

NAMI of Kalamazoo NEWS

March/April/May 2009; VOLUME 3 - NUMBER 20

NAMI of Kalamazoo NEWS is published Bi-monthly excluding July and August.

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

NAMI Michigan 2009 State Conference, May 3 and 4, 2009 in Midland, Michigan

This year's NAMI Michigan state conference will be held at the Valley Plaza Resort, 5221 Bay City Road in Midland, MI. The hotel phone is 1 800 825-2700. Rooms are \$89/nite.

The program has many exciting speakers and educational presentations including:

- Plenary speaker Dr. Xavier Amador, renowned author of *I Am Not Sick: I Don't Need Help*. www.XavierAmador.com
- Gentle Teaching by Kim Juntti, MORC Gentle Teaching Institute
- Tai Chi by Dr. Ed Barth a retired psychologist.
- SPECT Imaging by Dr. Robert Kohn a practicing neuropsychiatrist.
- Stomp the Stigma Team from Community Network Services, Oakland C.M.H.
- MDCH Update by Dr. Michael Head.
- A performance by the Rose Hill drama & music program, and more.

There will also be presentations on NAMI affiliate development, In Our Own Voice, NAMI Connection, and Family Education.

Also, new this year we will be offering continuing education credits for social workers!

Please attend and encourage others to attend our annual conference. For more information, visit mi.nami.org or email namiconference2009@gmail.com with specific questions.

The conference cost is about \$50 per day. In addition the hotel cost is \$89/night. For those with limited income the conference cost is \$10/day; meals are extra.

You can obtain Conference 2009 information at NAMI Michigan, 921 Washington Ave., Lansing, MI 48906-5137. Their phone is 1-800-331-4264; information is also on the states NAMI web at <http://mi.nami.org/>

Regional 9 County Legislative Meeting

The Coalition for Excellence in Mental Health announces a 9 county South West/Venture Regional Meeting with area legislators to be held at the WMU Fetzer Center on Monday, April 13, 2009 from 8:30 AM till 11AM. Continental breakfast begins at 0830. Please come and meet with our area's legislators to discuss issues facing those with mental illnesses, developmental disabilities, and substance use disorders.

Please RSVP to either Joan Keilen or Sharon Wengliniski at 269-553-8035 or 269-553-8095

Annual Mental Health Breakfast and Mental Health Awareness Festival

KCMHSAS will hold the county's annual mental health breakfast on Friday, May 8, 2009 beginning at 0930 at the Radisson Plaza Hotel at 100 West Michigan Ave., Kalamazoo. Help us celebrate May as Mental Health Month. The public is welcome; please call 269-553-8000 for more details.

Immediately following the May 8 breakfast event the Mental Health Awareness Festival will be held in the lower level of the Radisson from 11 AM till about 2 PM.

www.namikalamazoo.org
is our web site

Families in Action; NAMI Education Classes

The next session of 10 classes will begin Tuesday, March 17, 2009 and will be held from 6:30 to 8:30 PM on successive Tuesdays till May 22. .

Families in Action classes cover topics such as the Recovery Process, Medications, Case Management, and Effective Communications. Registration for the class is required.

So if you are interested or know someone who would like to be invited to attend these free classes, please call Mari McKinlay at 276-0207, or Renate Shiver at 553-7096 . The classes are free to everyone.

Internet addresses for your usage

1. Mental Wellness site:
<http://www.mentalwellness.com/>
2. NAMI- Santa Cruz , CA;
<http://www.namisc.org/index.htm>

Power Branch Meetings

Power Branch meets each Thursday from 1 PM till 2:30 PM at the 234 Cedar Street Interact building upstairs in the Wellness room. Take the road to Recovery. Stop by and say hi.

Patrick Kaufmann; pkaufmann@interactmich.org

President's Notes-Mike Kenny

*Funding issues continue to plague supports needed by our communities as a result of the possible short fall in 2009 tax revenues due to the poor economy in our state and the nation

*The NAMI Michigan state conference this year is a two day event in Midland, Michigan, which will be held on May 3, and 4, 2009. Hope you can attend. Registration material is found on the state's web page.

*Participate. We need more families and advocates to attend the Kalamazoo County Mental Health Authority Board meetings and other meetings that may affect public behavioral health services.

*Two public transit millages are scheduled for vote this year, one for the County in May and the other for Kalamazoo City in the fall. Please encourage those you know to give these transit millages thumbs up in the voting booth.

* May 9 is the annual day for the KCMHSAS mental health breakfast at the Radisson Hotel. All are welcome.

NAMI of Kalamazoo-Year 2009 Dues

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

in Arlington, VA

When you join NAMI Kalamazoo part of the regular \$25 dues you pay to Kalamazoo goes to the NAMI Michigan State organization (\$10) and part goes to the NAMI National organization (\$10). So by joining us you essentially belong to all 3 groups. This means that you will receive mailings from all three NAMI groups at different times during the year.

Please send us your Year 2009 dues and update the enclosed dues payment slip with your information. Thanks to all who have recently paid their 2009 dues, however in checking our current records we have 24 members out of 82 whose dues are now due.

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 families and those who have a mental illness.

Recovery from Schizophrenia

By Louise Loots Thornton; NAMI of Santa Cruz, CA

"A very large group of consumers has achieved remarkable recovery. They are people who, in spite of ongoing symptoms, have carved out a life. They have goals, they make choices, and they improve their situation with the right type of interventions."

– Courtenay M. Harding
University of Colorado

Dear families and friends,

When someone you love is very ill with schizophrenia, it may be almost impossible to believe this person can recover. She or he may be so out of touch with reality, seemingly lost to you, that you may be afraid you will never get this person back. Psychiatrists may not be able to help you, because they often have too many patients, and because they see these individuals when they are most ill, it is easy for them to conclude that recovery from schizophrenia is rare. If you turn to the literature on this illness, you may find nothing to give you hope of recovery.

First person accounts often end in suicide. The Diagnostic and Statistical Manual-IV, the standard for diagnosis of schizophrenia and other mental illnesses, describes the illness with such dark and devastating language that you may feel any hopes you have for your ill family member are based in delusion.

Despite this, we must keep alive the hope that recovery is possible. There is reason to hope! Half to three fourths of all those with schizophrenia recover. This does not mean that they are cured or that the illness goes into complete remission, although this has happened in some instances. It means that over time, in an often long, difficult process, individuals come to terms with their illness. They learn how to accept it and then how to move beyond it, to believe in every cell of their being that they are not "schizophrenic," defined solely by an illness. They are individuals, whole and complete in themselves, with strengths as well as limitations, with the capacities to love and be loved, to work and to find joy and meaning in their lives despite an illness.

Time, in itself, is on our side. With treatment, schizophrenia often becomes less severe as an individual grows older. Those in their 30's tend to do better than those in their 20 and those in their 40 and 50's may do better still. Dr. Cynthia Harding, a strong advocate of the possibility of recovery, attributes this to the plasticity of the brain. "Mother Nature is always trying to correct itself from mid-age onward," she explained at a 1999 California NAMI conference. (I am greatly indebted to Dr. Harding for much of the following material, which came from this lecture.) As time goes by, individuals may also learn how to cope with symptoms and gain other skills to help them lead productive lives.

Over time, there may also be a change in a diagnosis as certain symptoms become greater or lesser. If a diagnosis changes, the medications may change, and in time the right medication or combination of medications may finally make a difference. My son's initial diagnosis was paranoid schizophrenia, and he was given the typical medications used at this time, Navane and Prolixin. They reduced his psychosis but they left him "zoned out." His muscles became so stiff he could hardly move. After a while, his psychiatrist took him off these and tried lithium, often prescribed for bipolar disorder. It had no effect and he was put back on the original medications. Years later I asked another psychiatrist why he thought lithium had been prescribed when my son did not have bipolar disorder. "His doctor was probably hoping that he did..." he answered and then paused, "It's an easier illness to treat."

Later, as my son became more lucid and present, another psychiatrist noted that he had definite mood swings, so his diagnosis was changed to schizoaffective disorder. When the newer medications became available; he tried them, one by one, and while they

produced fewer side effects, his mood did not change. He was often depressed and irritable. I convinced his psychiatrist to add an anti-depressant, and my son zoomed into mania. When this wore off, depression seeped into his body once more. Finally, I took him to see yet another psychiatrist, and this doctor added lithium to his list of medications. This time it worked! His moods evened out and he became much more focused, even happy. While I am sad for all the years that my son had to endure this trial and error process, I am immensely grateful that his doctors have found a combination of medications that enables him to create a satisfying life for himself.

This long process has shown me that we are not alone in our struggle to hold on to hope. We are always in the minds and hearts of those dedicated scientists who are continually trying to learn more about schizophrenia and its affects on the brain. Still others are attempting to create more effective medications with fewer side affects. In time, with the help of sophisticated technology, it might be possible to tell which of "the group of schizophrenias" an individual has, even which medication or combination of medications would be most effective.

As we, professionals and family members alike, continue to hold the candle of hope for those who are ill with schizophrenia, we penetrate the darkness so often enveloping these individuals with points of light. If they say, "I'll never, ever feel any better!" We don't tell them that we are terrified and they are right. We tell them something like, "I know you have every reason to feel that way, but I still have hope for you." And as we stand at the end of the tunnel, holding the candle, we guide them; tell them that even though they do not believe in themselves, we do. We tell them we are positive that in time they will find their way out of the darkness, and then they will hold candles for all those who follow them.

The above article is an excerpt from *Finding Hope in Schizophrenia: Healing and Hope for Everyone in the Family* by Louise Loots Thornton. Thornton is the mother of three children. Two have been diagnosed with mental illness. Her son, diagnosed with schizoaffective disorder, has been living with the symptoms for over 20 years. Her daughter has a dual diagnosis and severe depression. Louise has been a member of NAMI-SCC for over 15 years and co-teaches the Journey of Hope class in Watsonville, CA. She is an English teacher at Gavilan College.

Tragedy Should Raise Awareness of Mental Illness

By CHRISTINE STAPLETON, Cox News Service

Friday, March 06, 2009

WEST PALM BEACH, Fla. — At some point during a 400-mile midnight drive between Savannah, Ga., and South Florida, Amy Kern became convinced that she was Jesus, that her father was Satan and her 80-year-old grandmother needed to die.

Amy is 30, a new mother, All-American pretty and mentally ill. She knew she was ill. She wanted help. She did not get it.

This is what can happen to the mentally ill — at least a very small percentage of them — when we do not treat them. According to the Feb. 7 police report: “Amy stated that she then went down the stairs and began beating her grandmother repeatedly in the head with the tire iron. She advised that she used the sharp end of the tire iron ... Amy advised that it was disgusting, the most brutal thing ever.”

Amy never found her father, but she found his .357 Magnum pistol and used it to kill her aunt’s boyfriend. She is in jail now, charged with two counts of first-degree murder.

Amy also told police that she had stopped taking her medications. She had lost her job and medical benefits. Two months earlier she had given birth to a baby girl, Ava. She went back on her medications but “did not feel like her medications were right.” Weeks earlier she had tried to kill her boyfriend with an ax. She knew she needed help. On Feb. 6 she asked a police officer in Georgia to help her find a state-run psychiatric hospital. At 1:30 a.m. on Feb. 7 she banged on the hospital’s door. She said no one answered. Then she drove south.

Amy’s family says she is bipolar. Experts familiar with the case say her symptoms are those of paranoid schizophrenia.

Whatever the diagnosis, Amy’s case should expose our utter failure to help the mentally ill. Instead it will just ignite the stigma: Beware of schizophrenics! They are violent, murderous and scary people. Beware of the bipolar! They are unpredictable, unstable and frightening!

Well I am bipolar and I have never once thought of killing someone. I have a friend with schizophrenia and she is kind and gentle and I trust her completely.

A very, very small fraction of the 2.7 million Americans with schizophrenia and millions more with bipolar disorder are homicidal. Suicide is far more common. However, their sad deaths rarely make headlines.

Our exposure to people with schizophrenia comes when there is a horrendous crime. In fact, our usual understanding of schizophrenia — a broad category of mental illnesses categorized by psychosis — is wrong.

Common belief is that schizophrenics have multiple personalities, like the Sybil character with 16 different personalities. That is not schizophrenia. It is a dissociative identity disorder, a completely different mental illness.

Schizophrenia is among the most challenging mental illnesses to treat. The medications are very expensive and often cause weight gain, reasons why schizophrenics often stop taking their medications when they feel better.

Some medicate with alcohol and drugs. Others hear voices that tell them to stop taking the medication. Tragically, when a schizophrenic resumes her medications, the cocktail that once worked may not work again.

This is why we need to open the door when someone like Amy bangs on it in the middle of the night and wants to come in.

Christine Stapleton writes for The Palm Beach Post. E-mail: [Christine\(underscore\)Stapleton@pbpost.com](mailto:Christine(underscore)Stapleton@pbpost.com).

A List of Our Local Public Community Mental Health Agencies

Allegan County CMH Services

3283 122nd Avenue

PO Drawer 130

Allegan, Michigan 49010

269-673-6617 or 800-795-6617 Voice

269-673-6617 or 800-795-6617 24-Hour Crisis

269-673-2738 Fax

Cass County CMH Authority; dba Woodlands

Behavioral Healthcare Network

960 M-60 East

Cassopolis, Michigan 49031

269-445-2451 Voice

800-323-0335 24-Hour Crisis

269-445-3216 Fax

Kalamazoo CMH & Substance Abuse Services

3299 Gull Road, PO Box 63

Nazareth, Michigan 49074

269-553-8000 Voice
269-373-6000 24-Hour Crisis
269-553-8012 Fax

CMH Services of St. Joseph County
210 South Main Street
Three Rivers, Michigan 49093
269-273-5000 Voice
800-622-3967 24-Hour Crisis
269-273-9456 Fax
The above 4 CMHs are Members of the Southwest
Affiliation of CMHs

Summit Pointe (Calhoun County)
140 West Michigan Avenue
Battle Creek, Michigan 49017
269-966-1460 or 800-783-5449 Voice
800-632-5449 24-Hour Crisis
269-966-2844 Fax
A member of Venture Behavioral Health.

VanBuren Community Mental Health Authority
801 Hazen Street, Suite C, PO Box 249
Paw Paw, Michigan 49079
269-657-5574 Voice
800-922-1418 24-Hour Crisis
269-657-3474 Fax
A Member of Venture Behavioral Health

Local NAMI Monthly Meetings

NAMI of Kalamazoo now holds 1 meeting each month for members, friends, and advocates to attend. This is the Board meeting, which is 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.

Our Board members for 2009 are: Mike Kenny (343-6952), Tom Belco (685-8243), Ann Bonevich (349-8444), Linda DeYoung, Bob Green, Chaya Gieszer, and Toni Morrian.

Depression: Medication Options

There are several types of depression medications (antidepressants) used to treat depression and conditions that have depression as a component of the disease, such as bipolar disorder. These drugs improve symptoms of depression by increasing the availability of certain brain chemicals called neurotransmitters. It is believed that these brain chemicals can help improve emotions.

- Tricyclic antidepressants (TCAs) are some of the first antidepressants used to treat depression. They primarily affect the levels of two chemical messengers (neurotransmitters), norepinephrine and serotonin, in the brain. Although these drugs are effective in treating depression, they have more side effects, so they usually aren't the first drugs used.
- Monoamine oxidase inhibitors (MAOIs) are another early form of antidepressant. These drugs are most effective in people with depression who do not respond to other treatments.
- Selective serotonin reuptake inhibitors (SSRIs) are a newer form of antidepressant. These drugs work by altering the amount of a chemical in the brain called serotonin.
- Serotonin and norepinephrine reuptake inhibitors (SNRIs) are another newer form of antidepressant medicine. They treat depression by increasing availability of the brain chemicals serotonin and norepinephrine.

Summerfest at KPH on Oakland Road

Please plan to attend this year's Kalamazoo annual Summerfest Carnival which will be held starting at about 10 AM on Thursday, July 23, 2009 on the KPH hospital grounds on Oakland Road.

2009 HUD Homeless Grants Received by KCMHSAS

Last October, our Community Mental Health Housing staff completed a comprehensive application for new and renewal Grants from HUD for our Kalamazoo Housing Programs.

On, Friday, February 20 the awards were posted on the HUD Website. KCMHSAS received funding for every application, six grants in total, amounting to over \$874,000 this year.

I want to acknowledge the every day work of Erica Northup, Juanita Haywood, Rebecca Tricoli, Heather Garcia, Sandy Walenga and Ed Chappa as well as all other KCMHSAS and contract agency staff who make this accomplishment possible.

Thanks again to all who help. –David Anderson

Governor Recommends Substantial Budget Cuts for 2009-2010 Fiscal Year

Governor Jennifer Granholm's 2009-2010 Executive Budget recommendations include nearly \$670 million in spending cuts and the elimination of more than 1,500 state positions. These recommendations were expected in view of the State of Michigan's ongoing financial challenges.

The Executive Budget recommendations were developed for the most part without factoring in the funding that Michigan will receive from the federal stimulus package. Early estimates are that our state may receive as much as \$7 billion in direct payments from the \$787 billion federal stimulus package. Of course, the release of the Governor's budget recommendations is only the first step in the budget process. The Michigan Legislature is now holding its appropriations hearings in which MALA is actively involved in collaboration with our government relations firm, Kelley Cawthorne. The DCH budget hearings begin in the House of Representatives.

Overview of DCH Budget Recommendations

The Governor's recommendations for the Department of Community Health (DCH) include a proposal for \$106 million in General Fund savings. Some of these savings would be achieved through a reduction of \$7.55 million, or approximately 2.3 percent, in funding for community mental health (CMH) non-Medicaid programs. On a positive note, the DCH budget recommendations include \$2.5 billion to provide CMH services including increased funding to the Pre-Paid Inpatient Health Plans (PIHPs) for a 4 percent actuarial soundness rate adjustment.

A key recommendation in the DCH budget is the plan to close Mt. Pleasant Regional

fiscal year. This action would result in \$5.7 million in General Fund savings.

With respect to long-term care services, the Governor's plan is to eliminate the Office of Long-Term Care Supports and Services as of October 1, 2009. The employees and executive functions for this office will be absorbed within DCH.

The Governor's proposed budget invests \$443 million in community based long-term care services. Although MALA supports the focus on community based services, we are extremely concerned that the plan has not been implemented to expand MI-Choice Waiver funding to licensed adult foster care and home for the aged settings. We are urging key state legislators and DCH to expedite the process for beginning to allow Medicaid funding in licensed settings.

Although the Governor's overall state budget recommendations do not generally reflect the anticipated federal stimulus funding, one of the exceptions is Medicaid funding. The Executive Budget recommendations assume \$500 million in General Fund savings as a result of the enhanced federal Medicaid matching. More specifically, states will receive an increase in the federal Medicaid matching rate of approximately 6.2 percent. Michigan and some other states will receive an even higher increase in the matching rate as a result of a high unemployment rate.

We urge you to contact your State Senator and State Representative regarding the financial challenges that you face. Please also communicate with the members of the House Appropriations Subcommittee on Community Health listed to the right.

The House of Representatives is planning to complete the budget process by early April.

House Appropriations Subcommittee on Community Health

Representative Gary McDowell, Chair
(D-District 107)
517-373-2629
garymcdowell@house.mi.gov

Representative Shanelle Jackson,
Majority Vice-Chair
(D-District 9)
517-373-1705
shanellejackson@house.mi.gov

Representative Alma Smith
(D-District 54)
517-373-1771
almasmith@house.mi.gov

Representative John Espinoza
(D-District 83)
517-373-0835
johnespinoza@house.mi.gov

Representative Vincent Gregory
(D-District 35)
517-373-1788
vincentgregory@house.mi.gov

Representative Fred Miller
(D-District 31)
517-373-0159
fredmiller@house.mi.gov

Representative Kevin Green, Minority
Vice-Chair
(R-District 77)
517-373-2277
kevingreen@house.mi.gov

Representative Matt Lori
(R-District 59)
517-373-0832
mattlori@house.mi.gov

Mailing Address for Michigan House
of Representatives: P.O. Box 39014,
Lansing, MI 48909-7514

NAMI of Kalamazoo NEWS

Alliance for the Mentally Ill

P.O. Box 51693

Kalamazoo, MI 49005-1693

<p>Non Profit Organization</p> <p>Kalamazoo, MI 49005</p>

March 2009

Thursday, March 5, 2009; NAMI of Kalamazoo Board meeting; Pathways-119 West Vine St, at 6:30 PM.

Tuesday, March 17, 2009; Families in Action Spring 2009 class at 6:30 PM at 418 West Kalamazoo Ave., Kalamazoo, MI

April 2009

Thursday, April 2, 2009 at 6:30PM, NAMI of Kalamazoo Board meeting; Pathways—119 West Vine St.

Monday, April 13, 2009; Light breakfast and meeting with legislators from 9 SW Michigan counties and our SW Michigan citizen group at Fetzer Center, WMU Campus, Kalamazoo, MI. Begins at 8:30 AM.

May 2009

Sunday and Monday, May 3 and 4; NAMI Michigan conference at the Valley Plaza Resort, Midland MI Registration and schedule information is on the state web site at <http://mi.nami.org/>

Friday May 8; Mental Health Breakfast and Mental Health Awareness Festival at the Radisson Hotel in Kalamazoo, begins at 9:30 AM

June 2009

Thursday, June 2, 2009 at 6:30PM, NAMI of Kalamazoo Board meeting; Pathways—119 West Vine St.

July 2009

Thursday, July 23, 2009 beginning at about 10 AM; Summerfest Celebration and Fair at KPH on Oakland Road

August 2009

Wednesday, August 12, 2009 beginning at about 5:30 PM at the Milham Park Pavilion; our annual Kalamazoo NAMI picnic