



NAMI Ohio's

# NEWS BRIEFS

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Ohio's Voice on Mental Illness

*"Friends together making  
a difference for people with  
mental illness."*



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## On the Cover:

The photo on the cover is of artwork designed by Jen Scourfield as a tribute to Tommy Sauer, who lost his life to schizoaffective disorder in 2004 at the age 23. Tommy’s mother, Joan, took the artwork and turned it into necklace pendants designed to help raise awareness and reduce the stigma that surrounds mental illness. The back of the pendant reads, “Friends together making a difference for people with mental illness..” Proceeds from the sale of the necklaces go to the Coalition for Children’s Mental Health, which focuses on prevention and early intervention. For more information, contact Joan Sauer at [jsauer3@roadrunner.com](mailto:jsauer3@roadrunner.com).

## Hand-to-Hand Spring Training



Graduates of the spring Hand-to-Hand teacher certification training. Front row (L to R): Geraldine Frazier, Damaris Abreu, Mary Sanford and Carole Rogers. Second row (L to R): Maxine Malone, Rachael Cobb (trainer), James Stover, Marci Dvorak (trainer), Stephanie Souza, Melina Bennett, Delores Crosby, Mary Ebert, Paula Hixenbaugh and Suzanne Robinson (NAMI Ohio). The next training is scheduled for October 2010 in Columbus. For more information, contact your local NAMI affiliate.

## Let Your Family Doctor Know about the FREE Mental Health Medication Hotline

NAMI Ohio and the Best Practices in Schizophrenia Treatment (BeST) Center at Northeastern Ohio Universities Colleges of Medicine and Pharmacy (NEOUCOM) have teamed up to assist primary care physicians in meeting the mental health needs of their patients by providing a mental health medication hotline staffed by experts in psychiatric pharmaceuticals. These experts are available to answer questions from primary care physicians or members of their staff Monday – Friday from 8 a.m. – 5 p.m. Doctors can reach the Mental Health Medication Hotline by calling:

**1-800-216-3125**

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

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## NAMI Advocates Go to Washington



U.S. Congressman John Boccieri pats Jay Hawkins on the back immediately following his announcement on March 19th that he would support the Health Care Reform bill. At the right is Esther Hawkins, Wayne Holmes NAMI Chapter Education Coordinator and Parent Advocacy Connection Regional Coordinator. The final bill signed by President Obama requires private health plans that offer insurance through the state exchange to provide for equal coverage in all health care, including mental health and alcohol/drug addiction services. Esther is an avid advocate for her son and other children with autism. (See Page 5)



# Letter from the President

By Rory McGuinness

## An Advocacy Message that Resonates in Tough Times

It has been an honor to serve as your Board President this year and as a Board Member for the past 7 years. Although I am term limited, I look forward to serving NAMI for the rest of my life either as a board member or volunteer. I have served on other non-profit boards but none match even close to the passion and commitment of NAMI Board members. With an incredibly uncertain future for public funding of our organization and the mental health system, we are going to have to use this passion to work harder and be more creative than ever before.

With the state budget deficit projected to be as much as \$8 billion in the next biennium, the only way we can hope to avoid additional significant cuts to the mental health system is to focus our advocacy on a message that will resonate even in these tough economic times. That message is that **funding mental health is not only the right thing to do, but also the best economic solution for our state.** This is not opinion, this is fact. It costs roughly \$4,000 - \$6,000 annually per consumer for outpatient treatment in the community mental health system. It costs \$525 a day in a State Hospital. It costs more than \$25,000 a year to keep someone in prison. It is estimated that more than 30% of those incarcerated have a mental health disorder, and 18% have a serious mental illness. When cuts are made to mental health funding our consumers are more likely to visit the state hospital or end up in jail. Regardless of political affiliation, you can't argue the math. To help save our state money, we need to fully fund our mental health system.

Other advocacy messages to me can be marginalized very easily. One message I have heard is, "we cannot cut mental health funding because you are

costing our state hundreds of jobs for people who work in the system". That is not a strong message because many legislators view job cuts as a sad reality but they save budget dollars. In addition, some legislators see this message as workers within the system prioritizing their jobs over serving our families and consumers. Another message that I do not believe is particularly effective is that "it is inhumane not to treat mental health adequately". While I wholeheartedly agree with this statement; legislators hear the same argument for every other social service issue. When government is forced to make cuts, many worthwhile causes lose funding. This is an unfortunate reality that Legislators face on a daily basis. The difference with our cause is that for every cut they make in the mental health system, they exponentially increase the cost in other areas of state funding.

With the primary message that **funding mental health is not only the right thing to do, but also the best economic solution for our state,** no legislator can argue with you because the math does not lie. We absolutely still need to tell our story to our decision makers on how cuts have personally affected our loved ones but in order to survive in this uncertain environment, our message needs to be based in emotion and in saving our state money. We also must reach legislators through rallies, phone calls, emails, letters, and meetings with an unprecedented volume with our message.

As we begin our advocacy focused on the next biennium budget, keep in mind that lives of many of our loved ones are literally on the line. We cannot afford to fail in our efforts and the system cannot survive another round of cuts. We cannot and will not let our loved ones down. Remember, **funding mental health is not only the right thing to do, but also the best economic solution for our state.**



# Letter from the Executive Director

By Jim Mauro, Executive Director

## Recruiting Voices to Support Mental Health

NAMI is faced with a number of challenges in Ohio as we move forward during times of severe economic stress. For many among the NAMI family the challenge is keeping personal lives together while weathering loss of income, increased bills, personal health concerns, and the list seems to go on. In addition, these same people must be a support to family and friends as those people experience similar stresses in their lives. It can be overwhelming at times. Organizations can feel similar stresses, although somewhat different in kind. What seems to be a common theme for both individuals and organizations in surviving these difficult times is an ability to rely on others to help bring out the best in us and to help us use our resources to their fullest advantage.

“We must let our desires be known to our two candidates for Governor and demand that each of them commit to a plan of action to improve mental health care...”

There can be little doubt that one of the most serious “stressors” NAMI must deal with as an organization is the risk of an erosion of our historical capacity to influence positive change in the mental health system. This erosion does not come from a loss of any particular set of skills or the loss of a particular person as a champion. I believe it is a reflection of the increasing pressures upon policy makers who must make decisions in an environment with too many unknowns...the status of the economy (when will it recover and tax revenues increase), health care reform, Medicaid growth, an aging population, and a seemingly never-ending string of natural and man-made disasters, just to name a few. Add to this the ever-present stigma surrounding mental illness and the historical fact of mental health’s segregation from the rest of health care, and it is too tempting for some elected officials to choose to ignore mental health.

“...we must put aside political ideology and party loyalty and support public officials who will help bring needed change.”

Eliminating this stress will require some new and improved ideas and/or approaches in advocacy. The one thing I am sure of is that NAMI will require the help of others; many, many others. We will need everyone within the mental health community to speak loudly and deliver a united message in order to set the stage for greater support (certainly no small task). But, perhaps more important to significant change is the need to engage the hundreds of thousands of Ohioans who are not generally viewed as a part of the mental health system and who all too often fall silent on the issues so vital to those NAMI serves.

The NAMI Ohio Board and staff, our NAMI affiliates and members around the state, and our active partners will have to make a priority of seeking out and recruiting voices to support the mental health system of care. We must have homework assignments of letter writing, emails, phone calls and visits to elected officials and those who carry out mental health policies. We must let our desires be known to our two candidates for Governor and demand that each of them commit to a plan of action to improve mental health care and to make that plan known prior to the election. Finally, we must put aside political ideology and party loyalty and support public officials who will help bring needed change.



## Dilemma of Poor Access to Psychiatric Care: A Guide For Self Help

By Dr. Rakesh Ranjan

Most people are aware that there is almost always a long waiting list for new patients at most private and public psychiatric clinics.

Given that by the time a vast majority of psychiatric patients seek to consult a psychiatrist, they are already in a 'crisis mode', this delayed or poor access to psychiatric care becomes quite magnified. Even primary care physicians (PCPs), who provide the majority of mental health care in this country have a very difficult time obtaining outpatient psychiatric referrals for their complicated, difficult-to-treat patients. A study of about 3400 US PCPs found that two-thirds (66%) were unable to obtain outpatient mental health services for their patients – this was more than double the percentage of PCPs who reported difficulty accessing other specialists. One of the primary reasons for this poor access is clearly a shortage of providers. With the proposed changes in national healthcare, this shortage will be even more acute.

So, in light of the above, consumers are often left with nothing to turn to. However, there are host of resources, activities and methods which could be utilized to address your mental health needs while you are waiting to see a psychiatrist. Some of these are described below:

- Internet-based information: We know knowledge is very empowering. With the internet, it is now much easier to educate yourself about your psychiatric symptoms and/or condition. I recommend two websites: [www.webmd.com](http://www.webmd.com) and [www.nimh.nih.gov](http://www.nimh.nih.gov). It is important to avoid less reputable websites. Also, many chat rooms and on-line groups can be very misleading and confusing. Your local library/bookstore is also an excellent source for information.
- Radio and television psychiatry: Radio and television psychiatrists and psychologists provide information and at times advise on various mental health issues. This could be valuable to some people.
- Self-help groups: Support from and sharing of experiences with other people with your condition can be therapeutic, illuminating, and validating. These groups are typically facilitated by a consumer and are free of charge. Most communities offer a variety of self-help groups, e.g. alcoholics anonymous, NAMI Family-to-Family, NAMI Connections, OCD (obsessive compulsive disorder) support groups, etc.
- Diet-modifications: As the connection between body and brain has become more apparent with recent research, healthier diet and lifestyle also become more relevant to our mental health. Specific manipulation of diet such as eliminating milk and wheat products has been found to have limited benefit for some people with schizophrenia and autism.
- Nutritional supplements: There is limited evidence that B-complex vitamins, thiamine, riboflavin, vitamin D, folic acid, and magnesium can be helpful adjuncts in treatment of conditions such as depression, anxiety disorder, ADHD (attention deficit disorder), drug-induced psychosis, etc. These are best utilized in consultations with a nutritionist.
- Regular exercise: Again, a healthier lifestyle can lead to overall better mental health. Aerobic exercises, in particular, are known to increase secretions of endorphins, chemicals produced by the human body which promote a happier mood. In particular, yoga and eastern martial arts, e.g. Tai Chi are considered to help us gain a balance between our physical, emotional, and cognitive facets of 'self'. There is limited evidence that these forms of exercise may be beneficial in some people with depression, schizophrenia, and autism.
- Spirituality: The role of faith and prayer in human healing should never be under-estimated. There is early scientific evidence that exercise of faith and prayer brings about positive changes in our brain and body.
- Biofeedback: It is a process in which people learn to control muscle tension and involuntary body func-

tions e.g. heart rate and skin temperature. It has been found to be effective for some people in treating panic disorder, phobias, depression, schizophrenia, ADHD, etc.

- Acupuncture: This Chinese system of inserting needles into the body at specific points is believed to balance the endocrine system and thus regulate certain body-brain functions such as heart rate, body temperature, respirations, sleep patterns and emotional response. It has been found to be beneficial for some people with substance abuse disorders, depression, anxiety and ADHD, etc.
- Various forms of therapy: Cognitive-behavioral therapy, pet therapy, art therapy, music/sound therapy,

massage therapy, guided imagery, etc, have all been found effective in improving overall sense of well-being and/or treating certain psychiatric conditions.

It is crucial to realize that none of the above is a substitute for traditional treatment which is typically a combination of psychotropic medications and psychotherapy. All of the above could be utilized as an adjunct to traditional treatment. Finally, do not forget your PCP with whom you should work closely utilizing any or all treatment modalities until your first appointment with a psychiatrist.

For more articles by Dr. Ranjan, visit his blog at: [www.drrakeshranjan.blogspot.com](http://www.drrakeshranjan.blogspot.com).

## Focus on Health Reform

On March 23, 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act, into law. Many of the provisions in the new law do not go into effect for a few years, but several take effect right away. Below are some of the major provisions that become effective in 2010.

- Establishes a temporary high-risk pool to provide health coverage to individuals with pre-existing medical conditions.
- Provides dependent coverage for adult children up to age 26 for all individual and group policies. (In Ohio, a dependant child can be covered up to age 28.)
- Provides a \$250 rebate to Medicare beneficiaries who reach the Part D coverage gap ("donut hole") in 2010 and gradually eliminates the Medicare Part D coverage gap by 2020.
- Provides tax credits to small employers with no more than 25 employees and average annual wages of less than \$50,000 that provide health insurance for employees.

Many other significant changes go into effect in 2014.



These include:

- Requires U.S. citizens and legal residents to have qualifying health coverage and phases in a tax penalty for those without coverage.
- Creates state-based health benefit exchanges, through which individuals and small businesses can purchase health insurance.
- Creates an essential health benefits package that provides a comprehensive set of services, including parity for mental health and drug/alcohol addiction services.
- Expands Medicaid to all non-Medicare eligible individuals under age 65 with incomes up to 133% of the federal poverty rate.

For more information on Health Care Reform and the implementation timeline, visit the Henry J. Kaiser Family Foundation at [www.kff.org/healthreform/8060.cfm](http://www.kff.org/healthreform/8060.cfm).

# NAMI Ohio Annual Conference 2010 Award Winners

On May 14th and 15th, NAMI Ohio held its statewide conference at The Renaissance Hotel in Columbus. During the event, a number of individuals and organizations were honored for their excellence. Below, are photos the award winners, along with comments made NAMI Ohio Executive Director Jim Mauro upon presenting the awards.



NAMI Ohio Board President Rory McGuiness, Rebecca Sousek, NAMI Stark County Executive Director Jane James, Shelly Curran, Angus McIntosh, and NAMI Ohio Executive Director Jim Mauro.

## **NAMI Stark County Stigma Buster of the Year**

"NAMI Stark County has built a diverse Board of Directors and created and strengthened community partnerships while increasing awareness of mental health disorders as illnesses like any other."

Specifically, Jim cited Stark County's "UnMasquerade Ball." Event guests were invited to dress in costume depicting a notable person who lived with a mental health disorder and "unmask the stigma" of mental illness. The event was a sell-out, with such figures as Audrey Hepburn, Ernest Hemmingway, Ruth Lilly, Janis Joplin, Marilyn Monroe, Jimmy Pearsall, Abraham Lincoln, Mary Todd Lincoln and Winston Churchill attending!



Rory McGuiness, Tom Walker, Anne Walker and Jim Mauro

## **NAMI Athens County Affiliate of the Year**

"NAMI Athens County provides a fantastic example of what can be accomplished by a motivated group of individuals working on the grassroots level. The many hours of volunteer work devoted by these dedicated individuals is making a difference in the lives one of our most vulnerable populations—those with mental illness."



Rory McGuiness, Hancock ADAMH Board Director Precia Shenk Stuby, Midge Breece, Lynne Calvelage, David Coolidge, and Jim Mauro.

## **Hancock County's Evening of Expression Light the Darkness Committee**

### **Executive Director's Award**

"An Evening of Expression was a true community collaboration uniting business, mental health, the arts, higher education, the faith community and the public at large. The result was an event that captured the hearts and minds of all who were fortunate enough to attend. The lasting result is reduced stigma and opened minds."



Rory McGuiness, NAMI Richland County representative Darlene Reed, and Jim Mauro

**NAMI Richland County  
Excellence in Multicultural Outreach**

“NAMI Richland County has made tremendous inroads connecting with the Old Order Mennonite families in their community. They prepared a custom-made series of seminars addressing issues such as crisis intervention, children’s mental health, and medication.”



Rory McGuiness, WOSU Representative Anne Fisher, and Jim Mauro

**WOSU  
Media Partner of the Year**

“The reporting of WOSU radio on mental illness has always been fair and balanced and has given rise to many lively discussions. NAMI Ohio is appreciative of WOSU’s past, present and continuing efforts to inform the public on mental health issues.”

# NAMI Ohio’s 8th Annual Children’s Mental Health Conference



NAMI Ohio’s 8th annual Children’s Mental Health Conference was titled *Recognizing the Impact of Childhood Trauma: Powerful Voices, Practical Strategies*. Pictured is speaker Robin Gurwitch, Ph.D., of the National Center for School Crisis and Bereavement, offering a presentation called *Understanding and Supporting Children after Trauma*.



## NAMI Ohio Board Member Profile Larry McGlinchy: Planting a Future for Others

By Paul Quinn

At age 16, Eugene McGlinchy began having problems at the private high school he'd been attending in Huron County. A move to the public school didn't help. Through the subsequent years, Eugene struggled at college, work, and in the Air Force. Each experience was ended prematurely due to panic attacks and other undiagnosed issues.

He moved to Columbus and later to Toledo in search of a fresh start and a new opportunity. Eugene enjoyed some success during a seven-and-a-half-year stint in government work. But, eventually, problems arose and, despite employee counseling, that job, too, was lost. Negative encounters with law enforcement officers ensued.

"We didn't know what was going on," said Larry McGlinchy, Eugene's father and a longtime member of NAMI Ohio's Board of Directors. "We had tried everything we could to get him on track."

Finally, at age 35 and after nearly 20 years of personal struggle, Eugene was diagnosed with schizophrenia. After the predictable issues following such a diagnosis, Eugene moved to a group home in Clyde, Ohio. "He has done quite well there," Larry said. "His medications are managed, he is stable and he's had no troubling issues for several years now."

Eugene's challenges drew the McGlinchy's to NAMI. Urged at that time by his wife Judy, Larry worked with

past NAMI Ohio President Judy Baumlee to form an affiliate in Huron County. After his wife passed away to cancer, Larry maintained his commitment to supporting the mentally ill.

"The stigma surrounding mental illness is very strong," Larry said. "I believe we need to promote awareness of mental illness and work to generate support for those who suffer from it."



Larry McGlinchy and Brenda Soblesky

In Huron County and some nearby counties, Larry has spearheaded an affiliate which has been extremely active, including training nearly 100 law enforcement officers in Crisis Intervention Team Training, operating support groups, and offering five Family-to-Family classes, the Hand to Hand course, and working with military veterans with Post-Traumatic Stress Disorder.

The Huron County affiliate raised \$2,000 at its recent NAMI Walks at Norwalk Reservoir and is working on additional fundraising opportunities this summer, including a September drawing which last year netted \$5,000.

In recent years, Larry is nearly always accompanied by close companion Brenda Soblesky. "Brenda provides invaluable contributions to NAMI Huron County." Larry said. When not consumed with NAMI duties, Larry and Brenda spend much of their time gardening together. "Brenda tells me where to plant and I do it," Larry said, chuckling. "Every time a seedling grows into a healthy plant, Brenda and I marvel at the miracle that occurs."



*NAMI member Katie Feick shares her story about how she became a mental health consumer advocate at the "Our Choice: Living in the Community" Conference held in Columbus in May.*

# NIMH Report: Diabetes and Depression Associated with Higher Risk for Major Complications

People who have both diabetes and depression are at higher risk for major health complications. That's the finding of an NIMH-funded study conducted by researchers at the University of Washington and the Group Health Research Institute in Seattle.

Specifically, the recently released study shows that people with type 2 diabetes and coexisting major depression are more likely to experience life-threatening diabetes-related complications. Research has shown that depression is commonly associated with diabetes and

that people who have both diabetes and depression tend to have more severe symptoms of both diseases, higher rates of work disability and use more medical services than those who only have diabetes alone.

To reduce the risk of diabetes complications, better interventions are needed that not only treat the diabetes but address any accompanying depression as well. For more information, contact the National Diabetes Education Program or visit their website <http://ndep.nih.gov/index.aspx>.



Juan Bass

## Miles of Help

By Juan Bass

Re-entry into the community from prison is a challenging task. The challenge is increased for the re-entry of offenders suffering with mental health illnesses.

However, this reality validates the work of the Supreme Court of Ohio Advisory Committee on Mental Illness in the Courts (ACMIC) Reentry Subcommittee. The Sub-Committee brings together advocates who seek to reduce and/or eliminate re-entry barriers. Barriers are addressed through public awareness leading to policy changes.

In March 2010, an Allen Correctional Institution inmate was scheduled for release to return home to his family in Montgomery, Alabama. The Institution's Mental Health Manager, James LaPoint recognized that it would be best for the inmate to be accompanied by an escort. He called NAMI Ohio to see if they had any suggestions. NAMI immediately launched a search for an escort.

This individual would be responsible for riding the Greyhound bus with the newly released inmate, traveling from Lima, Ohio to Montgomery, Alabama (with stops in Cincinnati, Ohio; Louisville, Kentucky; Nash-

ville, Tennessee; and Birmingham, Alabama). In addition to being a travel buddy, the escort would also be required to administer medication, purchase and provide meals, and ensure the inmate's safe arrival home.

When I received notification of the request, I was immediately interested. A few people responded, but fewer volunteered. As a result of being a community leader and my participation with the ACMIC Re-entry Sub-Committee, I knew this request was unique and important. I didn't want this moment to pass; I wanted the inmate to have a head start to his future by receiving the necessary help, so I volunteered to go with him.

I applaud Mr. LaPoint for recognizing the limitations of the inmate. He knew that travel assistance was warranted and took action to make sure the need was met. I also applaud the ACMIC Re-entry Sub-Committee for accepting this challenge. Several agencies were involved in pulling off this effort. Those individuals were not only aware of the problem, but willing to work together to create a timely, relevant solution.

Six hundred sixty miles later, the inmate was safely returned to his family. I am thankful for the opportunity to participate in the re-entry process of someone who paid his debt to society, is now reunited with family, and off to a great start on the road to reintegration.

# NAMI Ohio 5th Annual Dinner

By Beth Blubaugh

May 5, 2010 marked NAMI Ohio's 5th Annual Dinner. This year's event, like those in the past, proved to be a success in terms of raising funds to advocate, educate, and support those with mental illness and their families, and in providing an overall enjoyable evening. While dining on superb cuisine at Confluence Park, NAMI Ohio members and guests were able to visit with acquaintances, make new connections, and listen to a powerful group of speakers.

This year the program focused on the role of the courts in serving the community at large while addressing the particular needs of individuals, families, and our justice system. After opening remarks made by Attorney General Richard Cordray, presentations were made by Ohio Supreme Court Chief Justice Eric

Brown and Justice Evelyn Lundberg Stratton. Chief Justice Brown and Justice Stratton conveyed their own unique perspectives on the courts and mental health. In addition, the evening's special guest, Cory Dobbelaere, moved and inspired the audience with his personal tale of struggle, survival, and recovery. Cory's story provided listeners with a powerful example of how the right policy can make all the difference in the life of someone with a mental illness and can make our communities a better place to live and work for all of us.

NAMI Ohio hopes that those in attendance left with renewed spirit and energy to continue improving the quality of life, ensuring dignity and respect for persons with serious mental illness, and supporting their families.





## Ask the Child Psychiatrist

By Dr. Steven W. Jewell

**Dear Dr. Jewell,  
I am a foster parent and have a lot of children come through my home who are on medication for ADHD.**

**Recently, I went to a conference on Childhood Trauma, and many of the "symptoms" for trauma looked the same as the symptoms for ADHD. Now I am wondering if many of these kids shouldn't have been on medication at all, but rather in treatment for their trauma. What do you think? Foster Mom**

Dear Foster Mom,  
The short answer to your question is that most often the issue is not whether a child should get treatment EITHER for ADHD OR for trauma, but rather that they should get treatment for BOTH.

The long answer is that what you are highlighting is the convergence of two growing areas of research into children's mental health needs.

First of all with regard to ADHD, research increasingly shows that: 1) children from deprived backgrounds are at greater risk for ADHD; 2) ADHD commonly coexists with other mental health challenges (such as trauma);

3) too many children with ADHD are going undiagnosed and thus untreated; and 4) untreated childhood ADHD results in high risk for antisocial, addictive, mood, and anxiety disorders by young adulthood.

Secondly, over the past decade research has also shown: 1) how common childhood trauma is; 2) what a huge negative impact it has on future health and mental health; and 3) how important it is to recognize its existence, and provide appropriate evidence-based treatment. In fact, in 2005 the federal government launched the National Center for Trauma-Informed Care (<http://mentalhealth.samhsa.gov/nctic/>) specifically to build awareness of trauma-informed care and promote the implementation of trauma-informed practices in programs and services.

Thus taking these together, it is clear that it is important to recognize the "symptoms" of both trauma and ADHD when they occur in children (a combination that is perhaps most common in children in the child welfare system), and make sure they receive effective treatment for BOTH problems!

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 sister, age 35, refuses to leave her house. Her husband does not seem to mind and he is willing to take care of the grocery**

**shopping and run errands. I'm afraid that her life is passing her by and it is driving me crazy. Is there something that can be done for her or is this just something that I have to learn to accept? Concerned**

Dear Concerned,  
It sounds like your sister has agoraphobia; the fear of open spaces or fear of being in a situation where

perceived escape might be difficult. Tell your sister she is not alone - this is a more common condition than many people know and it is very treatable.

I had a client in his mid 50's that hadn't been able to leave his house without his wife accompanying him, drive alone, or go to the store. His wife brought him to me in desperation. I treated him with an antidepressant (SSRI) and set him up with a daily routine/task to gradually confront his fear. The behavioral therapy I used is called "systematic desensitization." We started with him standing inside near a window and just 'looking' outside for 1-5 minutes, 3x a day, and then retreating to a comfortable place and doing something relaxing to  
*Continued on page 12*

## Olmstead Corner

### ODMH Issues Adult Housing Policy

In April, the Ohio Department of Mental Health (ODMH) announced that it has adopted a new Housing policy. The policy recognizes that safe, decent, permanent, and affordable housing is critical to a person's ability to establish stability and independence and to have a sense of hope. In its policy, the Department commits to being a strong voice, in collaboration with others, for strengthening the continuum of community housing options and to reducing institutional recidivism such as jails, prisons, nursing homes, and psychiatric hospitals. Additionally, the policy states:

"Through advocacy, education, and collaboration with other state departments, local boards, and provider organizations ODMH will be a strong voice for persons with mental illness and participate in the leveraging of federal, state, and local resources in order to expand and preserve the continuum of existing housing stock, thereby upholding community integration and recovery.

"ODMH believes that a comprehensive housing plan across state agencies and within local communities needs to be flexible as people enter into and experience recovery in different, personal, and often non-linear ways. As people move through their own recovery processes, they too may experience different types of housing needs and

supports throughout their lifetimes. Some examples of support may include community psychiatric supportive treatment services (CPST), outreach, employment services, transportation, peer support, benefit acquisition, access to community resources/ healthcare, and mainstream rental assistance.

"ODMH is committed to recovery/resiliency. People with mental illness are positive contributors to their communities and are able to live successfully in homes and neighborhoods of their choosing at any point on the housing continuum. The ability for people to remain in their homes throughout all stages of their individualized treatment journeys is an essential component of recovery. ODMH believes in creating a system of shared accountability that assists people with mental illness in obtaining and sustaining permanent housing."

NAMI Ohio congratulates ODMH for adopting a thoughtful and comprehensive policy that takes into account consumers on both ends of the recovery spectrum and in between. We look forward to working with the Department and others to move this from policy to reality.

For more information about ODMH's new policy, contact Amy Price, Chief of the Office of Consumer Advocacy and Protection, at [Amy.Price@mh.ohio.gov](mailto:Amy.Price@mh.ohio.gov).

### *Ask the Doctor Continued...*

put the mind and body at ease from the nervous feeling. After several weeks, I told him to stand in his front doorway and look outside with the storm door shut 3x/day; then after a couple weeks with the storm door open 3x/day. After that he mastered standing alone on his front stoop for a little while each day. Within 2 months he was able to sit in his car in the driveway (car not running, just sitting). Eventually he was able to put the radio on and relax. One day he felt secure enough to drive around the block on his own, surpassing his own goal significantly. Gradually, these mini successes or breakthroughs renewed his spirit, hope and confidence.

I eventually referred him back to his primary care physician to continue the antidepressant (Zoloft 50 mg in his case), which he will probably remain on for several years if not indefinitely. His daily practice was the

mainstay of treatment. It also helped that he read about agoraphobia and it was no longer a mystery. There are a lot of good websites on this topic. One I suggest is (<http://agoraphobiahelp.blogspot.com/2006/07/how-do-you-help-someone-with.html>).

Talk with your sister about your concerns and how much you care; maybe even offer to go with her for an assessment. Once your sister has an assessment, a treatment plan can be put into place. I'm confident this combination treatment will help her to once again experience the world and feel good.

Sincerely,  
Mike Unger, M.D.  
Concord Counseling Center

## Wall of Honor

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

Buckeye Community Health  
Burgess & Niple, Inc.  
CH2M Hill  
Marla Chudy  
Lovell Custard  
Lawrence McGlinchy  
NAMI Medina County  
R.W. Armstrong & Associates, Inc.  
Resource International, Inc.

Ribway Engineering Group  
Terry Russell  
Mike & Ann Schultz  
Janet Shaw  
Robert & Mary Spada  
The Ohio Suicide Prevention Foundation  
Tom & Ann Walker

## In Memoriam

### In Memory of...

#### **Shawn Ingalls**

Anne Larrison

#### **Sol Kaplan**

Lee & JoEllen Pressman

#### **Eileen Kay**

Robert & Denise Abbott  
Les & Theresa Day

#### **John Kelly Lear**

Harmon Elementary School

#### **Syville Rubin**

Charles & Jane Silberman

#### **Iris Shipkovitz**

Bruce & Lori Gilbert  
Bob & Clemy Keidan

#### **Nick Solzman**

Amelia Wallace  
Thomas Worley

#### **Correction from last issue:**

#### **Patrick Brown**

Marjorie Brown

## In Appreciation

American Structurepoint, Inc.  
Judge Ted Barrows  
Judge Laurel Beatty  
Corinne Biesiada  
Andrea Boxill  
Michael Brown  
Karen Caldwell  
Cardinal Health  
Liesa Chase  
Robert & Shirley Crosby  
Pauline & Danny Dellefield  
Kris & Cory Dobbelaere  
Steve Donovan  
Leanne Eby  
Joan Englund  
Bill Faith

Bonnie Gilligan  
Bill Hart  
Meredith Hart  
James Hays  
Dan Helmick  
Marilyn House  
Naomi Kall  
Mark Kelsey  
Don Leach  
Craig Lucas  
Rory McGuinness  
John Morgan  
Kathy Nicholson  
Stephen Pariser  
Rev. Malcolm Peel  
Ken & Frances Pendley

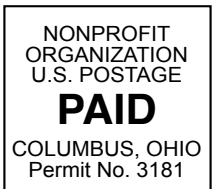
Phyllis & Leon Putnam  
Mae Randall  
Jodie Ross  
William Rubin  
Jason Sanson  
Stephen Sayre  
Darlene Scott  
Jeffrey Sharon  
Jay Shutt  
Colleen Speer  
Tom Squeo  
Sugu Suguness  
Dan Trevas  
Stanley Tripp  
United Way

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

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

## NAMI Ohio Mission Statement

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