

Mark Your Calendar

July

NAMI Support Group, Wednesday, July 27th, 7:30 PM, St Paul Ltheran Church, 4007 Main Street, Amherst.

August

NAMI Business Meeting, Thursday, August 4th, 7:30 PM, NAMI's Hope House, 432 Amherst Street, Buffalo. All NAMI members welcome!

NAMI Family Meeting, Thursday, August 11th, St. Paul's Lutheran Church, 4007 Main Street, Amherst. Coffee and library hour: 7:00 - 7:30 PM Guest speaker: Beth Ladd, Program Director, BGH Partial Hospitalization and CDT Program.

NAMI Family Support Group, Wednesday, August 24th, 7:30 PM, St. Paul's Lutheran Church, 4007 Main Street, Amherst.

September

NAMI Business Meeting, Thursday, September 1st, 7:30 PM, NAMI's Hope House, 432 Amherst Street, Buffalo. Come join your NAMI Board for an evening!

NAMI Family Meeting, Thursday, September 8th, St. Paul's Lutheran Church, 4007 Main Street, Amherst. Coffee and library hour: 7:00 - 7:30 PM. Guest speaker: Hon. Robert Russell, presiding judge, Buffalo Mental Health Court.

NAMI Family Support Group, Wednesday, September 28th, 7:30 PM, St. Paul's Lutheran Church, 4007 Main Street, Amherst. A port in the storm when you're in crisis or at the end of your rope.

October

NAMI Business Meeting, Thursday, October 6th, 7:30 PM, NAMI's Hope House, 432 Amherst Street, Buffalo. All NAMI members are welcome to attend.

NAMI's 21st Anniversary Dinner and Celebration of Service, Classics V, Niagara Falls Boulevard, Amherst. Cash Bar, 6:00 PM. Dinner. 6:30 PM. Guest speaker: Dr. Evelyn B. Kelly, author of more than twenty books for laypersons on schizophrenia, bipolar disorder, eating disorders, grief, and other topics. A special night to remember.

NAMI Support Group, Wednesday, October 26th, 7:30 PM, St. Paul's Lutheran Church, 4007 Main Street, Amherst.

Victory in Kendra's Law

Thank to hundreds of families who showed up to testify for Kendra's Law hearing, called and wrote their legislators, reauthorization of Kendra's Law is a fact: On June 23rd, the NYS Senate approved reauthorization by 60-0 and the NYS Assembly passed the legislation by a vote of 144-1.

While we didn't succeed in making the law permanent, the five year extension does include a number of improvements on the original law, including one that was of special concern to NAMI Buffalo & Erie County, namely, that the state Office of Mental Health with the Office of Court Administration develop a mental health training program for supreme and county court judges who administer the law, as well as court personnel. Unfortunately, we've had a number of cases where judges have denied AOT petitions based on what a client "looks" like, rather than clinical history, testimony of family and professional. Such training should reduce such situations.

Other improvements in the law include:

authorizing the Office of Mental health to make available to counties with a population of less than 75,000 a physician employed by OMH to file necessary papers; notifying all service providers who are included in a treatment plan; providing for a research study comparison of patients in Assisted Outpatient Treatment with patients not in the program but receiving enhanced outpatient services; extending the law until June 30, 2010.

Thanks to our tireless NAMI NYS staff in Albany, Brian Stettin of Attorney General Eliot Spitzer's Office, OMH staff, and NAMI families across the state, Kendra's Law will continue to make life better for the sickest of patients, their families, and their communities.



SAMSHA, ONDCP to Start Campaign Linking Marijuana, Mental Illness

Officials with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the White House Office of National Drug Control Policy (ONDCP) last week announced a joint public awareness effort linking marijuana and mental illness.

“A growing body of evidence now demonstrates that smoking marijuana can increase the risk of serious mental health problems,” said ONDCP Director John P. Walters. “New research being conducted here and abroad illustrates that marijuana use, particularly during the teen years, can lead to depression, thoughts of suicide and schizophrenia.”

According to the officials, a number of prominent studies have recently identified a direct link between marijuana use and increased risk of mental health problems. They say that recent research makes a stronger case that cannabis smoking itself is a causal agent in psychiatric symptoms, particularly schizophrenia. During the last three years, these studies, according to officials, have strengthened that association and further found that the age when marijuana is first smoked is a crucial risk factor in later development of mental health problems.

A SAMHSA analysis of prior research, released last week, showed that adults who first used marijuana before age 12 were twice as likely as adults who first used marijuana at age 18 or older to be classified as having serious mental illness in the past year.

“Kids today are using marijuana at younger ages, putting them at greater risk,” said SAMHSA Administrator Charles G. Curie. “We have found that the younger a person starts smoking marijuana, the greater likelihood they have of developing an addiction and serious mental illness later in life.”

“Mental health disorders such as depression and schizophrenia contribute to the mortality of our citizens, and suicide is one of the leading preventable causes of death,” said U.S. Surgeon General Richard H. Carmona, M.D. “As a society we must do everything we can to promote mental health and prevent mental illness — and that includes keeping our kids drug-free.

Parents and teens alike must realize the long-term effects marijuana can have on the brain.”

According to officials, several recent studies have linked youth marijuana use with depression, suicidal thoughts and schizophrenia:

- ◆ Young people who use marijuana weekly have double the risk of developing depression.
- ◆ Teens aged 12 to 17 who smoke marijuana weekly are three times more likely than non-users to have suicidal thoughts.
- ◆ Marijuana use in some teens has been linked to increased risk for schizophrenia in later years.
- ◆ A British study found that as many as one in four people may have a genetic profile that makes marijuana five times more likely to trigger psychotic disorders.

Officials say that evidence has recently emerged that some people’s genetic makeup may predispose them to be particularly vulnerable to the effects of marijuana on mental health. For instance, a major study out of the Netherlands concluded that use of the drug “moderately increases” the risk of psychotic symptoms in young people but has “a much stronger effect” in those with evidence of predisposition.

“The nonchalance about marijuana in Europe and the U.S. is worrisome,” said Neil McKeganey, Ph.D., Professor of Drug Misuse Research and Director, Centre for Drug Misuse Research, University of Glasgow, Glasgow, Scotland.”

Marijuana is the first illegal drug that many young people use and teens don’t view it as a serious drug, and when children are exposed only to advice from kids like themselves, the risks seem meaningless. We’re starting to see marijuana in a new light given recent research into the connection between marijuana and mental illness.”

The outreach effort, which will be part of ONDCP’s National Youth Anti-Drug

Media Campaign, features a compendium of recent research linking marijuana and mental illness and an open letter to parents on “Marijuana and Your Teen’s Mental Health.”

The letter will highlight new research concerning serious consequences of teen marijuana use on mental health and is signed by ONDCP and twelve mental health, behavioral health and addiction treatment organizations, including: American Psychiatric Association; American Academy of Child and Adolescent Psychiatry; American Society of Addiction Medicine; Asian Community Mental Health Services; Association for Medical Education and Research in Substance Abuse; Institute for Behavior and Health, Inc.; National Asian American Pacific Islander Mental Health Association; National Association of Addiction Treatment Providers; National Council for Community Behavioral Healthcare; National Latino Behavioral Health Association; National Medical Association; and the Partnership for a Drug-Free America. The letter begins appearing this week in *USA Today* and newspapers in the 25 largest cities nationwide, including *The New York Times* and *The Washington Post*. The letter will also appear in *The Nation*, *The National Journal*, *The National Review*, *The New Republic*, *Newsweek*, *Time* and *The Weekly Standard*.

On the media campaign’s Web site for parents, TheAntiDrug.com, adults can learn more about how marijuana affects the developing teen brain, including the links between marijuana and depression, suicidal thoughts and schizophrenia.

Visitors can take a virtual tour of a human brain to learn how marijuana impairs, and even changes, the functionality of the centers responsible for maintaining overall mental health. Parents can also view responses from a qualified psychiatrist on the most common questions regarding marijuana and mental health.

Alcoholism & Drug Abuse Weekly
May 9, 2005

The Misuse of Antipsychotic Drugs in Older Patients

Over 35 million Americans are above the age of 65. However, there are only about 2,500 board-certified geriatric psychiatrists available to treat the psychological conditions that afflict many elderly people. As a result, internists, family physicians, and general practitioners often respond to these patients' specialized psychiatric needs. Problems may ensue when doctors without adequate training in geriatric medicine treat geropsychiatric conditions with medication.

Among the drugs in common use in elderly patients, antipsychotics account for a large number of medication problems. Studies have found a disproportionately high use of antipsychotics in patients over 65 as compared to those under 65. A lack of large-scale clinical trials for antipsychotics in elderly patients and an ever-increasing number of new antipsychotics contribute to the potential misuse of these drugs.

In response to these concerns, a team lead by George S. Alexopoulos, M.D., of the Cornell Institute of Geriatric Psychiatry and Weill Medical College, conducted a survey of 48 leading experts in the treatment of geriatric patients to answer clinical questions on the use of antipsychotic medications in older patients. The resulting Expert Consensus Guidelines: Using Antipsychotic Agents in Older Patients attempts to fill in the gaps of current research with expert advice. The survey had three main goals: 1) to identify geriatric disorders that should not be treated with antipsychotics; 2) to identify indications, dosages and duration of treatment for antipsychotics; and 3) to determine conditions for disease-drug and drug-drug interactions.

Keep in mind that this survey was completed before FDA warnings about potential cerebrovascular effects, including stroke, in elderly patients and the most recent warnings about using antipsychotics in dementia patients. Still, I think it provides a useful overview of antipsychotic treatment in the elderly.

*Karienne Stovell
Executive Editor
Manisses*

N.Y. Advocates Disappointed Over Parity, Other Unresolved Issues

Mental health advocates are disappointed that New York lawmakers have left unresolved the passage of Timothy's Law, the state's parity bill, and legislation that would end the placement of inmates with severe mental illness in special housing units. New York lawmakers ended their session last week.

Timothy's Law Campaign is a grassroots effort aimed to end discriminatory practices by health insurers and the health maintenance organizations (HMOs) with regard to the treatment of mental illness and substance abuse disorders.

Concerns have been raised that enacting Timothy's Law would drive up the cost of insurance premiums for small employers. The campaign, in an effort to address the concerns of small business owners in New York state, updated the proposed legislation.

The legislation would now offer all employers with 50 or fewer employees, including sole proprietors, the option to purchase full parity benefits at a comparable price.

The legislation would also eliminate arbitrary exclusions based on whether a mental health condition is chronic or acute, and employs a standard for defining mental illness commonly used in the field.

"Timothy's Law will probably not happen," Glenn Liebman, chief executive of the Mental Health Association in New York State (MHANYS), told MHW. "We were told it's done for the year. Our chances at this point are very, very minimal. Our goal remains to do everything we can to get Timothy's Law passed."

"Of course we are all disappointed that in the end there was no deal," Lauri Cole, executive director of the New York State Council for Community Behavioral Healthcare, told MHW. "Having said this, we are not going away on this issue. We are in this for as long as it takes. We have a long-term game plan and an unwavering commitment to secure meaningful



parity legislation in this state. We intend to come back stronger and more vital in the days ahead."

Cole added, "This year our statewide campaign experienced unprecedented cooperation and cohesion among all of the stakeholders and grassroots advocates. We were unified and incredibly productive. The fight for Timothy's Law has everything to do with basic fairness and equity and the understanding that substance abuse and mental health related disorders are no different from any other physical disease.

"When an employee with a mental or chemical dependence problem goes untreated we all pay a price," said Cole. "Small businesses pay a steep price when they fail to assure that their employees get the treatment they need. Without early intervention (in substance or mental health issues) we often see a downward spiral in the performance of that employee resulting in higher absenteeism and a less effective worker. It is in every business owners best interest to assure that his employees have access to affordable behavioral healthcare."

*Mental Health Weekly
June 26, 2005*



Thanks...

To **Norine Thibault** for faithfully sending out our monthly meeting notices to the media for the last nine years

To **Betty Lemen** who has sent our our thank you notes for more than ten years to our donors and members

To **Dr. Adam Ashton** and **Dr. Wendy Weinstein** for their recent book donations to our library

To **Sheila Summers**, our support group leader, for her donation of her speaker's fee from the recent conference on mental health sponsored by the Presbytery of Western New York

To **Debbie** and **Max Gabriel**, for many hours and great success as the coleaders of our most recent Family-to-Family course

To **Max Gabriel** for getting our library holdings on computer disk

To **Marcy Rose** for many hours reviewing and selecting books for our library

To **Rosemary Donnelly** for much time spent thinning out and updating our library collection

To **JoEllen Pennella**, **Herman Szymanski, MD**, **Mary Lou Bond**, **Beth Lewin**, and **Michelle Brooks** as well as **Roger Watkins**, and **Sheila Summers**, hard-working volunteers on our next, sixth edition of *The Mind Matters*

To **Roger Watkins** for making arrangements for Coordinator Lynne Shuster to speak to the Kenmore Lions Club

And, always, to volunteer property manager **Gerrie Cruz**, whose near-daily chores keep our NAMI residences for people with a mental illness in tip-top condition

To unsung hero **Jim Kirkland**, husband of President Mary Kirkland for fetching and carrying and sorting books, Christmas toys, garage sale donations, and all manner of things up and down stairs, taking phone messages, missing dinner, and waiting for president Mary to come home from yet another meeting

To Board member **Jim McGoldrick** for reporting back to NAMI on the Police-Mental ealth Committee's activities.

Our volunteers are the heart and soul of NAMI!



Cognitive Therapy

Two studies:

A University of Pennsylvania/Vanderbilt University/West Chester University study of 204 patients with moderate to severe major depression has found that 43 percent responded to eight weeks of cognitive therapy vs 50 percent of those on medications and 25 percent on a placebo. The same group of researchers followed up 104 patients who had responded to treatment over 12 months. They found that those who were taken off cognitive therapy were significantly less likely to relapse than patients withdrawn from meds (30.8 percent vs 76.2 percent) and no more likely to relapse than patients who stayed on meds (30.8 percent vs 47.2 percent).

Light Therapy

A University of North Carolina and other centers meta-analysis of light therapy studies has found that while the studies leave much to be desired there is evidence that bright light and dawn treatment for seasonal affective disorder and bright light for nonseasonal depression are as effective as antidepressants.

Agitated Depression

A study of 254 patients with unipolar depression found that agitated depression was present in 19.7 percent of this population. Concluded the authors: "Agitated depression emerges as a distinct affective syndrome with weight loss, pressure of speech, racing thoughts and suicidal ideation." The authors also found non-euphoric hypomania and evidence of mixed states. Accordingly they suggested that agitated depression be regarded as "pseudo-unipolar" and indicated their preference for Kraepelin's terminology of "excited (mixed) depression." Depakote for Depression A University of Alabama, Birmingham, pilot study of 25 patients with bipolar daepression has found that Depakote was "effective in reducing symptoms of depression and anxiety." Topamax An Oregon and Health Science University study of 40 healthy volunteers has found that those on Topamax suffered significant declines in cognitive function on four of six measures while those on Neurontin dropped in just one category. Topamax is used as an adjunctive treatment for weight reduction and impulsivity while Neurontin is employed as an add-on for anxiety. Neither drug is particularly effective as a mood stabilizer.

McMann's Newsletter
April, 2005

Antidepressant Ads Sway Doctors

Los Angeles Times April 27, 2005

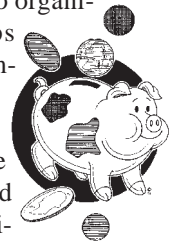
Primary-care doctors are easily persuaded to prescribe antidepressants — even unnecessarily — when a patient mentions having seen television ads for them, researchers reported Tuesday.

In an experiment in which actresses posed as mildly depressed patients who did not need medication, doctors were five times more likely to write them prescriptions when an ad for a specific drug was mentioned.

Drug companies spend about \$3 billion a year on consumer advertising, fomenting sharp debate over how much sway the advertisements have. The study showed that the effect is significant. In the study, published in the current issue of the Journal of the American Medical Association, the patients were actresses all playing the same part: a 45-year-old divorcee who had lost her job recently and was suffering stress, fatigue and back pain. Those are symptoms of adjustment disorder, a mild, event-induced depression in which medications are thought to be of little value.

Tops Markets Community Support Program Changes

Beginning in 2005, Tops Markets has changed its support program for community organizations. Tops will no longer provide a charitable rebate based on grocery tapes collected by such organizations. Tops will, however, offer a 5% rebate to organizations who sell Tops Shopper cards to members and friends.



The gift cards can be used just like cash and are available in denominations of \$10 to \$100 from President Mary Kirkland. Just call her at 832-4035 to order your shopper cards. The Shopper cards can be a significant source of revenue for NAMI Buffalo & Erie County if all our members who shop at Tops use the Shopper cards!

Commission on Quality of Care merges with Office for the Disabled

With the Governor's approval of the 2005-2006 State Budget, the New York State Commission on Quality of Care for the Mentally Disabled (CQC) and the New York State Office of Advocate for Persons with Disabilities (OAPwD) have been merged to form a new agency, the New York State Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD), effective April 1, 2005.

The new agency, chaired by Gary O'Brien, who formerly chaired the CQC, will continue to carry out the functions formerly assigned to both CQC and OAPwD, with an increased emphasis on outreach and advocacy for individuals with physical disabilities.

As the new agency moves forward in consolidating programs and services, phone numbers, web sites and other contact information for former CQC and OAPwD staff will remain the same, pending further review.

CQCAPD (CQC) - 1-800-624-4143 (voice and TDD) - www.cqc.state.ny.us
CQCAPD (OAPwD) - 1-800-522-4369 (voice and TDD) - www.oapwd.org

Darlene Stefani
Webmaster, CQC
April, 2005



Nicotine Helps Schizophrenics with Attention and Memory

New Haven, Conn. — Cigarette smoking may improve attention and short-term memory in persons with schizophrenia by stimulating nicotine receptors in the brain, according to a study by Yale School of Medicine researchers in the June issue of *The Archives of General Psychiatry*.

Persons with schizophrenia smoke two to three times more than smokers without mental illness, said the researchers. They found that when study subjects with schizophrenia stopped smoking, attention and short-term memory were more impaired, but, when they started smoking again, their cognitive function improved. No effects from stopping or resuming smoking were observed in smokers without mental illness.

Participants with and without schizophrenia were then asked to smoke while taking a drug called mecamylamine, which blocks nicotinic acetylcholine receptors in the brain, preventing the nicotine from acting on those receptors. Mecamylamine blocked the ability of smoking to improve cognitive deficits in schizophrenia, but not in persons without mental illness. The findings suggest that when people with schizophrenia smoke, they may in part be self-medicating with nicotine to remedy cognitive deficits.

"Our findings have significant implications for developing treatments for cognitive deficits and nicotine addiction in schizophrenia," said Kristi Sacco, associate research scientist in the Department of Psychiatry and first author of the study. She said the results may also help explain the high rates of smoking in people with schizophrenia. She added that this study does not suggest that people with schizophrenia who do not smoke should start smoking.

Tony George, M.D., associate professor in the Department of Psychiatry, is senior author of the study.

Yale University
July 11, 2005

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The Challenger
Editor: Lynne Shuster

In Defense of the Medicaid System

Andy Warhol said that each person is entitled to fifteen minutes of fame. If that maxim applies to social programs, Medicaid is getting an extra large helping of attention. And none of it good. States and localities are viewing the growth of Medicaid as a major fiscal problem, and the ush administration is developing strategies to control and reduce Federal costs.

For the last few years, our Governor's budget proposal has included Medicaid cuts, sometimes eliminating services, usually by reducing reimbursements to providers. His latest proposal will provide some relief to counties, but New York and other states will continue to struggle. Medicaid's critics are saying that the costs are increasing faster than most other programs funded by states and counties, and accuse Medicaid of being "wasteful" and "broken." It would appear that the program does not have a friend in the world. Critics, by their very nature, do not provide a balanced view, but instead hope to influence our perceptions and steer the debate.

I speak for Medicaid.

Since its inception in 1965, Medicaid has become crucial for the health and wellbeing of many Americans. Who are the 52 million people currently enrolled in Medicaid? 75 percent of that number, around 39 million people, qualify for Medicaid coverage based upon their incomes. Approximately two-thirds of this group are children. 16 percent of the people receiving Medicaid services have a disability. Medicaid is the primary funder of services for people with developmental disabilities and mental illness. Nine percent of Medicaid recipients are elderly. Fully 70 percent of people in nursing homes receive Medicaid support at some point during their stays.

Why are the costs increasing so rapidly? A major factor is that we have no national health care policy in this, the richest nation on the planet. Therefore there is a lot of improvising and making-do. The challenges around health care for all Americans are very daunting, and the political will does not seem sufficient. In addition to the

52 million people getting help from Medicaid, there is a large number of Americans with no health insurance.

The main reason for the recent increase in Medicaid expenses is that more people are enrolled, up 33 percent in the last four years. The economic downturn in this country has resulted in people's becoming either unemployed or under-employed. A lot of service jobs in our new economy come with few or no benefits, and the increasing cost of commercial health insurance has been difficult for many employers.

Medicaid is accused of being wasteful, but in truth is very efficient. In fact, Medicaid's administrative cost of under 5 percent is around half of Medicare, and much less than commercial insurance. Its rate of cost increases is much less than the private sector's, and for a very simple reason: Medicaid pays providers poorly. This causes great problems for hospitals and nursing homes, but is a bargain for payers.

If Medicaid is broken, why is it growing? Its growth is really a mark of its success. Over the years it has been able to adapt to address changing needs. Isn't it interesting that the insurance for seniors, Medicare, has no long-term care benefit, while Medicaid does?

Medicaid's sin may be that it works too well. Medicaid has basic coverage and then has choices that states can make for "optional services" or "waivers." The waiver legislation, by the way, was signed by that big government liberal, Ronald Reagan. The simple solution to our cost dilemma of eliminating the "extras" would in fact do great harm to people with disabilities, seniors, and others with specialized needs.

One more caution as you listen to the ongoing debates on Medicaid, beware of the argument of "competing interests." Some are comparing Medicaid to public education, suggesting we need to prioritize their importance. This is a phony issue. Do you want your child to have to choose between health care and education? Neither do I.

Medicaid represents a commitment by our society that people with inadequate financial means and people with disabilities will be cared for. Health care and supports for Americans with genuine needs are provided in a responsive and cost-effective manner.

This does not mean that the cost issues are not a concern. In the 21st Century, the United States cannot sacrifice the well-being of its neediest citizens. Our task is not to abandon people; it is to make good health care available to all Americans. Slogans and budget cuts will not make that happen.

*Roger Sibley Guest Columnist
Sibley is executive director of the
Franziska Racker Center.
Ithaca Journal
February 18, 2005*



Please Remember

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in your Will



More Beds Sought for Mentally Ill Youths in Niagara Falls

The only hospital unit in Niagara and Orleans counties that now treats mental illness in children and adolescents cannot handle its escalating number of cases.

Niagara Falls Memorial Medical Center has only 12 hospital beds for the treatment of mental health patients between the ages of 6 and 17, not enough to deal with an epidemic, Joseph A. Ruffolo, president of the medical center, said Wednesday.

There has been a 15 percent increase in adolescent behavioral problems so far this year compared with last year, already exceeding the 12 percent climb in 2004 over the previous year, Ruffolo said. "There's no place for many of these children to go," he said.

The shortage of hospital beds for mentally ill youngsters extends beyond the region. The Niagara Falls hospital is receiving patients from as far away as New York City, Ruffolo said, although most of those admitted are from Niagara, Erie, Orleans, Monroe, Wyoming, Chautauqua and Cattaraugus counties. The closest hospitals with similar mental health units are Buffalo's BryLin Hospital, which has 20 beds for children and adolescents ages 5 to 17, and Erie County Medical Center, with 16 beds to care for youngsters between the ages of 12 and 17. Niagara Falls Memorial and Brylin are the only hospitals in the region that treat mentally ill children under 12. BryLin is nearing full capacity and planning to expand, said Mark Nowak, director of marketing.

At ECMC, the situation is similar. The cry for help in Niagara Falls was the opening salvo in a community campaign to raise \$600,000 to increase the capacity of the medical center's Bridges Child and Adolescent Unit to 18 beds. While facing the growing need for more inpatient beds, the medical center is looking at proposed cuts totaling \$1.4 million under Gov. George E. Pataki's proposed 2005-06 state budget.

"We're facing a double hit: meeting the needs of these children and finding the resources to expand the unit," Ruffolo said. "Closing the unit is not an option, so we

need help." The long-range goal is to shorten the stay of young patients in the unit — currently averaging 12 days — and pass the responsibility of their care on to their parents, said Kim Orffeo, director of the medical center's Inpatient Behavioral Health Services.

Often the first signs of mental illness in young people are seen in the schools. The medical center wants to forge a partnership with the various school districts to raise the money to enlarge the unit.

*Bill Michaelmore
The Buffalo News
June 13, 2005*

BryLin on Road to Fiscal Recovery

Three-and-a-half years after gaining protection from creditors in U.S. Bankruptcy Court, BryLin Hospitals says it is on the road to fiscal recovery. "I'm cautiously optimistic that we will be out (of bankruptcy court) by the end of May," Eric D. Pleskow, president and chief executive officer, said Tuesday.

He gave the upbeat fiscal update after unveiling a timeline graphic illustrating various milestones passed by BryLin over the half-century since his late father, Leonard, founded it as a private hospital for people with alcoholism, drug addictions and other psychiatric problems.

"Over the past couple of years, we've been down a very difficult road," Pleskow reminded employees gathered in the lobby of the Delaware Avenue building. Once the turnaround is complete, BryLin will remain in business "for at least another 50 years," he predicted. The hospital owed \$11.4 million to more than 250 creditors when it sought to reorganize under court protection in October 2001.

The institution had been plagued by a software glitch that delayed billings - and, as a result, payments to vendors. "We were not getting information out on a daily basis; it really put us behind the eight ball," Pleskow said. Fixing the computer problems, negotiating higher reimbursement rates with insurance carriers and restructuring programs have helped BryLin rehabilitate itself, he said.

Now the 88-bed hospital is forging ahead. A new experimental program gives women patients the opportunity to hold group discussions away from the male population. The hospital also is seeking state permission to add beds for adolescent patients, who face a shortage of psychiatric services across Western and Central New York.

*Tom Buckham
The Buffalo News
June 7, 2005*



Coping Tips for Family Members Who have a Relative with a Mental Illness

1. You cannot cure a mental illness for a family member.
2. Despite your efforts, symptoms may get worse, or may improve.
3. If you feel much resentment, you are giving too much.
4. It is as hard for the individual to accept the illness as it is for other family members.
5. Acceptance of the disorder by all concerned may be helpful, but not necessary.
6. A delusion will not go away by reasoning and therefore needs no discussion.
7. Symptoms may change over time while the underlying disorder remains.
8. You may learn something about yourself as you learn about a family member's mental disorder.
9. Separate the person from the disorder. Love the person, even if you hate the disorder.
10. Separate medication side effects from the disorder/person.
11. It is not okay for you to be neglected. You have needs & wants too.
12. Your chances of getting mental illness as a sibling or adult child of someone with mental illness are 10-14%. If you are older than 30, they are negligible for schizophrenia.
13. Your children's chances are approximately 2-4%, compared to the general population of 1%.
14. The illness of a family member is nothing to be ashamed of. Reality is that you may encounter discrimination from an apprehensive (fearful) public.
15. No one is to blame.
16. Don't forget your sense of humor.
17. It may be necessary to revise your expectation.

18. Success for each individual may be different.
19. Acknowledge the remarkable courage your family member may show in dealing with a mental illness.
20. Your family member is entitled to his/her own life journey, as you are.
21. Grief issues for siblings are about what you had and lost. For adult children, the issues are about what you never had.
22. After denial, sadness, and anger, comes acceptance. The addition of understanding yields compassion.

Rex Dickens

NAMI-Sibling and Adult Children Network

In Our Library

A Brave New Brain by Nancy C. Andreasen

Andreasen, a prolific author, editor of the *American Journal of Psychiatry*, and chair of psychiatry at the University of Iowa College of Medicine, argues that by combining our knowledge of the human genome with that of the human brain we can effectively "wage war" on mental illness. She summarizes what we know about the etiology, diagnosis, and treatment of schizophrenia, dementia, and various mood and anxiety disorders. Stressing that these illnesses are multifactorial (caused by both multiple genes and environmental factors), she predicts that the powerful new tools of molecular biology can be successfully applied to mental illness. Like Rita Carter in *Mapping the Mind* (LJ 2/15/99), which summarizes the current state of medical technology, Andreasen describes those tools along with the neuroimaging techniques that help us to view the functioning brain. Her text is unique in that it covers the fundamentals of neurobiology and at the same time touches on key issues in medical economics, treatment, and prevention. Hypothetical case studies illustrate the progression and impact of mental illness. Written with clarity and sensitivity, this study offers a refreshing, optimistic vision of the future. Suitable for public and academic libraries.

Library Journal

MedWatch

The FDA Safety Information and Adverse Event Reporting Program

Novartis Pharmaceuticals and FDA notified healthcare professionals about revisions to the WARNINGS and PRECAUTIONS sections of the prescribing information for TRILEPTAL (oxcarbazepine) tablets and oral suspension, indicated for use as monotherapy or adjunctive therapy in the treatment of partial seizures in adults and children ages 4-16 years with epilepsy. The updated WARNINGS section describes serious dermatological reactions, including Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) that have been reported in both children and adults in association with Trileptal use. The PRECAUTIONS section has been updated to include language regarding multi-organ hypersensitivity reactions that have been reported in association with Trileptal use.



Stigma and Mental Illness

A survey released last week by the American Psychiatric Association (APA) shows some lessening of the public stigma attached to mental illness, although the association says some responses still illustrate a need for improvement.

According to the telephone survey of 1,020 adults, 80 percent of respondents feel confident that mental health treatment works. Also, nearly 70 percent see going to a psychiatrist as a sign of strength. However, 57 percent of those surveyed said they were not concerned about themselves or a family member ever having to deal with a mental illness — a percentage that flies in the face of what we know from prevalence data. And about 20 percent of respondents said they would not see a psychiatrist under any circumstances.

What You Need to Know about Electroconvulsive Therapy (ECT)

What is Electroconvulsive Therapy?

Electroconvulsive therapy (ECT) is a modern medical treatment for certain illnesses that have mental or emotional symptoms. In this treatment, the patient goes to sleep under anesthesia, receives muscle relaxants and oxygen, and then receives a brief electrical stimulation to the scalp. The resultant nerve-cell activity releases chemicals in the brain and helps to restore normal functioning. ECT resembles cardioversion, a common medical procedure in which the heart is stimulated electrically to restore its normal functioning, but ECT uses a much smaller amount of electricity. ECT has been used for over 50 years. The American Psychiatric Association concluded in 1978 that ECT was both safe and effective for cases of severe depression and several other severe mental illnesses. More recently, a blue ribbon panel convened in 1985 by the U.S. Government's National Institutes of Mental Health found that ECT was "demonstrably effective for a narrow range of severe psychiatric disorders", including depression, mania and schizophrenia.

Medication helps many people suffering from the aforementioned psychiatric disorders but for over 30,000 U.S. patients each year, ECT is the most effective treatment. Some patients do not respond to medications, others cannot tolerate the side effects, and still others — those whose illness has made them seriously suicidal, for example — urgently require the reliable symptom relief that ECT can provide.

How is ECT Given?

ECT is given by a treatment team of doctors, nurses, and nursing assistants, often with an anesthesia specialist. With the patient reclining, a sleeping medication is injected in a vein and the patient rapidly falls asleep. A muscle relaxing medication is then injected, while the patient breathes pure oxygen. When the muscles are relaxed, a brief electrical charge is applied to the scalp, stimulating the brain into rhythmical activity that lasts about one minute and is accompanied by release of chemicals from nerves in the brain. Mild contractions of the muscles occur during this 'convulsion'. When it is over, the patient is taken to the recovery area and observed by trained staff until he/she awakens, usually in about 20 minutes.

ECT is usually given two or three times a week, typically Monday, Wednesday and Friday

mornings, for a total of 6 to 12 treatments. A few patients may require more than 12 treatments for maximum benefit.

Is ECT Curative?

ECT is an exceptionally effective medical treatment, helping 90% of patients who take it. Most patients remain well for many months afterwards. The tendency to relapse after a favorable treatment outcome can often be countered by medication taken for about half a year after ECT. Permanent cures for psychiatric illnesses are rare, however, regardless of the treatment given.

How Safe is ECT?

ECT is a very safe medical treatment. A recent study in California found about one death per 50,000 ECT treatments, a risk far below the risk of child birth. Another study observed the death from heart attacks and suicide were less frequent among depressed patients who had received ECT than among those who had not. With modern anesthesia, fractures and oxygen deprivation virtually never occur, and many patients with high blood pressure or heart conditions can safely be treated. The dramatization of ECT in movies like *One Flew Over the Cuckoo's Nest* bears no resemblance to modern ECT, which is neither painful nor a punishment. Most patients surveyed after ECT said it was no worse than going to the dentist, and many found ECT less stressful.

How Does ECT Work?

Although it is necessary for the brain cells to interact with each other chemically and electrically for ECT to work, exactly how this interaction is therapeutic needs further investigation. We believe that patients with melancholia have a severe biochemical disorder of the nervous system that ECT corrects. A number of rigorously designed research projects are under way to study this question.

What are the Main Side-Effects of ECT?

On awakening from ECT, it is customary for patients to experience some confusion, which generally clears within an hour. Memory for recent events, addresses, and telephone numbers may not be as good. In most patients, the memory disturbance goes away within a few

days or weeks, but it can continue in a mild form for a period of months. Many patients will find that their memories are somewhat hazy for the time they were ill; the same is frequently experienced by depressed patients who do not receive ECT. Memory disturbances are not needed for ECT to work and doctors use special techniques (such as brief pulse ECT) to minimize or avoid any effects on memory.

Can ECT Cause Brain Damage?

The available evidence speaks against this possibility. Patients receiving ECT show no evidence of brain enzymes that are released into the bloodstream when brain damage occurs, such as after a stroke. Animal studies have shown that oxygen administration is essential during ECT, as it is in surgery. Even after experimental seizures lasting for hours, with plentiful oxygen, there is no evidence of brain damage. This is why ECT is always given under oxygen and with muscle relaxants to aid oxygen delivery.

Does ECT cause Permanent Memory Loss?

Not in most people. Most importantly, ECT does not interfere with the ability to learn, and many studies have shown better learning after ECT than before it, probably because of improved concentration from relief of depression. A few patients, however, still have not regained some specific personal memories when tested six months after receiving a form of treatment called bilateral ECT. Generally, these memories are for events in the months immediately preceding. No long term or persistent effects of ECT on intellectual abilities or memory problems result in patients with psychiatric illness. Such problems are more often from medication and incompletely treated illness.

Why Does ECT's Public Image Suffer?

Just as with other medical treatments, ECT was used excessively in the past, mostly in large understaffed mental hospitals in the 1940's. The drama of mental illness has also been exploited by fictional movies such as *The Snake Pit* that use stark and more exaggerated portrayals of ECT to emphasize a story. More recently, quasi-religious groups have received media attention for unsubstantiated claims that all medical approaches to psychiatric illness are undesirable.

Health Care Plans Agree to Provide Required Coverage Information

Attorney General Eliot Spitzer recently announced that 21 health plans operating in New York have agreed to take new steps to ensure that consumers have the information they need to shop for health coverage and obtain medically necessary care.

Under the agreements, the health plans have pledged to honor all consumer requests for so-called Clinical Review Criteria, which health plans use to determine whether a specific treatment will be covered. New York's Managed Care Bill of Rights requires health plans to disclose these criteria to both current and prospective enrollees upon written request.

"Consumers need clear and complete information from health care plans," Spitzer said. "These agreements obligate the health plans to provide that information and help consumers make the right decisions in choosing a health plan and obtaining medically necessary care. The agreements may also make it easier for chronically-ill New Yorkers to enroll in plans that meet their special coverage needs."

The agreements stem from a March 2004 report issued by the Attorney General's Health Care Bureau which found that every plan offering individual coverage in New York had failed to comply with the state's disclosure requirements.

Spitzer also renewed his call on the Governor and State Legislature to pass legislation, originally proposed by the Attorney General in 2001, to establish clear penalties for violations of the Managed Care Consumer Bill of Rights.

*Health Care News
March/April 2005*



Antidepressants Can Lead to Tooth, Gum Disease

The U.S. Academy of General Dentistry (AGD) has warned that people receiving medication for the treatment of mood disorders are at greater risk of tooth and gum disease.

Up to 37 percent of adults experience mood disorders at some point in their lives, and many receiving treatments may undergo adverse dental side effects according to a study that appears in the September/October 2004 issue of General Dentistry, the AGD's clinical peer-reviewed journal.

Mood disorders are a group of mental conditions, including depression and bipolar disorder, which are common among adults. Early diagnosis and treatment can greatly reduce the risk of suicide.

The AGD said medications prescribed as treatments for mood disorders can result in dry mouth (xerostomia), an increased rate of dental caries and periodontal (gum) disease. "Many patients who are taking antidepressants will have dry mouth," said AGD spokesman David F. Halpern. "In an effort to curtail any tooth decay, we stress with patients the importance of maintaining an extremely high level of oral hygiene care by brushing, flossing and daily fluoride therapy."

Dry mouth can be treated by sipping water during the day and chewing sugarless gum. Halpern also suggests artificial saliva substitutes such as gels, liquids or sprays. Individuals with dry mouth should contact a dentist for an evaluation.

Chicago, Illinois
September 3, 2004



Dent Institute Opens Risperdal Consta Service

Dent Neurologic Institute announces the addition of Risperdal Consta therapy to their state-of-the-art Infusion Therapy Center. Risperdal Consta is a biweekly intramuscular injection used in the treatment of schizophrenia. Most insurances are accepted. Outside physicians can easily contact Dent' Infusion Center at 716-250-2047 to refer patients for treatment.

Injectable Risperdal can be used effectively for patients who tend to be non-compliant with oral medications.

In Our Library

More than Moody by Herald S. Koplewicz M.D.

Koplewicz, a prominent child psychiatrist and founder-director of the NYIJ Child Study Center, begins his careful analysis of teen depression with a number of alarming statistics. One in five teenagers reports a major depressive episode for which he or she did not receive treatment, and 20-40% of teens with major depressive disorder (MDD) develop bipolar disorder within five years. Depression, says Koplewicz (It's Nobody's Fault), often starts "silently and slowly," and it can be difficult for parents to determine what's a psychiatric disorder and what's typical adolescent moodiness. With case studies drawn from his experience as a clinician and a solemn, meticulous exploration of the "arc of depression"; life events that can trigger it; the relationship between mood disorders and gender and sexuality; as well as treatments that provide relief and other pertinent topics, Koplewicz's important volume offers parents both a better understanding of adolescent psychological struggles and a practical guide to finding appropriate healing measures.

Medicaid Legislation Update

The New York State Department of Health (NYSDOH) has implemented changes to Medicaid based upon recent legislation signed by the governor.

Beginning March 1, 2005 individual Medicaid recipients are subject to maximum annual co-payments (co-pays) totaling \$100. Drug co-pays are \$0.50 for over-the-counter medicines and generic prescriptions, and \$2.00 for brand-name prescriptions. There are no co-pays for: psychotropic, tuberculosis, and birth control drugs. According to the NYSDOH, mental health consumers also do not have a drug co-pay if you are younger than 21 years old; you are pregnant, plus two months afterward; obtaining birth control services like pills or condoms; are a resident of an Adult Day Care Facility licensed by NYSDOH; resident of a nursing home; are a resident of an Office of Mental Health (OMH) certified Community Residence; are enrolled in a Comprehensive Medicaid Case Management or Service Coordination; or are enrolled in an OMH Home and Community Based (HCBS) Waiver Program.

Medicaid recipients who are eligible for both Medicare and Medicaid (dual eligibles) and/or receive Supplemental Security Income (SSI) are not exempt from co-pays. You have the right to refuse to pay the co-pay if you cannot afford to pay and still receive your prescriptions. However, according to the NYSDOH, "You will still owe the un-paid co-payment amounts to the pharmacy. They may ask you for them later or send you a bill." Questions about the New York State Medicaid Recipient Co-Payment Program may be addressed by calling 1.800.541.2831 between 8:30 A.M. and 5:00 P.M.

Medicare Part D The Medicare Drug Benefit

Beginning Sunday, January 1, 2006 the Federal Department of Health and Human Services (DHHS) will activate a variety of prescription drug plans through Medicare, known as Medicare Part D, as part of the Medicare Modernization Act of 2003. There are copays for each prescription, an annual deductible, monthly premiums, a

co-insurance rate, and a catastrophic limit; that vary according to one's annual income and assets. Medicare Part D covers disabled people eligible for Medicare only, as well as dual eligibles (disabled people eligible for Medicaid and Medicare). Enrollment begins between May 15 and October 15, 2005, with most individuals enrolled by the Fall of 2005 through Social Security and/or local Medicaid Offices. Dual eligibles who do not chose a specific prescription plan will be auto-enrolled in one; changes will be permitted from November 15 through December 31, 2005.



There are two groups of full-benefit dual eligibles, and no asset limits. Group 1, with incomes between below 100% of the FPL (\$9,570 in 2005), co-pays are \$1.00 generic and \$3.00 brand-name. Group 2, with incomes with incomes above 100% of the FPL, copays are \$2.00 generic and \$5.00 brand-name. Both groups have no co-pays after the drug costs to Medicare exceed \$3,600 in 2006. The new federal rules under Medicare Part D also stipulate, "State Medicaid programs will no longer provide coverage for prescription drugs for full-benefit dual eligibles except that states may choose to cover certain drugs that will not be covered by Medicare." Full-subsidy, low income Medicare recipients with incomes lower than 135% of the FPL ($\$9,570 \times 1.35 = \$12,920$ for 2005), and assets below \$6,000 have no premium, deductible, or co-insurance, drug co-pays are \$2.00 generic and \$5.00 brand-name; but no copays after the drug costs to Medicare exceed \$3,600 in 2006. The last tier of low income Medicare recipients are deemed partial subsidy, with incomes exceeding 135% the FPL, but 150% below the FPL (\$14,335 for 2005); and assets below \$10,000.

These individuals are subject to a monthly premium between \$0 and \$37; a \$50

deductible, a 15% co-insurance rate per prescription; until drug costs to Medicare exceed \$3,600 in 2006 then, drug co-pays of \$2.00 generic and \$5.00 brand-name thereafter.

DHHS's website; contains multiple "Issue Papers" that explain the complexity of Medicare Part D benefits:

www.cms.hhs.gov/medicarereform/issuepapers/titieland2/.

Also, Social Security's website:

www.ssa.gov/organizations/medicare-outreach2/

then, select, "State Program Orientation Manual." Finally, a helpful private organization is The Henry J. Kaiser Family Foundation's website:

www.kff.org/medicare/.

Medicare Claim Hearings Moving to DHHS

According to the April 24, 2005 *New York Times*, beginning in July 2005, Medicare claim hearings will be consolidated from 140 Social Security Offices nationwide to four DHHS sites — Cleveland, OH; Miami, FL; Irvine, CA; and Arlington, VA. Administrative law judges will hear most cases, including Medicare Part D disputes, via videoconference.

Family Health Plus Legislation Update

The NYSDOH has implemented changes to Family Health Plus based upon recent legislation signed by the governor. Co-pays for pharmaceuticals drugs have increased from: \$1.00 to \$3.00 for generics, and \$3.00 to \$6.00 for brandnames. Physician and clinic services are subject to a \$5.00 fee per visit, each. Dental services include a \$5.00 fee per visit, with a \$25.00 cap. The actual legislative bill does not specify caps on either pharmaceuticals, or physician and clinic services. Also per the actual legislation, "The vision benefit is modified so that it is comparable to that provided to State employees."

Letters....

“The residents and staff of the 2268 Main St. Young Adult Program would like to thank you for the wonderful gifts you were able to donate to us this holiday season. Your generosity and care enabled our young adults to receive gifts they may have otherwise not received. We wish you the best this upcoming new year and again thank you for making this a memorable Christmas for our residents.”

*Young Adult Program Staff
Transitional Services, Inc.*

“Thank you so much for your help with our recent crisis with my son, Kevin, in Orleans County. God knows what people do without NAMI and people like you who have dedicated their lives to helping the mentally ill. I am totally grateful that I learned about NAMI when my son was first hospitalized twelve years ago. You have been my lifeline.”

Jeanne F.

Dear Lynne, Mary, & Other Caring Friends from NAMI:

We are grateful for the kindness and friendship you and your members from the National Alliance for the Mentally Ill in Buffalo & Erie County have given the children and adolescents from our Facility, especially this past Easter. I would personally like to thank all of you for the wonderful things you have done towards enhancing the lives of our special children this past March. This included the extraordinary donation of Easter baskets your group kindly donated to the patients from Day Treatment Center and Intensive Day Program. I was told they were beautiful.

As you have continually done in the past, your wonderful group treated our children and adolescents with compassion and respect. Your donations are an amazing gesture of love and commitment your members have towards the emotionally ill children & adolescents of our community!!!

We thank you, Lynne, & Mary for organizing this meaningful activity. We would especially like to thank all of you for the wonderful efforts of your dedicated group. As you are aware, many of our children come from oppressive environments where experiences like these are non-existent. Your thoughtfulness towards our children has given them hope for a brighter future and the inspiration that better days are ahead.

Thanks again for your friendship & dedication. Your organization knows how to make our kids feel special! Your caring will be cherished by the patients of the facility for years to come. We are indeed fortunate to have such friends in the wonderful members of the National Alliance for the Mentally Ill in Buffalo & Erie County. Your kind efforts enhance the lives of so many needy kids in the Western New York community!

*Patricia Moran
Senior Public Information Specialist
Western New York
Children's Psychiatric Center*

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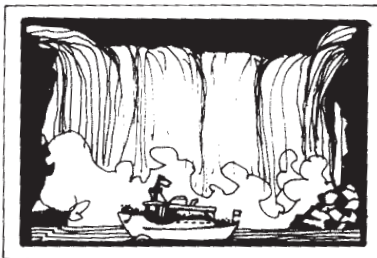
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Rick's Thoughts



Thanks to Eli Lilly & Co. for underwriting this issue of *The Challenger*