



NAMI Ohio's
NEWS BRIEFS

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Ohio's Voice on Mental Illness



In this issue:

NAMI Ohio Welcomes New Board President

Budget Advocacy

2009 NAMI Ohio Award Winners

Excellence in CIT

Importance of Integrating Care

Bloom where you're planted

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On the Cover:

Photo of Flower by Renee Kopache

Pictured is Mary Landrau

Poster created by Sarah Gallant

This poster was one of several designed by consumers at the Recovery Center for the Southwest Ohio Mental Health and Wellness Network of Care Initiative. The idea for this project was for consumers to match a photo with an inspirational quote to help get people thinking about their overall wellness and recovery. For more information, send an email to Chris Pedoto at: cpedoto@gcbhs.com

NAMI Family Testifies on Budget

“We are a people blessed with an abundance of freedoms. Freedom to life, liberty and the pursuit of happiness. However there is the population for whom these freedoms continue to be only a dream. For our loved ones who suffer with a mental illness, facing a life of stigma, social rejection, homelessness and hopelessness are the realities that they live with daily and are yet to become freedoms for them. They live in a chaotic world not of their making with little or no voice. We are here today as their voices, to plead their concerns and to give them hope.” Excerpt from testimony by Dick and Marlene Paterson before the House Finance and Appropriations Committee, July 7, 2009.



NAMI News Briefs Contents



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

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2009 Charlie Alder Memorial Scholarship Award

Joyce Erbeznik, Mentor Ohio



In her application, Joyce wrote, "Nothing has brought such great joy as to see the faces of family members light up after I tell my story of recovery during a Family to Family class. My dream is to become a Social Worker so I can help others with mental illness realize their dreams and help make them come true."

The award is named after NAMI Ohio member and ardent mental health advocate Charlie Alder, who passed away last year.



Letter from the President

By Rory McGuinness

Dear fellow NAMI Ohio Members,
It is a privilege and honor to be serving as the NAMI Ohio Board President. Following in the footsteps of Harvey Snider, who led the Board with grace, dignity and compassion for many years will be no easy task. However, I promise that I will do my best!

Clearly these are economically challenging times for Ohio's mental health system, and the role of NAMI Ohio will be greater than perhaps at any time in the past. As it becomes harder and harder for individuals with mental illness to access needed services, more and more consumers and families will turn to NAMI for education and support. We need to be sure that when they do, we are able to provide them with what they need.

As Board President, I view my role as helping to ensure that NAMI Ohio is able to remain true to our mission, to improve the quality of life, ensure dignity and respect for persons with serious mental illness, and to support their families" even as resources become harder to come by. To this end, the Board will need to provide strong support and guidance to the organization.

This means focusing our attention on identifying potential funding sources, continuing to support quality education programs, directing advocacy to only those areas where we can make positive change, and supporting efforts that move the mental health system closer toward one that truly meets the needs of consumers and their families.

I am particularly excited about the steps that have

been taken to grow NAMI Ohio's membership and look forward to seeing more growth in this area. In the past year alone our membership has increased by 30%! This is a huge accomplishment and NAMI Ohio is grateful to the Ohio Department of Mental Health for helping to provide the resources to make this happen.

However, we still have a tremendous amount of work to do in reaching out to underserved populations.

"As it becomes harder and harder for individuals with mental illness to access needed services, more and more consumers and families will turn to NAMI for education and support. We need to be sure that when they do, we are able to provide them with what they need."

This is particularly important because we know that disparities in treatment utilization among various minority groups abound. Culture and ethnicity play a very prominent role in how people view mental illness and their willingness to seek mental health services. Stigma has been identified as one of the greatest barriers to utilization of treatment services by minorities. NAMI believes that educating ALL people about the facts of mental illness is the most effective means of addressing and ultimately eliminating these disparities. As Board President, I intend to keep this issue high on our agenda.

If you have any thoughts or suggestions that you would like to share with me regarding the role of the NAMI Ohio Board or the direction of the organization, I would be very interested in knowing what those are. Please do not hesitate to e-mail me at amiohio@amiohio.org.

Best wishes,
Rory McGuinness



Letter from the Executive Director

By Jim Mauro, Executive Director

The past several months have been important and very busy for NAMI Ohio. As is typically the case, every few years there is a change in the leadership of the NAMI Ohio Board. I want to welcome Rory McGuiness, President (formerly First Vice-president); Amy O’Grady, First Vice-president; Jennifer Guthrie, continuing as Second Vice-president; Jodie Ross, Secretary and Tom Walker, Treasurer to their new positions and thank them for accepting the responsibility of leading our organization. As they take up their new positions, I want to also express my sincere thanks and gratitude to our outgoing officers.

Harvey Snider, Paul Quinn and Phyllis Putnam have served on our Board, held officer positions and undertaken a variety of projects for many years. Their service has been invaluable. For me, their leadership has made being a part of NAMI a joy; both as Executive Director of the leading voice on mental illness in Ohio and from a more personal viewpoint...I will forever value their friendship. Like those before them, each has worked to enhance NAMI’s role in directing policy that impacts the

mentally ill and their families. That advocacy has been sorely tested over the past few months with regard to the state biennium budget.

We’ve included several photos of a variety of Statehouse activities that NAMI Ohio has been involved in recent weeks. Hopefully by the time this issue of News Briefs is delivered to your mailbox, we will know the outcome of the budget and the news will be good. For now though, it appears that our state leaders are playing with people’s lives. Individuals with serious mental illness are being placed in the middle of partisan politics, and the lives of some of Ohio’s most vulnerable are hanging in the balance.

Until this is over, NAMI Ohio and our partners in the Coalition for Healthy Communities will continue to call on Governor Strickland, and the Members of the Ohio Senate and the House of Representatives to do the right thing and find the resources to fund critical, life saving services for individuals with mental illness and alcohol and drug addiction.





NAMI Ohio Board Member Profile: Tom Walker The Voice of Mental Illness in Athens

By Paul Quinn

NAMI Ohio board member Tom Walker (Athens, Ohio) is known by many as host of his Sunday afternoon radio program "Conversations from Studio B." Over five years, Tom has produced 65 shows, during which he interviews people with an interest in or knowledge of mental illness. Although his guests have included prominent people such as Washington Post's columnist and "Crazy" author Pete Earley, they more typically are consumers in recovery from schizophrenia, bipolar disorder, major depression and other mental disorders. "My guests usually address areas which are poorly served, such as those suffering from postpartum depression or borderline personality disorder," Tom said.

The shows are broadcast on WOUB Radio, 1340 AM, 1 to 1:30 p.m. on the fourth Sunday of every month. You can listen to the live broadcast online or hear recently archived programs on the WOUB web site at www.namiathensohio.org/woub.html. "These interviews are a great resource for Family to Family classes," he said. "Family members can hear from people who have suffered through similar situations. It is quite therapeutic."

Fourteen years ago, Tom's son Jimmy, then age 18, was diagnosed with schizoaffective disorder. Tom and his wife, Anne, struggled to understand the illness and identify resources for assistance and support. They learned of, and participated in, the Family to Family course and quickly became active in NAMI.

"Our involvement in NAMI provides a huge emotional release," Tom said. "NAMI gives Anne and me a purpose and a sense of progress and achievement."

Tom and Anne became officers of the NAMI affiliate in Athens. Tom became a member of the NAMI Ohio Board five years ago and was recently elected to the executive committee, serving as treasurer. Tom said he feels rewarded by his involvement with NAMI Ohio and the impact it has had on consumers and their families. "Parity legislation for mental health insurance coverage is a good example," he said. "(Former ODMH Director), Mike Hogan said parity would not have been achieved without NAMI's involvement. We can feel good about the results from the direction we have set."



Tom is also known for leading efforts to restore and maintain mental hospital cemeteries which had been neglected. "We repaired headstones and cleaned up the cemeteries in Athens", Tom said. "We also raised funds to resurface the nature walk" at the three cemeteries. "(Ohio Department of Mental Health Director) Sandy Stephenson came and walked through the cemeteries with us!"

The Walkers have also been active in Crisis Intervention Training (CIT) for law enforcement officers, which teaches participants to effectively interact with the mentally ill. "More than 140 officers have been through the program," Tom said.

When not working on issues pertaining to mental illness, Dr. Walker teaches Latin American politics at Ohio University and authors textbooks. "I have problems myself with depression," Tom said. "I keep myself busy so I don't dwell on it."

As for son Jimmy, now 32 years old, he is working on a degree from Ohio University, has his own apartment and does volunteer work. "He's doing great," Tom said. "He is very focused on his recovery."



OU AFROTC Cadets Tylor Peery, Patricia Robinson, and David Struble raise the flag at the first ceremony.

Photo by and courtesy of Ed Venrick, Athens News

Memorial Day 2009 at the Ridges

Since 2005, the Ridges Cemeteries Committee, of which Tom Walker is a member, has been organizing Memorial Day Ceremonies for the many veterans - from the Mexican and Civil Wars through the Korean War - buried in the three old psychiatric hospital cemeteries.

FYI: Medication Assistance Programs

As the economy worsens it is becoming increasingly more difficult for many people with mental health disorders to pay for costly medications. Here are two programs that may be able to provide assistance:

Partnership for Prescription Assistance

www.pparx.org

The mission of the Partnership for Prescription Assistance is to increase awareness of patient assistance programs and boost enrollment of those who are eligible. Through this site, the Partnership for Prescription Assistance offers a single point of access to more than 475 public and private patient assistance programs, including more than 180 programs offered by pharmaceutical companies. PPA acts as a conduit to the individual Patient Assistance Programs of its members.

Together Rx Access

www.togetherrxaccess.com

The free, easy to use Together Rx Access™ Card provides savings on more than 275 brand-name prescriptions medicines and products, as well as a wide range of generic products. The savings are available right at your pharmacy's check-out counter. Together Rx Access™ can also help direct you to various resources for help on obtaining coverage or products. To qualify for the Together Rx Access™ Card, applicants must be legal U.S. residents, not be eligible for Medicare, not have public or private prescription drug coverage and have incomes of up to \$30,000 for a single person or \$60,000 for a family of four (income eligibility is adjusted for family size).

NAMI Ohio Conference 2009 Award Winners

On Saturday, May 9th at NAMI Ohio's statewide conference at the Hyatt Regency in Columbus, these individuals and organizations were honored for their excellence. Below the photos are comments made by NAMI Ohio's Executive Director, Jim Mauro upon presenting the awards.



Dayton Municipal Court Judge John Pickrel 2009 Executive Director's Award

"Despite many stumbling blocks along the way, Judge Pickrel's perseverance and belief in the Mental Health court model enabled him to expand the Mental Health Court beyond the city of Dayton to all of Montgomery County."



Gary Bright 2009 Mental Health Professional of the Year

"Gary's demeanor is such that everyone he comes in contact with is put at ease."



The Hispanic Bilingual Team at The Nord Center 2009 Excellence in Multicultural Outreach

"In a time where it is difficult to find bilingual case managers and service providers, the Hispanic Bilingual Team at The Nord Center continues to work hard for Latinos affected by mental illness."



Dr. Rakesh Ranjan, 2009 Psychiatrist of the Year

In the words of parent and NAMI member Sheri Lipton, "I have the utmost respect for this man as a doctor and a person. Without him, there is no doubt in my mind that my son would never have made it past his 16th birthday."
(Pictured with his son.)



NAMI Geauga County 2009 Affiliate of the Year

According to nominator Gini Haffner, "Within 18 months of organization, NAMI Geauga County identified the need for a strategic planning session that became their roadmap for success. NAMI Geauga County has met, set, and exceeded numerous goals in a very short period of time."



Windhaven House 2009 Agency of the Year

NAMI Ohio's Executive Director, Jim Mauro shared the following about Mark Zidian, the owner and operator of Windhaven House, "Time and time again, we hear of Mark's sincerity and compassion for his family ... the individuals living in his homes. The fact that Mark always refers to his residents as family speaks volumes about the atmosphere at Windhaven House."



Dennis Kurlas Owner of the Riverbank Café 2009 Stigma Buster of the Year

"Two years ago, Dennis Kurlas listed one of his sandwiches as the 'schizophrenic Reuben' ... the descriptive intent being that this particular Reuben had two elements, not just corned beef, but turkey as well. Realizing the potential damage and increased stigma that could result from such a name, NAMI Butler County officers, Sally Fiehrer and Nancy Young, decided to meet with Dennis to emphasize NAMI's mission, explain why they felt the sandwich name was unacceptable and inappropriate, and ask that the name be changed."

"The morning after the meeting, NAMI Butler County received a phone call from Dennis letting them know that he would remove the name within the week and apologized for its insensitivity. The schizophrenic Reuben is now called the B Street Reuben. Since that time, Dennis has hosted two fundraising events at his restaurant and supported the local NAMI Walk by posting large ads in his restaurant windows."



▶ The Muskingum Area ADAMH Board 2009 Board of the Year

"The Board's bi-annual consumer and family member outreach meetings have been recognized by Governor Strickland as an exemplary practice. The Board works closely with consumers in planning an annual 'Recovery Summit', a program that assists consumers and professionals working together toward recovery."

2009 CIT Award Winners

On Friday, May 8th at the NAMI Ohio statewide conference in Columbus, awards for excellence in Crisis Intervention Team training were presented. CIT is a specialized training program in which law enforcement officers are educated about mental illness and learn skills to deescalate certain individuals in crisis situations. Below the photos are comments made by Attorney General Richard Cordray when he presented the awards.



CIT PROGRAM OF THE YEAR:

Tri-County CIT Program of
Darke, Miami, and Shelby Counties

"The Tri-County CIT Program of Darke, Miami and Shelby Counties was nominated by both the Troy City Police Department and Tri-County Board of Recovery and Mental Health Services. Just the nominations alone go to show how well they collaborate in the Tri-County area."



CIT COORDINATOR OF THE YEAR:

Paul Lilley,
Associate Director of the Hancock County Alcohol
and Mental Health Services Board

"In addition to Paul's commitment to improving the local program in Hancock County, Paul is always willing to share his expertise and ideas for overall program improvement at both the state and national level."



CIT CHAMPION OF THE YEAR:

Sergeant Mary Mack,
State Highway Patrol, Norwalk Post.

"Sgt. Mack's enthusiasm about and dedication to CIT are evident in her efforts to sustain a successful program and recruit other officers for the program, making her a perfect example of a CIT Champion."



CIT OFFICER OF THE YEAR

Captain Toby A. Meloro
Liberty Township Police Department,
Trumbull County

The following story, which accompanied his nomination, highlights why Captain Meloro was selected as the 2009 CIT Officer of the Year.

"On June 10, 2008 Liberty Township Police Department responded to a residence in which a male subject had locked himself inside his garage with the intention to kill himself. The male subject had recently lost his job, was on numerous prescriptions for depression, and was having marital problems. The first responding officers attempted to make contact with the subject who was locked in his garage for approximately 30 minutes with no results. The officers then proceeded to set up a perimeter, and contact the violent crime task force.

Captain Meloro who is a negotiator for the task force, and a Liberty Township CIT Officer, arrived and attempted to open a dialogue with the male subject. Captain Meloro gathered valuable information in reference to the subject's background, and found out that the disturbed individual's wife had just recently had a baby, and her husband was extremely upset because he had no means to support his family.

It was also discovered that the subject had a history of mental illness, and had possibly taken a number of his prescriptions all at once. Captain Meloro's investigation also revealed that the suspect had a number of long rifles and explosives in the garage with him. After 20 minutes of no response, the subject finally stated to Captain Meloro that he would kill any police officer that attempted to get into the garage. Captain Meloro, however, was able to keep a dialogue open and the subjects emotions under control until the subject did lift the garage half way so a face to face negotiation could take place. The distraught subject held a shot gun under his chin for more than an hour and a half as Captain Meloro spoke to him.

Captain Meloro was able to bond and establish a relationship with the subject and slowly deescalate an extremely tense and emotional situation. After nearly 2 hours of negotiation between Captain Meloro and the distraught subject, the incident came to a resolution with the subject lying down his weapon and requesting help from Captain Meloro. The subject was taken into custody without issue. The subject stated at his pretrial that if it was not for the Liberty Police Department and Captain Meloro that he was not only going to take his life, but the lives of his wife and children once she returned home. The subject further stated that he had planned to have a shoot out with the police to end his life.

"The subject stated at his pretrial that if it was not for the Liberty Police Department and Captain Meloro that he was not only going to take his life, but the lives of his wife and children once she returned home."

Since this incident, the subject has since been getting treatment for his mental health problems and staying on his medication. He is back with his family, and on the road to recovery. He has stated that he owes his life to the Liberty Police Department. Due to the training that Captain Meloro received from the Crisis Intervention Team Program, and his past experience as a negotiator, he was able to deescalate an extremely volatile and potentially deadly incident, resulting in a positive outcome for the individual and his family."



Ask the Child Psychiatrist

By Dr. Steven W. Jewell

Dear Dr. Jewell

My 16-year-old son has been in outpatient treatment for major depression and drug/alcohol abuse for the past year. Although he has made some strides, there have been numerous setbacks. All in all, we don't feel that he is making much progress. Should we be considering a long-term inpatient or residential facility?

The treatment of an individual with both a psychiatric and substance use disorder (commonly referred to as "co-occurring disorders" or "dual diagnosis") is more complex than the treatment of either disorder individually. This is because each disorder tends to effect the other, so that if both are not fully controlled, the one that is not will worsen the other.

The good news is that in recent years more research is being done on the recognition, diagnosis, and treatment of this combination. It is now accepted that effective treatment of co-occurring disorders requires well-integrated and simultaneous treatment of BOTH disorders.

The bad news is that truly integrated dual diagnosis treatment programs for adolescents are not available in many communities. Instead traditional programs tend to treat EITHER psychiatric disorders OR substance use disorders, overlooking the needs of those with both.

Given the above, a first step would be to assess the level of integration of your son's treatment for his depression and drug/alcohol abuse thus far. If you feel it has been well-integrated (e.g., ideally delivered simultaneously in the same setting by the same providers; if not, at least delivered simultaneously with routine, frequent, and meaningful communication between the mental health and substance abuse service providers), then consideration of an increase in the intensity of his care (e.g., moving progressively from outpatient to intensive outpatient to partial hospital to inpatient/residential services) may be indicated.

On the other hand, if it is your assessment that his care has NOT been well-integrated, then I would suggest making every effort to get him into a truly integrated program for adolescents with dual diagnoses, before considering the more drastic (and costly) step of residential treatment.

Dear Dr. Jewell

Our 10-year-old daughter has been having frequent outbursts and has become increasingly moody and disruptive. Her pediatrician suggested we seek the advice of a psychiatrist. After an initial assessment, the psychiatrist did not think she was in need of medication or psychiatric treatment. However, our daughter continues to display characteristics that we do not see in our other children. Should we seek a second opinion? How likely is it that these are the beginning signs of a mental illness?

First of all, I always encourage parents to pursue a second opinion if they are uncertain or unsatisfied after the initial evaluation (even if it's mine!). If you feel that the psychiatrist may have missed something important, you have every right to get a second opinion, and should do so. Additionally, to be confident in the evaluation, make sure that a child psychiatrist (or another mental health professional with extensive training and experience working with children) provides the second opinion.

Secondly, the question of whether a child needs a mental health evaluation or treatment is a frequent question I hear from parents. A general rule of thumb is to assess to what degree their problems interfere with three important areas of functioning: peer relationships, family relationships, and academic performance. Generally, if a child is struggling severely in one of those domains, or moderately in two or more, there is reason for concern.

Finally, before getting the second opinion, and to assist in understanding your daughter's problems, it would be advisable to get feedback from other important people in her life. Talk to her teachers, coaches, Sunday School teachers, parents of her friends, relatives, and others who interact with her regularly in various settings. Ask them what their impressions are of her functioning in the above domains. This would give you both more information to share with the person doing the next evaluation, and a more comprehensive view of her functioning outside of your home and family.

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



Ask the Doctor

By Dr. Mike Unger

Dear Dr. Unger

My ex-husband was recently diagnosed with paranoid schizophrenia. As part of the original custody agreement, our six year old son spends the summer out of state with his father. My ex is refusing to give me details about his illness, his treatment, or his progress. From what I have read about paranoid schizophrenia, I fear for the safety of our son. Do I have cause to be concerned?

Dear Concerned,

It sounds like there are a lot of unknowns. It is important to know what symptoms led to his being diagnosed; if he accepts the diagnosis; if he adheres to his medication regimen and appointments; is he doing well under supervised care; etc.

Until the severity of his symptoms, his level of insight and judgment, and the efficacy of the current treatment are known, you should be concerned. Symptoms of paranoid schizophrenia can be mild, moderate or severe, and sometimes dangerous. Unless the symptoms are very well controlled and the person is functioning near normal, they probably won't adequately be able to take care of children.

Dear Dr. Unger

My 41 year old husband was just released from a psychiatric hospital after a suicide attempt. As part of his discharge plan, he was given the names of several psychiatrists and told to make an appointment as soon as possible. We have called all of these psychiatrists (as well as many others) and the shortest waiting list is still three months long. Are there any other options? What can we do to manage his illness in the meantime?

Dear Waiting,

There is a significant shortage of psychiatrists across the country, and it's worse in the Midwest. Usually I

would expect the hospital to set up concrete aftercare appointments and contingencies prior to your husband being discharged. I suggest you call your local mental health board and explain the situation and ask for their help. In Franklin County, he can be seen emergently at NetCare if he is still depressed and has any suicidal thoughts. If you live in a county without such a resource, I recommend calling a psychologist for counseling; contacting a primary care physician to at least monitor his medication until he can be seen by a psychiatrist. Eliminate any weapons, unnecessary alcohol or substances from home. Emotional support is very important at this time, so encourage the support of all family members and friends if he is comfortable with their involvement. Ask him to come to you first if he has any suicidal thoughts, and be in touch with any local crisis services or hotline number. Get others involved and "don't worry alone", as we say it. In addition to NAMI and the above, here are a few more resources.

Elderly Suicide Prevention Protocol

www.guideline.gov/summary/summary.aspx?doc_id=3308&nbr=2534&string=Elderly+AND+suicide

Crisis Intervention Guideline

www.guideline.gov/summary/summary.aspx?doc_id=3718

American Psychiatric Association

www.psych.org

American Association of Suicidology

www.suicidology.org/

American Foundation for Suicide Prevention

www.afsp.org

National Organization of People of Color Against Suicide

www.nopcas.com

Suicide Prevention Resource Center www.sprc.org

www.suicideassessment.com

Warm Regards,

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



The Importance of Integrating Care

By Jonas Thom
 Director, Ohio Coordinating Center for Integrating Care

Despite dramatic improvements in the overall health of people living in the U.S. over the last 50 years, some groups of people have higher than average rates of certain illnesses and premature death, also known as health disparities. One such group is people with severe mental illnesses.

Based on an examination of death records from 1976 to 1985, researchers estimated that patients with schizophrenia died 15 years earlier than the general population during that period. The amount of lost life for people with severe mental illnesses seems to be increasing. By 2000, people with severe mental illnesses in the U.S. were dying at twice the rate of and approximately 25 years earlier than the general population.

Several recent studies have also found that people with severe mental illnesses have much poorer physical health than the general population. Between 50–74% of people with severe mental illnesses have at least one serious chronic physical illness, such as heart disease, hypertension, or diabetes. Of the premature deaths of people with severe mental illnesses from 1976–1985, 60% were due to medical conditions such as cardiovascular, metabolic, and infectious diseases that are preventable and treatable.

In order to reduce the health disparities of people with severe mental illnesses, physical and mental health care needs to be delivered and coordinated in new ways. Recently The National Council for Community Behavioral Healthcare has published Behavioral Health/ Primary Care Integration and the Person-Centered Healthcare Home calling providers, consumers

and decision makers to develop and implement integrated health services for people with severe mental illnesses.

“By 2000, people with severe mental illnesses in the U.S. were dying at twice the rate of and approximately 25 years earlier than the general population.”

or partnering with primary care to provide single agency, or partnered care. In addition to increasing coordination and access, the report also points the critical importance of prevention and wellness programs to enhance motivation and understanding of overall health and wellness.

“In order to reduce the health disparities of people with severe mental illnesses, physical and mental health care needs to be delivered and coordinated in new ways.”

In Ohio all behavioral health providers are seeking to address these health disparities through improving access and coordinating care. Many behavioral health providers are planning or have developed “on-site” primary care services. To learn about specific programs in your area, visit the Ohio Coordinating Center for Integrating Care’s website or contact Jonas Thom (jthom@healthfoundation.org 513-458-6733; <http://www.ohioactcenter.org/occic.html>)

Sources:
 Parks, J., Svendsen, D., Singer, P., & Foti, M. E. (2006, October). Morbidity and mortality in people with serious mental illness. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council.
 Colton, C. W., & Manderscheid, R. W. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing Chronic Disease*, 3(2), Retrieved May 15, 2008 from http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm.
 Jones, D. R., Macias, C., Barreira, P.J., Fisher, W. H., Hargreaves, W. A., & Harding, C. M. (2004). Prevalence, severity, and co-occurrence of chronic physical health problems of persons with serious mental illness. *Psychiatric Services*, 55(11), 1250–1257.
 Colton, C. W., & Manderscheid, R. W. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing Chronic Disease*, 3(2), Retrieved from http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm.



In Memoriam

In Memory of Nancy Kuykendall de Brier

Ohio Association of County Behavioral Health Authorities
Older Adult Steering Committee

In Appreciation

NAMI Ohio wishes to extend our gratitude to the following for their support during the last quarters. Donations of \$250 or more are recognized on the NAMI Ohio Wall of Honor in our office.

Lifetime Member Club:

Mary A. Bullen
James Kleinman
The Kiwanis Club of Dublin
Ezra D. Singer

Foundation Club:

Molly Herschede
Tammie Rafferty

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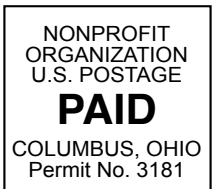
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Champe B. Shelton
Gladys Siegel
Doramarie Sterling
D. Sullivan
Mr. & Mrs. Ernest Szollosi
Vaida Trimakas
Cynthia Vaugn
Cynthia A. Wise
Melanie Young

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.



NAMI Ohio News Briefs

747 E. Broad Street
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Ohio's Voice on Mental Illness

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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."