Mark Your Calendar

All educational and family support meetings are held at St. Paul’s Evangelical Lutheran Church, 4007 Main Street, Amherst (near the intersection of Main and Eggert Rd.). Educational meetings are held on the second floor (main entrance at the back of the church). Support meetings are held on the first floor (church entrance at ground level at left rear of the building). All Board meetings are held at 636 Starin Ave., Buffalo, 1st floor and members are welcome.

March
NAMI Board Meeting, Thursday, March 7th, 7 p.m.
NAMI Monthly Educational Meeting, Thursday, March 14th
Library and Coffee Hour: 7 p.m. Program: 7:30 p.m. Guest: Karl Shallowhorn, MS, CASAC: “The Journey to Wellness: Keys to Recovery”
NAMI Family Support Meeting, Wednesday, March 20th, 7 p.m.

April
29th Annual Celebration Dinner, Wednesday, April 3rd, 6:30 p.m., Sean-Patrick’s, 3480 Millersport Hwy., Amherst. Keynote: we are honored to present E. Fuller Torrey, M.D.
NAMI Board Meeting, Thursday, April 4th, 7 p.m.
NAMI Monthly Educational Meeting, Thursday, April 11th
Library and Coffee Hour: 7 p.m. Program, 7:30 p.m. Film showing: PBS special documentary, “The Released,” is about what happens when mentally ill prisoners are released and how they access jobs, housing, and care.
NAMI Family Support Meeting, Wednesday, April 17th, 7 p.m.

May
NAMI Board Meeting, Thursday, May 2nd, 7 p.m.
NAMI Monthly Educational Meeting, Thursday, May 9th
Library and Coffee Hour: 7 p.m. Program, 7:30 p.m. Guest: R.J. Bradley-Ortiz, Public Policy and Education Fund, Topic: “The Effect of the Affordable Health Care Act on the Treatment of the Chronically Mentally Ill”
NAMI Family Support Meeting, Wednesday, May 15th, 7 p.m.

June
NAMI Board Meeting, Thursday, June 6th, 7 p.m.
NAMI Monthly Educational Meeting, Thursday, June 13th
Library and Coffee Hour: 7 p.m. Program, 7:30 p.m. Guest: Dr. Beth Allen, veterinarian and sexual abuse trauma survivor, leads a bipolar support group and is a trainer facilitator of WRAP (Wellness Recovery Action Plan) with the Genesee County Mental Health Association.
NAMI Family Support Meeting, Wednesday, June 19th, 7 p.m.

Kendra’s Law Improved

The Holidays were marred by sad and tragic occurrences in Connecticut and close to home as, once again, untreated mental illness was the cause of deaths and serious injury. When a person with a mental illness lacks capacity to understand that they are ill, someone needs to take notice and care. Kendra’s Law has been a means to accomplish just that—with limitations. Needed improvements to Kendra’s Law once again came up for legislative consideration. A few of them were approved, but it is unfortunate that they were buried in gun legislation.

Kendra’s Law allows for Assisted Outpatient Treatment (AOT) for those who refuse help for mental illness but repeatedly relapse in the community, or for those who are a danger to themselves or others. A 2009 study by Duke University showed AOT significantly reduces harm to others and vastly improves quality of life for people with severe mental illness by reducing suicide, hospitalizations, incarcerations, homelessness, and drug and alcohol abuse. This also reduces cost to taxpayers. Across the state from New York City to Western New York, there have been hundreds of cases of untreated mental illness with tragic consequences.

New improvements strengthening Kendra’s Law are:

- Maximum length of an initial AOT order has been changed to a year, from six months, as studies have shown longer periods of treatment are more effective.
- Where there is reason to believe that a person under AOT has moved or will move to another state or country, Kendra’s Law allows for recent AOT orders to be continued.
- New York State has established a dedicated Kendra’s Law Enforcement Unit.
- Kendra’s Law, cont’d pg. 2
county of New York State, county mental health officials are required to notify their counterparts in the new county of residence. Responsibility for overseeing enforcement of the order transfers to mental health officials of the new county of residence.

- A state forensic correctional facility releasing a mentally ill inmate into the community is required to first assess whether the inmate meets AOT criteria. If the assessment finds that criteria are met, the facility must petition for renewal in writing to the mental health authorities of the county of the inmate’s expected residence.

- Prior to the expiration of an AOT order, county mental health officials are required to evaluate the need to petition for renewal and to report the result of such evaluation and consequent actions to the state Office of Mental Health.

- County mental health officials are explicitly authorized to pursue renewal notwithstanding the failure of appropriate attempts to examine the person (i.e., when the person cannot be located).

End to Physical Benefit Checks

Social Security recipients who still get their checks by mail have been put on notice: Starting on March 1, benefits will be issued only electronically. The U.S. Treasury Department says 5 million paper checks still are mailed to beneficiaries.

Beginning on March 1, beneficiaries of Social Security and other federal programs will receive payments through direct deposit or through the government’s Direct Express debit card. Most people have made the switch, but paper checks for U.S. recipients still represent 7 percent of all payments nationwide.

“We're dealing with people who might be procrastinating a bit,” said Walt Henderson, director of the Treasury’s Go Direct program, which is designed to educate beneficiaries about making the switch to direct deposit or the debit card. Some beneficiaries also might not feel comfortable with using direct deposit, he said.

The government began offering direct deposit in the 1990s. It wasn’t until 2010, though, that the government decided to phase out paper checks for all federal benefits, not just Social Security payments.

Since May 1, 2011, people signing up for federal benefits have been required to receive them through direct deposit or the debit card.

The conversion to electronic payments will save the government $1 billion over the next 10 years, Henderson said. It costs about a dollar to produce and mail each check.

Not what we give, But what we share, For the gift without the giver Is bare. ~James Russell Lowell

Christmas is for Kids thanks going out to...

Christmas Angels ($500-999)
Katie Evans
Brian Moore
Friends at Per Niente Club
Suburban Psychiatric Associates

Circle of Light ($250-499)
Dr. Gayle and Terry O’Connor/ O’Connor Medical Group
Santa’s Circle ($100-249)
Brenda Battleson
Bry-Lin Hospitals
Bry-Lin Medical Staff
Marilyn and Edward Green
Joyce and Phillip Orlowski

Friends ($1-99)
Darci Brasch
Mickey Delaney
Brian Gallagher
Diane and Mark Graziano
Harry and Marie Guildford
Karen and Jack Krnjaich
Margaret Neenan Leahy
Kathy Nealy
Eleanor Nixon
Mary Beth O’Neill
Marie and Robert Terreri
Lorie Ann Wagoner

New or Renewing Members
Beth Anderson
Jon (and Diane) Baker
Eileen Boland
Mary Lou Bond
Joanne Brooks
Tom (and Marlene) Donohue
Nancy Gawdawski
Janice (and Nick) Gagliardi
in memory of Lois Dubin
Harry (and Marie) Guildford
David Isbell
Susan Jesella
Carol Moscati
Ted Pietrzak
Mary Ellen Rubin, PhD
Dolores (and Thomas) Santa
Lucia
David Stebbins

Mail to:
NAMI in Buffalo & Erie County
P.O. Box 146, Buffalo, NY 14223

Name _____________________________
Address ___________________________
City___________________ State_____ Zip_____
Phone _____________________________
E-Mail _____________________________

☐ Membership $35
No one will be denied membership due to financial hardship. For those in financial need:
☐ “Open Door” Membership - $3

NAMI in Buffalo & Erie County Associates or Other Donation
☐ Benefactor - $100 - $250
☐ Patron $75 - $99
☐ Sustainer - $50 - $74
☐ Advocate - $26 - $49
☐ Friend - $1 - $25
☐ Donation (other)

☐ In Memory of -OR- ☐ In Honor of

☐ Please keep my membership/contribution anonymous.
I'd like to help with the following:
☐ Fund/friend Raising ☐ Office & Clerical ☐ Phone Tree ☐ Legislative Advocacy ☐ Support Letters ☐ Speakers Bureau
Other _____________________________
I'd like to be put on the phone tree/e-mail list to receive legislative or other alerts.
☐ Yes ☐ No

Please send a copy of the newsletter to:

__________________________________________
__________________________________________
Your support is “heart-warming!”

President’s Circle ($1,000 and +)
- Katherine Evans
- Darlene and Bryan Schaefer

Circle of Hope ($500-999)
- Cynthia Connine
- Eli Lilly and Company Foundation
- Matching Gifts Program & Susan Minotti
- Anne & Herman Szymanski

Rainbow Circle ($250-499)
- Cheryl Brendle
- Radhika & Dharma Iyet, in honor of Lynne Shuster & Mary Kirkland

Founders’ Circle ($500-1,000)
- Niagara Frontier SEFA friends

Benefactors ($100-249)
- Dr. Horacio Capote
  - in honor of Veena Dua & Happy Holidays!
- Carrie Rose, in honor of Veen Dua

Benefactors ($100-249) cont’d.
- Ann Ezzo
- Beth Lombardo
- Judith Quinn
- Barbara Uter

Builders ($61-99)
- Harry and Marie Guildford, in honor of Mercy Rose

Friends ($1 – 60)
- Mary Lou Bond
- Patricia DiVito
- Arthur Efron
- Susan Friedhaber-Hard
- Dr. Abel Fink
- Neil & Julie McGillicuddy
- Marlene Schilinger
- Jane Urbanski

Member and Associate Donors

Founders’ Circle ($500-1,000)
- Niagara Frontier SEFA friends

Benefactor ($100-249)
- First Presbyterian Church of Clarence
  - Thomas Hays, MD
- Thomas Miller
- Wm. C. Rott & Son, in honor of Random Acts of Kindness
- Dennis Sadjak, in honor of Lynne and Mary, for all they have done to improve the lives of the mentally ill
- Dolores Santa Lucia, in honor of Thomas J. Santa Lucia
- David Stebbins & Elizabeth Taylor

Sustainer ($50-74)
- Elizabeth J. Andersen
- Jonathan Baker, in memory of Casper
  - Rev. Daryl Bennett
- Marguerite Mehr
- Josie Olympia, in honor of the Angrisano family
- Harry & Marie Guildford, in honor of Mary and Lynne

Advocate ($30 – 49)
- Niagara Frontier Combined Federal
  - Campaign friends
- Carrie Rose
- Imogene Wagner

Friend ($1 - 29)
- Sharon Augustyn, in honor of Tracy Livia & Vince Cammarano, in the name of Jesus of mercy and thanksgiving
- John and Eileen Grimaldi
- Shamin Jooob
- Mary & Jim Kirkland, in memory of Katherine Vertino
- Marion Liberati
- Stephanie Maines, Happy New Year!
- Mary Beth O’Neill
- Dorothy Taylor

Did you know?

You can donate to NAMI in several ways. Mailing a check still works, of course—or cash!

Other options include:
- the “Donate Now” link on our website at www.NAMIBuffaloNY.org
- designated giving through United Way by payroll deduction—just note “NAMI in Buffalo & Erie County” on your annual pledge card with the amount per pay that you want withheld and donated
- through United Way-administered SEFA, Combined Federal Campaign, or Donor Choice programs
- planned bequest giving in your will

Also, ask your employer if there is a giving match program for charitable donations at your workplace, and specify your donation amount to be matched.

We can provide proof of charitable, tax deductible status on request.

Now you know!

Benefit Checks, (cont’d from pg. 2)

The conversion also is about convenience for recipients, advocates say.

Recipients no longer have to be at home to get access to their money, or worry about theft of a check. Direct deposit also is easier for people with disabilities who might have trouble getting to a bank, or those who have gone through a disaster such as superstorm Sandy.

“NAMI in Buffalo & Erie County” on your annual pledge card with the amount per pay that you want withheld and donated

For more information about converting to direct deposit, recipients can call 1-800-333-1795 or go to http://GoDirect.org.

mawilliams@dispatch.com

Cuomo Budget limits choice of anti-psychotic drugs

ALBANY — Buried in New York Gov. Andrew Cuomo’s proposed budget is a cost-cutting measure that would empower the state and health insurance companies to deny low-income mental patients the specific brand-name anti-psychotic drugs their doctors prescribe, in favor of less expensive versions.

Some care providers worry that some of those patients could be dangerous without an effective drug or if they stop taking it. The proposal would cover anti-psychotic drugs for patients suffering from an array of mental illnesses including schizophrenia, bipolar disorder, personality disorders and deep depression.

“The additional hoops we have to go through may mean their symptoms go on longer,” said Dr. Anna Lamb, a primary care physician in Batavia and president of the New York State Osteopathic Medical Society.

“They may become less functional,” Lamb said. “In the mental health world, it can be very frustrating because you run the risk that the drugs may not be effective, or have side effects … the idea is to help them become productive members of society.”

Cuomo insists that eliminating the “prescriber prevails” power wielded by physicians will pose no public threat, noting that the state’s preferred list of anti-psychotic drugs includes 13 brand names.

The state already requires less-expensive generics when they are proven to work as well as brand names, but in the anti-psychotic drug class there are few generics. The New York conflict is between competing brand-name drugs, some of which are cheaper. If the cheaper drug fails first, a patient could appeal for his or her preferred drug.

The Cuomo administration and the medical experts serving his Medicaid “redesign team” say each is effective for the poor and elderly patients served by the government health care system. And the anti-psychotic drugs are also prescribed for less serious disorders, such as insomnia, dementia and mild depression.

The measure would save $9 million in state funds. It’s part of Cuomo’s $143 billion budget proposal, which also includes spending increases such as an extra $420 million in tax breaks for movie productions through 2019.

(Cuomo budget, cont’d on pg. 4)
Cuomo’s proposal “conforms Medicaid-eligible drugs with the federal guidelines and accepted science,” said Cuomo spokesman Rich Azzopardi. “This will protect patients while also removing opportunities for waste and abuse in the system.”

Cuomo’s proposal comes a week after a new state law was enacted that requires therapists to more aggressively report any dangerous comments by mental health patients involving guns.

“It’s very frustrating to me after we just spent time on how important the mental health issue is in the big picture of gun violence,” said Kathe LeBeau, a patient advocate who has experience as a care provider for mentally ill patients. “This seems to be diametrically opposed to that effort.”

LeBeau is part of an effort by health care providers to persuade Cuomo to eliminate the proposal during a 21-day period to amend his budget. The group is also lobbying legislators who will negotiate a final budget by April 1.

“It sounds to me like you are not as invested in your therapy because you lose confidence — you already are taking something your doctor doesn’t think is good for you,” said LeBeau. “This is a class of drugs specifically for patients who are probably the most vulnerable.”

Schizophrenia: Can Cognitive Function Be Enhanced?

NIMH looks at the effects of medications on the way the brain works

People with schizophrenia often have problems concentrating and remembering. Sometimes they find it hard to make a plan or follow it through step by step. Doctors at the national Institute of Mental Health (NIMH) believe these problems are related to the way the brain functions after becoming ill.

NIMH is testing:
- Modafinil (FDA-approved for daytime sleepiness)
- Toclopine (FDA-approved for Parkinson’s disease)
- Atomoxetine (FDA-approved for Attention Deficit Disorder)

Doctors are testing whether these drugs could improve memory and the way the brain works in people with schizophrenia. NIMH is also studying how genes may make a difference in how these drugs work.

In these research studies, people do not stop taking their current medication(s). The study drug is added to the drugs they take now. The research study includes a test that assess participants’ ability to remember, focus and concentrate, and a brain-imaging study called a functional MRI (fMRI). These will measure how well the drug may work and record changes in brain activity.

People may stay up to 12 weeks at the NIMH Schizophrenia Research Program. Tests that include medical, psychiatric, neurological and pharmacological tests are done to see whether a person can be part of this study. The medication phase of the study lasts 3 or 5 weeks. Once the research is completed, the person stays in the inpatient research program so that the clinical team can complete all evaluation, treatment assessments and discharge planning.

Participants must:
- Be 18 to 50 years old
- Have schizophrenia or schizoaffective disorder
- Not have serious alcohol or drug problems
- Not have a history of major medical problems

This inpatient research program is at the NIH Clinical Center in Bethesda, Maryland. There is no cost for taking part in this study. There is compensation for research study participation.

For more information, call NIMH Schizophrenia Program Referral Line at 1-888-674-6464 or 301-435-8970 (TTY: 1-866-411-1010) or email Schizophrenia@mail.nih.gov. The National Institute of Mental Health (NIMH) is part of the National Institutes of Health (NIH) of the Department of Health and Human Services.
Current Topics in Treatment

Exercis and schizophrenia

Studies have shown that regular exercise improves cardiovascular and mental health in schizophrenia. However, people with schizophrenia appear to have decreased physical capacity and autonomic imbalances (the autonomic nervous system regulates functions such as heartbeat and breathing) which might predispose to arrhythmia (irregular heartbeat) during exercise. The vagus nerve is involved in this regulation. There appears to be a connection with an inflammatory process causing the reaction which needs to be taken into account when assessing the effects of exercise on people with schizophrenia.

(Schizophrenia Bulletin, 9/20/2012)

Use of ginkgo as adjunct therapy in schizophrenia

A study aimed to review the roles of antioxidants in schizophrenia has found that ginkgo as an add-on therapy to an antipsychotic medication for schizophrenia produced moderate improvement in negative symptoms (lack of feeling, slowness, lack of speech or thought, etc.) of chronic schizophrenia. Ginkgo as add-on therapy improves the symptoms of chronic schizophrenia.

(Experimental and Neural Psychopharmacology, 2011)

Nutrient-Based Therapies for Bipolar Disorder:

As an adjunct to treatment for bipolar disorder, promising research shows that the use of nutritional supplements could be effective in combination with prescribed medications.

Preliminary data show positive evidence for use of omega-3’s and chromium for bipolar depression. Limited evidence found inositol may be helpful in bipolar depression, but larger samples are needed for confirmation. Preliminary trials show that choline, magnesium, folate and tryptophan may be beneficial for reducing symptoms of mania. Note that these are preliminary findings and were studied in combination with prescribed medication, not alone.

(Psychotherapy and Psychosomatics, 11/12/2012)

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The Tragedy of Mental-Health Law

After Newtown, there is widespread concern that laws regarding mental-health services need reform. Two places to start are the laws governing involuntary hospitalization, and the restrictions placed on communication with a patient's family.

Across the U.S. today, federal and state laws give people with mental illness the right to decide when, where, how, and if they will receive care. Yet some serious mental illnesses (such as schizophrenia or mania) can make it difficult for those affected to assess the reality of their own experiences or their need for treatment.

An individual with a mental illness that interferes with his judgment, self-interest, self-preservation and safety represents a profound challenge for families and clinicians. Doctors have remarked that when patient rights exceed truly necessary protections, individuals with mental illness can "die with their rights on." Sometimes they may harm others along the way.

Many mental-health laws are prohibitive in nature—they describe what cannot be done in certain situations. This is important but comes at a cost. The 1996 federal law known as HIPAA (the Health Insurance Portability and Accountability Act) is meant to protect the medical information of individuals, but it has also come to limit what a doctor can say to a patient's family (with the exception of unemancipated minors).

State laws vary, but all set strict controls regarding involuntary hospitalization, limiting it to circumstances when a person is an imminent danger to himself or others, or likely to become so. State laws also limit involuntary hospital stays to a few days, unless a court orders otherwise based on continued evidence of imminent danger to self or others. Another court order is necessary for doctors to treat hospitalized patients against their will. In other words, we may be able to drag a horse to water but we cannot make him drink unless a judge says so.

Consider the young man in his 20s brought to an emergency room by the police after harassing a bus driver and initially acting aggressively with the officers who arrived on the scene. The young man ... of the police and hospital security, he appeared quiet and cooperative, even saying he regretted losing his temper.

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(Psychotherapy and Psychosomatics, 11/12/2012)

The Future Fund is NAMI’s long-term capital trust. Future Fund designated gifts are put in a permanent fund, and the interest earned helps support our operations, programs and projects, while ensuring NAMI will be financially stable for the future.

Christmas is for Kids donations support this special project that provides holiday gifts and cheer for 600 young people who are receiving mental health care and treatment.

The annual dinner receives donations and ticket proceeds to help underwrite event costs and to cover the expenses of our speakers, honorees, and invited guests.

Our local chapter’s fundraising mail and other outreach information to you will always say “NAMI in Buffalo & Erie County” in the heading and include our Buffalo return address. Membership renewal reminders only come from the NAMI in Buffalo & Erie County office.

When you designate and return your contribution directly to us at P.O. Box 146, Buffalo, NY 14223, the maximum amount of your donation will do the most continuing good locally.

We are grateful for your support of our local efforts and hope helps to clarify how to handle your donation memo. As always, thank you for your generosity. Still have questions?

Contact the office at 226-6264 or namibuffalony@gmail.com.

NAMI Members, Associates, and Friends! Ways of Giving to NAMI in Buffalo & Erie County

Several folks have asked recently about why donation designations are important for us, and what they mean. Here is a quick snapshot on the topic:

Membership - is for one person for $35 (or $3 for Open Door, low-income) and covers all local newsletter, event information, and can attend meetings of the board. A spouse may be added as an Open Door member for an additional $3. You may also write a check for membership plus a donation.

Associates are non-voting members that wish to maintain a relationship only at the local level, not national and federal information (and donor solicitations). These are primarily local professionals and agencies that support our work but don’t want “extra” paperwork and mailings. Associates do receive our local newsletter and event information.

Several “special” annual events and projects (these funds remain local as long as they are donated to our local office directly, not through the National website or address):

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Tragedy of Law cont’d on pg. 5

Please join us to welcome special guest

E. Fuller Torrey, M.D.

at NAMI’s 25th anniversary dinner and awards celebration!

Wednesday, April 3rd at Sean-Patrick’s

3480 Millersport Highway, Getzville

at 6:30 p.m.

Dear NAMI Members and Friends,

We send our heartfelt greetings from afar. We miss the NAMI meetings and all the information they provide. NAMI Buffalo is a jewel. We so appreciate all the hard work of the officers and the Board who are now continuing the excellent work.

We will continue to support NAMI with our membership and contributions. There is a NAMI chapter in our new town, but it is too far away for us to attend, unfortunately. I am enclosing an article from our paper which we consider excellent. The author is an active NAMI member. We very much appreciate receiving “The Challenger.” Thank you so much for mail- ing it to us. It makes us feel part of NAMI!

We wish all of you a safe and Happy New Year, and continued success with NAMI.

Warmest wishes,

H & M
Opinion Feature: Action Plan for Obama to Reduce Violence by Mentally Ill

President Obama said the federal government has to do something meaningful to prevent future shootings like the one in Newtown, Connecticut that killed 26 people. Though mental illness is as yet unconfirmed in the Newtown killer’s case, here is what the federal government can do to prevent violence related to mental illness.

1) Start demonstration projects of Assisted Outpatient Treatment (AOT) - - Kendra’s Law in NY, Laura’s Law in Calif. -- throughout the country. AOT allows courts to order certain indivi-

duals with mental illness to stay in treat-
ment as a condition of living in the com-

munity. It is only available to the most seriously ill who have a past history of violence, incarceration or need-

less hospitalizations. AOT is proven to keep patients, public, and police safer. The Department of Justice certified AOT as ‘effective crime prevention pro-

gram.’ But mental health departments are reluctant to implement because it forces them to focus on the most se-

riously ill. Demonstration projects would help them see the advantage of the pro-

gram.

2) End the Institutes for Mental Disease (IMD) Exclusion in Medicaid law. This provision encourages states to lock the front door of psychiatric hospitals and open the back regardless of whether the community is an appropriate setting. Sometimes, these discharged individuals become homeless, suicidal, sick and even violent. If you have a disease in any organ of your body, other than the brain, and need long-term hospital care, Medicaid pays. Failing to pay when the illness is in the brain is federal discrimination against persons with mental illness. Thirteen years ago wrote on Medicaid discrimination for the mass market in the Washington Post, and more recently in Huffington Post. But John Edwards wrote a more scholarly paper on ending the IMD Exclusion.

3) Create a federal definition of serious mental illness, and require “x” percent of all existing mental health funding go to it. Most mental health funding cur-

rently goes to the highest functioning, not most seriously ill. There is more than enough money in the mental health system provided it was spent on people truly ill. I wrote on this for a mass market on Huffington Post, but a much more scholarly paper was written by Howard H. Goldman and Gerald N. Grob. With the fiscal cliff approaching, prioritizing the most seriously mentally ill for services is more important than ever. We have to end mission creep in mental illness programs and send the seriously ill to front of line, rather than jails, shelters, prisons and morgues. This failure to fund serious mental ill-

ess is most acute in California, where they taxed millionaires to provide ser-

vices to the mentally ill, and then used the money for the highest functioning.

4) Eliminate the Substance Abuse and Mental Health Services Agency (SAMHSA). SAMHSA is the epicenter of what is wrong with the American Mental Health System. SAMHSA actively encourages states to engage in mission creep and send the most seri-

ously ill to the end of the line. They provide massive funding to organiza-

tions that want to prevent mentally ill individuals from receiving treatment. They have little positive to show for their efforts. I wrote on this for a mass market in Washington Times and Huffington Post. But Amanda Peters wrote a terrific scholarly piece on SAMHSA for a law journal.

If Obama is serious about wanting to do something -- and I believe he is -- the suggestions above would be the first step first. True, the mental health industry may throw a hissy fit as they find themselves obligated to serve the most seriously ill, but it’s the right thing to do.

DJ Ioffe
Executive Director,
Mental Illness Policy Org
The Huffington Post Blog
Posted: 12/18/2012

Note: Our readers’ thoughts on this piece are welcome. We will publish replies as space is available in the next newsletter issue.

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But his disheveled and fearful look prompted a nurse to call for a psychiatric consult. The patient was diagnosed with a major depression and offered medication and therapy, which she refused.

If Obama is serious about wanting to do something -- and I believe he is -- the suggestions above would be the first step first. True, the mental health industry may throw a hissy fit as they find themselves obligated to serve the most seriously ill, but it’s the right thing to do.

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