In this issue:

Open Letter to Governor Strickland & the General Assembly

Behavioral Health Must Be Part of Healthcare Reform

Jail Standards Must Reflect Mental Health Needs
Ohio State Senators Kevin Coughlin and Ray Miller, and Representative Ted Celeste await their turn to address the attendees of a luncheon on January 7th, to discuss the creation of a Legislative Mental Health Caucus. NAMI Ohio joined Mental Health America of Franklin County and the Council of State Governments in cosponsoring the event.
### Articles

<table>
<thead>
<tr>
<th>Article</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jail Standards Must Reflect Immediate Health Needs of Inmates</td>
<td>2</td>
</tr>
<tr>
<td>NAMI Ohio’s Message to the General Assembly</td>
<td>3</td>
</tr>
<tr>
<td>Tis the Season</td>
<td>4</td>
</tr>
<tr>
<td>Ugly Sweater Contest</td>
<td>5</td>
</tr>
<tr>
<td>Great News for Medicaid Enrollees who are Institutionalized</td>
<td>5</td>
</tr>
<tr>
<td>An Open Letter to Governor Ted Strickland and the Members of the 128th General Assembly</td>
<td>6-7</td>
</tr>
<tr>
<td>Inclusion of Behavioral Health in Ohio’s Healthcare Reform Efforts</td>
<td>9</td>
</tr>
</tbody>
</table>

### Features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAMI Ohio Board Member Profile: Jennifer Guthrie Improving Lives</td>
<td>8</td>
</tr>
<tr>
<td>Ask the Child Psychiatrist</td>
<td>10</td>
</tr>
<tr>
<td>Ask the Doctor</td>
<td>11</td>
</tr>
<tr>
<td>In Memoriam</td>
<td>13</td>
</tr>
</tbody>
</table>

---

**SAVE THE DATE**

**NAMI Ohio’s Annual Conference**

**May 8-9, 2009**

**Hyatt Regency Columbus**

**Speaker: Clarence Jordon**

Mr. Jordan serves on the Board of NAMI National. He is the manager for a consumer recovery services agency in Tennessee. He previously served as operations officer for NAMI Tennessee and as director of its African American Outreach Project. In 2005, he received NAMI National’s award for multicultural outreach. Also presenting at the conference is Tonier Cain.
Many of my fellow NAMI members may not be aware of a tragedy that occurred in Cleveland last spring, when a local musician, Sean Levert, died in jail after being denied prescribed anxiety medication. The 39-year-old son of O’Jays lead singer Eddie Levert was sentenced to 22 months in jail for owing back child support.

According to the Cleveland Plain Dealer, Mr. Levert brought a bottle of prescribed Xanax with him when he entered the jail March 24. However, staff at the jail apparently took the bottle and did not give him his medication during the six days he was there, even though he asked for it numerous times. As a result, Mr. Levert began suffering delusions due to withdrawal from the medication. While he was hallucinating, he was reportedly strapped into a restraint chair to prevent him from harming himself. He stopped breathing a short time later and attempts to revive him were unsuccessful.

During the investigation, it was found that the jail had no formal policy for determining which inmates get their prescription medications shortly after arriving and which inmates must wait up to two weeks before they get their medications. Decisions long had been made on a case-by-case basis. (Under Ohio standards, jails have up to two weeks to get new inmates medically evaluated.)

Since this tragedy, the jail has modified its policy for prisoners on anti anxiety medications. Under the new policy, inmates coming into the jail on prescriptions for anti anxiety medications that cannot be verified must be examined by a psychiatrist within 24 hours to get a new prescription, if warranted. It is unfortunate, to say the least, that it took the death of Mr. Levert and a lawsuit by the family, to call attention to the Cuyahoga County Jail’s failed mental health medication policy.

It is important to note that Cuyahoga County is not alone when it comes to inadequate mental health medication policies for jail inmates. NAMI families throughout Ohio can share tragic stories about what has happened to a loved one when he or she was denied their mental health medication while in jail. For this reason, NAMI Ohio calls on the State of Ohio not to waste any time in adopting a jail standard that ensures that inmates with serious mental illness receive medical evaluation and prescription medication in a fashion that reflects the immediate health needs of the inmate. We believe such a standard would go a long way toward preventing tragedies like the death of Mr. Levert.

NAMI Ohio’s heart goes out to the Levert family.

Editor’s Note: The Ohio Department of Rehabilitation and Correction (ODRC), which has limited oversight over county jails, is currently in the process of conducting a research study to determine best practices for jails. The study is the first of its kind in the nation. As part of the research, separate focus groups are being held with jail personnel at all levels and inmates to gain feedback. Once completed, ODRC will use this information in creating a new set of jail operating standards that are evidenced-based. These standards are expected to include a standard(s) related to medication access.
NAMI Ohio’s Message to the General Assembly

By Jim Mauro, Executive Director

Inside this issue of News Briefs, you will find an open letter to Governor Strickland that outlines several recommendations on how to make the most effective use of limited resources. These recommendations will serve as the basis of NAMI Ohio’s budget platform over the next several months. We encourage you to incorporate these points in your communications with your representatives in the General Assembly.

The context for the platform is composed of the following circumstances: NAMI Ohio Board’s commitment to medication access and housing policies directed at serving those with Severe and Persistent Mental Illness (SPMI) (generally defined as those with schizophrenia, major depression, bipolar disorder); a serious and deepening economic/budget crisis for the state; an increasing demand for mental health services; an ever growing loss in the number of providers of mental health care; our involvement with the Coalition for Healthy Communities (CHC), a mental health advocacy coalition made up of stakeholders in behavioral health, and our image among legislators.

Over the past several years NAMI Ohio has been devoting resources to our work of advocating to maintain open access to mental health medications, especially atypical antipsychotics. In addition, we have been working through our NAMI Mental Health Housing Leadership Institute to increase/preserve supportive housing options around the state. Accordingly, those two policy priorities have been made essential planks of our budget advocacy for the coming FY 2010-11 state budget.

The current state budget distress that has led to several ODMH budget cuts over the past year, the most recent of which directly reduced local services funding by $30+ million, has forced all of us to consider prioritizing populations for the purpose of identifying where to use the limited financial resources now available. Needless to say, there are a host of differing opinions on that subject, including differences among the CHC members. It has been our position that the priority should be placed upon those most in need…those who are the sickest…the SPMI population and the families that support them.

Demand for services has been on the rise for a number of years. It is no surprise that as the economy worsens and individuals are under more stress, demand will increase even beyond levels projected prior to the downturn in the economy. Medicaid applications continue to grow at accelerated rates. This of course is true of not only behavioral health services, but of other state provided benefits as well (just look at the increased demand for unemployment benefits).

Unfortunately, parallel to this increase in demand for services is a reduction in the availability of those who provide the services. In some cases it is an issue of the availability of qualified individuals to...

(Continued on page 12)
Truly … it is better to give than to receive. Mark and Annette Mayle, the owners of a number of adult care facilities in the Canton area, have selflessly devoted their time and energy to improving the lives of those most in need. Without adequate housing and proper care … without a voice … many of these men and woman had lost nearly all hope of recovery. Because Mark and his staff refuse to turn their backs, this hope is flourishing once again. But providing others with a place to reside is merely the beginning of their work. Through determination and dedication, they have managed to transform empty houses into joyful homes where former strangers have become support systems, friends, and even family.

This holiday season, the NAMI Ohio staff wanted to share in the celebration of renewed hope and new beginnings by spending an afternoon with these men and women. A warm winter meal and bag of small gifts are hardly enough, but we hope that our December gathering made the season a little brighter (and a little tastier) for all.

The staff at NAMI Ohio wishes to express our gratitude to the following organizations for the support they have given us over the past years in providing product for our Christmas visit to several of our adult care facilities. Through the kindness and generosity exhibited by these individuals, we were able to present a nice Christmas present to the residents along with a warm, holiday meal. Their support made a difference in the lives of these residents.

Our thanks are extended to:
Barb Dozier, The Kroger Company
Kyle Powell, Kroger Bakery
Mike Shelley, Salvatori -Scott
Brady Bonner, Enterprise Rent A Car
Pam Harmon, Colgate Palmolive
Moe Vazon, VM International
Theresa Easton, Kellogg Snack Division
Dan Neste & Dan Grassbaugh,
Seven-Up Bottling Company
Art Dudgeon, Atlantis Sportswear

With tears of heartfelt gratitude, the residents speak of the hope and recovery they have found in the Mayle Homes.

The NAMI Ohio staff and local affiliate members serve up turkey, stuffing, and other holiday treats to our friends at the Mayle Homes.

Full of much love and holiday cheer, Mark and Annette Mayle invite the residents to share the highlights and milestones they experienced throughout the year.
Ugly Sweater Contest

The folks here at NAMI Ohio sure do know how to throw a great party! What better way to bring out the smiles and laughter at our staff’s annual holiday luncheon than to add a little silliness with our very own “Ugly Holiday Sweater Contest”? All decked out in our finest winter weather wear, we anxiously awaited as the ballots were counted. With more bells, sequence, glitter, and ribbons than should ever be put on one article of clothing, Karen Lindberg took the prize!! Welcoming in the 2008 holiday season, the NAMI Ohio family enjoyed a snowy December afternoon sharing stories, memories, and delicious cuisine. What a blessing it is to be able to spend time together … not only as co-workers, but also as dear friends.

The NAMI Ohio women have some festive fun with an Ugly Holiday Sweater Contest! Pictured from left to right: Beth Blubaugh, Stacey Smith, Karen Lindberg, Betsy Johnson, Suzanne Robinson, and Gini Haffner.

Great News for Medicaid Enrollees who are Institutionalized

For years, mental health advocates have been urging the State of Ohio to revisit its policy to terminate rather than suspend Medicaid eligibility when a person becomes incarcerated or admitted to a state mental health hospital. The result of this policy has been that upon release, the individual must reapply for Medicaid all over again – a process that can take up to three months (even longer, in some counties.) For NAMI members who have been personally impacted by this policy or have a loved one who has, you know that this can lead to going months without needed medications or treatment, and for many, this has eventually led to becoming reinstitutionalized. Well, there is good news. The Strickland Administration has made addressing this situation one of its priorities. Beginning this spring, we are told that individuals who are on Medicaid when they become institutionalized will begin having their Medicaid eligibility suspended, rather than terminated. As a result, when they are released they can immediately begin accessing Medicaid benefits. It is important to note that they will need to seek a redetermination of their benefits within 60 days of release. NAMI Ohio is very grateful to the work that has gone into making this change possible, and commends Governor Strickland and his staff for their efforts in moving this policy change forward.
An Open Letter to Governor Ted Strickland and the Members of the 128th General Assembly

The Honorable Ted Strickland  
Governor of the State of Ohio  
Statehouse  
Columbus, Ohio 43215

Dear Governor Strickland:

NAMI Ohio thanks you for your efforts in the development of the FY ’10 - ’11 budget released earlier this week and in helping to secure the federal stimulus dollars so essential to the budget. However, we want to bring to your attention some budget matters that we believe will have dire consequences for individuals with mental illness and their families, if not addressed. We would like to offer three suggestions on how to make the most effective use of the limited resources provided for the care of those with mental illness.

First, prioritize services for Ohioans with Severe and Persistent Mental Illness (SPMI) to ensure that they have access to housing, and other supportive services by doing the following:

- Establish a new line item that can only be used for non-Medicaid community level services for individuals with SPMI. Funding for the new line item should come from redirecting the Disadvantage Share Hospital (DSH) funds to the Ohio Department of Mental Health (approximately $55 million). The DSH program was established by Congress to help offset the cost of providing care to low income individuals with serious mental illness who are served in either a state or private free standing mental health hospital. In FY 2008, Ohio received approximately $55 million in DSH funds largely for services provided by ODMH state hospitals. For reasons unexplained to the mental health system, these funds are directed to the Ohio Department of Job and Family Services. We propose that they be redirected to ODMH to fund this new line item devoted to keeping individuals with SPMI out of mental health hospitals and in the community. The reinvestment of DSH dollars in ODMH will save the state money. In the event that the decision is made not to redirect DSH funds to the new line item, but to use GRF or federal stimulus funds for this purpose, we still believe that the DSH funds should be a part of the ODMH budget.

- Restore funding for the Ohio Department of Aging Residential State Supplement line which supports care at Adult Care Facilities (ACF) to the FY ’08 level.

As the demand for Medicaid match increases, existing funds continue to be diverted away from essential services that are not covered by Medicaid such as housing, transportation, peer support, and respite care. Without these support services, adults and children diagnosed with such illnesses as schizophrenia, bipolar disorder and major depression cannot be expected to function in the community. Creating a separate line item that can only be used to purchase non-Medicaid supportive services will help to ensure that those with SPMI have access to these services.

For individuals with SPMI who are not hospitalized or living with relatives, living in an Adult Care Facility (ACF) is one of the few options available. ACFs are supportive group homes which house 5 – 16 residents. Ohio has approximately 525 ACFs serving SPMI persons, which is not nearly enough to meet the need as thousands of Ohioans with SPMI are turned away for lack of available space.
rate of reimbursement to an ACF operator is generally $16 - $28. For most homes this is barely enough to remain in operation and homes are closing. Too many of the residents impacted have no alternative housing. A rate increase for ACFs is still a housing bargain for Ohio. Not only does Ohio need to protect this precious resource, we need to grow it to reduce the number of individuals with SPMI who have no alternative but to live on the streets.

Our second recommendation is to ensure that individuals with SPMI have open access to atypical antipsychotics and ensure that all individuals with mental health disorders have access to the mental health medications that they need to get and stay well. When appropriate medication is not available to individuals with SPMI in a timely manner, these individuals make inordinate use of emergency rooms. All too often they find themselves hospitalized, incarcerated, and/or homeless. With very few atypical antipsychotics available on the market, each one with a different side effect profile and differing responses based on gender, race, ethnicity and individual vulnerabilities; limiting access to even one of the medications in this class through prior authorization and/or fail first policies significantly limits the available choices of physicians and can lead to serious adverse outcomes for their patients and the community. Limitations on medication access for SPMI individuals cost the state money. Additionally, steps need to be taken to ensure that all individuals with mental health disorders have timely access to the mental health medications they need to ensure a healthy workforce.

Our third recommendation is to develop and implement a tiered Medicaid benefit package that provides the appropriate level of care for individuals with mental health disorders. Tier one shall be for the SPMI population (adult and children) and shall ensure that the amount, duration and scope of the Medicaid services are sufficient to enable this population to function satisfactorily in the community. As the number of individuals eligible for Medicaid grows and the number of those who are diagnosed with a mental health disorder increases, access to mental health services becomes more and more difficult for those with SPMI. In this time of diminished resources, Ohio needs to triage mental health services to ensure that the sickest among us are prioritized and receiving the appropriate level of care.

The federal stimulus dollars and the use of “rainy-day” funds in support of the budget are “one-time” dollars and they are a significant part of the budget package. We must not be lulled into a sense of satisfaction and ignore the very real problems facing the mental health system now and beyond the coming fiscal year. A very real concern is the significant loss of general revenue funds in the Department of Mental Health budget. Every dollar lost represents yet another failure to an already underfunded system to meet the promise of the Mental Health Act of 1988. NAMI is ready and willing to work with your administration and the General Assembly in addressing the many issues we face.

Governor, you know through your work as a psychologist in Ohio’s prison system the devastation that these illnesses cause. We are counting on you to take steps to protect the thousands of Ohio citizens who are depending on you for their well-being. We look forward to working with you in the weeks and months ahead to maximize the effectiveness of Ohio’s limited resources.

Sincerely,

Jim Mauro
Executive Director

cc: Members; Ohio General Assembly
“My diagnosis doesn’t define me,” Jennifer Guthrie said. “I know who I am regardless of my state of mental health or my employment situation.”

Jennifer is 2nd Vice President of NAMI Ohio’s Board of Directors, representing southwestern Ohio. She suffered several traumatic experiences as a youngster growing up near Dayton. She received treatment for Post-Traumatic Stress Disorder (PTSD) and later quit taking medication. However, at age 23, she became suicidal and re-entered the treatment system. She received counseling and stabilized. But, after getting married and moving between Nashville and Pittsburgh, she was again suicidal. She was prescribed antidepressants and became manic. Because her husband had taken away her car keys due to concern for her mental state, Jennifer walked eight miles one-way to a store, spent a few hundred dollars on materials and made three afghans that night.

“That mania was kind of fun,” Jennifer said. “The crash and burn part wasn’t so fun.”

Ultimately, Jennifer left her husband and her software development job to wrangle with PTSD, Schizo-Affective Disorder and Generalized Anxiety Disorder. With treatment, Jennifer is now working to help others coping with mental illness and striving for her own recovery. She speaks at CIT trainings and Family to Family, facilitates a NAMI Connection Recovery Support group, works on the Childhood Trauma Task Force, and participates in the Ohio State University’s Leadership Academy—all while pursuing a graduate degree in Rehabilitation Counseling at Wright State University.

“I want others to benefit from my experiences,” Jennifer said. “I want to raise awareness among health care providers of the impact that trauma has on people’s lives.” Upon completion of her graduate degree, Jennifer wants to work to help people with disabilities enter the workforce. “So much of our identities and self-esteem are tied to our occupations,” she said. “It’s disheartening to meet someone and have them ask, ‘What do you do?’ If you’re not working, you don’t know what to say.”

Although Jennifer “escapes” her illness by immersing herself in watching sports and “Battlestar Galactica” on TV and by listening to music, she has difficulty distracting herself from the issues surrounding mental health. “Almost everything I do is around mental health,” she said. Even her pleasure reading typically involves books pertaining to mental health.

So, it flows naturally that Jennifer is active on the Board of NAMI Ohio. “I love serving on the NAMI Board,” she said. Jennifer said she particularly appreciates NAMI’s advocacy work. “NAMI plays an important role in transforming the health care delivery system,” she said.

Moving forward, Jennifer envisions some specific areas in which NAMI Ohio can be particularly valuable. “I would like to see NAMI Ohio support Peer-to-Peer education classes,” she said. “More facilitators need to be trained so more consumers can be helped. But, of course, that requires funding.”

Jennifer believes NAMI Ohio is the vehicle for making things better for consumers and their families. “As our tagline says, NAMI is ‘the voice’ of mental illness,” she said. “I believe a logical next step for us is to reach out to health care providers and educate them regarding our role. Providers need to understand NAMI so they can work with us and refer patients and families to us.”

NAMI provides a critical service to consumers and their families, Jennifer said. “NAMI is there when people have nowhere else to turn,” Jennifer said. “But NAMI is also accessible and valuable when times are good. NAMI improves lives for everyone.”
Individuals with mental illness and addiction to alcohol and other drugs have been largely ignored by the healthcare system. Mental health disorders affect over two million children, adults and seniors in Ohio regardless of race, ethnicity or socio-economic status, and alcohol and drug addiction affects nearly three million Ohioans. Of these, approximately 25% do not have insurance coverage. Lack of insurance is cited as the most common reason that people with behavioral health disorders do not receive treatment.

Untreated mental illness and addiction destroys individuals and families and imposes high costs on state and local economies. Many people left untreated see their mental illness worsen leaving them at greater risk for suicide ideation. Children with untreated mental health disorders are often unable to learn or participate in a normal school environment. Adults with mental illness or addiction can lose their ability to work, and many become homeless and are subject to frequent hospitalizations or jail. One recent study shows that individuals with serious mental illnesses (schizophrenia, bipolar disorder, and major depression) die an average of 25 years earlier than the general population. In Ohio, state and county governments are forced to pay millions of dollars each year in emergency medical care, long-term nursing home care, unemployment, housing, law enforcement, and incarceration. Additionally, employers pay the cost of lost productivity resulting from absenteeism, presenteeism, and accidents on the job.

There is no formula for effectively treating mental illness. Treatment that is effective for one individual may not work for another. Consumers must have every opportunity to pursue a mode of recovery that promotes enjoyment of life. Likewise, there are many effective approaches available for treating addiction based on the unique circumstances of the individual. Therefore, access to the most effective treatment must be made available, without artificial limits set in the interest of monetary savings.

With effective treatment and support, recovery from mental illness and addiction is possible for most people. For the most severely disabled, effective treatment often means access to a wide array of mental health medications, including atypical antipsychotic medications. Correctly prescribed, these medications have proven to be successful in helping Ohio’s sickest citizens reclaim their lives. With proper treatment, these individuals can be productive members of society.

Mental illness and addiction to alcohol and other drugs are brain disorders. People affected by these disorders deserve the same guarantee of care as those who face other kinds of disabilities or chronic diseases. As Ohio moves to cover more of our uninsured, it must be understood that people with these disorders are included in all parts of the reform effort. The scope of benefits for mental illness and addiction must be clearly defined so that there is no question as to coverage. Pre-existing mental illness cannot be a condition for exclusion from affordable coverage. Consumers must have access to the treatment that best serves their condition and that is culturally appropriate. Any co-payment requirements must not be cost prohibitive, and there must be some guarantee of provider availability.

Any healthcare reform initiative that does not adequately provide for coverage for mental illness and addiction is not true reform.

Any healthcare reform initiative that does not adequately provide for coverage for mental illness and addiction is not true reform.

The Coalition for Healthy Communities is a consortium of 27 statewide organizations advocating for quality mental health and addiction services.
Ask the Child Psychiatrist
By Dr. Steven W. Jewell

Dear Dr. Jewell,
My 5-year-old granddaughter, Haley, has ADHD and receives medication to help her concentrate via a patch that she wears during the school day. Now she is having difficulty sleeping at night and her doctor wants to place her on a medication that is listed as an antipsychotic. This has me very concerned. Should I be?

- Can’t Sleep

Dear Can’t Sleep,
Obviously I can’t comment on the specifics of your granddaughter’s needs without having evaluated her, but I can offer some general comments that might help you ask her doctor some important clarifying questions.

Medications for sleep in children with ADHD: Sleep difficulties are common in children with ADHD, as a symptom of the ADHD (difficulty falling asleep due to hyperactivity), or as a side effect of stimulant medications commonly used to treat ADHD (the patch she is wearing presumably contains the stimulant methylphenidate). Interventions to address those sleep problems range from behavioral (e.g., changing the bedtime routine), to over-the-counter medications (e.g., Benadryl, melatonin), to prescription medications (e.g., clonidine, or other sedating medications). In general, it makes sense to try behavioral interventions first, OTC medications second, and prescription medications third, as the potential risks associated with each increase as you move through that list.

The use of antipsychotic medications in children: These medications can be very effective in the treatment of severe mental illness in children (typically used for severe aggression, bipolar disorder, or schizophrenia), but they carry with them the risk for significant side effects (especially metabolic changes that can lead to weight gain and possible development of diabetes or cardiovascular disease later in life). Given those risks, it is essential to talk with your doctor about the pros and cons for your grandchild, so together you can carefully weigh the potential benefits against the potential risks. If antipsychotic medication is started, then ongoing monitoring of weight and other metabolic indicators is important.

Dear Dr. Jewell,
I’m concerned about my 15-year-old daughter, Danielle. Lately, she has become preoccupied with exercising several hours each day. She doesn’t have time to hang out with her friends and she doesn’t complete school assignments because exercising takes up so much of her time. We’ve always been taught that exercising is good for you, but could there be a point at which it becomes unhealthy?

– Fit to be Tied

Dear Fit to be Tied,
Teenagers tend to be passionate. The things that interest them are often consuming, whether it is their friends, hobbies, or idols. As a result, knowing ‘how much is too much’ can indeed be difficult to determine.

Regardless of what is consuming their time, a good rule of thumb is to what degree it interferes with three important areas of functioning: peer relationships, family relationships, and academic performance. Generally, if a teen is struggling severely in one of those areas, or moderately in two or more of those areas, then there is reason for concern.

By your description your daughter’s interest in exercise is significantly interfering with both school and friends, so it would seem to be excessive. Even if she was preparing to be a world class athlete, she would need to be able to maintain balance in her life in order to succeed. I suggest that you consult with her pediatrician about how much exercise is appropriate for a person her age, and use that information to set limits on her time spent exercising. If she understands that this is based on advice from a medical professional, she should be more accepting.

One other thing to consider: Excessive exercising can sometimes be a symptom of an eating disorder. Thus, if her exercising is accompanied by an intense fear of gaining weight or becoming fat, or a distorted body image (i.e., she insists she is fat, when she is not), then an evaluation by a mental health professional is indicated.

Thanks for Asking,
Steven W. Jewell, M.D.
Medical Director; Child Guidance and Family Solutions
Dear Dr. Unger,
My 23-year-old adopted son was diagnosed with Reactive Attachment Disorder and ADHD when he first came to live with us at age 9. Over the years he has been diagnosed with other disorders including schizoaffective disorder, and most recently with Borderline Personality Disorder. He is not currently in treatment or taking medication. He has not been able to keep a job longer than 6 weeks because he gets in fights with his boss or co-workers. He is applying for SSI. I’m concerned that if he gets approved, he will lose all desire to get help or improve his situation. Any advice?

- Help or Hinder

Dear Help or Hinder,
Wow, my first question ever for this column and it’s a doozy! You want the best for your son, but it sounds like you are concerned that SSI benefits may actually keep him from recovering and improving in the long run. This is a valid concern, especially when active substance abuse is involved and a person is not motivated to change. But obtaining SSI benefits can provide a stable financial platform during the beginning and critical stages of recovery.

You might want to suggest professional intervention if this conversation will cause a lot of arguing and conflict. If the subject is approachable, you could speak with him candidly about where he wants to be in life – what are his goals (personal goals, living situation, employment, financial, health, hobbies, interests, etc.). A therapist might ask what brings meaning and fulfillment to his life. I ask my clients to describe what life would be like for them in 6 months, then 2-5 years if their symptoms were well controlled and everything started to work out right for them. From this I learn what is most important to them and I can help them find motivation by encouraging them and reminding them of their goals as time goes on. Once you know his goals, it’s easier to see how getting SSI would fit in to the overall picture.

Dear Dr. Unger,
My daughter has bipolar disorder and gets high on pot nearly every day. She says that the pot helps regulate her mood better than the medications the she has been prescribed. Is this just an excuse using illegal drugs or is there some truth to what she says?

- Pothead’s Dad

Dear Dad,
It’s good to hear that you and your daughter are communicating about this. I have heard very similar comments from others over the years regarding marijuana. People that have used marijuana and have taken medication for bipolar disorder may not know what I am going to tell you.

Your daughter probably uses marijuana because of its immediate effect due to the rapid absorption in the lungs. The effect is near instantaneous and noticeable, which is why people may erroneously conclude that marijuana is better. This instant response is not long lasting though, and soon the person may use marijuana several times a day.

Psychiatric medication works very differently and is absorbed over several weeks (and sometimes months). The effect of the medication will gradually restore the chemical balance in the brain leading to improved mood and functioning over a long period of months and even years. Marijuana leaves the body quickly and does not stabilize mood over time. Also, going without marijuana for 1-3 days can cause withdrawal symptoms - irritability, anxiety, moodiness, etc. which are added on top of the symptoms of bipolar disorder. Smoking it again quickly reduces the withdrawal symptoms, which is misinterpreted as stabilizing bipolar disorder.

While marijuana has been used medically to help reduce pain and improve appetite in those suffering from cancer, the field of psychiatry has not embraced it as a treatment option for mood disorders, anxiety, sleep or other conditions.

Warm Regards,
Mike Unger, MD
Psychiatrist and Medical Director
Southeast, Inc., Columbus, Ohio
take positions that are open (compensation and conditions are real disincentives). In other cases it is the inability of provider organizations to sustain their business because of a history of, among other things, poor reimbursement levels and poor processes for reimbursement.

Our involvement with CHC is an important element of our advocacy. We have always believed that a united front among stakeholders is a valuable tool when working with the legislature or the administration. That is not to say that we will alter our focus if it is at odds with the CHC position on any particular issue. To be sure, there are differing views, agendas and priorities among the CHC members and we work to reach consensus where we can. Generally, the NAMI platform is in sync with the thinking of the CHC. This is particularly true with regard to the indicated funding levels. However, we are far more interested in medication access and housing supports (especially ACF housing) than many on the CHC. We want to maintain a viable CHC, but we need to balance that against the need to be a strong voice for our issues.

We certainly have valid issues to support and strong points to argue. We must maintain a strong voice. But we have to be careful that we are not seen as believing we are above doing our fair share to help the state get beyond the fiscal problems at hand. Arguing for prevention dollars when none of our mental health partners joins in the call, may be viewed in that way.

The issue of prevention funding brings into focus the stark reality of our times: 1) the US health system is not particularly prevention oriented (it is not a priority); and 2) the system has much to do but inadequate financial resources to do it all. We know that prevention is essential to good overall health policy, including mental health policy.

We would love to advocate for significantly increased funding for education and services that focus on prevention and the economic benefit derived from preventing illness. Unfortunately, with the budget situation we are facing (certainly no new money and reductions in most existing budgets), placing funding in prevention programs will necessitate: 1) the reallocation of funds from within mental health; 2) advocating for the reallocation of funds from other state agencies; and 3) generally speaking, stepping over the needs of the seriously mentally ill population today in order to prevent the illness of others in the future. In the first case, TNSTFL applies vigorously (there is no such thing as a free lunch). Where would we want to cut existing services…Meds? Housing? Would we even get a voice in that decision? At this juncture I should mention that we believe that some of what we are advocating for is prevention. While the traditional view of prevention is keeping well people from getting ill, there is that component of caring for the ill that prevents complications or exacerbation of illness. To that extent we will be advocating for prevention. Securing a safe place to live with adequate supports does much to promote mental health recovery and prevent other illness. As to the second issue, we have no problem with advocating for the reallocation of funds from other agencies.

Having said that advocating for funding for prevention during this budget cycle is not a part of our platform, does not mean we are not involved with the issue. Working with our partners in the health care arena should help give us a platform for seeking out support for prevention programs with other stake holders, in the legislature and with the administration. We will certainly continue to work for such services.

I hope my comments explain how we arrived at our budget platform. If you have any questions, feel free to drop me a note. Thank you. Jim
Wall of Honor

In Memory of Helen G. Vernon
  Jim Vernon

In Memory of Glenn R. Cramer
  Vivienne Cramer

In Memory of Lucille Jennings
  Jonathan Cohn

In Memory of Howard House
  Marty Falin

In Memory of Patti Santore
  Pam Harmon

NAMI Ohio extends appreciation to the following for their generosity:

- Barbara K. Chuko
- Peter Frenzer
- Randahl W. Henn
- Larry McGlinchy
- Rory McGuiness
- Mr. & Mrs. Malcolm Peel
- Brian & Aletha Tippett

Families that desire to remember the life of a loved one through a Memorial Gift to NAMI Ohio can request special cards that can be used by friends and family as a way to memorialize their loved one with a contribution to NAMI Ohio in lieu of flowers. For more information, please call us at 1-800-686-2646.

In Appreciation

NAMI Ohio wishes to extend our gratitude to the following for their support:

- Rebecca Allison
- Dr. & Mrs. Dennis Assenmacher
- Carol Baldi
- John Bazyk
- Edwin Beale
- Marla Berns
- John Bobby
- John Bohl
- Mr. & Mrs. Robert Brackman
- Karen Bradley, M.D.
- Andrea Breen
- Jane A. Brockman
- Karen L. Brown
- Alice Bruns
- Mr. & Mrs. Richard Buck
- Leslie Ann Buhrlage
- Judith Bullach
- Susan Busch
- Donald Cairns
- Juanita Castle-Ison
- Sidney Chafetz
- Marian Chartiff
- Rosalie Constantinidis
- Mrs. William Cromwell
- Mr. & Mrs. Brian Crowner
- Mary Patricia Culler
- Mr. & Mrs. Edward Daly
- Mr. & Mrs. John Darmstadt
- Mr. & Mrs. Harold Daugherty
- Patricia Davis
- Mary Del Moro
- Sally Dessauer
- Eugene Dietz
- Robert Dix
- Merlyn D’Ooge
- Carl Dorcas
- Mr. & Mrs. Jack Ehrbar
- Mr. & Mrs. David Elsass
- Helen First
- John Frederick
- Sanford Friedson
- Leesa Galloway
- Elizabeth Gannon
- Galen Gasson
- Madeline Georgeadis
- Harry Gibbons
- Dorothy Gleckler
- Corliss Goger
- Beverly Gottschalk
- Pat Greenich
- Mr. & Mrs. Jay Greenland
- Bernadine Grieshop
- Betty Grimes
- Martha Hart
- Emma Hartkemeier
- Mr. & Mrs. Paul Hecht
- Mr. & Mrs. Ron Hemingway
- Marjorie Hutton
- Parry Keller
- Francis Kennedy
- Mr. & Mrs. Donald Kimmel
- Gerald Krull
- Gregory Leyes
- Mr. & Mrs. Patrick Lucas
- Dr. & Mrs. Sven Lundstedt
- Josiah Mason
- Timothy McAdams
- Mr. & Mrs. Richard Meadows
- Dr. Claudia Metz
- Donald W. Mobley
- Fred M. Mong
- Michael J. Morlock
- Audrey Negrelli
- Bobbie Ness
- Mr. & Mrs. Newkirk
- Katherine Ohl
- Elizabeth Ostuw
- Lisa K. Oswald
- Dr. George Paulson
- Rev. Jeffery Pflug
- William Platt
- Jill Powerson
- Andrea Powers
- Mr. & Mrs. Jerry Pulskamp
- Phyllis Putnam
- Paul Quinn
- Terri Rauch
- Catherine Rauch
- Mr. & Mrs. Robert Reider
- Candace Renner
- Ron Rett
- Kathy Roberts
- Anna Marie Robinson
- Anne Robinson
- Melvin Sachs
- Mary Ann Santavicca
- Marion Sherman
- Stephen Simko
- Joann Smith
- Mr. & Mrs. John Sommer
- Dolores Spaite
- Wendy T. Speiser
- Dora Sterling
- Mr. & Mrs. Charles Townley
- Michael Waggoner
- Vernon P. Welsh
- Donald Wenner, M.D.
- John Yacher
- Karen M. York
NAMI Ohio
News Briefs
747 E. Broad Street
Columbus, OH 43205

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.”

Ohio's Voice on Mental Illness

747 East Broad St.
Columbus, Ohio 43205

Phone: 614-224-2700
or 1-800-686-2646

Email: amiohio@amiohio.org
Website: http://www.namiohio.org