

NAMI of Kalamazoo NEWS

Summer 2011; VOLUME 5 - NUMBER 21

NAMI of Kalamazoo NEWS is published Tri-monthly.

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

NOTICE

The mailing label on your USPS mailed copy of this newsletter gives your membership expiration date. We do not invoice (USPS mail) separately for continued memberships but ask that you renew according to this newsletters mailing label. At present only about 1/3 of Kalamazoo's (94) members are paid up to date, 2/3 are in arrears.

Families in Action (FIA)

Family Support Classes at KCMHSAS. Family Support teaches several mental health classes during the year, including Families in Action. All classes are at no cost to participants. The next fall 2011 class will start on Tuesday, August 30 and end on November 15. Persons interested in attending a FIA class can call 269-553-7096 to register or to get more information about the program. Classes usually run from 6:30 to 8:30 PM in Conference Room A at 418 W. Kalamazoo Ave.

House passes Fred Upton bill that would eliminate funding for state health insurance exchanges

By Alex Nixon | Kalamazoo Gazette; May 4, 2011

WASHINGTON — The U.S. House of Representatives on Tuesday passed a bill sponsored by Michigan Congressman Fred Upton that would remove funding for part of the health care reform law passed last year.

The bill, **H.R. 1213**, would eliminate the authority of the secretary of Health and Human Services to make grants to states to set up health insurance exchanges — markets where individuals and businesses could buy health insurance.

Upton, Republican of St. Joseph, told the Associated Press that the bill is needed to prevent runaway spending by the secretary, Kathleen Sebelius.

"Shockingly, the Congress gave an executive branch official the sole authority to determine the size of the appropriation," Upton told the AP. "Without further congressional action, the secretary can literally spend hundreds of billions of dollars" at her own discretion.

Democrats in the Senate, meanwhile, have pledged to defeat Upton's bill.

"As I've said before, bills to defund the health care law will be dead on arrival in the Senate," Sen. Tom Harkin, D-Iowa, chairman of the Senate committee that oversees health issues, told the AP.

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Internet addresses for your usage

1. Recovery Institute of South West Michigan at http://recoverymi.org/RI_pages/news.php
2. A Family Services Autism Transition Tool Kit: http://www.autismspeaks.org/community/family_services/transition.php
3. Treatment Advocacy Center- stories from across America about mental illness: <http://www.treatmentadvocacycenter.org/>
4. A psychology website by John Grohol: <http://psychcentral.com/news>
5. Reintegration and recovery: <http://www.reintegration.com/>
6. Our NAMI of Kalamazoo site is: www.namikalamazoo.org

NAMI of Kalamazoo

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

Thanks go out to all those sending in your additional contributions for our NAMI of Kalamazoo organization with your dues; 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.

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. These meetings begin at 6:30 PM. We will meet next on Thursday,

Michigan's News- Cost of Medical Care for Michigan's Prisoners

By the Numbers:

- Oceana County Jail inmate medical and dental-related expenses for 2010 were \$63,833, which includes \$2,523 in dental expenses. The jail has the capacity of 67, built in 1968 with 27 beds, and expanded in 1989.
- Muskegon County Jail inmate medical and dental-related expenses for 2010 were \$271,204, which includes \$15,649 in dental expenses. The jail has a capacity of 370, but consistently houses 400 or more inmates.
- Ottawa County Jail inmate medical and dental-related expenses for 2010 were around \$300,000. A dental cost per year range from \$8,000 to \$10,000. The jail has a capacity for 462 inmates.

Muskegon County Jail inmate medical/dental costs for 2010

- Pharmaceuticals: \$56,163.97
- Medical supplies: \$27,283.07
- Health professional's contract: \$58,374.15
- Ambulance service: \$28,186
- Dental services: \$15,649.10
- Medical consultations: \$85,548.48

Total: \$271,204.77, which doesn't include \$25,748.85 the county received in reimbursement from inmates.

Michigan Department of Corrections

- Health-care cost per prisoner per year: \$5,460 (Corizon contract: \$2,469; MDOC staff and pharmacy: \$2,991)

Annual total cost for health care

- Fiscal year 2010-11: \$317,853,100
- Fiscal year 2011-12 (estimate): \$292,348,500

Annual amount collected from prisoner co-pay

- Fiscal year 2010-11: \$167,808
- Fiscal year 2011-12 (estimate): \$180,000
- Spending increase on health care, 1999-2009: 95.8%

Source: MDOC

NAMI of Kalamazoo- Annual Picnic

Our 2011 picnic will be held at the Milham Park pavilion located at the Kilgore Road entrance of the park in Kalamazoo, MI on Wednesday August 10, 2011 beginning at 5 PM. Most food and drink will be furnished by NAMI of Kalamazoo. Attendees are asked to bring a dish to pass for 6-8 people.

Managing Michigan's Publicly-Funded Health Services System

The Michigan Department of Community Health (MDCH) is one of 18 departments of state government.

The department, one of the largest in state government, is responsible for health policy and management of the state's publicly-funded health service systems. About 2 million Michigan residents will receive services this year that are provided with total or partial support from MDCH.

The department was created in 1996 by consolidating the Department of Public Health, the Department of Mental Health and the Medical Services Administration, the state's Medicaid agency. The Office of Drug Control Policy and the Office of Services to the Aging were later consolidated with MDCH.

Governor Granholm named [Janet Olszewski](#) as the department's director effective January 1, 2003. A long-time health care executive, Olszewski was Vice President for Government Programs and Regulation at M-CARE, a non profit managed Care Company owned by the University of Michigan. Before joining M-CARE, Olszewski spent more than 20 years in state government health services.

MDCH has a 2010 gross appropriation of \$13.1 billion and approximately 4,100 employees.

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Nearly Two-thirds of America's 2 Million Adolescents Suffering from Major Depressive Episodes in the Past Year did not Receive Treatment

<http://www.samhsa.gov/newsroom/advisories/1104281931.aspx> ; 4/28/2011

A new national report released in conjunction with Mental Health Awareness Month and Children's Mental Health Awareness Day indicates that 8.1 percent of America's adolescents aged 12 to 17 (2 million youth) experienced at least one major depressive episode (MDE) in the past year. The report by the Substance Abuse and Mental Health Services Administration (SAMHSA) also shows that only 34.7 percent of these adolescents suffering from major depressive episodes received treatment during this period.

An MDE is defined as a period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, including problems with sleep, eating, energy, concentration, and self-image.

"Depression among adolescents is a serious public health problem that is all too often overlooked and the consequences can be devastating," said SAMHSA Administrator, Pamela S. Hyde, J.D. "If depression among young people is identified and treated early we can turn a life around and reduce the impact of mental illness and substance abuse on America's communities."

One of the study's most notable findings was that adolescents who had suffered from an MDE in the past year were more than three times as likely as those without a past year MDE to have had a substance use disorder in the past year (18.9 percent versus 6 percent).

The study also found significant differences in the rates of past year MDE experiences among subgroups of adolescents. For example, adolescent females were twice as likely as their male counterparts to have experienced a past year MDE (11.7 percent versus 4.7 percent). Rates of past year MDE experience also rose as adolescents grew older with rates increasing from 3.6 percent of adolescents aged 12 to 10.4 percent of adolescents aged 15.

Among the nearly 700,000 adolescents who suffered from MDE and received treatment, more than half (58.5 percent) saw or met with a medical doctor or other health professional only – without being prescribed medication. The next largest segments of adolescents receiving treatment – 34.7 percent – met with a medical doctor or other health professional and were also prescribed medication. The remaining 6.7 percent receiving treatment used prescription medication only.

The full report is available on the web at <http://oas.samhsa.gov/2k11/009/AdolescentDepression.cfm>.

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End the Injustice of Life-without-Parole Sentences for Juveniles

Editorial Opinion / Detroit Free Press/ May 4, 2011

The U.S. District Court for the Eastern District of Michigan could rule this month on the constitutionality of Michigan's notorious juvenile lifer law. No one can predict what U.S. District Judge John O'Meara will do, but recent decisions by the U.S. Supreme Court have established ample legal precedent for finding Michigan's law – which denies even the possibility of parole for certain crimes committed by children as young as 14 – unconstitutional.

The Supreme Court declared state laws authorizing the death penalty for juveniles unconstitutional in 2005. Last year, the high court ruled that states can't sentence juveniles to life in prison without parole for non-homicide convictions. Neither ruling directly affects Michigan, where the maximum adult penalty under state law is life without parole, not death. Even so, the court has clearly articulated a legal basis for treating children convicted of serious crimes differently than adults.

That's perfectly reasonable. Juveniles don't possess the same rights and responsibilities as adults because of their level of maturity. It's irrational to impose the same penalties. Medical brain-imaging research has proved what every parent knows: Teenagers are more impulsive than adults, even without the abuse and neglect many young offenders have experienced.

Roughly 350 juveniles have been sentenced to life without parole in Michigan – among the most in a nation that stands alone in imposing such sentences on children. The ACLU and ACLU of Michigan lawsuit, filed on behalf of nine juvenile lifers, argues convincingly that denying juveniles an opportunity for release constitutes cruel and unusual punishment, prohibiting them from demonstrating their maturity and growth.

Michigan legislators have failed to abolish or even modify this draconian law, enacted in the 1980s. Abolishing it would not, in itself, release a single prisoner, but it would at least give juvenile lifers a chance to earn a parole.

Due to the Legislature's perennial lack of courage and integrity, the most immediate hope for ending Michigan's barbaric – and likely unconstitutional – juvenile lifer law rests with federal court.

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Possible Brain Biomarkers for Bipolar Disorder

By Traci Pedersen Associate News Editor
Reviewed by John M. Grohol, Psy.D. on May 4, 201

Certain brain abnormalities may be possible neurobiological markers for [bipolar](#) disorder, according to researchers who conducted a systematic review and meta-analysis of published neuroimaging studies.

“Bipolar disorder is often misdiagnosed or tardily detected, leading to inadequate treatment and devastating consequences,” said the research team, including Michèle Wessa, Ph.D., of the Central Institute of Mental Health in Germany.

“The identification of objective biomarkers, such as functional and structural brain abnormalities, of bipolar disorder might improve diagnosis and help elucidate its pathophysiology.”

The team analyzed 13 functional magnetic resonance imaging (fMRI) studies, involving 156 bipolar disorder patients and 164 mentally healthy controls; and 15 structural imaging studies using whole-brain voxel-based morphometry, involving 443 bipolar disorder patients and 551 mentally healthy controls.

Compared with controls, patients with bipolar disorder had decreased activity and/or reduction in gray matter volume in the right inferior frontal gyrus, the right superior frontal gyrus, the anterior cingulate, and the precuneus. These areas are a cortical-cognitive brain network associated with the regulation of emotions, the researchers noted.

On the other hand, bipolar patients also had increased activity in ventral-limbic brain structures (the parahippocampal gyrus and the amygdala) compared with controls. These brain areas mediate the experience of emotions and generation of emotional responses observes the team.

“These results support and refine previously proposed neurobiological models of the disorder and suggest that an imbalance between cortical-cognitive and limbic brain networks may serve as a neurobiological marker of bipolar disorder,” Wessa said.

Source: [Journal of Affective Disorders](#)

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Canadian Researchers Create Blood Test for Alzheimer's

Toronto Sun; May 4, 2011
<http://www.torontosun.com/2011/05/04/canadian-researchers-create-blood-test-for-alzheimers>

For the first time ever, a blood test could be used to diagnose Alzheimer's disease, thanks to a study out of Montreal.

"Until now, there has been no definitive diagnostic tool for Alzheimer's, other than post-mortem analysis of brain tissue," said Dr. Vassilios Papadopoulos, director of the McGill University Health Centre, in a statement issued Wednesday.

"Our clinical study shows that a non-invasive blood test, based on a biochemical process, may be successfully used to diagnose Alzheimer's at an early stage and differentiate it from other types of dementia."

That latter part is key, as the more specific a diagnosis, the better equipped doctors are to prescribe the best therapy.

The study, published in the May edition of the Journal of Alzheimer's Disease, could have major implications for the more than half a million Canadians that suffer from Alzheimer's, an incurable degenerative disease and the most common form of dementia.

The blood test is based on a brain hormone called dehydroepiandrosterone (DHEA).

The researchers realized that when they used a chemical process called oxidation on blood samples from people without Alzheimer's, they were able to produce DHEA. But when they did the same with Alzheimer's patients' blood, it didn't work.

"There is a clear correlation between the lack of ability to produce DHEA through oxidation in the blood and the degree of cognitive impairment found in Alzheimer's disease," said Papadopoulos.

"We demonstrated we could accurately and repetitively detect Alzheimer's disease, with small samples of blood. This test also allowed for differential diagnosis of early stages of Alzheimer's disease, suggesting this can be used as a test to diagnose the disease in its infancy."

The current method diagnosing the disease is complex and drawn out, involving an assessment of family history and other health information, a mental assessment and a physical exam testing for neurological side effects associated with the disease.

"An accurate, easy and specific non-invasive biochemical test that correlates with clinical findings is vital. We believe our results demonstrate that the DHEA-oxidation blood test can be used to diagnose Alzheimer's at a very early stage and monitor the effect

of therapies and the evolution of the disease," Papadopoulos said.

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Soldiers with Mental Illness More Often get PTSD
Chicago Tribune; Reuters Health; May 2, 2011

NEW YORK (Reuters Health) - Preexisting mental health problems could be setting soldiers up for posttraumatic stress disorder, or PTSD, when they return from the battlefield, U.S. Navy researchers said Monday.

They found those with depression, panic disorder or another psychiatric illness were more than twice as likely to develop the condition as their mentally stable peers.

"More vulnerable members of the deployed population might be identified and benefit from interventions targeted to prevent or to ensure early identification and treatment of post deployment PTSD," Dr. Donald Sandweiss of the Naval Health Research Center in San Diego, California, and colleagues write.

Earlier studies have come to different conclusions, but their methods were less reliable than those used in the current one, the researchers add.

Between seven to eight percent of the general population eventually develops PTSD, according to the National Center for PTSD at the U.S. Department of Veterans Affairs.

The psychological toll – including flashbacks, "numbing" toward other people, and drug problems – can be extremely hard to deal with and may destroy relationships or cause trouble on the job.

While PTSD can be treated effectively with talk therapy, the military has also begun focusing on whether the problem might be prevented in the first place – for instance by identifying those at high risk and preparing them psychologically for conflict.

In the new study, published in the Archives of General Psychiatry, more than 22,000 soldiers completed a health questionnaire before they were deployed to Iraq or Afghanistan, and again after they returned.

Just over three percent had some mental illness, including PTSD, at the outset.

Upon returning, however, eight percent had symptoms of PTSD. Those who had mental illness other than PTSD

before deployment had more than twice the odds of developing the PTSD condition after they got home.

Physical injuries during deployment were also tied to a higher risk, although much less so than preexisting mental health problems.

Source: <http://bit.ly/m15IWv> Archives of General Psychiatry, May 2, 2011.

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Drugs Found Ineffective for Veterans' Stress

By **BENEDICT CAREY**, Published in the NY Times on **August 2, 2011**;
<http://www.nytimes.com/2011/08/03/health/research/03psych.html>

Drugs widely prescribed to treat severe post-traumatic stress symptoms for veterans are no more effective than placebos and come with serious side effects, including weight gain and fatigue, [researchers reported on Tuesday](#).

The surprising finding, from the largest study of its kind in veterans, challenges current treatment standards so directly that it could alter practice soon, some experts said.

Ten percent to 20 percent of those who see heavy combat develop lasting symptoms of [post-traumatic stress disorder](#), and about a fifth of those who get treatment receive a prescription for a so-called antipsychotic medication, according to government numbers.

The new study, published in The Journal of the American Medical Association, focused on one medication, Risperdal. But experts said that its results most likely extend to the entire class, including drugs like Serequel, Geodon and Abilify.

"I think it's a very important study" given how frequently the drugs have been prescribed, said Dr. Charles Hoge, a senior scientist at the Walter Reed Army Institute of Research, who was not involved in the study but wrote [an editorial accompanying it](#). He added, "It definitely calls into question the use of antipsychotics in general for PTSD."

The use of such drugs has grown sharply over the past decade, as thousands of returning soldiers and Marines have found that their post-traumatic stress symptoms do not respond to [antidepressants](#), the only drugs backed by scientific evidence for the disorder. Doctors have turned to antipsychotics, which strongly affect

mood, to augment treatment, based almost entirely on their experience with them and how they expect them to work.

To test those assumptions, a team of researchers affiliated with the Veterans Affairs medical system had 123 veterans with the disorder begin a regimen that added Risperdal to their treatment. Some of the patients served in Vietnam, others in Iraq or Afghanistan; all had tried courses of antidepressant treatment and found little relief.

After six months of treatment, these veterans were doing no better than a similar group of 124 veterans, who were given a placebo. About 5 percent in both groups recovered, and 10 percent to 20 percent reported at least some improvement, based on standardized measures.

"We didn't find any suggestion that the drug treatment was having an overall benefit on their lives," said Dr. John H. Krystal, the director of the clinical neurosciences division of the Department of Veterans Affairs' National Center for PTSD and the lead author of the study.

Dr. Krystal said the benefits many doctors thought they were getting from the drugs "quite possibly came from simply engaging the patient in treatment, and not from the medication." He said that antipsychotic drugs might help certain people with [psychotic](#) features as well as post-traumatic symptoms, but that the study was not designed to identify them.

The findings come at a time when the Departments of Defense and Veterans Affairs are straining to provide treatment to returning service members who are not only concerned about the stigma of mental illness but are also often skeptical of the value of treatment. Surveys have found that only about half of those thought to need treatment actually seek it out.

Yet studies suggest that talk therapy, alone or in combination with antidepressants, can accelerate the relief of common symptoms, like [nightmares](#) and reclusive behavior. These psychotherapies tend to include relaxation skills; incrementally increased exposure to stress triggers; and challenging some inaccurate assumptions that fuel anxiety.

Time, too, should be taken into consideration, recent research has found. "We're finding that about 24 months after a one-year deployment is about enough" for the body to reset itself physiologically, Dr. Hoge said.

County Court Program Aids Those with Mental Illness

Livingston Daily; August 3, 2011 <http://www.livingstondaily.com/article/20110803/NEWS01/108030315>

Charlie Lane's "mind broke." Then, he committed arson and assaulted his parents. That landed him in prison, where he bit off two fingertips and poked out his right eye.

Behind bars, he told his mother: "I am Jesus Christ. Are you the Virgin Mary?"

He was mentally ill. "We knew (mental illness) had a grip on him," his father, William Lane, told visitors and participants in the Livingston County Intensive Treatment Court during a recent meeting.

"He used to drink his urine, to the amusement of the guards," William Lane, of Hamburg Township, said. "Charlie toughed it out for you." He was near death, and the prison system gave up on him. ... When you've got a disordered mind, it can be fixed. You're very, very lucky to have I.T. court."

Charlie Lane wasn't able to participate in I.T., as it didn't yet exist when he was in trouble. He's been out of prison for four years now; his mother, Barbara Lane, currently works with the court as a helper.

According to the National Alliance on Mental Illness, an estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year.

The two-year I.T. court, spearheaded by District Judge Carol Sue Reader, was created to deal with the people with mental illness who are going through the judicial system because they committed a crime. The court has been deemed a success by the team that oversees its operation and the participants.

Reader said success is judged by several criteria, including whether the participants are continuously compliant with taking their medications; whether they keep their therapy appointments; whether they are improving their life situation, such as having a place to live; and whether they are drug- and/or alcohol-free.

"Each participant has a different treatment plan through their doctor and therapist," Reader explained. "We help them stay on that plan and out of jail."

This type of court, Reader said, "puts enforcement into the Mental Health Code." If an I.T. participant gets off track, Reader can impose sanctions.

Sanctions typically include community service, writing an essay, additional testing, attending a treatment center, reporting to probation more often or, if the violation is serious enough, jail. Participants also can be expelled from the I.T. court.

"Jail is used for therapeutic purposes, to get their attention and to encourage them to be back on their treatment plan," Reader said.

Participation in the court is voluntary and requires commitment since it takes up to two years to complete. If a defendant does not want to participate, he or she will be given a normal sentence.

Today, the court has 11 participants, although there is space for 25. Thus far, five people among the more than 20 who have been involved with the court have graduated.

Charlie Lane said he believes that, had he been properly diagnosed and treated in the beginning, he may not have committed his crimes.

He encouraged the court's participants to thoroughly and openly discuss with the medical team their symptoms and fears and to advocate for themselves as their doctor finds the right treatment plan and/or medications.

Incarceration is not the answer, Charlie Lane said.

The Michigan prison system "is not capable of taking care of people with mental illness," he said. "They don't know how to treat a mentally ill person inside. ... Compassion and understanding are not part of the deal with Michigan Department of Corrections."

A high school athlete and a U.S. Naval Academy graduate, Charlie Lane was charged in October 1999 with assaulting a corrections officer. In 2003, he was again in trouble when he set fire to a Novi restaurant in the middle of the night.

He was convicted in Oakland County of burning property, breaking and entering and malicious destruction of property and was subsequently sentenced to spend two years to 20 years in prison. He attributes all of his crimes to his mental illness.

While in prison, Charlie Lane said, he was taken off his medications, which led him to hallucinate and to harm

himself. Prison officials' answer was to strap him to his bed, he said.

Judge Reader said it is "about time" society begins treating people mental illness "the same as anyone else (who) has an illness." She said mental illness is no different than heart disease, diabetes or any other condition.

"Just because it affects the brain, it is not a reason to not give them proper diagnosis and treatment to help them to return to becoming all that they can be," she said.

Today, Charlie Lane has left behind his military and engineering career and found new life at his 34-acre farm in Jackson County's Napoleon Township.

"I've lost a decade of my life because of the mental illness," Charlie Lane said. "Today, I have a clear head."

Note: Mr. and Mrs. Lane are long time members of NAMI

Contact Daily Press & Argus reporter Lisa Roose-Church at (517) 552-2846 or at lrchurch@gannett.com.

Las Vegas Police Sergeant's Book Explores Depression and Suicide

By [Mike Blasky](#); LAS VEGAS REVIEW-JOURNAL

More than 20 years into Sgt. Clarke Paris' career at the Metropolitan Police Department, he made a terrifying realization.

He was depressed. Two decades of bad memories – which Paris calls "cop stew" – boiled in his brain: Dead babies, teen suicides, fights, car crashes, rape victims, police shootings, murders.

Paris tried to ignore the symptoms of post-traumatic stress disorder. He had never killed anyone. His partner never died in his arms. He had no right to feel this way, he thought.

As the stress worsened, Paris decided he had to tell his wife, Tracie. He picked a day when his kids were out of the house and she lounged in the pool.

He couldn't control the sobs as he spoke, but it felt good, like a weight had been lifted from his shoulders. Then Tracie replied.

"There was no sympathy as she responded in a tone of sheer disgust and said, 'Are you kidding me?' "Paris wrote in, "My Life for Your Life," his book on police depression and suicide.

THE DAY IN THE POOL

A reader might expect the next chapter to begin, "And after the divorce..." But the couple remains married, and their relationship is stronger than ever.

Since that day in August 2007, the couple has given police suicide prevention seminars across the country.

"The Day in the Pool" story, as it's described in the book, is a big part of the lecture. "The story takes an hour, and that was the turning point for the seminar. People started saying, 'I thought you were telling my story up there,' "Paris said.

After Paris finishes his pool story, it's Tracie's turn to tell her version of events.

"I did not know what to think as my husband was breaking down right in front of me. I was truly frightened," Tracie wrote in the book, a written version of their "The Pain Behind the Badge" seminars.

After realizing her husband didn't have cancer, Tracie was furious. She was a trauma nurse, and the couple always talked to each other about their jobs.

"What had he been hiding? Why didn't he ever reveal to me he was struggling? Were we going to lose our house? What about all of our children who still need to go to college?" Tracie wrote.

She later came to realize later that, "if you are not a police officer, you will not understand the job of a police officer."

A NATIONAL PROBLEM

Robert E. Douglas Jr., founder and executive director of the National Police Suicide Foundation, cites an FBI agent's research that contends an officer commits suicide every 17 to 21 hours. The ratio of police suicides to line-of-duty deaths could be as high as 3-to-1, Douglas said.

Only 3 to 5 percent of the 18,000 agencies offer suicide awareness training to their personnel, about 775,000 officers nationwide, he said.

Douglas blames a cultural bias about suicide among police and even the general population.

"It's something you don't talk about, or you just deal with," he said. "This brings about a real challenge because if you have issues within a family or organization that you don't address, it doesn't get better. It gets worse."

Paris said the Police Department's awareness training is top-notch, and their Police Employee Assistance Program is first-rate. In the past five years, the Police Department has seen one suicide – a corrections officer in 2007, according to a police spokesman.

The agency spends millions on mental health, Paris said. "But the cops have to accept it. That's the key," he said. It took Paris a "long time" to accept that he was struggling. He was in disbelief because he thought his career had been less violent. But it doesn't take a major event, such as a shooting or a major tragedy, to build stress.

"You mean cumulative stress is normal? That's normal? I'm not a coward or a sissy?" Paris recalled thinking. "Well, yeah, of course it's not normal to be OK when you see dead people or if you fight with somebody and you hurt them."

Even in Paris' darkest days, he never was suicidal, he said. But he was headed down that road. "I just didn't hit the mile marker yet," he said.

"I thank God for that day in the pool," Tracie said. "I get choked up thinking if it had never happened. I can only speculate, but hearing stories and seeing what people have gone through, there would have been divorce, I'm sure. ... He could have turned to alcohol, to completely isolating himself from things. So much destruction can come."

REQUIRED READING

Christian Dobratz, a retired police sergeant and a professor at Minnesota State University, Mankato, made Paris' book required reading for his class.
<http://www.thepainbehindthebadge.com>

Dobratz began suffering from PTSD midway through his 18-year police career in Minnesota.

"I know what depression is like, and how lonely it can be and the anxiety that goes with it," he said.

He met Paris after the couple lectured at the university last year. The seminar was eye-opening for the students, he said.

Police administrators understand PTSD better today than in the past, but the stigma still exists.

After Dobratz returned to duty, one supervisor told him, "I didn't know what to say to you. I didn't understand how you couldn't suck it up and come back to work the next day," he recalled.

"This is a career that, to me, still has a lot of machismo," Dobratz said. "It's dominated by white, Anglo males where a lot of them think it's not OK to cry."

Paris said the machismo culture of police is the biggest hurdle. Officers don't want to seek help because they fear losing their job or don't want to hurt their image in the eyes of family and friends.

When Paris lectures to young officers, they never believe they could become suicidal.

"When cops graduate and people say, 'You might get killed someday,' they say 'I know that. I'm willing to take that chance,' "he said."If they say, 'You're gonna commit suicide,' they say, 'Shut up, I won't do that.' "

CHANGING THE CULTURE

Paris has spoken to about 10,000 officers since he began lecturing four years ago. He gravitated to seminars after his documentary on police suicide, a passion project and an outlet to combat his own depression, went unsold and largely unseen.

He spoke to officers involved in the Virginia Tech massacre in 2007 and to police in Lakewood, Wash., after four officers were murdered in a coffee shop.

In his book, Paris published several essays written by family members to officers who had killed themselves.

That section of the book hit home for Dobratz.

"If other cops read the book and see the hell they put their families through simply because they couldn't say 'I need help,' that reason alone is why this should be required reading material," he said.

Paris said the culture must change before the national suicide numbers drop significantly.

He has one message for officers: "You can be in touch with your emotions and still be one bad-ass dude," he said.

Contact for reporter Mike Blasky is at 702-383-0283

Upcoming local meetings and events include:

August 2011

Wednesday, August 10, 2011; NAMI of Kalamazoo annual picnic held at the Milham Park Pavilion on Kilgore Road in Kalamazoo. Begins at 5PM. Please bring a dish to share and pass.

Tuesday, August 30, 2011; Families in Action Classes begin at 418 West Kalamazoo Ave at 6:30 PM; call 269-553-7096 to register or to get more information about the program.

September 2011

Thursday, September 1, 2011; NAMI of Kalamazoo board meeting at Pathways. Begins at 6:30 PM. Pathways building is at 119 West Vine St., in Kalamazoo.

Friday, September 9, 2011; Southwest Michigan (SMA) Quarterly Regional Board Meeting scheduled for September 9th, 2011 at the M-Tec building off 9th Street in Texas Township. This Regional Meeting will answer and address some key areas that are important to our Boards and constituents. Primary issues covered will be Consumer Perspectives on Services, SMA Strategic Planning, SMA Dashboard Reports and Outcome Measures.

Saturday, September 24, 2011; NAMI Michigan Major Fund Raising "Walks" Event at the Oakland Community College (OCC), Orchard Ridge Campus, MI. (27055 Orchard Lake Road, Farmington Hills, MI 48334-4579). Registration begins at 10 AM. For information contact Kristen Taylor, e-mail ktaylor@namimi.org or phone 517.853.0950. Also see NAMI Michigan web at <http://www.namimi.org/>

October 2011

Thursday, October 6, 2011; NAMI of Kalamazoo board meeting at Pathways. Meeting begins at 6:30 PM. Pathways building is at 119 West Vine St., in Kalamazoo



I L L I N O I S
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

STUDY OF DEPRESSION IN ROMANTIC RELATIONSHIPS: EARN A \$15 GIFT CARD!

Have you or your romantic partner been professionally diagnosed with depression for the first time during the past six months? Romantic couples are needed for a study about how people communicate when one or both partners have been recently diagnosed with depression by a medical professional.

Each partner will earn a \$15 Target or Walmart Card (your choice) by completing an online questionnaire.

You are eligible if:

- (1) You are in a romantic relationship,
- (2) You and / or your romantic partner have been professionally diagnosed with depression for the first time within the past six months (first-time diagnosis only),
- (3) You and your romantic partner are 18 years of age or older,
- (4) You and your romantic partner have separate email accounts, and
- (5) Both partners are willing to participate.

The study takes approximately 30 to 45 minutes to complete.

To sign up, send an email to romantic.relationship.research@gmail.com with

- (1) Your name,
- (2) Your email address,
- (3) Your partner's name,
- (4) Your partner's email address, and
- (5) Date of first-time professional depression diagnosis.

*Questions? Please email Dr. Leanne Knobloch, Department of Communication,
University of Illinois (knobl@illinois.edu)
Or visit the study's website (<https://netfiles.uiuc.edu/knobl/www/depression.html>).*

NAMI of Kalamazoo NEWS

Alliance for the Mentally Ill

P.O. Box 51693

Kalamazoo, MI 49005-1693

Your Dues Will or Have Expire (d) on _____

August 2011

Tuesday, August 30, 2011; Families in Action Classes begin at 418 West Kalamazoo Ave at 6:30 PM; call 269-553-7096 to register or to get more information about the program.

September 2011

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October 2011

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November 2011

Thursday, November 3, 2011; NAMI of Kalamazoo board meeting at Pathways. Meeting begins at 6:30 PM. Pathways building is at 119 West Vine St., in Kalamazoo.