

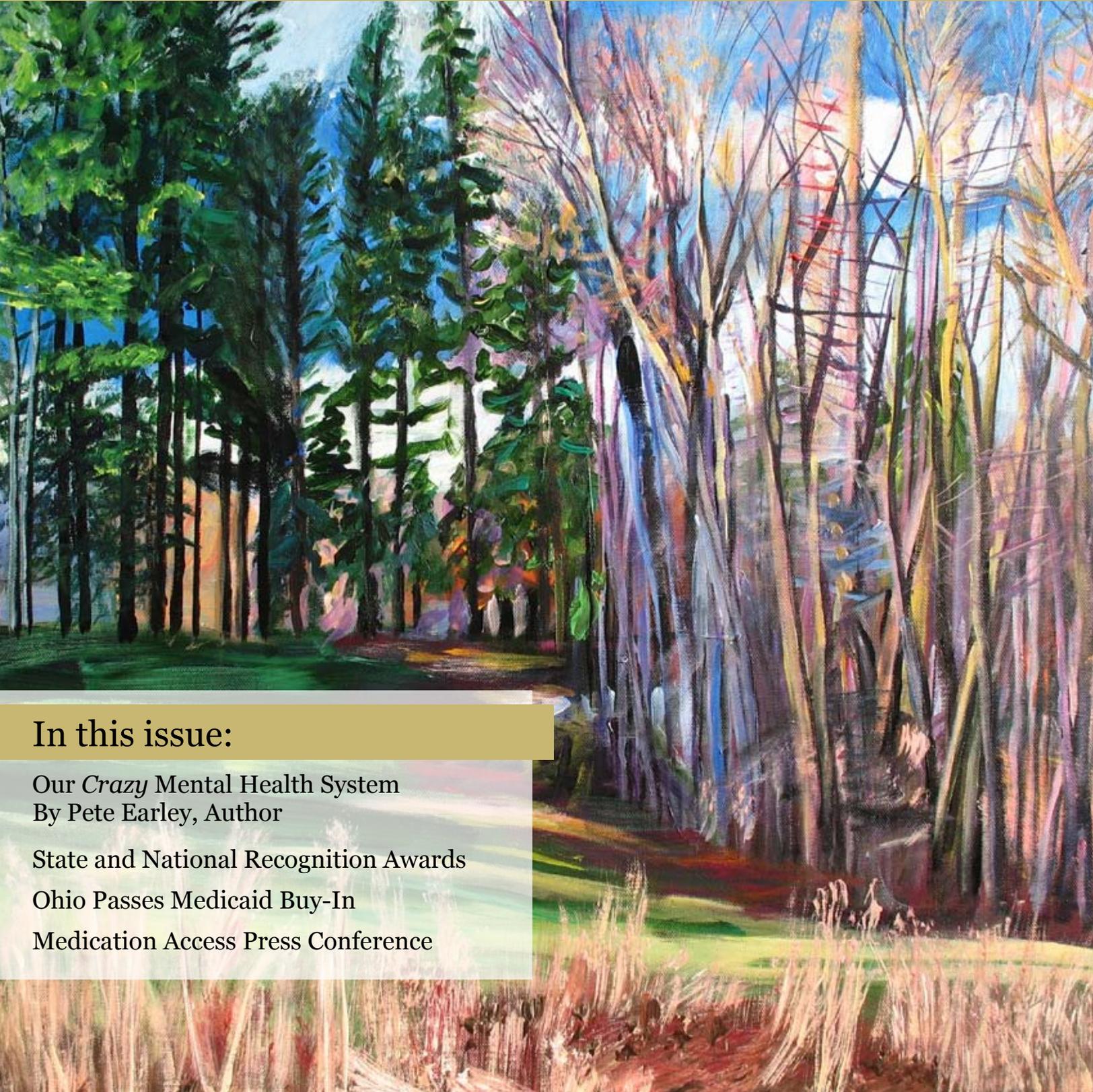


NAMI Ohio's

NEWS BRIEFS

Vol. 28
No. 1
Fall 2007

Ohio's Voice on Mental Illness



In this issue:

Our *Crazy* Mental Health System
By Pete Earley, Author

State and National Recognition Awards

Ohio Passes Medicaid Buy-In

Medication Access Press Conference

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NAMI Ohio Cosponsors Medicaid Managed Care Public Forums for Individuals with Mental Health and Substance Abuse Disorders

The purpose of the forums is to provide individuals with mental health and substance abuse disorders and their families the opportunity to learn about the transition to managed care and to understand how this change impacts their healthcare. Attendees will also have a chance to express concerns about the new system and receive answers to questions about their benefits.

September 26, 2007 6:30 p.m. – 9:00 p.m.	Athens Community Center 701 East State Street Athens, Ohio 45701
October 3, 2007 6:30 p.m. – 9:00 p.m.	Warren County Career Center 3525 North State Route 48 Lebanon, Ohio 45036
October 10, 2007 6:30 p.m. – 9:00 p.m.	Broad Street Presbyterian Church 760 East Broad Street Columbus, Ohio 43205
October 17, 2007 6:30 p.m. – 9:00 p.m.	Wood County Educational Service Center 1867 N. Research Drive Bowling Green, Ohio 43402
October 24, 2007 6:30 p.m. – 9:00 p.m.	Stark County Job and Family Services 221 3rd Street SE Canton, Ohio 44702
November 5, 2007 6:30 p.m. – 9:00 p.m.	West Side Ecumenical Ministry 5209 Detroit Avenue Cleveland, Ohio 44102



▲ NAMI Ohio Board members celebrate by blowing out the candles on the 25th Anniversary cake. From left to right are: Larry McGlinchy, Pam McGlothlin, Rev. J. Donald Mosley, Marianne Helmlinger, Anne Robinson, Judy Thomas, Annamaria Tejada.



NAMI News Briefs Contents

Ohio's Voice on Mental Illness with more than 55 affiliates statewide

Articles		Features	
Oh Hoppy Day	4	Letter from the President	2
Ohio Passes Medicaid Buy-In	4	Letter from the Executive Director	3
NAMI Ohio Sponsors Press Conference at Statehouse	5	Ask the Doctor	10
Our Crazy Mental Health System	6	Ask the Psychiatrist	11
NAMI Ohio Statewide Recognition Awards	8	Wall of Honor	13
Legislative Update	12		
Review Your Will Annually	13		
The Melissa Project	13		



On the Cover

Clint Stapleton is a self-taught artist who started painting while hospitalized after having been diagnosed with schizophrenia at age 24. He uses mostly acrylic paint on canvas and paints what he sees around him. "If something catches my eye, for example if the light is shining in a special way on a landscape and I like it, I paint it." Clint's work was recently featured at the Fresh A.I.R. Gallery, which is operated by Southeast Inc. Southeast Inc. is a comprehensive provider of mental health, chemical dependency, healthcare, and homeless services in Columbus, Ohio. For more information about Clint's work, go to: www.kulart.net



Letter from the President

By Harvey Snider

On May 25, 2007, 27-year-old Timothy Halton, a young man with severe mental illness, shot and killed Jason West, a police officer from Cleveland Heights. According to press reports, Halton - who was known to be violent when off his medication - fired a 9 mm handgun at Officer West with no provocation. This was the second time that Halton was known to harm a police officer. Nearly four years ago, he struck a police officer, breaking his glasses and bruising the side of his face. At that time, he was indicted on assault and vandalism charges. He was deemed incompetent to stand trial and was sent to a state mental health hospital. After he was restored to competency in 2005, he pleaded guilty to assault and was released on bond.

This case has set off a firestorm of articles, editorials and letters to the editor in the Cleveland Plain Dealer. Much of the debate is centered on the issue of Assisted Outpatient Treatment (AOT). AOT is the term given to a less restrictive alternative to involuntary hospital commitment for those individuals with mental illness who may not immediately require inpatient hospitalization, but who are nevertheless non-adherent to voluntary outpatient treatment. The target population is typically the patient who has had multiple psychiatric hospitalizations, and who has a history

of dangerous behavior.

New York passed what has become one of the most commonly recognized forms of AOT, named in memory of Kendra Webdale who died after being pushed in front a subway train by Andrew Goldstein. Goldstein had a history of mental illness and hospitalizations. Under Kendra's Law, the AOT target population is defined as, "...mentally ill people who are capable of living in the community with the help of family, friends and mental health professionals, but who, without routine care and treatment, may relapse and become violent or suicidal, or require hospitalization." According to a report released in March 2005 by the New York Office of Mental Health, there has been a "44% decline in the incidence of harmful behaviors (e.g., suicide threats, self harm, and harm to others)" by those participating in the AOT program.

In Ohio, a court may order an individual to receive outpatient psychiatric or psychological care and treatment for up to ninety days but only if the person's mental illness represents substantial harm to self or others. Some, particularly in the Cleveland area, have called on lawmakers to reduce the standards so that courts can order AOT more frequently.

In preparation for such a debate in Ohio, it is helpful to review the arguments that exist both for and against AOT. Below is a summary of some of the more common arguments.

Arguments Against:

AOT is an infringement upon an individual's constitutional rights because it is based on a prediction that an individual may become violent at an indefinite time in the future.

AOT is a form of coercion within the community mental health system. Therefore, it undermines consumer confidence and causes some consumers to avoid contact with the mental health system altogether.

AOT diverts limited resources away from treatment and toward enforcement.

Data on AOT effectiveness is questionable.

People in poverty have diminished access to clinical and legal resources and are therefore potentially vulnerable to misuses of AOT.

Effective AOT depends on the provision of extensive outreach, treatment, and community support services which must be adequately funded. Without a significant influx of resources, AOT

cannot work.

Arguments For:

AOT is an attempt to balance public safety with an individual’s right to autonomy, self-determination, and treatment.

AOT leads to a reduction of harmful

behaviors such as suicide threats, self harm, and harm to others by ensuring access to treatment services and adherence to medication.

AOT reduces psychiatric hospitalizations.

AOT improves collaboration between the mental health system and the court

system.

Without a doubt, we will be hearing more about AOT in Ohio over the coming months and NAMI Ohio will likely weigh in on the debate. Feel free to share your views with us by sending an e-mail to nami@namiohio.org.



Letter from the Executive Director

By Jim Mauro

On June 30, 2007, Governor Ted Strickland line item vetoed the mental health medication access provision in H.B. 119, the FY '08 – '09 biennial budget. This provision would have prevented Medicaid and Medicaid Managed Care from limiting access to mental health medications except those which have a generic equivalent.

While NAMI Ohio recognizes the singular burden the Governor carries in establishing a balanced budget and managing the numerous elements of Ohio’s Executive branch of government, we were nevertheless very disappointed in his decision. We were especially discouraged because we are convinced that the “facts” that served as the basis of his decision were incorrect.

Following his veto, NAMI Ohio sent the Governor a letter asking for the opportunity to meet with him to determine if there is an opportunity to arrive at a mutually acceptable compromise. In

our letter, we outlined the components which we believe would go a long way toward formulating a policy that will address the needs of individuals with mental illness, as well as the needs of the Governor. The components include the following:

- 1) Putting into law the 2001 Hayes/ Russell handshake which prohibits prior authorization for any atypical antipsychotic medication.
- 2) Assurance that individuals who are stabilized on mental health medication(s) cannot be required to switch to another medication(s) by Medicaid or Medicaid Managed Care so long as the treatment is successful.
- 3) An exemption from having to seek prior authorization for psychiatrists or others who prescribe within the community mental health system.

- 4) Education programs covering appropriate mental health prescribing practices for physicians and others who prescribe who are not psychiatrists or who otherwise do not have a specialization in treating mental illness, and who provide services to individuals outside of the community mental health system.

We are hopeful that the Governor will meet with us to identify common ground regarding medication access and cost controls. Toward that end, NAMI is meeting with legislators to secure their support for such a meeting. If a meeting cannot take place, then we will look to alternative legislative relief. Access to mental health medications is a priority for this organization and rest assured, as with mental health insurance parity, we will not give up.

Oh, Hoppy Days!



▲ NAMI Ohio Associate Executive Director, Betsy Johnson and NAMI of Franklin County Executive Director, Julie Furj, receive a check for \$4,000 from Greg Ruff, Treasurer of the Dublin Kiwanis and Don Piunno, at the "Frog Statue" in Historic Old Dublin.

For three generations, families in Dublin, Ohio have been taking their children to one of the most unique kind of fund raisers, the annual Dublin Kiwanis Frog Jump and Festival. Started in 1967, the Frog Jump is the city's longest running community event and grandparents now tell stories of how they participated when they were young.

Prior to the event, Dublin Kiwanis Club members go out every night for two weeks armed with flashlights and nets, and catch over 500 frogs to "volunteer" to jump at the event. For the past two years, the Kiwanis Club has designated NAMI Ohio and NAMI of Franklin County as the non-profit benefactor of this event.

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Ohio Passes Medicaid Buy-In

By Doug DeVoe, CEO of Ohio Advocates for Mental Health

Effective with the Governor's signature on the state budget bill on June 30, Ohio now has a Medicaid Buy-In (MBI) program. This is an amendment to the state Medicaid Plan that will greatly increase the ability of people with disabilities to work and retain or get Medicaid healthcare.

Major provisions include:

To be eligible for MBI you must be between 16-64, and meet the SSI definition of "disabled," and you must be working for wages.

MBI participant's asset limit increases from the Medicaid standard of \$1,500

to \$10,000. The asset limit would be adjusted annual based on cost of living increases.

An MBI participant could have earnings up to 250 percent of poverty level and still be eligible for Medicaid, after the first \$20,000 in earned income is excluded.

MBI participants would be charged a premium for participation if their income exceeds 150 percent of the poverty level. However, the premium would be approximately 10% of the difference between poverty level and current earnings. For example, if a person earns \$20,000 and 150% of poverty level is \$14,500, the annual premium would

be \$550 per year, or \$46 per month. The premium, however, would replace Medicaid "spend-down" for those who are currently in that situation.

For people who participate in some other Medicaid waiver program, the MBI income and asset limits would apply to the other waivers you participate in as well (eg a home and community based waiver for a person going from a nursing home to a community setting).

The Ohio Department of Job and Family Services has 180 days to submit a state plan amendment to the federal government. They anticipate beginning to enroll MBI applicants in January, 2008.

NAMI Ohio Sponsors Press Conference at Statehouse

On June 11, 2007, representatives from the medical, legal and law enforcement professions participated in a press conference at the Ohio Statehouse to reinforce the urgency and importance of ensuring that individuals with mental illness have access to the medication that makes their recovery possible.

“Overall, individuals with mental illness who receive proper treatment are far more likely to be a victim of a crime than a perpetrator of a crime,” said David Malawista, a police officer with Athens City Police. “However, those who do not receive proper treatment often behave in ways that bring them to the attention of the police. Limiting access to medication would unnecessarily overwhelm law enforcement; the courts and the corrections system – none of which is adequately prepared to respond to the needs of these individuals.”

“Before we found the right medication for my son, he was arrested for stalking a woman on his college campus after experiencing delusions,” said David Horne, a retired federal prosecutor. “Today, he is doing well in school and is on the path to recovery.”

Under Ohio’s new Medicaid managed care system, Medicaid Managed Care Plans can adopt restrictive strategies such as prior authorization, fail first, generic substitution, or step therapy as a means to limit their health care expenditures.

“We are grateful to the members of the House of Representatives and the Senate Finance and Financial Institutions Committee for including a provision in the budget bill which would prevent

Medicaid and Medicaid Managed Care from limiting access to mental health medications except for those medications for which there is a generic equivalent,” said Jim Mauro, Executive Director of NAMI Ohio (National Alliance on Mental Illness).

According to the Ohio Psychiatric Physicians Association representative S.R. Thorward, M.D., “Ensuring continued access to the full range of psychiatric medications within the medical field today is essential for recovery. Treatment with medication is individualized – there is no such thing

not receive adequate treatment will utilize emergency rooms and state hospitals. We know that inadequate treatment also leads to unnecessary involvement in the criminal justice system, homelessness, and loss of parental rights. All of this costs public budgets far more than the cost of open access to the medications. But, these costs pale in comparison to the all too often cost of a life lost to the ravages of serious mental illness,” said Mauro.

On June 30, 2007, Governor Ted Strickland line item vetoed the medication access provision in H.B. 119.



▲ David Horne shares the story of his son’s illness with members of the Statehouse press corp.

as one size fits all when it comes to psychiatric medications – no one drug is effective for everyone. Physicians must be able to select medications that are individualized to their patients’ specific needs, based upon multiple factors, including diagnosis, family and medication history, anticipated tolerance to known side effects, etc.”

“We know that some individuals who do



Our Crazy Mental Health System

By Pete Earley

On August 16, 2007, Pete Earley, author of *Crazy: A Father's Search Through America's Mental Health Madness* spoke at the Ohio Department of Mental Health's Forensic Conference. In his riveting remarks, this father of an adult son with mental illness shares what he discovered during a nine month investigation at the Miami-Dade County Jail where he followed prisoners with mental health problems through the justice system and into the community. In the following excerpt from his speech, Mr. Earley focuses on the failed mental health system and makes important recommendations for improvement.

...So it is these events – deinstitutionalization without community services, our government's ongoing failure to adequately fund community mental health services, overly restrictive commitment criteria, and reductions in psychiatric hospital beds, that have caused our jails and prisons to burst at the seams with persons whose only real crime was in getting sick.

How are we responding to the crisis? We have turned mental illness into a criminal justice problem, instead of a health problem. Communities are spending millions to expand jails and prisons. They are replacing dreaded ninth floor jail facilities with modern, lock down prisons with diagnostic centers designed for inmates with severe mental problems.

While I am glad that we are closing down places such as the dreaded ninth floor in Miami, creating better facilities in jails is not the solution. We should not require a person who has a brain disorder to commit a crime in order for him to get medical services. Getting arrested should not be the first step into getting treatment and that is where we are heading across our country. I recently spoke at a meeting in Alabama and one of that state's top mental health officials kept referring to jails and prisons as the new "gateway" to mental health services. He identified jails as the entry way into the so-called "Continuum of Care."

This is wrong.

Because of our current crisis, several cities have set up mental health courts and jail diversion programs to stop the flow of persons with brain disorders into our jails and prisons. I applaud these programs and endorse them, but there is a lesson that we should have learned with deinstitutionalization that we now seem to have forgotten.

Diverting a psychotic person from jail is wonderful – if that community has somewhere to divert him to. If there are no meaningful treatment and recovery programs – no access to affordable medication, no acute or long term hospital beds, no housing, no peer support, no therapy, no jobs, no assertive community access teams,

and no hope for recovery– then what is accomplished?

Improving and broadening community based health services is where we should be focusing our tax dollars, not in building new and more jails. Put simply, we need to turn mental illness back into a health issue. Rather than continuing to make it a criminal justice problem – and expecting our law enforcement officers to handle it.

People say to me: What's the answer? The problem of mental illness is so complicated that it doesn't seem that we can solve it. And I respond by saying: BULL.

Look around. There are many, many successful programs in our nation. People do get better, people can recover. I found a program in Miami that was working. It was taking convicted felons – mostly murderers who had severe schizophrenia – and helping these persons safely re-enter the community. How is that possible?

The program was called Passageway and at Passageway, every resident got the individual help that he needed to succeed. Residents worked with doctors to get medicines that truly helped them. They were not given the cheapest drug, doctors worked with them to find the right combination of medicines with as few side effects as possible.

At Passageway, clients were assigned jobs based on their skills and abilities. It didn't matter if it was wiping down a table or working in the community in a full time profession. This gave them a sense of self-worth. Clients participated in peer to peer support classes, group therapy and they received excellent case management. They were encouraged to go to school and pursue their dreams. They were encouraged to have dreams. Whenever possible, they were encouraged to participate in their own treatment. Clients were given housing too. Having a safe place to live is essential to independent living.

But most important of all, they were given hope. They were told that they could get better! And they did.

Tom Mullen, the program's director told me the secret of his program and it proved to be incredibly simple. He had created a real asylum – not a giant warehouse where people were locked up and forgotten – but a community where people genuinely cared about one another. The residents of Passageway became a family or, in the director's words, a parish, where even the most disturbed was helped – not stigmatized, was accepted– not isolated, was valued as a member of our society and not shunned.

So you see, we know how to help many people with brain disorders. The question is: Will we do it?

Which brings us back to money.

Let's return to Miami. Not everyone with a mental disorder is stuck in the jail there. Some 4,500 persons with mental illness live in 650 boarding homes in Miami. Most of these consumers would

have been housed in state hospitals in the past but now they have been moved back into the Miami community, which is great, but let's take a little closer look at these boarding homes.

Only 250 of them have passed state licensing requirements. The other 400 have failed to meet Florida's minimum safety and housing standards. That is nearly two thirds of them. One of the group homes that I visited had a hole in the ceiling that rain could pour through. Medications were scattered on a kitchen table. Consumers wandered

"The operator of a boarding home in Miami receives an average of \$29.90 per day for each resident who lives there. The Dulles Executive Pet Center, which boards dogs and cats near my house, charges \$31 per day "

around aimlessly, some half dressed. The caretaker was a recent immigrant who didn't speak English. None of the tenants spoke Spanish. Meals were rice and beans. Case managers rarely visited. There were no activities, no therapy sessions, nothing but idle days spent smoking and watching mind numbing television.

In this incident, we haven't really improved these people's lives by taking them out of Florida's wretched asylums.

We have simply hidden them better.

It is easy as a journalist to criticize the owners of these slum houses. But let's keep digging. The operator of a boarding home in Miami receives an average of \$29.90 per day for each resident who lives there. That includes money from the resident's social security check, state funding, and Medicaid. By comparison, the federal government per diem rate – the amount our government pays for food and lodging when a federal employee is sent to Miami on business is \$203 per day – or nearly 7 times more.

But let's bring it closer to my home. The Dulles Executive Pet Center, which boards dogs and cats near my house, charges \$31 per day to board, feed, dispense medication and give a dog a fifteen minute walk outside. In other words, this kennel charges a DOLLAR more per day to board a dog than what we are paying a boarding home to take care of persons with severe mental disorders.

I live in Fairfax County. It brags that it is one of the wealthiest counties in the nation. Yet, there is a wait of up to two months for a person who calls seeking treatment to be admitted into a program, a six month wait for a case manager and an up to eighteen year wait for housing.

Is it any wonder that I called my book CRAZY? I'm not talking about my son and others with mental disorders. I'm talking about our failed system.

NAMI Ohio Statewide Recognition Awards

Herb Reisenfeld Hall of Fame Inductees Anne & David Robinson



▲ Anne and David Robinson received the highest honor bestowed by NAMI Ohio by being inducted into the Hall of Fame. Their photo now hangs on the wall of the conference room along with other NAMI Ohio greats. Anne has been active in NAMI since the mid 80's when she became one of the first Family to Family trainers in Ohio. In fact, she has been placed in the NAMI National's Hall of Fame for having taught so many classes. She also trains on Hand to Hand, and CIT. Locally, Anne and David have been active in their affiliate, with Anne serving at the helm for the past several years until just recently. Together, they have coordinated three NAMIWALKS for Franklin County, raising thousands of dollars.

Executive Director's Award State Senator Bob Spada



▲ In his remarks during the ceremony, Executive Director, Jim Mauro said, "This award is my way of publicly expressing our appreciation to Senator Spada for his tireless efforts on behalf of people touched by mental illness." Bestowing this award on you, Senator Spada, is also our way of formally joining the chorus of individuals and organizations around the state in thanking you for your leadership in the fight to pass a mental health insurance parity bill in Ohio. Because of you, mental health parity is no longer an issue, but a law."

Legislator of the Year State Representative Jimmy Stewart



▲ Representative Stewart was nominated by NAMI Athens County member, Tom Walker. In his nomination, Tom said, "Representative Stewart goes out of his way to stand with families and individuals with mental illness. He is very supportive of our organization. He attends our events and listens to our concerns."

Corporate Partner of the Year Cardinal Health



▲ NAMI Ohio Executive Director Jim Mauro presents Jessica Lineberger from Cardinal Health with the 2007 Corporate Partner of the Year Award. Cardinal Health contributed \$10,000 to the 2007 NAMI Ohio State Conference.

**Psychiatrist of the Year
Dr. David Bellian**



▲ Dr. David Bellian, a psychiatrist at Northcoast Behavioral Health hospital in Toledo, Ohio, received the 2007 Psychiatrist of the Year Award. Dr. Bellian was nominated by NAMI member, Mary Kay Pierce, whose brother is a patient of Dr. Bellian's. According to Mary Kay, "Dr. Bellian is the best psychiatrist my bother has ever had. He knows how important our family's support is to my brother and he also cares about us and how we are dealing with my brother's illness. He treats all of us, but especially my brother, with dignity and respect. We couldn't ask for a better doctor."

**Board of the Year
Athens, Hocking, Vinton 317 Board**



▲ The Board of the Year award was given to the Athens, Hocking, Vinton 317 Board which puts the needs of individuals with mental health and substance abuse disorders and their families at the forefront of their decision making.

In accepting the award, Earl Cecil, Executive Director of the 317 Board, said, "The success of our Board is a tribute to the collaboration that occurs in our community. I accept this award on behalf of all of those who help make it possible for us to serve our three counties."

NAMI Ohio Recognized at National NAMI Convention



▲ NAMI Ohio's Director of Programs, Suzanne Robinson, receives the Family-to-Family Leadership Award from NAMI National staff member Lynne Saunders. Suzanne received the award at the NAMI National Convention in San Diego California in June.



▲ NAMI Ohio's Executive Director Jim Mauro poses with daughter and grandchildren of NAMI Ohio Board Member, Jonathan "Charlie" Alder. Charlie received NAMI National's Rona and Ken Purdy Award to End Discrimination for his efforts to pass parity legislation in Ohio at the NAMI National Convention.



Ask the Doctor

By Dr. Marion E. Sherman

Dear Doc,

My adult son has schizo affective disorder and smokes pot everyday. He tells me that it helps him feel less anxious. From what I can tell, it diminishes his incentive to work. Who's right?

- Anti-Pot in Piqua

Dear Anti-Pot,

While he may smoke pot to feel less anxious, we have better ways to treat anxiety than marijuana. Use of illicit drugs not only decreases incentive, but also lead to financial and legal trouble, interference with medication action, and other negative outcomes. Even armed with knowledge, however, you may or may not be able to influence his choices. As with all areas of living, you have the right to set limits on acceptable home behavior, and those decisions need careful consideration as you weigh the risk and benefit consequences of setting each limit.

As with so many of the questions that I receive, your dilemma has no quick fix. If the solution were not complex, then you would have capably solved the problem before writing. The solution is one that prevents or minimizes harm to all, and unfortunately those with brain disorders who do not adhere to effective treatment are vulnerable to maladaptive choices, risky behaviors, interpersonal difficulties, painful emotions, and even psychotic relapse.

As the clinical head of a large public hospital, I daily serve those with severe brain disorders which have spun individuals dangerously out of control. In order to preserve the lives of those who are acutely mentally ill and dangerous, and with the assistance of local authorities, courts in Ohio are obligated to legally remove that individual's right to choice.

One's loved one may be in an abyss, however... too ill to make healthy choices, and yet too well for the law to remove his legal right to choose. This situation may be intermittent or chronic and may lead to frustration, anxiety, anger, blame, hopelessness, fatigue, and other overwhelming feelings or conditions well known to afflict caregivers.

Fortunately in psychiatry, we have treatment that is as effective as other medical specialties, but unfortunately the afflicted individuals often lose access to that treatment in the community when they use their legal freedom of choice to use drugs of abuse or stop taking their medications. With education and support through programs such as NAMI Family to Family, family members can daily do the best they can that day, stay safe themselves, intervene over time when opportunities open up to help their loved ones, feel the support of others who can offer nothing more than feeling not alone, and then, one day, when things improve enough, can choose to reach out to offer the same to others.

Warm Regards in Recovery,
Marion E. Sherman, M.D.
Chief Clinical Officer,
Twin Valley Behavioral Healthcare



Ask the Child Psychiatrist

By Dr. Steven W. Jewell

Dear Dr. Jewell,

My teenage son is clearly depressed but I am worried that if I take him to the doctor, they will put him on medication that could cause him to want to take his life. What do you recommend I do? -Worried Sick

Dear Worried Sick,

As you are aware, in early 2004 the FDA issued a "black box warning," stating that antidepressant medications are associated with an increased risk of suicidal thinking and/or behavior in a small proportion of children and adolescents, especially during the early phases of treatment. Specifically, thoughts about suicide or potentially dangerous behaviors were reported in about 4% of children and adolescents on medication compared with 2% on placebo (sugar pill).

More recent research, however, makes it clear that while this may be true, the treatment of depression is associated with an overall decrease in the risk of completed suicide. Sadly, a decade of declining adolescent suicide rates came to an end in 2004 with an 18% increase in adolescent suicides from the previous year. This disturbing increase coincided with publicity about the black box warning, and a resultant decline in antidepressant prescriptions.

Most recently, the July 2007 issue of the American Journal of Psychiatry included three articles further researching this issue. In an accompanying editorial Dr. David Brent summarized the findings, noting: "It is much more likely that suicidal behavior leads to treatment than that treatment leads to suicidal behavior." In other words, the risk of NOT treating depression in children and adolescents is far greater than the risk involved in treating it.

If you have other questions about this important issue, an excellent resource is the Parents' Med Guide, available online at: www.parentsmedguide.org. Many national medical, family and patient advocacy organizations have endorsed this Guide.

Dear Dr. Jewell,

My 10-year-old son is in a special class because he is seriously emotionally disturbed. When school starts, I know the other kids will make fun of him. How can I help him get through this school year without losing what little self-esteem he has? - I Hate Bullies

Dear Bully Hater,

This is a dilemma that many parents face, and in many ways is similar to the concerns that are faced by parents regarding the stigma of a diagnosis of mental illness. On the one hand, appropriate educational services cannot be delivered without identifying a child's special needs, but on the other hand the act of placing a child in special education classes can, indeed, result in teasing, and have a negative effect on self-esteem.

The most important strategy for addressing this issue is to make sure that you are an active partner with your child's school in the preparation of their Individualized Education Plan (IEP). Special educators are fully aware that enhancing and maintaining self-esteem is an important goal for any child in special education. They can, and usually do, include specific goals addressing self-esteem in IEPs, especially if you are insistent that it be addressed.

At the same time you should advocate for your child to be "mainstreamed" (in regular education classes) as much as is reasonably possible during the course of the school day. Mainstreaming advocates assert that being in a regular classroom is highly beneficial to special-education students.

Finally, you should offer your child experiences outside of school that enhance self-esteem, such as involvement in sporting activities. Children need to be involved in environments where they feel that they are contributing successfully to a group. Sports can be useful in developing a positive self-image because there are many different ways of measuring success.

Thanks for Asking, Steven W. Jewell, M.D.
Medical Director; Child Guidance & Family Solutions

Legislative Update

Below are bills related to mental health that have been introduced in the 127th General Assembly. For more information about these bills, and their status, visit: www.legislature.state.oh.us/search.cfm.

HB 192 Higher Education Threats – Brady

Requires each state institution of higher education to develop a plan for responding to threats or acts of violence on campus.

HB 255 Guardianship/Probate – Latta

Allows appointment of a non-profit corporation or public agency as guardian of a person and provides that the testimonial privilege between a physician and a dentist does not apply in guardianship, adult protective services, commitment, or institutionalization proceedings.

SB 22 Sexual Predators – Faber

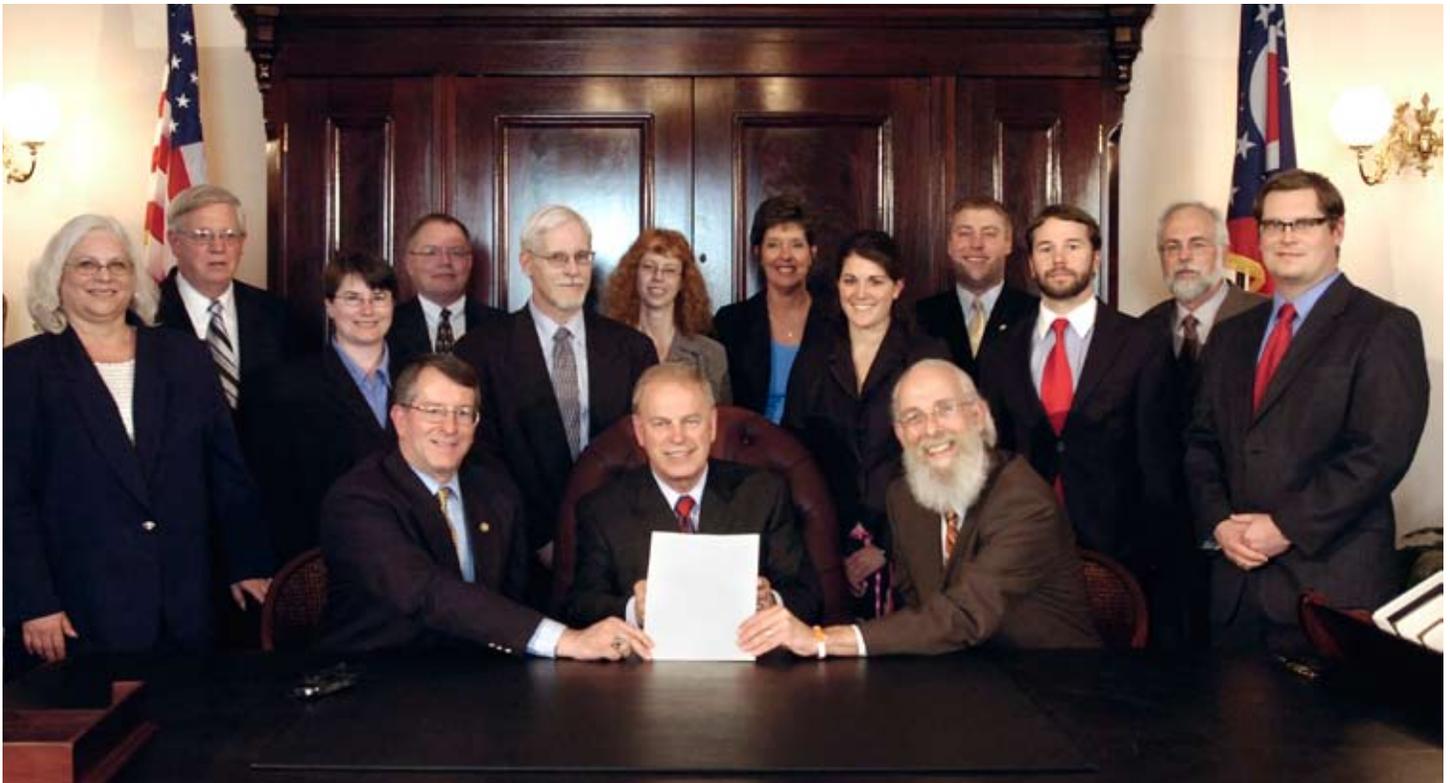
Requires that sexually violent predators who are released from prison be monitored by global positioning devices, requires sexually violent predators to pay the cost of monitoring by global positioning devices, and authorizes the civil commitment of certain sexually violent predators.

SB 53 Counselor Custody – Clancy

Permits a licensed professional clinical counselor to take certain persons into custody and transport those persons to a hospital.

SB 87 Missing Persons – Carey

Creates the statewide emergency alert program to aid in the identification and location of missing individuals who have a mental impairment or are sixty-five years of age or older and establishes activation criteria for the implementation of the program.



▲ Governor Ted Strickland is joined by mental health advocates, including Jim Mauro, Betsy Johnson and Stacey Smith from NAMI Ohio, and Senator Bob Spada and Representative Jon Peterson for the signing of H.B. 53. H.B. 53 removes words in the Ohio Revised Code such as idiot, imbecile and lunatic.”

Wall of Honor

**In Celebration of Roberta Harbison
NAMI Ohio Vista Volunteer**

NAMI Family of Marion/Crawford County
Bernie and Ed Schell

In Memory of Leo LaPointe

Family and Friends of Leo LaPointe

In Memory of Eric Clark

Family and Friends of Eric Clark

In Honor of Drs. Dennis and Kathy Helmuth

Review Your Will Annually

You should take time at least once a year to review your will to assure that it is up to date with your current needs and circumstances. Ask your lawyer to look at your will every two or three years, as well. Changes may have occurred in state or federal laws that could affect the taxation or distribution of your estate.

To make a change, you may need only a "codicil." This is simply an amendment that will preserve most of the provisions

of your existing will. To make major changes, a complete new will may be preferable. Either way, you will need your attorney's help.

As you review your will, we hope that you will consider a thoughtful bequest to NAMI Ohio. For more information on how to donate to NAMI Ohio, please visit our website www.namiohio.org.

The Melissa Project

By Elaine and Nate Goldberg

Our daughter, Melissa Beth Goldberg, was a vibrant, beautiful woman with a mental illness. She was a loving daughter, granddaughter, sister and aunt. In high school she was a standout student and an exceptional athlete, excelling in tennis, basketball and long distance running. Spanish was her joy in college and she had a great passion for yoga and animals, especially her cat, Punkin. Missy, as she was known

by her friends, was universally liked. Generous to the end, she donated her organs when she died at age 36.



▲ Melissa Beth Goldberg

Our dream, The Melissa Project, is to build a facility for people with mental illness in memory of Melissa. We

envision a loving, safe home which offers hope, provides treatment and fosters recovery. We have assembled a group of community leaders and housing experts to guide us in realizing our dream. If you would like to learn more about our dream or wish to make a donation to The Melissa Project, please contact Elaine at engoldberg@sbcglobal.net.

Save the Date

NAMI Ohio
Statewide Conference
May 9 & 10, 2008
Hyatt Regency Columbus



NAMI Ohio News Briefs

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Ohio's Voice on Mental Illness

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Website: <http://www.namiohio.org>

NAMI Ohio Mission Statement

"To improve the quality of life,
ensure dignity and respect for
persons with serious mental illness,
and to support their families."