



NAMI Ohio's

NEWS BRIEFS

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Ohio's Voice on Mental Illness



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Support Your Local Mental Health Levy!

The following Ohio counties have mental health levies up for voter approval on November 5th. Please give these levies your time and support, and encourage your family, friends and neighbors to do so as well. Levy dollars are critical to the care and support of those we love.

- ✓ Lake
 - ✓ Greene
 - ✓ Seneca
 - ✓ Wood
 - ✓ Mahoning
 - ✓ Muskingum
 - ✓ Lucas
 - ✓ Washington
 - ✓ Four County (Defiance, Fulton, Henry & Williams)
 - ✓ Stark
 - ✓ Portage
 - ✓ Noble
- 

On the Cover -

This photo of Michelle Dicken, from Athens County, was taken on the lawn of the Ohio Statehouse during a rally calling attention to the need for funding for mental health services. Photo taken by Elise Mitchell Sanford.

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

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SAVE THE DATE NAMI Ohio's Annual Conference

May 8-9, 2009

Hyatt Regency Columbus

Speaker: Tonier D. Cain



Speaker, Tonier Cain, with her daughter.

Ms. Cain is a consumer advocate who has spoken nationally on trauma, incarceration, and recovery. She is featured in the documentary "Behind Closed Doors: Trauma Survivors and the Psychiatric System."



Recognizing Local Community Groups is Easy and Effective

By Harvey Snider, President

At our August meeting, the NAMI Ohio Board of Directors passed a resolution recognizing the National Council of Jewish Women, Cleveland Section for their efforts on behalf of individuals with mental illness.

Of course, the primary reason for passing the resolution was to honor this worthy organization for their countless activities aimed at improving the quality of lives of women, children, families and those with disabilities. However, there was a secondary reason for asking my colleagues on the Board to pass this resolution, and that was so it could serve as an example of one of the many ways that NAMI Ohio and its local affiliates can call attention to the kindness and generosity of local community groups who seek to help those with mental illness.

As NAMI members, I encourage you to recognize those groups in your community who go above and beyond to help our loved ones. Passage of a resolution is just one of the ways this can be accomplished. Other opportunities include honoring local groups at your annual meetings with an award and inviting members of your local media, nominating the organization for one of NAMI Ohio's many statewide awards, and writing a letter to editor of your local paper recognizing their groups efforts.

In the months to come, the mental health system will continue to feel the effects of reduced funding. Now more than ever, we need to express our appreciation and continued support to those organizations which use their personal human and financial resources to help those in need.

ACTION OF THE BOARD OF DIRECTORS OF NAMI OHIO

In Recognition of the Efforts by the National Council of Jewish Women, Cleveland Section, to Support Individuals with Mental Illness

WHEREAS, the National Council of Jewish Women, Cleveland Section, is a grassroots organization of volunteers who are determined to turn progressive ideas into action, and who are committed to social justice by helping to improve the quality of lives of women, children, families, and those with disabilities;

WHEREAS, the National Council of Jewish Women, Cleveland Section provided a large monetary contribution to the Magnolia Clubhouse, located at Case Western Reserve University, to help meet the needs of young adults who have mental illness in a clubhouse setting;

WHEREAS, the National Council of Jewish Women, Cleveland Section sponsors a Friendship Circle to encourage young adults, including those with mental illness to get together to socialize with members of the community in a welcoming and caring environment;

WHEREAS, the National Council of Jewish Women, Cleveland Section provides outreach to individuals with mental illness during the holiday season and involves them in Christmas and Hanukkah celebrations in a family like setting;

WHEREAS, the National Council of Jewish Women, Cleveland Section supports the Partners in Reading program which is designed to stimulate a love for lifelong reading for children and families who may otherwise not have this opportunity; and

WHEREAS, the National Council of Jewish Women, Cleveland Section is a cofounder and ongoing funder of Council Gardens and the Council Gardens Enrichment Program which provides individuals the opportunity to participate in a physical and fulfilling activity intended to enrich the lives of those in their golden years.

NOW, THEREFORE, BE IT RESOLVED:

The National Alliance on Mental Illness of Ohio (NAMI Ohio) Board of Directors expresses its appreciation to the National Council of Jewish Women, Cleveland Section for improving the quality of life for individuals with mental illness and other residents of Cuyahoga County who face challenges.

The NAMI Ohio Board of Directors strongly encourages other public and private organizations to combine financial and human resources for the betterment of all Ohioans, and in particular, those with mental illness.

*Signed on this twenty-second day of August, 2008
Harvey Snider, President
NAMI Ohio Board of Directors*



NAMI Ohio Seeks Your Assistance in Identifying Medication Access Problems

By Jim Mauro, Executive Director

On October 1, 2008, the new Medicaid Fee for Service Preferred Drug List (PDL) went into effect. Several mental health medications that are used to treat individuals with serious mental illness are no longer on the preferred drug list. Prescribers will either have to prescribe a different medication or will be required to seek approval (prior authorization) to prescribe the non-preferred medication.

"We need your help in getting the word out to prescribers of mental health medications to contact NAMI Ohio when they run into difficulty getting approval to write a prescription for one of these medications."

In addition to the changes in Medicaid Fee for Service, several Medicaid Managed Care Plans which serve the Aged, Blind and Disabled population are now requiring prior authorization for certain atypical antipsychotic medications.

Fortunately, some exceptions to the new policy were established in both Medicaid Fee for Service and Medicaid

Managed Care to minimize the potential negative impact of the new policy. These include:

- A provision that allows patients who are stable on a drug regimen to continue that regimen unless the patient and prescriber agree that a change is necessary.
- A provision that exempts physicians who are registered with Ohio Medicaid as having a specialty in psychiatry from seeking a prior authorization for any antidepressant or second generation antipsychotic in the standard tablet form that are on the non-preferred drug list.

Despite these provisions to help ensure continuity of care and limit the impact of these new policies, NAMI Ohio continues to be concerned that limiting access to mental health medications will have adverse consequences for patients. We are already hearing anecdotal stories that providers are having difficulty gaining access to these medications. If this is true, we need to know the specifics so that we can use these real life stories to continue to advocate for open access.

We need your help in getting the word out to prescribers of mental health medications to contact NAMI Ohio when they run into difficulty getting approval to write a prescription for one of these medications. We also want to hear from individuals who rely on these medications, or their family members, who are affected by these decisions so that we can have a good understanding of how they are impacted by a denial. Below is NAMI Ohio's contact information. Thank you for helping us to get the word out!

NAMI Ohio
 747 E. Broad Street
 Columbus, Ohio 43205
 (614) 224-2700 (phone)
 (800) 686-2646 (Toll-Free)
 (614) 224-5400 (Fax)
amiohio@amiohio.org

NAMI Ohio: Here to Help

Living with a mental illness can be an overwhelming and confusing experience. One of the goals of NAMI Ohio is to make this process less stressful. The NAMI Ohio Helpline was created to assist consumers and family members by offering information, referrals, and support.

First, we are able to provide callers with general information and fact sheets which discuss the signs, symptoms, and possible treatments for a myriad of mental illnesses and mental health issues. We also offer printed material explaining our Family-to-Family and Hand-to-Hand educational programs. If you or a loved one have been diagnosed with a mental illness and would like reliable and accurate information, please call.

Secondly, we are able to refer callers to local NAMI affiliates, county Mental Health Boards, and other organizations that

serve those whose lives have been affected by mental illness. If you are in need of mental health services, looking for a local support group, or would like contact information for community resources to assist in disability benefits and/or Medicaid, please call.

Finally, we are here to provide empathy and support because we know there are times in each of our lives when we all need a shoulder to lean on or a listening ear. If you would like to talk through a difficult situation or need reassurance that you are taking all of the appropriate steps, please call.

Remember, you are not alone ... there are others who understand ... others that have trudged similar paths. We welcome your calls and hope you will always feel comfortable in contacting the NAMI Ohio Helpline.



NAMI Ohio Help Line Coordinator, Beth Blubaugh, takes a call on the Help Line.

Statewide Coalition Calls for Moratorium on Cuts to Mental Health and Addiction Services

On September 10th, it was announced that there would be a 2% cut to the Ohio Department of Mental Health FY '09 budget and a 4.75% cut to the Ohio Department of Alcohol and Drug Addiction Services. In response to this announcement, the Coalition for Healthy Communities called for a moratorium on any new cuts to Ohio's community behavioral health system.

"While we understand the difficulties faced by the Administration in this budget environment, the evidence is irrefutable – cutting behavioral health only leads to increased costs to other areas such as our hospitals, criminal justice system and child welfare system. If we are to turn around Ohio, there must be a commitment to treating those with mental illness and addictive disorders up front to avoid more costly options down the road," said Cheri Walter, Co-chair of the Coalition's Budget Committee and CEO of the Ohio Association of County Behavioral Health Authorities.

"The mental health system has already paid too high of a price for the sake of Ohio's economy earlier this year when two state mental health hospitals were closed. Clearly, these are difficult economic times, but we cannot lose sight of the fact that meeting the basic needs of the sickest among us has to be the priority of government,



even if it means that additional cuts are made elsewhere in the budget," said Jim Mauro, Co-chair of the Coalition's Budget Committee and Executive Director of the National Alliance on Mental Illness of Ohio.

"Our system is already struggling to keep up with the demand for services in counties throughout Ohio. People with

America of Franklin County. "Those who rely on the public behavioral health system for basic needs such as treatment, medication, and housing cannot have these services yanked out from beneath them and be expected to survive."

"Let's be clear, a 4.5% cut to the community behavioral health system would have devastating consequences that will reach far into the future. Community mental health and addiction treatment service providers throughout Ohio, who have not had a raise in twelve years, will have no choice but to close up their doors. And once they are gone, it will take years to rebuild our system," said Hugh Wirtz, Co-chair of the Coalition and Executive Director of the Ohio Council of Behavioral Healthcare Providers. "The system can't absorb any more cuts. It is as simple as that."

"...we cannot lose sight of the fact that meeting the basic needs of the sickest among us has to be the priority of government, even if it means that additional cuts are made elsewhere in the budget," said Jim Mauro

serious disorders, including children and the elderly, have to wait months just to see a treatment professional and access to support services such as housing are non-existent in some areas," said Laura Moskow Sigal, Co-chair of the Coalition and Executive Director of Mental Health

The Coalition for Healthy Communities is a consortium of 27 statewide organizations advocating for quality mental health and addiction services.

STIGMA: The Denial of Recovery

By Garth House

If we put things in proper perspective, and grasp the truth that after thousands of years of stigma and fear and misunderstanding, serious mental illness has emerged into the light of effective treatment only in the last 60 years, then we can understand why stigma is so deeply entrenched in our culture and why it is going to take more than six decades to effectively defeat it. Even if it takes six more decades, or even 12 more decades, it will still be a short period of time in comparison to the centuries of darkness that preceded it. So we can take some comfort when we comprehend the dimensions of our foe – stigma – and realize this is a marathon run we are engaged in and not a sprint.

The fight against stigma often targets its most blatant and easily attacked examples: stigma in the media and stigma in our language. As concerns the latter of these – stigma in our language – the terms that cluster around people with serious mental illness, like whacko, crazy, lunatic, psycho, nuts, insane and so on – these terms of description are deeply embedded in the language. Instead of trying to eliminate these words, which as a writer I find as dangerous as burning books, for words are sacred, I respond in another way. I embrace and own these terms. I find more dignity in the term “mental patient” than I do in the anemic and misleading

term “consumer.” I embrace the term “mental patient”, and then, through the evidence of my recovery, I redefine the term by associating it not with the images of a person in the grip of the disease but instead with a person who has transcended the illness and, through the work of recovery, has created a new



self purified, made stronger, made better through the ordeal of madness. The most wounding aspect of stigma

“Stigma fixates on the bleakest periods of our illness, and then views us through a prism of fear and misunderstanding.”

is its subtlety. As one progresses in the demanding process of recovery, one

begins to reclaim an emotional life, an intellectual and imaginative life, and a spiritual life. The person in recovery moves forever forward. The devastation of mental illness makes a simple return to the past impossible. Recovery is the work of building anew and moving day by day from beneath the darkness of the illness and into the light of a new self-understanding. Stigma denies the truth of the recovery process. Stigma fixates on the bleakest periods of our illness, and then views us through a prism of fear and misunderstanding. As we confront the blindness that is stigma, we experience a healthy and justified anger. The irony then is that we are stigmatized for such a healthy response, because when a mental patient becomes angry, even if it is expressed appropriately, stigma says: “Is he decompensating? Is he dangerous? Is he taking his medication?”

Stigma can turn up anywhere and in anyone. It can show up in our relationships with our family, our friends, in the workplace, in our houses of worship, and within the mental health system and with mental health professionals. When we encounter it, we must confront it, and not be afraid of our anger, which is justified, and express this anger appropriately.

NAMI Ohio Introduces The Stigma Buster

On September 30th, NAMI Ohio launched its inaugural issue of The Stigma Buster, a monthly electronic newsletter devoted to helping eliminate the stigma of mental illness in Ohio. We believe that by sharing the personal stories of prominent individuals from around the state who have been affected by mental illness, readers will come to view this illness as no different from any other chronic illness. We hope that you will join us in our effort to eliminate stigma by subscribing to the newsletter (if you received it in September, you are already subscribed) and sharing it with your family, friends and co-workers. To subscribe, simply send an e-mail to amiohio@amiohio.org and request a subscription. There is no cost to you. Thank you for your help in combating the stigma of mental illness!

NAMI OHIO
Ohio's Voice on Mental Illness

September 2008
www.namiohio.org

The Stigma Buster

A Monthly Publication by the National Alliance on Mental Illness of Ohio

An Interview with Sandy Stephenson

Sandy Stephenson, Director of the Ohio Department of Mental Health, grew up in a healthy and loving home environment. After high school, she went to work for a small company. She married and had a son. A few years later, she divorced and encountered the stress and anxiety that comes with being a single parent. Fortunately she was able to rely on the coping skills that her family had role modeled for her as a child. According to Sandy, "If I had to go through that period of my life with a mental illness, I can't imagine what I would have done."

Just two years out of high school, a friend of Sandy's took her life by hanging herself in a barn. "That single event was so stunning for me that it ultimately shaped my life," said Sandy. "I took the memory of my friend and all the 'what ifs' I had asked myself and decided to go to college to study social work."

With the help and support of a professor, Sandy was able to secure a scholarship at OSU. During her studies, she was assigned to do an internship at a mental health center in Columbus. It was there that she grew to understand the complexities of mental illness and the stigma associated with it. "In the mid 70's, stigma was not even a consideration. The best one could hope for was to move people out of the state hospital, get them on SSI and give them a Medicaid card. That was it. There was no thought given to recovery, employment, or making a contribution."

Sandy's experience working in the Mental Health Center had a tremendous impact on her and she decided to make that her career. Every day on her way to work, she would drive through one of the poorest sections of Columbus. "I developed a deep respect for those with mental illness who I would see along the way and during my work day. Over the years, I have truly come to admire the spirit and strength of those who live with persistent and serious mental illness and recognize their incredible potential to contribute to the community. I believe that because of their struggles, their inner core is far stronger than that of people who do not know such struggles."

"Seeing people with this illness living full lives is really the greatest stigma buster there is."

According to Sandy, "Stigma is simply discrimination based on fear, ignorance and a lack of understanding. It is our job [mental health professionals and advocates] to plant ourselves in a position to provide the supports necessary to enable those with mental illness to live full lives in their communities. Seeing people with this illness living full lives is really the greatest stigma buster there is."

Sandy feels her contribution is helping to support people who struggle so they have the ability to maximize their potential. "I get angry when I hear someone in the mental health field say that they are here because they want to cure people with this illness. It is not our role to 'cure' people. We are the catalyst to helping people with mental illness develop a sense of wholeness and fulfillment. This is what gives my life meaning."

NAMI Ohio Calls for Moratorium on Cuts to Mental Health System

NAMI Ohio calls for a moratorium on any new cuts to the Ohio Department of Mental Health, and calls on the Department and local Boards to prioritize basic services (medication, housing and treatment) to adults with Severe and Persistent Mental Illness and children with Severe Emotional Disorders.

"NAMI Ohio recognizes that budget cuts in FY '10 - '11 are inevitable. However, the mental health system has already paid too high of a price for the sake of Ohio's economy already. Earlier this year two state mental health hospitals were closed, and now we are facing additional cuts to the Department and the community mental health system. Clearly, these are difficult economic times, but we cannot lose sight of the fact that meeting the basic needs of the sickest among us has to be the priority of government, even if it means that additional cuts are made elsewhere in the budget," said Jim Mauro, Executive Director of the National Alliance on Mental Illness of Ohio.

Stigma Busting Challenge: The next time you have lunch with a friend, bring up the issue of mental illness.



NAMI Ohio Board Member Profile: Rory McGuinness A Commitment to Recovery

By Paul Quinn, NAMI Ohio Board of Directors

When Rory McGuinness was 13 years old, his brother Everett, then 18 years old, began withdrawing from friends and family. Soon thereafter, Rory and Everett engaged in a typical brotherly squabble. "My brother just lost it," Rory said as he recalled the event. "It was so bad, my parents took him to the hospital. Our lives have never been the same."

Ultimately, Everett was diagnosed with schizophrenia. "Learning the diagnosis was difficult," Rory said. After several years of trying different medications, Everett found recovery with the help of Clozaril. "It's been a miracle drug for my brother," Rory said.

From the time of Everett's diagnosis, "I knew I wanted to help," Rory said. Rory's parents, Bob and Mary, have been involved for 18 years in mental health advocacy. Mary was on the Summit County NAMI Board for several years. So, Rory jumped at the opportunity six years ago to join the Board of NAMI Ohio, for which he now serves as Treasurer.

"Through NAMI, we have an opportunity to do amazing things," Rory said. "Treatment for mental illness is a neglected social service. It impacts other social problems like

homelessness, drug addiction and alcoholism."

Rory's primary areas of concern for NAMI are government advocacy and fundraising. "Obviously, the State is in a difficult budget situation," he said. "The money is just not there. But the administration understands the need

plans. "And remember NAMI in your will," he said.

Everett's recovery has been a rewarding experience for Rory and the McGuinness family. "Everett works, pays taxes and has access to health insurance," Rory said. "Recovery is different for each individual. Success



From the time of Everett's diagnosis, "I knew I wanted to help," Rory said. "Through NAMI, we have an opportunity to do amazing things..."

to take care of people. We just have to educate our representatives on the issues."

Rory invites all of his friends to support NAMI. "Events such as the annual Reverse Raffle/Dinner and NAMI Walks are opportunities to educate people we know and ask for support," he said. "If we don't ask people for help, we can't possibly get it."

Rory suggests everyone consider NAMI Ohio in their charitable giving

is having a feeling of self-worth and being happy with what you're doing. But it requires a commitment to recovery by the consumer and support from family."

The commitment that Rory and the entire McGuinness family have made to recovery and to NAMI has enabled Everett and many other consumers to be successful. Thank you to the McGuinness family for all you do in the name of recovery!



Pater Noster House: Where Hope Comes Home

By Beth Blubaugh, NAMI Ohio

When Fr. Phillip Zimmerman first walked into Pater Noster House five years ago, the floors were covered in animal feces, the food was spoiled, and medications were left unattended. Appalled at what he saw and determined to give the residents of Pater Noster House the decent housing they deserved, Fr. Zimmerman made it his mission to create an environment “where hope comes home”. A house once on the brink of being closed due to the unspeakable number of health code violations, now proudly receives a perfect rating from The Ohio Department of Health.

Fr. Zimmerman’s passion for helping individuals suffering from mental illness does not end at 4313 Alkine Road. Because of an incredibly generous donation from Ronald Lutz, the hope and healing that occurs at Pater Noster House will continue in a new home on the east side of Columbus. When Ron lost his sister, Nancy, to schizophrenia, he contacted NAMI Ohio and expressed an interest in donating a large sum of money to help provide a better quality of life for others afflicted with mental illness. As the new home is built and the Pater Noster family grows, Nancy’s life will forever be honored and remembered.



A former resident spends an afternoon back home visiting with friends and family (including Pater Noster House’s two jack russell terriers).



Executive Director, Fr. Phillip Zimmerman, stops to smile for the camera as he talks to NAMI Ohio staff members about daily life for himself and the five residents of Pater Noster House.



Ask the Child Psychiatrist

By Dr. Steven W. Jewell

Dear Dr. Jewell,
My son does pretty well in middle school but I know he could perform even better if some adjustments were made to his schedule. However, I hesitate to ask for special accommodations because I am concerned that he will be labeled by his friends and teachers as "crazy". What is better, average grades and no label, or good grades and a label? - Stigma Stinks

Dear Stigma Stinks,
While the stigma of mental illness is sadly real, sensitive and caring adults can do a lot to mitigate its impact. I would hope that it would be possible to find a 'middle ground' where your son could benefit from needed accommodations without having to suffer from related stigma.

One approach would be to talk to your son's school about making informal accommodations in his schedule without applying a label. Many schools are sensitive to the impact of stigma, and are thus willing to provide basic accommodations for students without applying a label. If you are lucky enough to live in such a school district, this is the path you should take!

If your son's school is unwilling to make informal accommodations, then the next step would be to pursue accommodations as part of a "504 Plan". Section 504 of the Rehabilitation Act of 1973 is a federal law designed to protect the rights of students with disabilities. It allows accommodations without the need to go all the way to pursuing special education through the creation of an Individualized Education Plan (IEP).

The U.S. Department of Education's Office of Civil Rights (OCR) exists, in part, to make sure that students with disabilities receive the education they deserve, without discrimination. If you are concerned about stigma, and to be sure that your son's rights are protected, it would make sense to study the Section 504 information on OCR's website, and/or bring a parent advocate with you to a meeting with school officials about this option.

Dear Dr. Jewell, My 13-year-old son was just diagnosed with bipolar disorder. I didn't think kids this young could be diagnosed with such a serious illness because they were still developing. Can you enlighten me? - Wondering in Wooster

Dear Wondering,
There is indeed some controversy about the diagnosis of Bipolar Disorder in children, but the controversy relates primarily to making the diagnosis at a young age (e.g., in preschoolers). It is becoming more and more accepted to make the diagnosis in teenagers.

When I was in training in the 1970s it was controversial to make a diagnosis of depression in children or adolescents. It is now well-accepted by the mental health profession that not only does depression occur in youth, but it is also important to make the diagnosis as early as possible, in order to start effective treatment and reduce the risk for suicide.

In a similar manner, and for the very same reasons, the diagnosis of Bipolar Disorder in youth is becoming more and more accepted. This is in great part due to studies showing that if you ask adults with Bipolar Disorder when they experienced their first symptoms, 30% report onset before the age of 13, and another 40% report onset between the ages of 13 and 18!

If you still have doubts about your son's diagnosis, though, you have every right to ask his treating mental health professional to explain how he/she came to that diagnosis. They should be willing and able to identify the specific symptoms that justify the diagnosis, based on DSM-IV diagnostic criteria. If they cannot explain it to your satisfaction, you should seek a second opinion; and ideally you should get that evaluation from a child and adolescent psychiatrist.

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



Ask the Doctor

By Dr. Marion E. Sherman

Dear Doc,

My treatment team has helped my family and me to see the importance of separating my illness from who I am as a person. Most of the time, this has been very helpful. However, my mother has recently started to label any of my thoughts and feelings that she does not agree with as a "symptom of my illness" which has caused hurt feelings and confusion. The very thing that was supposed to help us all realize that I am not my illness has caused the opposite to occur. How do I help my family see where my illness stops and I begin?

- Free to be Me

Dear Free,

While misunderstandings create hardship, we can celebrate that your treatment team and family strive to separate your illness from who you are as a person. When one has been acutely ill and vulnerable, family members may become confused, and you may feel conflicting feelings yourself, as you both try to sort out healthy variations of emotion from pathologic symptoms of illness.

You may take several avenues of action. When you learn about your illness, you gain strength. Your family also gains through education and support, and they might be willing to attend NAMI Family to Family. If you believe that your family is ready to understand, ask for a family meeting to calmly express your hurt feelings and confusion. Let them know that they may not always know how to tell you from your illness. Ask them to ask you, rather than to assume. If you find that a meeting of mutual respect and listening is not possible, then please seek the assistance of a clinician on your treatment team who can facilitate the discussion productively, and assist in resolution of the issue.

Dear Doc,

Is it better to help fight against the stigma of mental illness even if it causes me more pain? I have a hard enough time accepting my own illness, let alone telling others about it. I know I shouldn't be ashamed, but I don't feel strong enough to deal with the people that may feel otherwise.

-Ashamed in Ashtabula

Dear Ashamed,

It's ok to stay private. Your path is unique to you. You have a right to privacy and to taking actions about your illness within your timeline. We each have our own healing challenges, and must rally the resources to stay on our own recovery path first. Tend to your healing thoroughly, and as you grow stronger, you will naturally be able to reach out more to others and take the risk of telling others.

When you are strong enough and at the right point in your own recovery to give to others in that way, you may choose to tell others. The first people to tell are those who deserve your trust. If you choose to broaden your circle of disclosure, make sure that your protective supports are in place first. When you tell others in order to help them, you may find that you gain freedom and healing in the action. I trust that you will know when the time is right for you.

Warm Regards in Recovery,

Marion E. Sherman, M.D.

Chief Clinical Officer, Twin Valley Behavioral Healthcare

NAMI Ohio extends its congratulations to Dr. Sherman on her appointment to the Medical Director position at the Ohio Department of Mental Health. We are grateful for the years in which she has graced the pages of News Briefs with her expert advice.



Report Released on Somali Mental Health Needs

By Charleta B. Tavares, Executive Director
Multiethnic Advocates for Cultural Competence

In August, our organization, the Multiethnic Advocates for Cultural Competence (MACC) released our 2008 Updated Cultural Competence Needs Assessment Report featuring new mental health information on the Somali community. The report updates the Statewide 2006 Cultural Competence Needs Assessment Report conducted for the Ohio Department of Mental Health. We learned that each generation of Somalis have their own set of cultural values that are based on both religion and tribal identity. This coupled with a lack of understanding of how to “navigate” the mental health system and the secrecy of family members to disclose mental illness, inhibits their ability to access or reach out for services.

The Somali focus groups were conducted using traditional and culturally appropriate methods, which included a Somali facilitator, Liban Bule and groups divided by gender and generation. “As our Somali population in Central Ohio continues to grow and the need

for services for this new community increases, we want to understand how best to reach out and provide services that are culturally appropriate,” said Suzanne Coleman-Tolbert, MACC Board chair.

Among the findings from the focus groups are:

- Somalis traditionally seek help from Imams, trusted elders or relatives, but not mental-health professionals
- Their comfort level with the mental-health system is low
- Mental illness is considered a private family affair
- Somalis would prefer treatment programs provided close to or within religious institutions or community-based organizations they trust.

The Ohio Department of Mental Health and MACC are working together to learn about the mental health needs of racial, ethnic and cultural communities throughout the state of Ohio. “We are working with MACC to inform

our system and develop strategies to provide culturally and linguistically appropriate mental health services. This report will continue our work to identify barriers and gaps in services for Ohio’s residents”, said Debbie Nixon-Hughes, ODMH Deputy Director.

MACC conducted the state of Ohio’s first ever-statewide cultural competenceneeds assessment for the Ohio Department of Mental Health to gather information on racial, ethnic and cultural communities’ needs in 2006 (download a copy at www.maccinc.net). The update focuses on the growing Somali population in Ohio.

MACC is a statewide membership association of health, behavioral health, education, social service and other care providers, administrators, professionals, family members, consumers and advocates dedicated to making Cultural Competence a best practice in Ohio’s systems of care.



The Multiethnic Advocates for Cultural Competence (MACC) awarded their 2008 “Enlightened Kaleidoscope” Award to Mahdi Taakilo, President of the Somali Link newspaper and President of the Board of Helping Africans in a New Direction (H.A.N.D). The award is given annually to an individual or organization that celebrates innovation, leadership, and commitment to cultural competence; behavioral health parity and; the diversity of needs and uniqueness of Ohio’s people. From left to right, Suzanne Coleman-Tolbert, MACC Board Chair, Senator Ray Miller, 2007 award recipient, Mahdi Taakilo, and Charleta B. Tavares, MACC Executive Director



In Appreciation

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

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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.



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