Wednesday, March 17, 2010; 6:30 PM; Families in Action -spring 2010 class begins, call Ms. Renate Shiver at 553-7096 for information and registration. This class meets once a week for 10 weeks.

Friday, March 19, 2010; Family Support network potluck gathering at 6:30 PM at 418 West Kalamazoo Ave, in conference room A. No registration; bring a dish to share and join the group for discussion.

April 2009

Thursday, April 1, 2010 NAMI of Kalamazoo board meeting and our annual business meeting at 6:30 PM; Pathways—119 West Vine St.

Sunday and Monday, April 25-26; NAMI Michigan annual meeting and seminars; Amway Grand Hotel, Grand Rapids, MI. Conference and registration information at www.mi.nami.org