

## Mark Your Calendar

### January

*No NAMI Business Meeting!*

**NAMI Family Meeting**, Thursday, January 13th, Barbara Burns and Kathy Brinkworth, on the Multi-family Psychoeducation Project. Library and hospitality hour: 7:00 PM, General Meeting: 7:30 PM, St. Paul's Evangelical Lutheran Church, 4007 Main NAMI Receives Major Grant from Margaret L. Wendt Foundation

We're delighted to announce that NAMI Buffalo and Erie County has received a \$50,000 grant from the Margaret L. Wendt Foundation for "operating support and expansion of services" for 2005. The grant will fund our Family-to-Family program, including our first Family-to-Family course in the South Towns area, the development of our new Parent-to-Parent initiative, our Project Homecoming expansion, and our other ongoing activities. The grant will be paid in four increments during the course of the coming year.

Family-to-Family Course Begins January 3rd

Marcy Rose, RN and Gerrie Cruz, RN, our two veteran Family-to-Family teachers, will begin the next 12-week Family-to-Family course on January 3rd, at St. Paul's Lutheran Church, 4007 Main Street, Eggertsville. Classes will meet for twelve weeks, from 6:30 to 9:00 PM. Topics covered include the major mental illnesses, medications and side effects, communication with a mentally ill persons, coping techniques, and services available. For information or to register call Marcie at 688-4125 or Gerrie at 877-2076.

Happy holidays and a peace-blessed new year to all our NAMI family.

**NAMI Support Group for Families**, Wednesday, January 26, Hope House, 432 Amherst Street, Buffalo, 7:30 PM

### February

**NAMI Business Meeting**, Thursday, February 3rd, 7:30 PM, NAMI's Hope House, 432 Amherst Street, Buffalo.

**NAMI Family Meeting**, Thursday, February 10th, St. Paul's Evangelical Lutheran Church, 4007 Main Street. Library and Hospitality Hour: 7:00 PM. General Meeting: 7:30 PM. Guest speaker: Steven Dubovsky, MD, Chairman, UB Department of Psychiatry.

**NAMI Support Group for Families**, Wednesday, February 24th, Hope House, 432 Amherst Street, Buffalo. 7:30 PM

### March

**NAMI Business Meeting**, Thursday, March 3rd, 7:30 PM, NAMI's Hope House, 432 Amherst Street, Buffalo. All NAMI members are invited!

**NAMI Family Meeting**, Thursday, March 10th, St. Paul's Evangelical Lutheran Church, 4007 Main Street, Eggertsville. Hospitality and Library Hour: 7:00 PM. General Meeting: 7:30 PM.

## NAMI Receives Major Grant from Margaret L. Wendt Foundation

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## Check Us Out Online!

NAMI Buffalo's new website is up and running. For a great overview of our activities and early copies of our newsletter, find us at [www.namibuffalony.org](http://www.namibuffalony.org)

## Letters...



■ On behalf of the youth and families served by the Western New York Children's sychiatric Center - Day Treatment Center, we would like to take this opportunity to thank you for your untiring efforts in coordinating the generous donations of Christmas gifts to the patients in our program.

The spirit which your organization demonstrated was just overwhelming. You should be aware that this gesture has afforded these youngsters with an experience that they may not have otherwise had. Additionally, the experience has had a significant effect in each of their lives. It is efforts like yours to this community that are so meaningful and go such a long way in contributing to positive influences in the lives of the children and families that we care for.

We are certain that your contributions will be remembered for years to come. Thank you again and we look forward to your continuing participation.

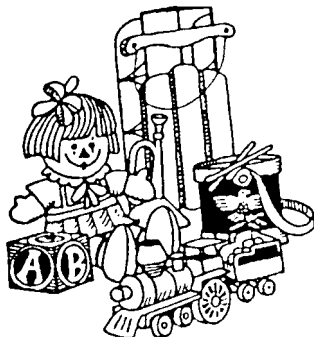
*Essentino Lewis,  
C SW-R, ACSW Program Coordinator  
Western New York  
Children's Psychiatric Center  
Day Treatment Center*

■ On behalf of the clients and staff at Haven House, please accept my gratitude and thanks for the many toys, CD players, board games, footballs and many other wonderful gifts that were donated this year. Your on-going support and friendship means so much to us!

The gifts really helped to make the holidays a little easier for many of our clients. So many families told us that they would not have had a holiday if it had not been for our counselors who brought them through Toyland or, in some cases, assembled gift packages and hand-delivered the items to a family who had recently left our shelter. Please know that you have brought the women and children we serve hope and joy

this holiday season. There really is no greater gift than this.

*Stephanie Eghigian  
Coordinator of Community Resources  
Haven House*



■ On behalf of the children and families served by the Western New York Children's Psychiatric Center - Day Treatment Center, the staff would like to take this opportunity to thank you for the thoughtful donation of the wonderful Easter Baskets to our program . It is efforts like yours to this community that are so meaningful and go such a long way in providing positive experiences in the lives of the children and families that we care for.

Your contribution will be remembered for years to come. Thank you again.

*Essentino Lewis, CSW-R; ACSW  
Program Coordinator  
Western New York  
Children's Psychiatric Center  
Day Treatment Center*

■ I wanted to extend a sincere Thank You on behalf of BryLin Hospitals and the Adolescent/Child Unit for the donations your organization supplied us at Christmas time. The children hospitalized at that time certainly enjoyed a better holiday because of you. We greatly appreciate what you did and the efforts you make.

*Janie DiPasquale, RN, BSN  
Program Director Adolescent/Child Unit  
BRYLIN HOSPITALS*

## In Brief...

■ Have you made your contribution to the Future Fund yet? To preserve our ability to be independent advocates for families and to fight for change in the mental health system, we don't accept government subsidies for our programs. And our services and help to families are free. So we really depend on our members and friends for their help in support of our activities. No contribution is too small—give if you can!

■ Welcome to new NAMI Board of Directors members Mary Lou Bond, Sue Mervine, and Jenny Laney. NAMI's Executive Board are the work horses of our organization and we're very grateful to those members who give so much time and energy to our work.

■ The U.S. Department of Housing and Urban Development has awarded funds for sixty supportive housing beds to Spectrum Human Services Horizon Health Services, and Cazenovia Recovery Services.

■ \$9.5 million has also been awarded to Erie County to expand support services for mentally ill children and teens and their families. The grant will cover a six-year period.

■ Erie County has been designated as one of the six front-line counties for the conversion to PRO's services; that is, to a Medicaid-funded model for service reimbursement.



*Happy Holidays  
and a  
peace-blessed  
New Year  
to all our  
NAMI Family*



# NAMI 2005 Calendar

## Family Meetings

7:00 PM

Second Thursday of Each Month

St. Paul's Evangelical Lutheran Church

4007 Main Street, Eggertsville

*Everyone Welcome!*

January 13th

February 10th

March 10th

April 14th

May 12th

June 9th

July 14th

August 11th

September 8th

October - Anniversary Celebration

November 10th

December 8th

Christmas is for Kids Wrapping Session

Saturday, December 10th

## NAMI Business Meetings

7:30 PM

First Thursday of Each Month

NAMI's Hope House

432 Amherst Street, Buffalo

All members welcome.

January - no meeting

February 3rd

March 3rd

April 7th

May 5th

June 2nd

July 7th

August 4th

September 1st

October 6th

November 3rd

December 1st

## NAMI Support Group

7:30 PM

4th Wednesday of the month

NAMI's Hope House

432 Amherst Street, Buffalo

January 26th

February 23th

March 23th

April 27th

May 25th

June 22nd

July 27th

August 24th

September 28th

October 26th

November 23rd

December 28th



### **NAMI Family-to-Family Course**

*Contact*

Gerrie — 877-2076

*or*

Marcy — 688-4125

*for dates and location*

*Save Your Calendar!*

## From Our *Christmas is for Kids Mom 's*

■ Thank you so much. Because of you my children will have a Christmas!

■ Thank you so much for thinking of us. Your kindness will not be forgotten!

■ Bless you all for your thoughtfulness and generosity! I will remember you this holiday when I see my children smile.

■ Thank you from the bottom of my heart! My family will truly have a MERRY Christmas because of you.

■ I want you to know how grateful I am for all of your help! If it wasn't for you my children would not have Christmas this year.

■ I don't know much about Angels. I only know that Angels come when they are needed. This season, my baby and I needed Angels and all of you were there for us. Thank you and God Bless you.

■ Since I left my abuser, I have been struggling financially. I didn't think I would have a Christmas this year, but then the Haven House Counselor told me about Toyland. I couldn't have imagined that people could be so generous! I can't thank you enough! You have made my year!!! You have given my children the gift of happiness this year! Thank you.

■ Thank you for all the gifts. It helped me so much and made a Christmas for my family. I will remember this. When I am doing well again, I will give so that others can have gifts. I want to give back someday when I am able.

■ I send you my deepest thanks for every-

thing you have done and everything you continue to do. You have given me hope.

■ May all who pass through these doors be as safe and secure as you have made me. God bless you and keep you safe.

### More Letters ...

Dear Caring Friends,

Over the years you have given so much in order to enhance the lives of the children and adolescents receiving care from the Western New York Children's Psychiatric Center, especially those special children from the Buffalo Outpatient Clinic & the Day Treatment Center. You have lovingly planned activities that would brighten their holidays, kindly bought presents (in most cases right from their Wish Lists), wrapped them with such care and gave them memories they have never experienced before but will cherish years to come. The amazing thing is that you have never even met these special individuals, yet year after year, the kindness & generosity we see from your caring group is truly unbelievable. I write this letter to let you know how much your caring is appreciated! Our children and adolescents are lucky to have you all in their lives!

As you are well aware, so many of our children are victims of their circumstances. They have experienced serious traumatic events, such as sexual & physical abuse and neglect. Many have been abandoned from their families or taken away by outside agencies. Then there are those of our children that are experiencing the beginning stages of mental illness: hearing voices, exhibiting self harming behaviors, side effects of medications, and feelings of self hatred. For all of these special kids are experiencing feelings of deep despair. It is for all of these reasons they come to our hospital and outpatient clinics for care & treatment. Though we see our children as

the "truly special & brave" individuals they are many others in the community like to forget them or are afraid of their "stereotypes" (something we fight against everyday).

This is why your tradition of caring means so much to the WNYCPC's children, adolescents, and staff. Thank you for your extraordinary efforts!!! Thank you for making this past holiday season, as well as others in the past, a cherished time and giving them hope for a brighter future. Your caring thorough the years has meant so much to them and taught them many valuable lessons.

We hope that you all enjoy peace, love, health and joy this year! Our kids and staff appreciate everything you do for them!

You truly make this a better world for them!

*Patricia M. Moran*  
Senior Public Information Specialist  
WNY Children's Psychiatric Center



# Free Medication

Do you need prescription medicine but don't have insurance? There is a program available that can help!! The Pharmacy Assistance Program (PAP) out of the Society of St. Vincent de Paul works to provide help for those who need prescription medications but can't afford them.

St. Vincent de Paul's PAP program works with more than 165 drug companies' patient assistance programs. They access more than 800 different medications for low-income individuals who do not have prescription coverage. They can get medications like blood pressure medication, cholesterol medication, inhalers etc. Critical care medications and narcotics are not available through this program. If you have an emergency medical need, you should apply for emergency Medicaid at the Rath Building in Buffalo.

The process takes anywhere from four to six weeks depending on the drug company and your doctor. Once your application is approved, a 90 supply of medication is sent to your residence or doctor's office. Most drug companies ask for a renewal application and prescription every three months and new applications with updated income information every year.

## Who Qualifies for the Free Drug Program

You may qualify if:

- ◆ You do not have any other prescription coverage including Medicaid or Medicare.
- ◆ You are a single person and have up to \$1300 monthly income. If you are a married couple, you can have up to \$2000 a month income and still be eligible for the program.
- ◆ You have a valid brand name (not generic) prescription from your doctor.

## What is the Process that St. Vincent's Uses to Help Me with this Program?

First you will be interviewed over the phone to see if you qualify for the free drug program. If you do, then they will send you a list of items that you need to bring with you to your appointment (like income veri-

fication and a prescription). Once you gather your verification you will be given an appointment for an interview. At the interview you will be asked a few questions and will sign applications. After the interview, St. Vincent's PAP program sends the completed applications to the appropriate pharmaceutical companies. The medication is then sent to your home or physician's office for pick up.

Remember that each pharmaceutical company is different, so the process or requirements will vary depending on what drug you need.

## How Can I Contact the Pap Program?

Volunteers are available to answer questions Wednesdays and Thursdays. Call (716) 882-3360 extension 8.

## What if I do not Live in Buffalo or Cannot Get to St Vincent De Paul? Can I Still Get Free Medication?

Yes. If you have access to a computer, you can go to [www.needymeds.com](http://www.needymeds.com). All the information that you need to get free medication is on that website.

Whether you are uninsured or your insurance does not cover medication, have your doctor contact the Patient's Assistance Program at 1-800-257-3273.

Also, The Medicine Program helps people get medications free of charge if you cannot afford them. You must not have any insurance coverage for outpatient prescription drugs nor be Medicaid eligible, and show that it is a financial hardship for you to purchase the medication at retail price. If you are approved for the program, your medication will be sent to your doctor, and she or he will dispense it to you.

To apply for the program, you must write a letter including the following information. (1) Your name, address and telephone number (2) the name of your medication(s) and (3) the name of the doctor who prescribes the medication(s). You must also include a \$5.00 processing fee for each medication. You can request that this be returned to you if you do not qualify for the program. Mail your letter to The Medicine Program, PO. Box 515, Doniphan, MO 63935-0515.

After your information is received, the program will contact you and your doctor and complete an income assessment. If you have questions about this program, call 1-573-996-7300. Application forms may also be found at:

[www.themedicineprogram.com](http://www.themedicineprogram.com).

You may also want to ask your doctor about generic drugs. Make it clear that the price of medicine is important to you. Your doctor may be able to order a less expensive medication. Finally, different pharmacies may charge different prices for the same drugs. Shop around.

*Mental Health World  
Vol. 12 No. 3  
Fall 2004*

## Thanks...

To the members of our telephone outreach committee, **Jeanne Aiple, Mary Lou Bond, Rosemary Donnelly, Sue Keppel, Jim Kirkland, Jenny Laney, Joan Snyder, and Roger Watkins**. Every month these faithful volunteers alert other NAMI members with reminders of our monthly meetings and special events.

To **Tom McNulty** and **President Mary Kirkland** for their wonderful work in organizing and supervising our annual "Christmas is for Kids" drive, and to the many volunteers who helped collect, sort, and wrap our holiday gifts and birthday remembrances for nearly 500 mentally ill children and teens and their caregivers.

To our **20th Anniversary Celebration Dinner Committee** and **volunteers**. Thanks to their help. it was a wonderful evening! Special thanks to **Sue Kirkland** for the beautiful flower arrangements which graced the banquet tables.

# What We Learned Might Help Your Family

Having a loved one with mental illness is devastating enough. But when they suddenly disappear and you have no idea how to track them, it's almost unbearable. This happened to our family nine years ago.

Our son was on his way to law school when he experienced his first psychotic episode. We eventually had him committed, but after he was discharged he left the state. Little did we know this would be the start of a pattern.

He would crisscross the USA many times, and even left the country once. Every time he would disappear, he was putting himself in harms way and taking great risks. He even landed in jail in two states for vagrancy.

This is what we've learned in finding our son and bringing him home again. I hope it will be helpful to you.

◆ If your family member with untreated severe mental illness takes your car, consider calling the police and reporting it stolen. This may help if they cross state lines. You can also report them missing, give an accurate description or picture, and tell the police about their mental health background.

◆ In the first 24 hours, call all your relatives and friends and report that the person is missing. Tell them to contact you immediately if they hear from the missing person. You need everyone on the same page.

◆ If you belong to NAM - call your local group and ask if any other families dealt with this problem and what, if any, ideas they have.

◆ Call your government officials and tell your story. We got to know our state representative and she is now trying to help us change our state's dangerous law. [Find your state representative online at [www.congress.org](http://www.congress.org), or call your local library.

The worry of having your loved one missing can be all consuming. Where are they laying their head at night? Are they cold, hungry or in jail? Allow yourself ten min-

utes of this kind of thinking and worry, then don't go there! Go back to the drawing board - start making calls again. Even if it's non-productive all the time, it'll make you feel better - and who knows, one of these calls could produce a bond that will bring them home. Try to keep an optimistic outlook, as hard as that may be. Try to keep your normal routine - go out with friends even if your heart's not in it.

Know your loved one's habits. We learned and could almost anticipate when he would take off again. As soon as he was under any stress at all or (not a little money he was gone.

When you find out which state your loved one is in, call the local NAMI chapter and give them an accurate description of your loved one and their mental health background. Try to build a rapport with the person answering the phone. These wonderful people have actually gone to their local jails and shelters looking for our son. Call back every few days and inquire if they have any news on your loved one's whereabouts. This proved to be invaluable when our son was in Orlando. A NAMI gentleman I had talked to many times over the years was able to get him out of jail and into a psychiatric hospital for evaluation.

Call Mary and her wonderful group at the Treatment Advocacy Center to find out the commitment laws of the state your family member is in, just in case you need to act on it. We were able to get our son off the streets in Oregon and into a hospital after Mary found a commitment law they hardly ever used there.

When your family member does call, keep the lines of communication open. Keep the conversation short and upbeat. If there is a family member that your loved one is close to and will respond to, let that person do the talking on the initial contact calls. Our son was extremely close to his sister Sharra, and sometimes she could convince him to come home. We called this the "Sharra card" and we played this card more than once! We recently got a call from a family whose son was living under a bush in California asking for ways in which they could help their son. I thought a minute, and then decided who better to ask than my

own son. He nervously replied he wasn't homeless, he had a tent! He left the room, but did return with this advice:

◆ Tell him to look up Social Services in the phone book and ask for help.

◆ Go to the Salvation Army - you can shower there and get a meal.

◆ Go to the churches and ask the priest or minister for a bus ticket home.

Obviously these were ways he had learned to survive, so they could be good places to start when looking for your loved one.

*Judy Taylor  
The Catalyst  
Spring 2003*

~

*Please Remember*

**NAMI**  
*Buffalo*

&

*Erie County*  
*in your Will*

~

## Michael J. Fitzpatrick Appointed as National NAMI's Executive Director

Since 1999 Fitzpatrick, a former Maine legislator, has served on NAMI's national staff. Most recently, he served in a dual role as Director of NAMI's Policy Research Institute and Policy Team. Since January 2004, he has been NAMI's Acting Executive Director.

"Mike reflects NAMI's heart and soul," said Margaret Stout, president of NAMI's national Board. He brings to the position an incredible breadth of knowledge and skills. He is the right person to lead NAMI at a significant juncture for our organization, as we observe our 25th anniversary and chart a course for the next generation."

"I am grateful for the trust that NAMI's Board of Director's has given me," said Fitzpatrick. "NAMI is a dynamic grassroots movement, composed of some of the most dedicated people in the world. It remains a privilege to work with them to transform a fragmented and inadequate mental health care system into a cost-effective, evidence-based one, focused on recovery."

During the 1990s, Fitzpatrick's career included service as the Executive Director of NAMI Maine. He also served in the Maine Legislature. From 1994-1996, he was House Chair of the Health and Human Services Committee, writing and passing significant legislation in the areas of welfare reform, reinvestment and children's services. He has been employed in senior management positions in state government, non-profit agencies and the private sector. He has developed successful education, employment, housing, outreach and rehabilitation programs. He also has served on numerous community, government and non-profit boards. Before joining NAMI, Fitzpatrick was employed by the Spurwink Institute in Portland, Maine, in a dual policy and program role. He has an MSW in Administration and Planning from Boston College.



## NAMI Establishes Multicultural Center

The National Alliance for the Mentally Ill (NAMI) announced in June the creation of a new Multicultural Action Center (MAC), in conjunction with a national forum offering multicultural perspectives on President Bush's New Freedom Commission Report. "This is more than a symbolic move," said NAMI acting executive director Michael J. Fitzpatrick. "It represents a new strategic phase. We are moving from outreach to action:"

Majose Carrasco, who will be director of the MAC, said the time has come to achieve "cultural competence:"

The new center's priorities include addressing several issues, including disparities in treatment and services, the lack of bilingual mental health professionals, higher rates of misdiagnosis, institutionalization and suicide among youths of color, the lack of people of color in research studies and clinical trials, and the higher rate of people of color with mental illnesses in the criminal and juvenile justice systems.

## 2005 NAMI Officers & Board

### *President*

Mary Kirkland  
832-4035

### *1st Vice President*

Gerrie Cruz  
877-2076

### *Recording Secretary*

JoEllen Pennella  
689 7843

### *General Secretary*

Lynne Shuster  
839-0548

### *Treasurer*

Shiela Summers  
833 7589

## At-Large Members

Mary Lou Bond

Robert Brennan  
681-1807

Max Gabriel  
677-4517

Sue & Jerry Keppel  
837-4602

Jenny Laney  
821-0201

Jim McGoldrick  
837-6036

Susan Mervine  
874 7200

Ken Olsen  
681-3318

Marcy Rose  
688- 4125

Roger Watkins  
875-6825

***The Challenger***  
Editor: Lynne Shuster

# Introducing S-P-E-A-K

SPEAK is a statewide public awareness and education program that is part of New York's larger suicide prevention effort. It includes information kits designed to help you become aware of the facts about suicide, help you become familiar with its warning signs, and show you how to help someone who may be considering suicide. By speaking up, we can all help to save lives in New York.

The statistics about suicide are staggering:

- ◆ Approximately 1,300 New Yorkers take their own lives each year, and it is estimated that for every suicide death, there are anywhere from 8-25 suicide attempts. (NYS Department of Health)
- ◆ The number of New Yorkers who lost their lives to suicide in 2000 and 2001 exceeds the number of New Yorkers who lost their lives to the World Trade Center disaster. (NYC Department of Health and Mental Hygiene)
- ◆ Approximately 150,000 New York teenagers attempt suicide each year, and 70 will die as a result. (Center for Disease Control)
- ◆ Suicide is now the third leading cause of death among young New Yorkers ages 15-24. (National Center for Health Statistics)
- ◆ In New York State and nationally, deaths by suicide outnumber deaths by homicide. (NYS Department of Health, National Institute of Mental Health)
- ◆ The national rate of teen suicide has nearly tripled since the 1950's. (Center for Disease Control's National Center for Injury Prevention and Control)
- ◆ Nationally, there is an average of one suicide among the elderly every 90 minutes. (From the National Strategy for Suicide Prevention)

As you can see, suicide is a serious public mental health challenge. But the good news is that suicide is preventable. By becoming aware of the scope and dimensions of suicide, by learning to recognize

the warning signs, and by learning when to speak up to get help, you can become part of the prevention solution. By speaking up, we can save lives.

If a friend or loved one seems troubled, encourage that person to speak to someone who can help, such as a family physician, school counselor, religious leader, therapist, or staff person at a crisis hotline.

If someone is suicidal, he or she should not be left alone. Try to get the person to seek help immediately from his or her doctor or the nearest hospital emergency room, or call 911. It is also important to limit the person's access to firearms, medications, or other lethal methods for suicide.

The primary goal of the SPEAK education and awareness campaign is to reduce suicide in New York State. But the program also has the important second goal of reducing the stigma associated with getting help for emotional problems or mental illness. Stigma frequently surrounds mental illness, so many people try to hide their symptoms and avoid getting treatment out of fear of embarrassment. It is important for all New Yorkers to know that mental illnesses can be successfully treated, and that recovery is possible. But we need to speak up before recovery can occur.

If you would like more information about the SPEAK Program or would like to obtain a kit, write or call the Office of Mental Health Community Outreach & Public Education Office, 44 Holland Avenue, Albany, NY 12229, 866-270-9857 (toll free), or request a kit online at: [www.ohm.state.ny.us](http://www.ohm.state.ny.us)

***"Suicide is a serious public health challenge that has not received the attention and degree of national priority it deserves. Many Americans are unaware of suicide's toll and its global impact. It is the leading cause of violent deaths worldwide..."***

*The Final Report of the President's  
New Freedom Commission on  
Mental Health*



## Number of Americans Receiving Help Surprising

More than one in four American adults has received treatment for a mental health problem in the past two years, via talk therapy, medication, or a combination of the two, according to a new poll. The groundbreaking survey by Harris Interactive, released in May, was described as the first of its kind to examine consumer trends and attitudes in mental health treatment.

The poll suggests that an unprecedented number of Americans are seeking talk therapy and medication, and that stigma is diminishing.

The study was conducted this March using a nationwide phone survey of 501 adults and a follow-up online survey of 1,731 people known to have needed or received treatment. Among the key findings:

Mental health treatment has become an important part of American life: 27 percent of adults, or an estimated 59 million people, have received treatment in the past two years. Of these, the large majority reports high levels of efficacy and satisfaction, regardless of the type of treatment received.

More than one in three who need treatment are not getting it. The leading barriers to receiving care include cost, lack of confidence that treatment helps, and lack of health insurance.

*Schizophrenia Digest  
Summer 2004*

# Beam Me Up, Doc

by Joshua Koerner

Scott Miller is the co-founder of the Institute for the Study of Therapeutic Change. Back when he was an intern at a psychiatric hospital, he met a man with a delusion: the patient believed himself to be the Terminator. He was living out the second Terminator movie, part of which is set in a locked psychiatric unit. I love the scene in which the unit psychiatrist, dismissive and contemptuous of Sarah Connor's story about the robots from the future, gets flung across the room by Sarah's "delusion."

This patient had been leading other patients in repeated escape attempts, and the staff's efforts at rational discussions, and drug-ging, failed to calm the situation. By the time Miller first talks to him he's in the quiet room, stripped to his underwear. The situation can't get much worse, so the senior staff do not think this student can do any damage, and Miller, young and not yet indoctrinated in the ways of the psychiatric establishment, tries something new.

First, he talks to the patient as if he were the Terminator. He doesn't question his "fixed" delusion. Miller then asks him if he is not the Terminator, but really Arnold Schwarzenegger. The patient smiles and asks, "How did you know?" Miller addresses him as if he's Arnold, telling him he has accomplished so much since coming to America. And then Miller asks if he'd be willing to attempt a role like nothing he's played before, a difficult stretch. Would he be willing to play a mental patient? Would he be willing to go to groups, take meds and not attempt to escape? The patient responds, "I can do it."

And he did: after weeks of deteriorating, he was released in a matter of days. Miller noted on the radio program, *This American Life*, and also in the book, *The Mummy at the Dining Room Table*, that: "We have these notions that psychosis is a biological condition, and talking just really isn't the thing that helps them, they really need the drugs. In fact, very often people are advised you don't actually engage people in conversations about their delusions; that might perpetuate them. So you want to make sure you are very rational with them, set limits



with them, and with some clients that's going to work. But when you've tried that approach and it doesn't work, you probably need to try something else. And our research actually says that clinicians frequently don't recognize when a case is failing. That means they persist in doing more of the same thing that hadn't worked before; either the same class of intervention, or type of intervention. So if a little medication doesn't work well, then we'll try a little bit more. If a little confrontation doesn't work to overcome the client's denial, well then, by God, we'll put them in a group where 12 people can confront them simultaneously. It's interesting to me that, in mental health oftentimes when there's a problem, it's the clients who end up somehow blamed."

Evidence-based practice is the buzz phrase of the moment in the mental health field; it means we ought to be doing what works. But the evidence is that we know what works, that we've known for decades, and that we aren't doing it. Instead, the field has been coopted, and corrupted, by the forces of Big Medicine, and has made pharmaceuticals the answer. That's not an evidence-based approach, as empirically, there's little to support the notion that mental illness is the result of a "chemical imbalance," just as there is little evidence that drug therapy is superior to psychotherapy.

What does work? Miller and his colleagues state that "using the client's theory of change to guide choice of technique

and integration of various therapy models" is what works. You can read their evidence in detail on the internet at [www.talkingcure.com](http://www.talkingcure.com).

I recall a psychiatric student I met on an inpatient unit. This was my second hospitalization, in 1984, but my first at the Big Teaching Hospital. With its verdant lawns and tennis courts to match its sterling reputation, I cannot blame my mother for thinking this was the best for her son. How could she have known that the campus culture was one of pseudoFreudian detachment: that doctors never smiled or, if you passed them in the hallway or shared an elevator, would even acknowledge your existence

I cannot recall anything of the way the resident looked - I may have spent all of half an hour with this man and never saw him again. He never treated me, we just chatted for half an hour shortly after I'd been admitted. He was probably just doing an intake interview, or perhaps had been sent in to observe

me, to see what mania looked like up close. Yet to this day the one thing about him I do remember is his smile, a broad grin of delight that told me he was genuinely interested in what I had to say.

I was trying to explain Bell's Theorem, which states that entangled pairs of electrons will always have spin states that add up zero, even if they are separated by hundreds of miles. Einstein derided this as "spooky action at a distance," but when it came to quantum mechanics, Einstein was wrong.

The young doctor was fascinated; no one had ever told him that anything could travel faster than light, and here it seemed that there was some superluminal signal passing between the particles. What, he wanted to know, did I think that meant? "It means locality fails!" I exclaimed. The whole idea of local causes is wrong; instead there is an implicate order underlying the universe, despite our perceptions of cause and effect, here and there. Where we perceive chaos and disunity there is instead harmony and

Continued on page 10

Continued from page 9

oneness, a sure sign that God exists.

I hadn't learned such arcane physics principles in a classroom. When I was first hospitalized in 1979, it was a crushing blow. I was out in California at the time, gone there to seek my fame and fortune. When I had to return home at age 24 to live with my mommy, depressed, unable to work and labeled a mental case, I felt completely disgraced. Then I started to read about quantum mechanics, and Buddhism, and it gave me some solace, because they both said that everyone's perception of reality was wrong, and in fundamental ways both agreed with each other.

Now I was back in the hospital, perceiving directly how everything is tied together. It was an amazing, expansive, oceanic feeling: birds and trees and clouds and traffic, they all seemed to mesh together in total synchronicity. And this doctor was really interested in it; he really wanted to hear what I had to say, as though he could learn something from me.

Contrast that with the case conference held in 1986, during my fifth hospitalization. I'd been an inpatient six months, and I was dying to get out. They asked if I would participate in a case conference. They didn't say my discharge depended on it—they didn't have to. My discharge date had been moved back once: they could move it again. I said sure, anything you want.

The case conference was held in a large meeting room. I sat up front while a senior staff doctor interviewed me, and there were thirty or so residents arrayed around us. I remember one was falling asleep, and many of the others appeared bored and restless. I had been told the topic would be my discharge plans, what I learned in the hospital, blah, blah, blah, and I was all set to tell them what I thought they wanted to hear.

And then, without warning, the interviewer starts to ask me about my father. My dead father. It was an ambush, and I wanted to say, "Screw you, I'm not answering questions about that." But I was on the spot; if I made a scene they might not let me go.

But the worst aspect of the whole thing was sitting there, answering horribly invasive questions from a total stranger, feeling like

a bug under a microscope, getting all choked up and then looking around the room and seeing these callow young doctors, and they were bored—my anguish bored them. As terrible as I already felt, their utter lack of empathy made it ten times worse.

What did those residents learn that day? That you study the disease and ignore the person. What did I learn? That my feelings weren't important and that doctors aren't to be trusted.

Years later, I learned on my own what a clinician who knew and followed the evidence could have taught me: that the Tao Te Ching, which says "Close your mouth, block off your senses, blunt your sharpness, untie your knots, soften your glare, settle your dust," is an excellent non-pharmaceutical recovery tool.

It would have been so much better to have taken what I was interested in, science and philosophy, as a basis of a theory of change in which I believed, rather than using one packaged by drug companies, or conceived by Freud (while he was using cocaine).

A footnote: In 1997 the practical application of Bell's Theorem was proven with the first teleportation of a photon, a unit of light, and then on June 17 of this year the National Institute of Standards and Technology, as well as the Quantum Teleportation Team at Innsbruck, Austria, reported the teleportation of whole atoms, thus opening the door to quantum computing. By using qubits, which have four simultaneous possible states rather than the limited on or off states of bits, the power of computers may one day increase by several orders of magnitude. That is, unless it's all a delusion.

*Joshua Koerner  
Consumer Advocate and  
Executive Director  
CHOICE  
New Rochelle, New York*

## High Non-adherence Rate Raises Alarm

Despite improved drugs to treat schizophrenia, a new study says that only 41 per cent of patients take their antipsychotic medication on a regular basis.

The study by University of California at San Diego (UCSD) researchers also found that outpatient and hospital medical costs are significantly higher in the patients who do not regularly adhere to a prescribed drug regimen.

Among people with schizophrenia, 24 per cent simply don't take their medications as they're supposed to and 17 per cent only occasionally follow their prescribed drug schedule, according to the study published in the April edition of the *American Journal of Psychiatry*.

A surprising finding was a high percentage of people with schizophrenia—nearly one in five—identified as "excess fillers," meaning they filled their prescriptions more frequently than prescribed.

According to UCSD researchers, the findings point to a need for improved management of patients by all members of the treatment team, including physicians, pharmacists, family members and case management workers in community health settings.

Additional findings in the study were the fact that older individuals were more likely to be adherent, and that African-American and Latino consumers were more likely to be non-adherent than Caucasians. Those living independently or homeless were also more likely to be non-adherent.

*Schizophrenia Digest  
Summer 2004*



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# Mental Illness No Life Sentence: Expert Says Many People Recover

Despite the stigma and public neglect, a diagnosis of mental illness is not a life sentence of doom and decay, a prominent mental health researcher said Saturday.

The facts are that a large percentage of people with mental illness can recover, ignore the unjust, prejudiced stigma of mental illness and lead normal lives, said Dr. Courtenay Harding, a psychiatrist who is director of the Institute for the Study of Resilience at Boston University. Harding is a pioneer in what is becoming known as the "recovery movement," which creates support groups for the mentally ill and works on building self-esteem among former mental patients.

The method has been employed with great success, Harding said.

She delivered the keynote address at a daylong conference on mental health and mental illness at California State University, Hayward. The conference drew several hundred mental health professionals from around the Bay Area.

Harding worked on two 30-year studies of the severely mentally ill, in Vermont and Maine. Researchers traced more than 500 people who had been diagnosed in the 1950's as severely mentally ill.

The follow-up results were startling. They found that 62 percent to 65 percent of the former Vermont patients and 46 percent of the Maine participants had recovered.

Former schizophrenics, once thought to be incurable, had shed their symptoms, many were working and had normal social relations and cared for themselves, she said.

The two groundbreaking studies in the 1980's have been duplicated around the world, Harding said.

"We found (in the Maine and Vermont studies) that some started improving as early as two to five years after diagnosis; some began recovery as late as 40 years. The lesson is never give up on anyone," she said.

The difference between Vermont and

Maine was that Vermont had a very competitive rehabilitation program that included introducing former patients back into the community. Maine focused on stabilizing mental patients with the medications, she said.

But even there nearly half recovered.

Dire predictions about the future of mental patients leaves out an important point, the ability of humans to overcome terrible situations and bounce back, she said. Dire predictions about the future of mental patients leaves out an important point - the ability of humans to overcome terrible situations and bounce back, she said.

It's time for change, Harding said. America has a serious problem with the mentally ill she said. "There are 5.5 million Americans who are disabled because of mental illness."

That includes one-third of all the homeless, who are seriously mentally ill. Another 25 percent of that 5.5 million are hospitalized and more than 600,000 are in jail or in prison, Harding said.

Of those not on the streets or in jails or hospitals, only 10 to 20 percent are employed, 60 percent live at home and almost all of them are still on SSI disability support, she said. Add to that a climate of cutting medical care and costs to save money. That's hardly a model for success, Harding said.

Assumptions about mental illness, many commonly held by doctors and psychologists treating mentally ill patients don't help, she said.

For example: People with serious mental illness never get well and typically don't respond to treatment. They must remain on medications for the rest of their lives. The mentally ill can't work or compete in the regular work world. The best course is to forget about rehabilitation and put them on Social Security disability, or SSI. And, of course, families are the cause of mental illness. Add to that, the destructive forces of the prejudice and stigma of being mentally ill, poverty, lack of health care coverage, cost containment policies by health

care providers and just plain ignorance, Harding said.

The recovery movement focuses on support among those with mental diagnoses, on building self-esteem and self-determination. It is a philosophy that is slowly spreading in the United States. Schools of social work and psychiatry now teach about recovery, she said.

Those diagnosed with a mental disease need first of all, a home, then a job, friends, social justice and acceptance, she said. And never count out human hope and resilience.

*William Brand  
Tri-Valley Herald (Oakland)  
February 22, 2004*

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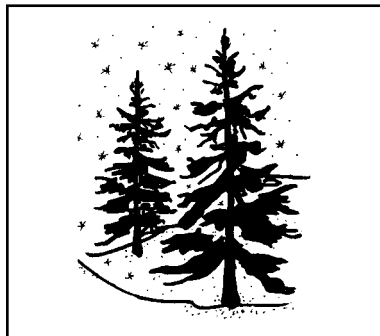
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