

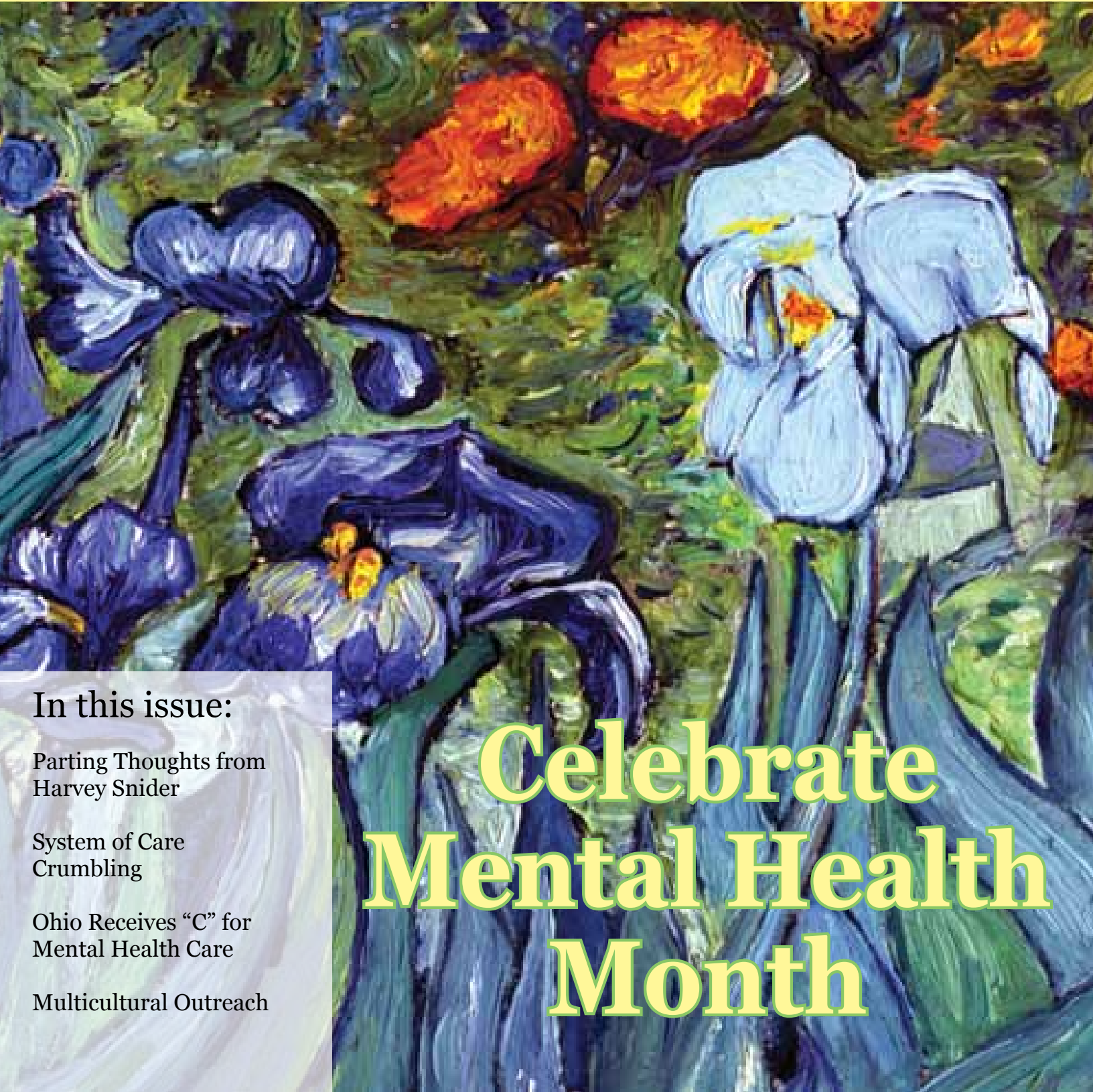


NAMI Ohio's

# NEWS BRIEFS

Vol. 31  
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Ohio's Voice on Mental Illness



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## On the Cover:

Celebrate Mental Health Month. Throughout the month of May, advocates for individuals with mental illness strive to raise public awareness about the illness in an effort to eliminate stigma. One way to celebrate Mental Health Month is to give someone you care about an iris. The iris is a symbol of courage and hope. It is derived from a painting by Vincent Van Gogh during one of his hospitalizations for a mental illness.

## NAMI Ohio Apparel Available



**NAMI Ohio staffers Don Piunno and Ron Rett sport their NAMI Ohio apparel.**

To purchase quality NAMI Ohio shirts at reasonable prices, visit our website at [www.namiohio.org/apparel.html](http://www.namiohio.org/apparel.html). You can select from several logo styles and shirt options. Our vendor, Sew Pro JoAnn, is an active NAMI member and she recognizes, as do we, the importance of raising awareness about NAMI by wearing clothing that proudly displays our logo. NAMI Ohio receives a small percentage of each purchase.

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

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Leslie Brower presents a proclamation to Ohio Department of Mental Health Assistant Director Bill Harper thanking him for his commitment to the state's mental health transformation initiative. Mr. Harper has taken a new position as the Executive Director of the Summit County Alcohol, Drug Addiction and Mental Health Board. NAMI Ohio is grateful to Bill for his support while with the Department and wishes him well in his new role.



# Parting Thoughts

By Harvey Snider, President

As I wind down my eight years on the NAMI Ohio Board, the past three as Board President, I can't help but reflect on how far our system has come since my son was first diagnosed with a mental illness. In 1983 Jeff was attending Indiana University where he was studying to become a lawyer. He was receiving straight A's in school, and his future looked very bright...until he was diagnosed.

At that time, we were in the dark ages of mental health care. The medications that were available to Jeff and others with this terrible disease were quite limited, and had significant side effects.

**A Personal Plea to Hospital Administrators**

*I am proud of my years of service on the NAMI Ohio Board. However, I have one regret. Despite my years of calling attention to the unfairness of the visiting hours in Ohio's public and private psychiatric hospitals, they have not improved. As family members, we are told repeatedly about the importance of supporting our loved ones when they are hospitalized, yet when we visit, we're told "not now." Hospital administrators, please review your visiting hours to determine if they are family friendly, and if not, I implore you to CHANGE THEM! H. Snider*

Many people with mental illness did not have the opportunity to live in the community as they do today, but were placed in institutions to manage their care. My late wife, Lois, and I did not want to see this happen to our son, so we became very involved in mental health advocacy and are pleased to see how far the system has come since Jeff was first diagnosed.

Today, Jeff is able to live in and participate in our community. He shares an apartment with a roommate who also has a mental illness. The cost of his housing is subsidized by federal and state dollars. Jeff receives mental health treatment through a publicly funded agency in our area that embraces the team approach. He has access to a variety of professionals including a social worker, a case manager, a physician and a psychiatrist. It is a wonderful program and we are grateful that

it is available to him. Jeff is on Medicaid, which thankfully covers the cost of his treatment and his expensive, but very effective medication.

Jeff also participates in a local program that provides training to individuals with disabilities who are interested in working in the food industry. He is learning the business end of a grocery market industry and is being trained to work in that field. He is excited about his prospects.

Despite the fact that Jeff has access to all of these services, he still has difficult times and must be hospitalized on occasion to have his medications evaluated and adjusted.

We are fortunate to have a full array of services that includes housing, treatment, medication, hospital services and vocation training. I am frightened that in these difficult economic times, the core services that NAMI Ohio and others have worked hard to acquire for our loved ones are being threatened by funding cuts. And I am even more worried that the careful balance that has become Jeff's life, will crumble along with the rest of the system.

I ask those of you who come behind me, please don't let this happen to Jeff, or to anyone else's child. Continue the fight for appropriate levels of funding for mental health services. We cannot lose what we have fought so hard to acquire for our loved ones and for our communities.

One final note: I want to thank the staff at NAMI Ohio for their commitment and hard work. It has been an enormous pleasure to work with such a terrific group of people.



# System of Care Crumbling

By Jim Mauro, Executive Director

Since 1988 Ohio has moved away from large institutional care in favor of the promise of a local community based system of care. Over the years, a large, very complicated system has developed incorporating the roles of the federal Medicaid and Medicare programs, state offices and local mental health boards and their contract service providers.

*Our failure to meet their needs in the community mental health system will simply shift significantly greater costs to other parts of state and local budgets and that shift will occur almost immediately.*

While this system of care is full of caring, well meaning, dedicated people, they are too few, too overwhelmed and working in a system that is woefully underfunded.

The public system through the Ohio Department of Mental Health (ODMH) serves approximately 320,000 Ohioans each year, including 100,000 children. Of the adults served, about 7,000 are treated in the state hospital system. Almost 97,000 of the adults and about 60,000 of the children served are considered severely and persistently ill and are seriously disabled. These numbers are impressive and the work done to support these individuals should be considered life-saving. But we need to keep in mind some equally impressive but less flattering numbers. There are in excess of 500,000 seriously ill individuals in the state and while some of those not served by the state are cared for in private settings, there are far too many very sick adults and children getting little or no care at all.

Funding for this system of care has been deteriorating for years. The real dollar input of General Revenue funds, the state's contribution to services, has been declining for at least a decade and ODMH has

taken some of the largest cuts of any state agency over the last year. Medicaid, which brings in approximately \$.60 in federal money for each \$.40 the state contributes (the State's "match") to care is growing rapidly as more and more individuals find themselves in need of mental health services but are unable to afford care. While we are thankful for the federal aid, it comes with a price.

Individuals with serious mental illness need an array of services that are not all covered by Ohio's Medicaid plan.

There is state money for non-Medicaid services and some counties have local levies that can pay for such services as well. But as Medicaid grows, the erosion of state dollars requires authorities to meet the Medicaid match obligation out of funds that could and should be used to provide non-Medicaid services, such as housing. What is more, of those ODMH serves, 40% are not eligible for Medicaid and the state and local communities must bear the full cost of those services.

There is no question that we are in serious financial difficulty in Ohio and that the state's budget reflects

*The Governor and the Legislature must act to ensure an adequate and consistent source of funds for needed services.*

that circumstance. However, there is no short or long term economic advantage to not prioritizing and adequately serving the seriously mentally ill. Our failure to meet their needs in the community mental health system will simply shift significantly greater costs to other parts of state and local budgets and that shift will occur almost immediately. The seriously mentally ill are among the State's most vulnerable and in need citizens. The Governor

*(Continued on page 5)*

# 4th Annual Dinner Party

The 4th Annual NAMI Ohio Dinner Party was held on March 12, 2009 at the Four Seasons Hotel in Columbus. The evening included presentations by Franklin County Mental Health Court Judge Scott VanDerKarr, Athens Police Department Commander David Malawista, and a testimonial by NAMI member Gabe Howard. The Master of Ceremonies for the evening was local NBC News Anchor, Colleen Marshall.

**The major sponsors for this year's event were:**

Fifth Third Bank  
Buckeye Community Health Plan



*Diana Korte and Pete Floyd*



*Dave Phillips, Virginia Nunes, Victoria Nunes, Sabra Kershaw, and Debbie Beyer*



*Judge Scott VanDerKarr, Vance Morgan, Jax Morrison, Andrea Boxill, and Judge Eric Brown*

The success of the Annual NAMI Ohio Dinner Party & Silent Auction would not have been possible without the generous contributions from the following individuals & organizations:

A. D. Farrow Harley-Davidson  
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Paradise Pen Co.  
The Refectory  
Seven-Up Bottling Co.  
Sisters Sweet Shoppe  
SpecialTee Golf  
Starbucks  
Trattoria  
The Wine Loft

# Ohio Receives “C” for Mental Health Care: A Decrease from Last Report Card

In March, the National Alliance on Mental Illness issued a national report card that gave Ohio a C for its public mental health system. The report is a follow-up to a NAMI report published three years ago to measure the progress of states in achieving the goals of a presidential commission that called for transformation of the mental health care system – which too often is fragmented, outmoded and inadequate.

In the previous report, Ohio received a grade of B. This year it is one of 12 states that saw their grades decline. The national average is D, remaining stagnant from three years ago. Six states received B’s, six received F’s, and no state received an A.

“This grade is a tremendous disappointment. Three years ago, Ohio received a B and was viewed as a national leader. Instead of moving forward as we should have, we have fallen miserably backwards, and in the process have left many of our most vul-

nerable citizens behind,” said Jim Mauro, Executive Director of NAMI Ohio.

“Ohio has worked hard over the years to establish a solid infrastructure, only to have it threatened by funding cuts. NAMI Ohio calls on the Strickland Administration and the members of the General Assembly to stop the erosion of Ohio’s mental health system. We cannot continue to rely on jails and emergency rooms to serve as our safety net. Instead, we must invest in cost-effect, proven mental health services that save lives and save money,” said Mauro.



The report card is based on 65 criteria, including access to medication, housing, family education and support to National Guard members. It includes policy recommendations for federal and state leaders. State governments provided most of the information on which the grades are based. To view the report in its entirety, go to [www.nami.org/grades2009](http://www.nami.org/grades2009).

*(System of Care - Continued from pg 3)*

and the Legislature must act to ensure an adequate and consistent source of funds for needed services.

Please contact your State Senator and Representative in the General Assembly and urge them to fund mental health services at the same level that they were funded in Fiscal Year 2009. For the name and contact information of your representatives, go to: [www.legislature.state.oh.us](http://www.legislature.state.oh.us).

## O.A.C.B.H.A. Bowl-A-Thon



**NAMI Ohio staff members help raise money for a good cause -- the Ohio Association of County Behavioral Health Authorities Political Action Committee.**

*Karen Lindberg gets in position to bowl a strike. Cheering for her is Karen Scherra, Executive Director of the Clermont County Mental Health and Recovery Board.*

# Basic Steps for Successful Multicultural Outreach

Outreach to diverse communities is imperative to assuring equal access to education and recovery to all Ohioans. The following steps may be utilized as guidelines to customizing your outreach plan:

- 1. Identify the target group:** Be realistic and specific when choosing a community. Once you have identified the group, learn as much as you can about their characteristics and history in your area. Also research the group's beliefs about mental illness. Important questions to ask include:
- Is this community aware of mental illness?
  - What are the levels of stigma about mental illness?
  - Is there discrimination toward people with mental illness?
  - Does this community have information about mental illness?
  - Does this community see mental illness as an important issue?

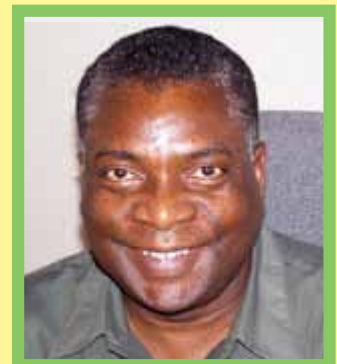
The more you know about your targeted audience, the more successful you will be in engaging them in meaningful ways.

- 2. Identify key community leaders:** Approach leaders from your target group and ask them to partner with you. Cultivate relationships with them. It will take time to gain their trust, but it is essential to have their support—these leaders are your community experts. They will help you identify community needs and how to successfully reach the group. Because they are respected and recognized by the group, they will help you gain access, trust, and attention from this group.
- 3. Identify key community organizations:** Resources are limited and we cannot fix everything alone. Partnering with local community organizations that work with your target group will provide a united front and increase outreach possibilities.
- 4. Decide the major focus of your activities:** Traditionally, NAMI's focus areas include education programs, support groups, and advocacy. It is important to solicit the opinions of your community members to help you make a decision on what your activities should be. Some ideas include:
- Creation of culturally and linguistically appropriate pamphlets or videos about mental illness
  - Establishment of a community-specific support group
  - Setting a target of increasing diverse community membership by a specific percentage
  - Lobbying state government officials to increase funding for mental health services to the target community
- 5. Dissemination and Publicity:** Target local community organizations such as churches, libraries, schools, grocery stores, clinics, and any other areas where the group frequents. Health care professionals from targeted group will be especially helpful. Create press releases, public service announcements, and short newspaper articles detailing your efforts. Identify media outlets used by your target community; advertising your program in culturally appropriate media will ensure that information reaches the people you want to inform.

Source: NAMI National

## NAMI Ohio Conference to Celebrate Differences

***Under the Same Sky—Celebrating Differences, Recovering Together*** represents the richness that results from our ethnic, cultural and personal differences. It is only through our efforts to draw together that we learn to accept, to grow, and to recognize the possibilities that spring from our combined experiences. Workshops at the May 8-9th statewide conference in Columbus will draw attention to the diversity within our communities, and focus on bringing our diverse experiences together to achieve greater results. Consumers, family members, advocates, law enforcement and mental health professionals are expected to leave with a renewed spirit of oneness.



Featured Speaker Clarence Jordan  
Recipient of NAMI National's 2005 Award for Multicultural Outreach

# Recipient of Parent Advocate Services Shares Her Family's Story

Dear NAMI Ohio:

I am writing to share my story about my family's involvement with the NAMI Ohio Parent Advocacy Connection Program. My daughter was diagnosed with Bipolar Disorder when she was 12 years old. We started her on counseling and seeing a psychiatrist. About a year later, we started having real problems. She self-mutilated and was suicidal. Within a year's time, she had been locked up in our county juvenile detention facility several times, hospitalized ten times, and over dosed three times. When the hospital told me that they were sending her home after the third overdose, I broke down. I didn't feel that I was capable of keeping her safe. The hospital administrator contacted the Children and Family First Council in Logan County, and the next day I had a parent advocate from the Parent Advocacy Connection (PAC).

I can't begin to tell you how much it meant to be able to talk to someone that accepted mental illness as an illness and could be there for me when I was struggling. With the support of my advocate, we got through the court system and started functioning as a family again. It was a long road and it took a lot of work for several years, but my daughter is going to school and doing well.

I could call my advocate and vent about things that most people would have no idea how to deal with. She would go to appointments, meetings and court hearings whenever I needed her. She knew about IEP's, respite care and partial hospitalization. The information for programs that I had no idea existed she knew about. All of the information was presented to me and I could make decisions based on this information. I have since become an advocate because I know how lonely and isolated you can become when dealing with mental illness in your family. I don't want anyone to feel as lost as I did.

Sincerely, Bonnie Jutte



Pictured behind Bonnie Jutte from left to right are her children Angela Jutte, Adam Warner, and Sarah Jutte.

## Parent Advocacy Connection

The Parent Advocacy Connection (PAC) is administered by NAMI Ohio. This program is designed for the parents of children who are in crisis and who are receiving Service Coordination by the local Family and Children First Initiative. Through this program, we strive to:

- Promote the understanding that parents are the foremost experts on their children.
- Support, nurture, inform, educate and ultimately empower parents to advocate on behalf of their children.
- Provide parents the opportunity to develop essential advocacy skills through participation in core competency training with a goal toward assisting other families in crisis.

For more information on PAC, contact NAMI Ohio at 1-800-686-2646



# NAMI Ohio Board Member Profile: Linda Farias Finding Strength

By Paul Quinn, NAMI Ohio Board of Directors

Social work is more than a profession for NAMI Ohio Board member Linda Farias. It is a way of life. "That part of my brain is always 'on,'" Linda said. "I'm always applying my skills."

Social work, Linda said, is all about working for the betterment of people

their potential," Linda said.

Linda has long used her social work skills. She has worked developing coping strategies for consumers in crisis centers. She then served as a facilitator in a group home. Currently, she helps inpatient participants in the St. Charles West Wings' partial hospitalization program. "We work on their self-esteem," she said. "And I counsel people on medication compliance and recovery plans." But the real value

Linda also leads a support group for Parents Helping Parents. She learned of the not-for-profit organization while going through a difficult time with a family member. "Much like NAMI Ohio, Parents Helping Parents is a phenomenal organization," she said. "They save lives! I want to help others who need it."

Although her passion for helping others occupies nearly all of her time and energy, she always makes time for her daughter, son-in-law, and twin baby grandsons in Texas. "They bring me great joy," Linda said. "I visit them regularly." Linda's daughter is studying to become a nurse. Her son-in-law is a mechanical engineer.



"For example, think how creative a homeless person must be in order to find food and shelter on a daily basis!"

by identifying and building upon individual strengths. "Everyone is good at something," Linda said. "Just because a person is homeless or mentally ill doesn't mean they don't have something to offer. For example, think how creative a homeless person must be in order to find food and shelter on a daily basis!"

Linda offers is in providing hope to consumers. "I help them dream of a better life," she said. "I tell them, 'the sky is the limit.' We all need to reach for success. And, of course, I make sure they know about the resources available through NAMI Ohio and its affiliates"

When she finally takes time to relax, she enjoys music. "I enjoy all forms," she said. "I have the latest Quinn Family Singers CD!" Recently, Linda attended a Metallica concert. "I was swept up in the energy of the band, the crowd and the music," she said. "It was exhilarating!"

This positive approach to treatment attracted Linda to the profession. She is completing her studies at the University of Toledo and will soon become a licensed social worker, qualified to provide consulting services and/or private therapy. "Social workers are in positions where we can play huge roles in helping troubled people realize

During her term on the NAMI Ohio Board, Linda is particularly proud of the development of the Housing Institute. "As we all know, stable housing is critical for stabilizing recovery from mental illness," she said. "With the grant from Eli Lilly and the matching funds we were able to obtain, NAMI Ohio was able to providing housing for consumers making progress in their recovery effort."

Linda's service as the state's northwest representative on the NAMI Ohio Board is ending after two 3-year terms. "It will be difficult to end my terms on the NAMI Ohio Board," Linda said. "The people involved in NAMI are the best, most dedicated people I have ever known. That will never change."

## Insurance Department Introduces Toolkit to Help Ohioans Understand How to Appeal a Health Coverage Claim Denial

The Ohio Department of Insurance has launched a toolkit, to help Ohioans understand the process by which they can appeal a health coverage claim denial made by their insurer.

“People may not realize that if their health coverage claim is denied, they have the right to appeal that decision,” Ohio Department of Insurance Director Mary Jo Hudson said. “The toolkit, which includes a helpful brochure and answers to frequently asked questions, illustrates the exact steps and processes consumers are to follow if they disagree with their insurance company. Anyone with

questions about appealing their insurer’s health coverage decisions can call our consumer hotline at 1-800-686-1526.”

To view the toolkit, go to [www.ohio-insurance.gov](http://www.ohio-insurance.gov) and you will find it in the featured links section. Ohioans with questions concerning insurance are encouraged to call the Department’s consumer services hotline, 1-800-686-1526. Additional tips and more information about insurance, including a link to the Insure U web site, can also be found at the Department’s web site.



**Mary Jo Hudson, Director,  
Ohio Department of  
Insurance**

## National Institute of Mental Health (NIMH) Annual Meeting

NAMI Ohio’s Assistant Director of Programs and Affiliate Support, Gini Haffner, attended the NIMH Outreach Partner’s Annual Meeting in Charlotte, North Carolina in March. During the Sharing Session, Gini set up a display highlighting the programs that NAMI Ohio is proud to offer. This informal gathering afforded everybody in attendance an opportunity to showcase projects, programs, events, and other activities that they are implementing in their respective states.

NIMH Outreach Partnership Program is a nationwide effort to disseminate science-based information on mental illness and addiction disorders to consumers, families, and policymakers at the state and local level. For more information on NIMH or to order multiple copies of their materials, go to: [infocenter.nimh.nih.gov](http://infocenter.nimh.nih.gov).





## Ask the Child Psychiatrist

By Dr. Steven W. Jewell

**Q. I spend a lot of time fantasizing about how my friends would react if I killed myself. I go into detail about who would show up at my funeral, and what they would each say about me. Is this normal, or should I talk to my school counselor about getting help? Day Dreamer**

A. While fantasies about who might attend our funeral are probably more common than most of us would like to admit, what concerns me most is that you are fantasizing about your funeral following a death by suicide.

While we know that suicidal behavior is a sign of significant distress, and clearly indicates the need for treatment, suicidal thoughts are less well understood or studied. In fact, studies that look at how common it is for adolescents to have such thoughts tend to show highly variable rates (depending primarily on how the question is asked), ranging from as low as 8% to as high as 62%.

However, a recent well-designed study of adolescents showed that while 14% of the boys and 23% of the girls had thought about suicide in the last year, only 5% of the boys and 12% of the girls thought about suicide frequently. In addition, in that study those who thought about suicide frequently had more health problems, drug use, delinquent behavior, and problems in school.

Thus, both the fact that you admit you are spending "a lot of time" fantasizing about this, and the fact that you yourself are wondering if this is "normal", suggests to me that it would indeed be a good idea to talk to your school counselor, family doctor, or parents about getting help. An evaluation can help determine if these thoughts are harmless, or a sign of a more serious problem.

**Q. My five-year-old grandson has recently started hitting himself in the head and pulling his eyebrows out. Both of his parents have been diagnosed with a mental illness. Are these signs that he will have a mental health disorder too, or am I just being overly concerned? Matt's Grandma**

A. I do not think you are being overly concerned. In fact, it is smart to be alert for signs of distress in a child if one or both parents have been diagnosed with severe mental illness. Research tells us that many mental illnesses run in families, and that having a parent with such a disorder increases the risk for the child.

For example, the lifetime risk for schizophrenia in the general population is about 1%. However, a child born to one parent diagnosed with schizophrenia has a lifetime risk of developing schizophrenia of about 10%. Similarly, a child born to two parents who were both diagnosed with schizophrenia has a lifetime risk of approximately 25%.

With regard to your grandson's behaviors, while rare instances of hitting himself in the head, especially in the midst of a tantrum, might be within the range of expected behavior for a five-year-old, repeated hitting himself, or any pulling out of eyebrows is not typical. Thus this may be a reflection of growing internal distress, which could indeed be a sign of an emerging mental illness.

It should be reassuring for you to know, though, that research tells us that in general the earlier treatment is started the more effective it is likely to be. I would thus urge you to seek a mental health evaluation for your grandson as soon as possible, so that (if indicated) treatment could be started while he is still young, and thus have the greatest impact.

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



## Ask the Doctor

By Dr. Mike Unger

**Q. My 75 year old father, who suffers from severe bouts of depression, has accumulated an enormous amount of laboratory equipment over the years. (He is a scientist by trade.) Recently, he became so overwhelmed with all of his possessions that he moved out of his house and in with his sister. He seems to be doing well at her house, and is no longer lonely and depressed. He is talking about returning home, but my siblings and I are concerned that he will slip back into his depression. We have offered to help him get rid of his equipment by putting it on e-bay, but he can't seem to part with it. Should we wait and let him handle this at his own pace, or should we step up and take charge of this situation? - Concerned Daughter**

A. It sounds like you are very supportive of your father; keep up the good work. It sounds like the lab equipment may be a tangible reminder to your father of his former work as a scientist. With that being an important part of his identity, it might be very hard for him to part with it even though he no longer uses it. I suggest that you not offer to sell it for that reason. You might offer to help him organize and rearrange the equipment for him in a way that may lessen his being overwhelmed. Maybe he could serve as a 'supervisor' and throughout the process you could ask him about each piece of equipment and what he likes about it. He may enjoy you showing interest in it, since it represents an important part of who he is (I don't mean to imply you have ignored this part of him). In this way, he is in charge, and you are stepping up in a way that he might find helpful from his perspective. If he is attached to it, I recommend you support his keeping unless he decides he wants to sell it at a later time. If his house is cluttered with all of his possessions, he may feel depressed and overwhelmed in his own house. Organizing and cleaning the house with a few family members and/or friends without pressing him

on selling any of it may work well. Maybe he could spend part of his time at his house after it is organized and he's no longer overwhelmed.

**Q. My husband, who struggles with depression, is likely to be laid off soon. I am concerned that losing his job will send him into a tailspin and he may try to harm himself or worse. What precautions can I take to ensure his safety? Mrs. X**

A. You should follow your instincts. A very good precaution is to remove anything from the house or garage that he could easily use to harm himself. This includes all guns, ammunition, hunting knives or potential weapons. You might want to tell him that you have serious concerns about his mental health and stress level, and suggest he get professional help now - even if he doesn't lose his job. Encourage additional support from other family members and friends. Remind him that he and his life is not "his job". Sometimes people lose their perspective during periods of stress. I try to help clients realize that even severe stress like that of unemployment is temporary and that suicide is a permanent solution to a stressful but often temporary problem. As the economy bottoms out, what will happen next? It will get better. Then companies that have downsized will slowly expand, jobs will open up again and maybe he'll have another job he likes even more than his current one. In summary, please refer him to a psychiatrist or psychologist, discuss your care and concerns with him, and enlist the support and encouragement of others that are closest to him.

Warm Regards,  
Mike Unger, MD  
Psychiatrist and Medical Director  
Southeast, Inc., Columbus, Ohio



# Quit Tips from a Recovering Smoker

By Flash Phipps, Ph.D., PCC-S, Adult Program Supervisor  
Shawnee Mental Health Center PCC-S

Flash Phipps, the Adult Program Supervisor at Shawnee Mental Health Center, became a smoker at the age of 13 and smoked regularly for the next 20 years. He understands the smoking mentality and, thus, feels a rapport with smokers and feels connected to consumers trying to quit.

“Even when I smoked, I never thought it was a good thing,” he says. “By the time I found out how bad it was, it was too late. I was already addicted.”

Phipps reflects upon the turning point in his smoking career—the epiphany. Although he was a heavy smoker, he refused to light-up in front of his children. Sequestered with his smoking habit, the hiding became so inconvenient that a ‘why-bother’ attitude began ruining his ritual.

“That’s one of the better ways to help a person quit smoking,” he emphasizes. “Make it inconvenient.”

Phipps has accumulated a few practical tips for cessation. “I tell people, put your cigarettes where they’re not with you,” he says. “Don’t carry your cigarettes. Make yourself go through an active thing every time you need to get a cigarette. Don’t keep them in your pocket. Keep

them up in your room or put ‘em out in your car. Put them somewhere where you have to think about smoking. Because what we’re finding is, if people have to think about their smoking, they won’t smoke as much.”

## Tobacco Addiction and Mental Illness

Research shows a strong link among tobacco addiction/dependence, people with severe mental illness, and negative-life outcomes.

- More than 70 percent of people with a mental illness and/or a substance use disorder use tobacco (compared with 21 percent of the general population).
- Over 44 percent of cigarettes smoked in the United States are consumed by people with psychiatric disorders.
- Smoking claims up to 400,000 lives annually.
- People with severe mental illness die, on average, 20 to 25 years earlier (from potentially tobacco-related illnesses).
- Smoking tobacco may interfere with the body’s ability to metabolize psychiatric medications, potentially leading to higher doses needed to control psychiatric symptoms and to prevent psychotic episodes.
- People with an addiction to alcohol and/or other drugs who also use tobacco experience a higher rate of relapse to substance use.
- People with schizophrenia spend an average of 27 percent of their income on cigarettes.

Source: Case Western Reserve University Ohio Tobacco Recovery Project

## Ohio Legislative Mental Health Caucus



Cheri Walter, CEO of Ohio Association of County Behavioral Health Authorities, makes a point to Sandy Stephenson, Director of the Ohio Department of Mental Health, while Representative Peggy Lehner listens.



Representative Robert Hackett outlines the benefits of belonging to the Mental Health Caucus to his colleagues in the General Assembly while Jim Mauro, Executive Director of NAMI Ohio looks on.



# Wall of Honor

**Mary A. Bullen**  
**NAMI Six County**  
**Tammie Rafferty**  
**Mr. & Mrs. Michael Schultz**  
**Lee Schwebel**  
**Ezra D. Singer**  
**Dr. Richard F. Stahr**

**In Memory of Robert L. Henke**  
 Marilyn Henke  
**In Memory of Helen G. Vernon**  
 Jim Vernon

# In Appreciation

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

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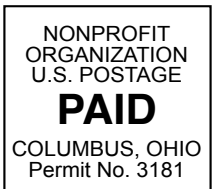
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## NAMI Ohio News Briefs

747 E. Broad Street  
Columbus, OH 43205



*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](mailto:amiohio@amiohio.org)

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."