



REGION 1 DHW

NAMI Far North welcomes Joyce Broadsword as guest speaker for our general meeting Wednesday November 19 at 6:00 p.m. in the Bonner General Health Classroom.

Broadsword, Region 1 Department of Health and Welfare Director, will present information about the new Regional Behavioral Boards and the issues surrounding the expansion of Medicaid in Idaho. She will be available to answer your questions.

A lifetime resident of Bonner County, Joyce is a former Idaho Senator where she served on the Senate Health and Welfare Committee. Before accepting the position of Regional Director, Joyce briefly served as a Bonner County Commissioner.

OCTOBER IS A BUSY MONTH

Mental Illness Awareness Week (MIAW) (also known as **Mental Health Awareness Week**) was established in 1990 by the U.S. Congress in recognition of efforts by the National Alliance on Mental Illness (NAMI) to educate and increase awareness about mental illness. It takes place every year during the first full week of October. During this week, mental health advocates and organizations across the U.S. join together to sponsor a variety of events to promote community outreach and public education concerning mental illnesses such as major depressive disorder, bipolar disorder, and schizophrenia.

An estimated 26.2 percent of Americans ages 18 and older - about one in four adults - suffer from a diagnosable mental illness in any given year. However, stigma surrounding mental illness is a major barrier that prevents

people from seeking the mental health treatment that they need. Programs during Mental Illness Awareness Week are designed to create community awareness and discussion in an effort to put an end to stigma and advocate for treatment and recovery.

Mental Illness Awareness Week also coincides with similar organizational campaigns in early October such as World Mental Health Day on October 10 (World Federation for Mental Health), National Depression Screening Day (Screening for Mental Health), and National Day Without Stigma (Active Minds). Downloaded from <http://en.wikipedia>

October is also **National Substance Abuse Prevention Month**, a month-long observance that focuses on the role substance abuse prevention plays in promoting safe and healthy communities.

THE SCOPE OF SUBSTANCE ABUSE IN AMERICA

Substance use, including underage drinking and the non-medical use of prescription and over-the-counter medications, significantly affects the health and well-being of American youth and people of all ages:

- In 2013, an estimated 8.7 million people aged 12 to 20 (22.7 percent of this age group) reported drinking alcohol during the past month. To put that in perspective, there are more American youth who have engaged in underage drinking than there are people living in the state of Virginia.
- Approximately 25 million Americans age 12 and older were current illicit drug users. The most commonly used drugs were marijuana (19.8 million current users) and non-medical use of prescription medications (6.5 million current users).
- More than 17 million Americans age 12 and older were classified with alcohol dependence or abuse.
- Heavy alcohol use can cause serious damage to the body and affect the heart, liver, nervous system, digestive system, and immune system.
- Alcohol was a factor in approximately 31 percent of deaths from motor vehicle crashes in 2012.

Stopping substance abuse before it begins can increase a person's chances of living a longer, healthier, and more productive life.

What Can I Do to Prevent Substance Abuse?

- Show your commitment to prevention by taking the National Prevention Week Prevention Pledge. Share the pledge with friends and family, community centers, faith-based organizations, schools, community leaders, and organizations interested in supporting healthy communities.
- Check out the websites, tools, and publications for more information about substance abuse prevention, and share these resources with others! Preventing substance abuse in your community starts with you.

Downloaded from: <http://www.samhsa.gov/prevention/nationalpreventionmonth/>

DUAL DIAGNOSIS: SUBSTANCE ABUSE AND MENTAL ILLNESS

Dual diagnosis is a term used to describe people with mental illness who have coexisting problems with drugs and/or alcohol.

The relationship between mental illness and substance abuse or dependency is complex. These relationships are often considered in the following ways:

- Drugs and alcohol can be a form of self-medication.
- Drugs and alcohol can worsen underlying mental illnesses.
- Drugs and alcohol can cause a person without mental illness to experience the onset of symptoms for the first time.
- Abuse of drugs and alcohol always results in a worse prognosis for a person with mental illness. People who are actively using are less likely to follow through with the treatment plans they created with their treaters.
- People with mental illness who abuse substances are also at increased risk of impulsive and potentially violent acts.
- Individuals with mental illness and active substance or alcohol abuse are less likely to achieve lasting sobriety. Treatment of individuals with

mental illness and substance abuse is complicated as previously discussed. Of primary importance is addressing any life-threatening complications of intoxication. Drug and alcohol withdrawal can lead to medical emergencies requiring immediate treatment.

Therefore, many people seek assistance in going through the process of stopping their drug and alcohol abuse. This can include inpatient detoxification which can involve admission to a hospital—either a general hospital or a detoxification facility—and treatment with the appropriate medications to avoid serious complications of acute drug and alcohol withdrawal.

Multiple scientific studies have shown that psychiatric treatments are more effective in people who are not actively abusing drugs and alcohol. Once individuals are safely “detoxed” from drugs or alcohol—or stop abusing drugs that they may not necessarily be “addicted” to—treatment of underlying mental illness may be more successful.

Many options exist for people who are newly sober or who are trying to avoid relapse on drugs and alcohol. Some people find therapy to be a helpful part of maintaining their sobriety. This can include individual therapy (e.g., cognitive behavioral therapy) as well as self-help groups such as Alcoholics Anonymous, Narcotics Anonymous or Smart Recovery. Some people may also talk with their doctors about certain medications that can be helpful in maintaining sobriety. Given how complicated these choices may be, it is necessary for any individual with dual diagnosis and their loved ones to discuss medication management strategies with their doctors.

Families, friends and others can be most helpful in providing empathic and non-judgmental support of their loved one. With this support, the proper medical treatment and effective psychosocial treatments, many people with dual diagnosis will be able to actively participate in their journey to recovery.

This information is part of a longer publication. Find at www.nami.org –search dual diagnosis

PRESIDENT'S MESSAGE **Find Help, Find Hope**

Is my loved one showing the signs or symptoms of mental illness?

What type of service does my loved one need?

What does “living in recovery mean”?

How can I manage the crises that may be a result of mental illness?

How can I manage the stresses and negative impacts that the stigma of mental illness may have caused?

How can I access the care and support services that I or my family member need?

If you have a family member or loved one with mental illness and would like the answers to the above questions, NAMI Far North can help.

NAMI Family To Family is an educational program designed to deal directly with family trauma related to mental illness. It provides a safe place for families to unburden their pain and be guided to emotional understanding, insight, healing and action.

It is taught by fellow family members who are open-hearted and warm, who care about and respect the empowerment of others in the group.

Our teachers are not professionals, but peers with special training. If you have a family member or a loved one living with mental illness and would like the answers to the above questions, please let us know. We are planning now for the 12 week Family to Family programs that will be offered in Bonners Ferry and Sandpoint areas in 2015. You can call the NAMI Far North “warm” line at 208-597-2047, send us an email at namifarnorth@yahoo.com or contact me in person at the general meeting the third Wednesday of each month (except December) at 6:00-7:00 p.m. at Bonner General Health classroom.

I hope to hear from you.

—Amber Snoddy, President
NAMI Far North



Ruth McKnight, NAMI Far North board member and state Family to Family Trainer recently spent a weekend in Coeur d'Alene leading this group of eight NAMI members through the rigors of the 12 week Family to Family training. The participants were either new to the training or updating their credentials. The event cosponsored by NAMI Far North and NAMI Coeur d'Alene will ensure the availability of this rich resource from Post Falls to Bonners Ferry.

CRISIS INTERVENTION TEAM (CIT) UPDATE:

The Region 1 CIT Academy Steering Committee met October 7. Committee members Sheriff Daryl Wheeler, Holly Bonwell, Deputy Aaron Walker, Sandpoint Police Chief Corey Coon, Mike Wraith, Mary Payton, Mayor Carrie Logan, John Parmann, Amber Snoddy, and Lynn Pietz were present.

Preparations are well underway for CIT Academy 7, to be held March 2 – 6, 2015. Monday, March 2, will be at Kootenai Medical Center again this year; Sandpoint Assembly of God Church will be the venue Tuesday through Friday. Details of programming are in progress.

Deputy Aaron Walker, Holly Bonwell, and Mike Wraith will be attending the CIT National Conference in Monterey Bay, California, the week of October 13-17. Aaron will be attending with support from a donation in memory of Kaiti Brosh.

—Lynn Pietz

NAMI Far North Secretary



KEYHOLES

The metaphor “Keyholes” is an invitation to you the reader to view the world from the perspective of one person living with a diagnosis of mental illness. In previous issues of the Advocate, Victor Vosen started a 5 point countdown of insights from Aunt Edna, and continues with...

#2 you may have had an illness your whole life!

You know that small voice when you were a little kid telling you that your real father was Elvis, or that it was actually you who invented Facebook and Zuckerberg stole your idea? Well that might have been your illness talking, or... was it you? And where does the one begin and the other end? Just as reality is half myth and half reality, if you chase that rabbit down the hole, one might end up scrubbing the kid right off the dirt. And say when we look around, initially we want to think, I'm not the one with something wrong with me. But That's Not True! You are not alone. The DSM, Diagnostics and Statisticians Manual doubled in size every fifteen years between 1970-2000 and is now 991 pages long in version 5, starting

in at a humble 130 pages back in 1952. Diagnosis is as complicated as the tax law.

Learn more about the history of DSM 1-4 at <http://sevencounties>.

Stay tuned for Insight #1 next issue.

—Victor Vosen

NAMI Far North Board Member

CONNECTION: Illegal drugs, Alcohol and Mental illness

My name is Jan Burt and I struggle with Bi-Polar disorder, OCD (obsessive compulsive disorder), and a mixed anxiety disorder. My experiences are helpful as a facilitator for the NAMI Far North Connection group.

October is National Substance Abuse Prevention Month. What happens when a person struggles with mental illness and dabbles with illegal drugs, or alcohol?

I was raised by a mom who had the illness of alcoholism and although undiagnosed, most likely lived with bipolar disorder. I came to that conclusion after I learned my own diagnosis. To my knowledge, she was never medicated for mental illness. She drank to self-medicate. Mom's struggle was very difficult for our whole family and led to behavioral problems. Eventually Dad divorced her and she married and divorced several more times. During her fourth marriage she got drunk, locked herself in a pick up and took her own life. I wish she had received help for her co-occurring disorders. She would have loved my children. I lost my mom when I was 21.

My youngest son Marcus and I are trained *In Our Own Voice* presenters. We are available to share our stories

of mental illness with your group or organization. He has a dual diagnosis and shares "Medication would have helped, even when I was smoking marijuana. Nevertheless, the downer, marijuana, was much more addicting and its depressive side effects were much more dominant than the uplifting effect of the medication when I was using. (I was on Zoloft and Wellbutrin for around 6 months while smoking pot in high school). True recovery could not start to take place until I discontinued use of marijuana." Marcus was hospitalized in North Idaho Behavioral Health after breaking probation, received help, and has been clean for seven years.

If you have any questions, would like to schedule an In Our Own Voice presentation, or would just like to chat, please email me at dannjanburt1@gmail.com or call me at 208-263-7928.

—Jan Burt, Connection facilitator
NAMI Far North Board Member

ATONEMENT

By Thomas Insel on October 8, 2014

One of my first meetings when I arrived at NIMH 12 years ago was with board members of the National Alliance on Mental Illness (NAMI). I asked them how NIMH could be helpful. One board member's request was especially memorable. "Declare a day of atonement," she suggested.

As it turns out, Mental Illness Awareness Week this year began with Yom Kippur, the Jewish Day of Atonement. Which begs the question: what do we (in the mental health community) need to atone for?

My own favorite atonement issue for Mental Illness Awareness Week this year is the lack of humility in our field. Mental disorders are among the most complex problems in medicine, with challenges at every level from neurons to neighborhoods. But not enough of our care has been standardized to a high level of quality, as expected in the rest of medicine.

On the research side, it's easy to lose humility. The pace of discovery in genomics and neuroscience is ever more rapid—this week's Nobel Prize in Physiology or Medicine is a good example of how neuroscience is revealing the fundamentals of brain activity—in this case describing the brain's "GPS" network. Advances in systems neuroscience are unequivocally stunning. But, we simply have not been able to translate this revolution in neuroscience to diagnostics or therapeutics for people with mental disorders.

Fundamentally, translation is really difficult. We have thousands of neuroimaging studies but none that has delivered a clinically useful biomarker. We still lack effective treatments for many aspects of mental illness.

So this year on Mental Illness Awareness Week, my call is for humility. We need to be aware that mental disorders are too complex for scientists, clinicians, patients, or families to solve alone. Prevention, recovery, and cure—the NIMH vision—need a collective effort. Beyond the day—or week—of atonement, we need a massive campaign to transform diagnosis and treatment.

In part from www.nimh.nih.gov/about/director/2014/atonement.shtml

BECOME A MEMBER OF



Membership in NAMI Far North entitles you to membership in NAMI and NAMI Idaho. You will receive the NAMI Advocate magazine as well as the NAMI Far North Advocate newsletter.

Name _____
Address _____
City, State, Zip _____
Phone _____
Email _____

Optional Information:

I AM A: _____ CONSUMER _____ FAMILY MEMBER _____ FRIEND
_____ MENTAL HEALTH PROFESSIONAL _____ OTHER

Directory:

The NAMI Far North membership directory is intended to facilitate communication and support among NAMI Far North members. It will only be distributed to NAMI Far North members who are current in their dues and who have consented to have their names and contact information published in the directory. It will not be distributed to anyone else for any purpose.

Would you like to be listed in our directory? _____ YES _____ NO

Make checks payable to NAMI Far North and send to:

NAMI Far North • P.O. Box 2415 • Sandpoint, ID 83864

You may also give your application and check to a NAMI Far North board member at a monthly meeting.

MEMBERSHIP TYPES (check one)

- INDIVIDUAL / FAMILY MEMBERSHIP (\$35.00 annual fee)
- PROFESSIONAL MEMBERSHIP (\$35.00 annual fee)
- OPEN DOOR MEMBERSHIP (\$3.00 annual fee) (full annual membership for individuals and families on limited income)
- SCHOLARSHIP MEMBERSHIP (full annual membership is paid by anonymous donor for individuals and families unable to afford the Open Door Membership)
- I want to make a tax-deductible donation to NAMI Far North

NAMI FAR NORTH 2014 CALENDAR

OCTOBER

10/27 Bonners Ferry Family Support
Panhandle Health District
6-8:30 pm

NOVEMBER

11/5 NAMI Connection
Sandpoint Gardenia Center
11:30 am Lunch
12-1:30 pm Support Group

11/19 Regular Monthly Meeting
Bonner General Hospital
Classroom
6 pm: Joyce Broadsword,
Dept Health & Welfare
7-8:30 pm Family Support
7-8:30 pm NAMI Connection

11/24 Bonners Ferry Family Support
Panhandle Health District
6-8:30 pm

DECEMBER

12/3 and 12/17 NAMI Connection
Sandpoint Gardenia Center
11:30 am Lunch
12-1:30 pm Support Group

No regular evening meetings in Sandpoint or Bonners Ferry in December



FACEBOOK

In addition to the NAMI Far North website <http://www.nami.org/sites/namifarnorth>, be sure to “follow” and “like” the NAMI Far North Facebook page where news and links about mental health are updated regularly. Be our friend!

HELP WANTED

Do you have a passion for improving the lives of people with mental illness? Do you have some professional or practical skills that you are willing to give to support the mission of NAMI Far North. Our organization needs volunteers like you to serve on the NAMI Board and or to participate in other ways. Please contact Catherine Perusse for more information cmperusse@gmail.com



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Gini Woodward, Editor
Donna Brosh, Graphics
If you do not wish to continue receiving this newsletter, please email namifarnorth@yahoo.com

NAMI Far North meets the third Wednesday of every month from 6:00 to 8:00 p.m. at the Bonner General Hospital Classroom.

Affiliated with  & 

For more information about NAMI, please go to www.nami.org

Find help. Find hope.

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