

## NAMI FAR NORTH 2014 CALENDAR

<p><b>SEPTEMBER</b></p> <p><b>9/17 Regular Monthly Meeting</b> Bonner General Hospital 6 pm: Brenda Hammond: <i>Resilience</i> 7-8:30 Family Support 7-8:30 NAMI Connection</p> <p><b>9/20 NAMI Idaho Regional Conference</b> Coeur d'Alene</p> <p><b>9/22 Bonners Ferry Family Support</b> Panhandle Health District 6-8:30 pm</p> <p><b>OCTOBER</b></p> <p><b>10/1 NAMI Connection</b> Sandpoint Gardenia Center 11:30 Lunch 12-1:30 Support Group</p>	<p><b>10/15 Regular Monthly Meeting</b> Bonner General Hospital Classroom 6 pm: Amber Snoddy, NAMI National Convention 7-8:30 Family Support 7-8:30 NAMI Connection</p> <p><b>10/27 Bonners Ferry Family Support</b> Panhandle Health District 6-8:30 pm</p> <p><b>NOVEMBER</b></p> <p><b>11/5 NAMI Connection</b> Sandpoint Gardenia Center 11:30 Lunch 12-1:30 Support Group</p>	<p><b>11/19 Regular Monthly Meeting</b> Bonner General Hospital Classroom 6pm: Joyce Broadsword, Dept. Health &amp; Welfare 7-8:30 Family Support 7-8:30 NAMI Connection</p> <p><b>11/24 Bonners Ferry Family Support</b> Panhandle Health District 6-8:30 pm</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>YOUR MEMBERSHIP IS VITAL TO THIS GRASSROOTS ORGANIZATION</b></p> <p>Send your completed application (page 3 of this Newsletter) and membership dues of \$35 (Open Door membership: \$3) to NAMI Far North, P.O. Box 2415, Sandpoint, ID 83864."</p> </div>
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If you do not wish to continue receiving this newsletter, please email [namifarnorth@yahoo.com](mailto: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.



For more information about NAMI, please go to [www.nami.org](http://www.nami.org)

*Find help. Find hope.*

Sandpoint, ID 83864  
P.O. Box 2415



# NAMI Far North ADVOCATE

The Newsletter of NAMI Far North, Volume 8, Issue 9 • September 2014



Idaho Attendees at NAMI Convention included Amber Snoddy, Rick Huber, Tom Hanson, Anne Thrall, and Kimbey Thrall

## NAMI NATIONAL CONVENTION

NAMI Far North welcomes President Amber Snoddy home from the NAMI National Convention in Washington D.C. Amber will be the speaker at the October 15 general meeting at Bonner General Health and promises to share the programs she attended. She texted a sound note from Dr. Insel's presentation "It's easier to get into Harvard Medical School than to get a bed in a State Hospital."

## MENTAL ILLNESS VS. LIBERTY

**This is a fifth in a series of educational articles about civil commitment in Idaho**

To Americans, no personal right is so precious as liberty. It is the backbone of our Constitution and Bill of Rights. Any real or perceived infringement of that right raises our fightin' instincts. Historically, we have risen to defend our own liberty and the liberty of others around the world, often at the cost of our own blood.

The right to liberty is of particular significance to people with disabilities, including mental illnesses. Since colonial times, American society's approach to management of individuals with mental illness has been some form of detention, or separation from the community at large in order to provide treatment and ensure the safety of the individual and the community. We have seen care facilities run the gamut from poorhouses, asylums, state hospitals, and institutions of various horrible sorts, to 'de-institutionalization' into the community at large. The goal has

always been appropriate care and safety, but the definition and application of what is appropriate and what is safe has also run the gamut from cruel and inhumane to naive, overly paternalistic and so 'hands-off' as to be largely ineffective.

The general recognition of mental disorders as illnesses like any other which are deserving of treatment and care mandates that we acknowledge that the damage caused by untreated mental illness is so unacceptable that we MUST provide treatment. Early symptoms are confusing, disturbing and insidious, likely to be kept hidden, and difficult to find help for. Often no care is available until a crisis or emergency leads to the need for hospitalization.

Confinement to a hospital is mandated, not just for mental illness, but for dangerous and communicable illnesses under certain conditions such as tuberculosis and drug-resistant infections, although this is relatively rare. Early facilities for the care of persons with mental illness were separate from the general health care system and were not included in health plans or covered by Medicaid or Medicare until 1965. Also, because mental illness manifests itself in altered behavior and relationships that can be dangerous and disturbing, confinement became an integral part of the infrastructure of the mental health care system.

Because the system is so imperfect, efforts to protect liberty and avoid unnecessary confinement sometimes achieve the unintended consequence of delaying or limiting access to care. Treatment advocates often lament the loss of time in obtaining in-patient care because of the procedures established to protect a proposed patient's liberty concerns, while advocates for mental health care self-determination object vigorously to any form of 'forced treatment'. Sometimes, sad to say, the greater the delay and the more difficult it is to obtain care — especially at the onset of conditions such as schizophrenia where early treatment has been shown to result in more successful outcomes — the poorer is the long-term result and the more frequent the necessity of re-admission to hospitalization.

How can the interests of an individual living with mental illness to remain at liberty, that is, to remain in his or home or community without having to be committed to the hospital — be harmonized with the interests of society to ensure that such individual receives appropriate mental health care and protect the community's legitimate need to be kept free from the disturbance and safety risks created by persons with untreated mental illness?

Believing that participation in quality mental health care is fundamental to recovery, voluntary care is clearly preferable to forced care and one's liberty to choose the care that meets his or her needs should be the goal of any reformed mental health care system. Such a system would be based on early provision of care based on personal preference, services welcoming to families and a collaborative approach, resulting in less need for the extreme care measures of loss of liberty through confinement to a hospital.

Some tested ways that individuals living with mental illness can become more effective in managing their own lives and use of mental health services are listed below. They should be available in every mental health system, making care more collaborative and reducing barriers to participation:

- Wellness and Recovery Action Plans (WRAP): Personal plans for life and recovery at any state or condition of recovery.
- Advance Directives: Legal documents specifying how an individual wishes to be treated at a point in time when his competence to make decisions is impaired.
- Common Ground: Web-based approach to help people prepare for and participate in treatment decisions with their treatment team.

More innovative ways to make mental health services more acceptable to people who need care would be:

- Behaviorally competent Primary Care: Primary care physicians who know what to do when symptoms of mental illnesses are present.
- Open access to mental health clinics: Putting patients' needs first by removing the delay in making appointments and simplifying the bureaucratic intake process.
- Peer specialists: Using self-help and peer

support as key components of treatment.

- Housing First: Providing safe housing for homeless individuals without linking mandatory services to a place to live.
- Good crisis care: Using mobile crisis teams with trained clinicians, peer specialists and psychiatric backup for triage, access to care, crisis management and placement; 24/7 crisis lines; crisis respite residential settings providing safe and supervised places for interim care short of hospitalization.

When things get really tough and people with mental illness intersect with the criminal justice system, we are faced with undeniable evidence of a true societal failure: more people with serious mental illness are in jails and prisons than in psychiatric hospitals. In recent years, various forms of collaboration between mental health programs, criminal justice programs and the courts have begun to recognize and respond to the inappropriate criminalization of behavior that may result from (untreated) mental illness. Two of these most successful collaborative efforts work to intercept and get people with mental illness into care instead of the criminal justice system are Crisis Intervention Team (CIT) training and mental health courts. CIT equips law enforcement to recognize and resolve crises involving people with mental illness, preventing injury and death of the individuals, the officers, reducing levels of inappropriate incarceration and reducing the time officers spend in transporting people with mental illness and booking them into jail.

Mental health courts are specialized sessions using the authority of the court to align offenders with mental illnesses to appropriate services and providing sentencing options. Mental health court is a prime example of the possibility of success when a person with mental illness is given the LIBERTY to choose compliance with the court's orders in order to maintain his or her LIBERTY within the community and away from the confinement in either incarceration or hospitalization, and proof that the interests of the society and of the person with mental illness are not necessarily mutually exclusive, but can both be served.

From: *Liberty and Recovery. Resolving a Mental Health Dilemma* commissioned by the Thomas Scattergood Behavioral Health Foundation Opening Closed Doors Conference June 18-19, 2013

—Ruth McKnight, Esq  
NAMI Far North board member

## BENEFITS OF MENTAL ILLNESS

We all know that there are negative things people who have a mental illness struggle with.

Someone asked me if there is anything positive about mental illness. Here are some things I thought of:

1. Since I was diagnosed with mental illness, I now have a huge compassion for others who also struggle.
2. I discovered that my mental disorder was hereditary and probably contributed to the suicide deaths of several family members. Now I have a strong desire to educate others. NAMI can help them in hopes that lives might be spared.
3. I have made some great friends in the NAMI Connection support group. It is the best place where I can share and not feel judged and be around others who really understand what it is like.
4. I have access to some wonderful people on the NAMI board who have family with mental illness. They have been a great resource for me when I need it for myself and to help others.
5. NAMI Far North has supported my participation in conventions and trainings which has contributed to my recovery and I now facilitate the Connection group.
6. I benefit from the programs at the general NAMI meetings.
7. We know how to have fun! I continue to make new friends at NAMI social events.
8. I will always have mental illness but it doesn't have me. Mental illness is a platform, an opportunity and a blessing to be able to tell my story.

I could go on but will stop here. Many people with other health issues or some difficult life experiences have similar comments when asked "if you could go back and not have diabetes or have lost your sight or.....would you want to.?" Most realize they have grown from their disability or situation and wouldn't trade the experience. When life gives you lemons make lemonade!

For questions or comments or if you just want to chat, please email me at [dannjanburt1@gmail.com](mailto:dannjanburt1@gmail.com) or call me at 208-263-7928.

—Jan Burt, Connection facilitator  
NAMI Far North Board Member

## WANTED: FAMILY-TO-FAMILY TEACHERS

NAMI Family-to-Family is a 12-week educational course for family, caregivers and friends of individuals living with

mental illness that provides information about a range of mental illnesses, current research on treatments, skills training in managing crises, solving problems and communicating effectively. It assists family members cope with the mental illness of their loved one and provides comfort, compassion and support. It is free of cost, evidence-based, and taught by trained family members of individuals living with mental illness.

Presentation of Family-to-Family classes in every community relies on family member/Teachers trained by certified NAMI trainers in the curriculum and teaching methodology. All courses are taught by a team of two co-teachers, using a well-established set of teaching materials.

## WE ARE LOOKING FOR FAMILY-TO-FAMILY TEACHERS!

NAMI Far North and NAMI Coeur d'Alene are sponsoring a F2F Teacher Training in Cd'A on September 26 – 28, 2014. If you are a member of NAMI, a family member, caregiver or friend of someone living with mental illness and are interested in becoming a Teacher of Family-to-Family, there may be room in the training for you. There is no cost for the training and the cost of your accommodations, food and teaching materials will be covered by NAMI Far North in exchange for your commitment to co-teach two F2F classes in Boundary or Bonner County during the next 3 years.

## YOU NEED NOT HAVE TAKEN FAMILY-TO-FAMILY YOURSELF TO BECOME A TEACHER.

PLEASE CALL 602-402-3598 to discuss your enrollment in Family-to-Family Teacher Training.



## 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 the last issue of

the Advocate, Victor Vosen started a 5 point countdown of insights from Aunt Edna, and continues with...

## #3 There is no Cure, but there is Hope by Coping

Every day, there are symptoms that have to be dealt with, and the meds even cause some of those symptoms, but we call 'em 'side effects.' Sometimes the maintenance meds cause symptoms that are so much worse than the illness, a few of us refuse treatment, or hey maybe we're just intoxicated by our illness. It's not always so bad until you end up in jail or in debt, truth be told, but usually on day-to-day business it is no picnic. So we take meds and that locks us up in the attic, or causes horrible weight gain so that now we look as ugly as we feel with the always cool repetitive movement disorder, nervous leg, or tardive dyskinesia or any extra-pyramidal effect.

There is Hope that maintenance med can be found to tame things down a bit. We still feel like a sack of potatoes because at this point you probably have no job or girlfriend even if they didn't spend long trying to find 'the right' one and all the absolute mayhem that can be involved in that process as clinicians raise the dose, switch the med, add the mood stabilizer, paint a clown face and add bells to your feet so that they know when you are near and can run. You think I'm kidding don't you? Sometimes, this goes on for years. Additionally, we get socially isolated in various ways, if not outright locked up in a mental ward or jail. And all these people that don't know how to fix you

are doing what? Trying to fix you... So, what do you do? One starts finding a toolbox to fix you, or at most, help you to fix you, because no one knows what's exactly wrong in any given situation that's triggering your illness that day. In one drawer are our physical health tools, and another our emotional resiliency tools, and we have drawers for social and spiritual resiliencies, too. Some people build cars, NAMI builds people. And even with all these tools, we still have bad days, hours, or weeks until we can figure out what's happening that triggers our illness.

—Medicine merry-go-round  
<http://www.bipolarlifeline.com/medication-merry-go-round/>

—NAMI Treatments and Services  
[http://www.nami.org/template.cfm?section=About\\_Treatments\\_and\\_Supports](http://www.nami.org/template.cfm?section=About_Treatments_and_Supports)

—Wellness tools  
<http://www.mentalhealthrecovery.com/>

—Victor Vosen

NAMI Far North Board Member

## UNASHAMED

The Treatment Advocacy Center, a national nonprofit organization dedicated to eliminating barriers to effective treatment of severe mental illness, regularly publishes an online newsletter that includes comments submitted by individuals affected by mental illness. The following is derived from TAC's "Mental Illness in the News", Sept 1-5, 2014.

The "Unashamed Schizophrenic" is retired 60 year old Joseph Bowers, following a productive life and career. He reports having experienced his share of prejudice, discrimination, including

lack of advancement following a psychotic episode early in his career.

Bowers speaks out about the shame that often gathers around mental illness and declares he is not ashamed. His family, like many others, never talked about "it", feeling that shame was brought upon the entire family because of the 'bad genes' that resulted in the mental illness of a mother and her son.

The author observes that society generally believes that, unlike a disease of the heart or liver, there is something shameful about a disease of the brain. He acknowledges that brain diseases sometimes cause embarrassing or dangerous behavior. "That's not me acting. It's my disease acting." Bowers has done things while psychotic that he would never have considered when he – and not the disease -was in control. "I regret many of them, but I am not ashamed."

He emphasizes that, when we give tacit agreement to the societal message that mental illness is shameful, we lose ground to stigma and discrimination. "Speak Out!" he urges. "Tell everyone about the issues you deal with." He cites the Gay Pride movement as an example of public opinion transformation and encourages those in recovery to speak out on behalf of those who are not able to articulate their mental illness issues.

Family members should also speak out about their experiences with loved ones living with mental illness, neurobiological diseases no more shameful than heart disease or cancer.

"Life under a Cloud the Story of a Schizophrenic" is an e-book by Joseph M. Bower.



## BECOME A MEMBER OF NAMI Far North



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

**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

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.