



*NAMI is the largest nationwide, grassroots membership organization devoted to improving the lives of those affected, directly and indirectly, by serious mental illness. NAMI is comprised of family members, friends and consumers.*

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### Calendar:

- March 20th—Peer to Peer Course at Trinity Lutheran Church in Camp Hill starts
- March 20th—Third Thursday Support Groups in Carlisle and New Cumberland
- March 25th—NAMI PA C/P Board Meeting
- April 1st—Family to Family starts in Carlisle
- April 3rd—West Shore Support Group meeting
- April 13th—NAMI Connections Consumer Support Group

### Contact Us:

P.O. Box 527  
 Carlisle, PA 17013  
<http://www.namipacp.org>  
[findhope@namipacp.org](mailto:findhope@namipacp.org)  
 Message line number:  
 240-8715

## HERE'S WHAT PEOPLE ARE SAYING

By Mary Giliberti, NAMI Executive Director

Last month, in my first blog entry as NAMI's new executive director, I wrote that I was deliberately spending much of my time listening to NAMI members and others and learning from them. So far, it has been an energizing process.

It has included working on the [NAMI HelpLine \[800 950-NAMI\]](#) and attending NAMI Delaware's state conference where I talked with leaders and members of the state organization and learned about their programs, including their work to provide affordable, permanent housing.

I've met with Dr. Saul Levin, CEO and Medical Director for the American Psychiatric Association (APA) and his staff to discuss our organizations' ongoing relationship, mutual interests, and trends in mental health care. I met with former U.S. Rep. Patrick Kennedy, who was the lead sponsor of the federal mental health insurance parity law enacted in 2008. He remains keenly committed to its full implementation and enforcement.

I've read messages sent to [YourComments@nami.org](mailto:YourComments@nami.org) and talked to both past and present NAMI National Board members who have invested so much time and energy into our cause. Here are some of things I am hearing:

- A strong desire for NAMI to be a voice for people affected by mental illness and stand up for change.
- How NAMI [education programs](#) and support groups are making a difference for individuals and family members.
- How NAMI members appreciate our public service announcements and want us to do even more to get the word out about NAMI and what we do.
- The need to ensure implementation of parity and close monitoring by NAMI.
- An anger and frustration with the lack of evidence-based programs such as Assertive Community Treatment ([ACT](#)) despite the need.

*(Continued on page 6)*



### MARCH MEETING

### NAMI PA of CUMBERLAND and PERRY COUNTIES

### THURSDAY, MARCH 20, 2014 at S.T.A.R.

253 Penrose Place, Carlisle, Pa.

[See page 4 for directions]

7:00—8:30 Support Meeting

**support**

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**NAMI Pa. Cumberland/  
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Message line number:  
240-8715

**Officers:**

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243-1645/243-0123

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**Board of Directors:**

**Thom Fager 697-2602**  
**Hazel Brown**  
**Jennifer Hacker**  
**Teresa Kerns**  
**Sarah Roley**

**What: Support Group Meeting**

**When: Meets 3<sup>rd</sup> Thursday of each month**

**Location: STAR (253 Penrose Place Carlisle, PA 17013)**

**Time: 7:00 pm up to 9:00 pm** there will be an educational program once each quarter [every 3 months]. When there is an education program it shall run from 7:00 PM until 7:50 PM, and the support meeting shall follow at 8:00 PM.

March 20,  
2014

7:00 up to 8:30 PM—Support Meeting

April 17, 2014

7:00 TO 7:50 PM—PROGRAM [TBD]

8:00 up to 9:00 PM—Support Meeting

May 15, 2014

7:00 TO 7:50 PM—PROGRAM [TBD]

8:00 up to 9:00 PM—Support Meeting

**WEST SHORE SUPPORT GROUP**

Meets at 6:30 PM on the 1st Thursday of each month at St. Timothy's Lutheran Church, 4200 Carlisle Pike, Camp Hill, PA. There may be an education program 1x per quarter. Call Thom at 697-2602 for information.

April 3, 2014

6:30 to 8:00 PM—Support Meeting

**NEW CUMBERLAND SUPPORT GROUP [from York County F2F Class]**

Meets at 6:30 on the third Thursday of the month at the New Life Baptist Church, 530 Big Springs Road, New Cumberland, PA. Contact Beverly Riggins at 717-979-0519 for more information.

March 20,  
2014

6:30 to 8:00 PM—Support Meeting

**DAUPHIN COUNTY SUPPORT GROUP [Assoc with NAMI PA Dauphin County]**

Meets at 7:00 on the 3rd Monday of each month at the Epiphany Lutheran Church at 1100 Colonial Rd., Harrisburg, PA. Contact Marge Chapman at 574-0055 for more information.

March 17, and  
April 21st,  
2014

6:30 to 8:00 PM—Support Meeting

## PRINCIPALS OF SUPPORT

Following are Principals that we frequently read at the beginning of our Third Thursday support meetings:

1. We acknowledge and accept the fact that someone we love has a mental illness.
2. We accept that we have no control over this illness or the individual with the illness. We only have control over our own actions and thoughts.
3. We release all feelings of guilt concerning this mental illness for we are not to blame for the illness or its effects.
4. We understand and acknowledge that the illness has had an impact on all of our relationships.
5. We forgive ourselves for our mistakes we have made and we forgive others for wrongs we feel have been committed against us.
6. We choose to be happy and healthy. We choose to return to a healthy focus on ourselves.
7. We keep our expectations for ourselves and for our mentally ill loved ones at realistic levels.
8. We believe that we have inner resources that will help us with our own growth and sustain us through crisis.
9. We acknowledge the strength and value of this support system and we commit ourselves to sustaining it for our benefit and the benefit of other families.
10. We acknowledge that there is a higher power to whom we will turn to nurture and strengthen our ability to release control over things we cannot control.

One or more of these principals sometimes prove valuable during a meeting as a thought to support a strategy to deal with a problem.

Keep these principals in mind between meetings and even if you are not attending a support meeting.

## MARK YOUR CALENDARS FOR THESE EVENTS IN MAY

May is Mental Health Month and there are plenty of planned activities to enjoy and celebrate the Month. Your participation in any or all of these activities will not only express support for those impacted by mental illness, but will also strengthen local organization that provide treatment, support and advocacy such as NAMI PA C/P, CSP, and the Mental Health Association of the Capital Region. March your calendars now and join in the productive fun.

**On Saturday, May 17th** NAMI PA C/P is joining with Hoss's for a fundraising event. If you dine at Hoss's that day at Hoss's in Upper Allen Township [beside Stauffers of Kissel Hill at 51 Gettysburg Pike, Mechanicsburg, PA] and you give a copy this page, NAMI PA C/P will receive a share of your bill.



Group #22172

**On Saturday, May 24th, 4:30** to late evening there will be an outing for Mental Health Month to a Harrisburg Senators Game on City Island, Harrisburg. The Senators will play the Bowie Baysox. Tickets are \$11 with \$4 of each ticket being donated back to participating groups. This will be a great time for an entire family. This will be a great setting for us to build and strengthen relationships. It is not too early to mark your calendar and to send your order for tickets with a check to NAMI PA C/P, PO Box 527, Carlisle, PA 17013.

**Kevin Dougherty**

*Ticket Sales Account Executive  
Harrisburg Senators Baseball Club  
AA Affiliate of the Washington Nationals*

717.231.4444x132  
kdougherty@senatorsbaseball.com



**On Saturday, May 31st—Noon to 6 PM**—Mental Health Awareness Month Concert at Little Buffalo State Park, Newport, PA. This will be terrific entertainment with information tables, and another great opportunity to strengthen our family ties.

*"I've been there, I understand."*

**Connections is meeting at new day and time!!**

NAMI Connection is a recovery self help support group for people living with mental illness.

**WHEN: 2<sup>nd</sup> Sunday each month at 2:00 PM**

**WHERE:** Aurora Cyber Café 104 West Main Street, Downtown Mechanicsburg, PA 17050 (717) 591-9598 (across from Jo Jo's Pizza)

**WHO:** Jen and Chris, NAMI National trained Support Facilitators

**CONTACT:** Any group related questions can be directed to Jennifer at (717)385-8028.

# JOIN US FOR 2014

**\$35.00 For an individual**

Membership includes membership in NAMI [national] and NAMI PA, and Subscriptions to The Advocate, The Alliance, and NAMI PA C/P News.

**\$35.00 For a Family**

Same price as an individual. A family consists of two people living at the same address. A family has one vote, and will receive one copy of subscriptions.

**\$3 - \$35.00 For "Open Door" membership**

Anybody can opt to join as an open door member. Dues are **any amount that can be afforded**. This option is available so that membership is not denied due to financial hardship. Open door members are regular members with all the privileges and powers of membership including all subscriptions.

**\$50.00 For Professional Membership**

A Professional member shows support for the mission and goals of the organization. Upon request, NAMI PA C/P will provide multiple copies of our newsletter for the waiting room of Professional Members.

**Make Payment to:  
NAMI PA C/P**

**Send Payment to: NAMI PA C/P  
Box 527, Carlisle, Pa 17013**

**JOIN NOW TO BECOME PART OF  
THE NAMI FAMILY**

*Memberships submitted now will extend  
to the end of 2014*

**Ask the Doctor: Teleconference Series**

NAMI's Ask the Doctor teleconference is a monthly series hosted by NAMI's Medical Director, Dr. Ken Duckworth. Typically, he is joined by another mental health professional or advocate who in turn presents on a topic in his or her area of expertise. Each month, two such calls are hosted; one focuses on adult issues, the other on child and adolescent issues.



Ken Duckworth, M.D.

To access these calls, dial **1 (888) 858-6021** and enter pass code **309918#**. These calls are always held at **11 a.m. E.T.** on scheduled dates unless otherwise noted. The Ask the Doctor schedule and previously recorded podcasts can be found below. Upcoming Ask the Doctor Schedule

**Calls on adult issues**

**March 28, 2014:** TBD

**April 25, 2014:** Judge Lerner-Wren; Mental Health Courts

**May 23, 2014:** Dr. Kim Mueser; Psychiatric Rehabilitation

**June 27, 2014:** Dr. Don Goff; Schizophrenia

**Calls on child, adolescent and young adult issues**

**March 21, 2014:** Pat Harvey, LCSW-C and Britt Rathbone, LCSW -C; DBT and Suicide in Teens

**April 18, 2014:** Dr. Charles Schulz; Early Onset Schizophrenia

**May 16, 2014:** Dr. Barry Sarvet; Massachusetts Child Psychiatry Access Project

**DIRECTIONS TO S.T.A.R.**

**From I-81:**

- Take Hanover St. Exit and turn towards town, [Rt. 34 North];
- At the major intersection at Noble Blvd, turn left on Noble Blvd.
- Proceed straight ahead at the first Stop sign at West St.;
- Turn right after the gas station on Penrose Pl.;
- The Penrose Plaza is immediately on your left;
- STAR is the last store front on the right end of the Plaza.

**From Downtown Carlisle:**

- Take Hanover St. out of town [Rt. 34 South].
- At the major intersection at Noble Blvd, turn right on Noble Blvd.
- Proceed straight ahead at the first Stop sign at West St.
- Turn right after the gas station on your right;
- The Penrose Plaza is immediately on your left;
- STAR is the last store front on the right end of the Plaza.

## First Speaker in the Spring Education Series, John Carver

As part of its spring speaker series, National Alliance on Mental Illness (NAMI) PA York County is hosting an inspirational presentation entitled *Build Your Foundation* by author, radio show host, and motivational speaker, John Carver, LUTCF. The event takes place on Thursday, March 27, 2014 from 6:00-7:30 pm at The York Learning Center, 300 E. 7<sup>th</sup> Avenue, York, PA 17404. Carver's presentation will be part of the Spring Education Series. The audience will learn ways to build a strong, solid, storm-proof life!



Carver understands the importance of maintaining a positive lifestyle as he has supported his daughter Juliana's battle with cancer. Diagnosed in 2007, Juliana beat her cancer only to have it return in 2011 and 2012. Throughout this battle, Juliana and her family remain strong, and determined, to defeat cancer for good.

All members of the community are invited to attend this presentation. Copies of John's book will be available for purchase. The event is free, but reservations are requested. Call 717-848-3784 or email [namiyc@gmail.com](mailto:namiyc@gmail.com).

This is the first presentation in a 3-part spring series of free seminars. Additional events will be held in April and May, 2014.

## NAMI Celebrates Victory in Preserving Medicare Part D Access to Psychiatric Medications

**ARLINGTON, Va., March 10, 2014** -- The National Alliance on Mental Illness (NAMI) today issued the following statement by NAMI Executive Director Mary Giliberti in response to the announcement by the U.S. Department of Health & Human Services (HHS) that it will not move forward to "finalize" proposed rule changes under Medicare Part D that would have restricted access to antidepressant and antipsychotic medications:

"Less than one full working day since the official comment period on the proposed rule ended and one day before the House of Representatives is set to vote on a bill to block the proposed changes, HHS's Centers for Medicare and Medicaid Services (CMS) has indicated that it has heard the concerns of people living with mental illness and others over the elimination of three protected drug classifications under Medicare Part D.

"In a letter to members of Congress, CMS has recognized 'the complexities of these issues and stakeholder input' and declared that it 'does not plan to finalize the proposal at this time.' The agency has promised not to advance 'some or all of the changes' in the future without first receiving additional stakeholder 'input.'

"For now, for people living with mental illness the crisis has been averted. The threat of restricted access has essentially been stopped—although we will continue to support the pending legislation currently scheduled for a vote on Tuesday, March 11, if House leaders decide to complete that process.

"We thank CMS for responding to the concerns of individuals and families affected by mental illness and both thank and congratulate the thousands of individuals who responded to NAMI's call by submitting official comments or signing NAMI's online petition in opposition to the proposed rule. NAMI will of course continue working to protect access to necessary medications in all health care programs, whether today or in the future."

### GREAT NEWS !!

NAMI PA C/P will offer a Spring

### FAMILY TO FAMILY COURSE

**WHEN:** Starting Tuesday, April 1st at 6:30 PM  
and meeting each Tuesday for 12 weeks

**WHERE:** In Carlisle at a location yet to be announced

**WHO:** For Family Members and Friends  
Consumers are urged to take Peer to Peer

**CONTACT:** Ann Allen if you have questions or  
To register for the course  
Phone: 249-6318  
Email: [allencd@pa.net](mailto:allencd@pa.net)

### WHY:

*"My bottom-line recommendation? Take this course. It will help you learn to cope successfully with a major challenge in your life, and that, in turn, will help your loved one as he or she works toward recovery."*

-- Peter Weiden, M.D

**COST:** **FREE**, but pre-registration is required

Theresa Myers and Sharon Engdahl appeared on Smart-talk on WITF FM. Here is the link to a website where you may listen to their interview about Mental Health First Aid being on WITF Smart Talk on Feb. 19, 2014

<http://www.witf.org/smart-talk/2014/02/smart-talk-mental-health-first-aid-millersville-breast-cancer-awareness.php>



## LET'S HEAR IT FOR SUPPORT GROUPS!

By Jerry Malugeon

When it comes to recovering from a mood disorder, attending a support group may be one of the most important treatment tools available. I make this statement based upon years of group participation and observation that those suffering from bipolar, depression, anxiety and other related illnesses all seem to increase their chances of recovery if they regularly attend a support group as a part of their treatment program.

Another positive observation is that those with mood disorders have their chances for recovery increase all the more when their companions, family members or caregivers also attend a group established to help them in their complicated yet very necessary work.

Many professionals who have studied brain illnesses and specialize in their treatment are in agreement about the overall benefit of support group involvement. In addition to taking someone out of isolation and allowing them to understand that others are going through the same or similar difficulties, they will hear about what has proved helpful in managing such illnesses. Those of us who regularly attend a support group come to accept that having a mood disorder is a condition that

many have and there is no reason to feel embarrassment, shame or anything else, a very important beginning step toward eventual recovery.

Support groups for companions and families are every bit as important and beneficial as they are for someone with a brain illness. They provide an opportunity to meet with others who have loved ones with similar disorders and have learned what has worked for them (and what hasn't) in guiding their loved one toward recovery. By learning how to handle circumstances with greater confidence and wisdom, both the companion and the loved one can better understand together how mood disorders can be effectively managed.

*As you and your loved one gain greater confidence by each of you regularly attending your respective support group meetings, you both can apply the techniques and tools you are learning in those meetings and come to smile at what use to be adversity... and even sometimes laugh at it.*

*(Continued from page 1)*

- The difficult experiences of individuals and families when they encounter the mental health and criminal justice systems. Many talked about problems with discharge practices from hospitals into homelessness, jails, and nursing homes and lack of services for them or their loved ones. Problems accessing care for people with both mental illness and substance use disorders was highlighted as well.
- A desire for NAMI to be aware of different groups, including lesbian, gay, transgendered and bisexual individuals, and how mental illness is experienced by these groups in the context of "dual stigma."
- Support for a holistic approach to recovery, looking at spirituality and a focus on interfaith efforts to help local faith communities address mental illness.

What I hear on the NAMI Helpline **[800 950-NAMI]** is especially powerful. On Fridays, I have been working on getting trained to help callers. This past week, I returned voice mail messages with the help of an experienced HelpLine staff member. I heard from:

- A woman whose son had just been hospitalized. She apologized for how frantic she sounded on her voice mail messages, but she urgently wanted to find a NAMI Family-to-Family education class. She felt she needed support. On the NAMI website, she did not see any classes offered in her home county so we talked about other nearby counties and how to find and contact the NAMI State Organization to get more information. Her need for support and education was raw and immediate.
- A woman with schizophrenia who was using a certain medication and wanted more information about it. She also was interested in faith and spiritual healing and wanted information from NAMI FaithNet. She was working hard to make improvements to her life; she was interested in information on health and wellness. We sent her a number of packets with information printed out from the NAMI website because she did not have access to the internet.
- A woman whose niece was in jail after experiencing psychosis. Her niece had young children and the caller was so worried that her niece would be tried without any understanding or discussion of her mental illness. We urged her to contact her niece's attorney, but also referred her to the NAMI State Organization and her local NAMI Affiliate who would be more likely to know the local situation to help provide guidance. Her fear and concern about what would happen in a criminal justice system that was not designed to deal with her niece's problems came through.

These are the concerns on people's minds. This is the nature of the life experience of millions of individuals and families affected by mental illness. They are some of the reasons that NAMI exists—to provide education, support and advocacy to help improve their lives.

I want to hear more. What kinds of concerns would you like to share? Please send comments or suggestions to [YourComments@nami.org](mailto:YourComments@nami.org). I may not be able to reply to every comment I receive, but please be assured that I will read all of them. I will be writing more blog entries as part of an ongoing dialogue. I hope you will continue to join me in those discussions.

# Ask a Cop: What Should I Say When I Call 911 for a Loved One?

By Herb Cotner and Sherry Cusumano

Q: If I have to call 911 because I'm concerned about a family member, what should I say to the operator?

## It's Important to Prepare

In our last column, we discussed what a person should say to a police officer responding to a call about a loved one in mental health crisis, but I think this is an equally important question. It is especially crucial to inform the 911 dispatcher since officers often have very little time to chat when they arrive at your home. Dispatchers will communicate all relevant information to the officers, so speak openly with the dispatcher about the situation of your loved one and answer their questions honestly. This will allow the dispatcher, and therefore the officer, to have a better idea of the situation and therefore be able to help your loved one in the best way possible.

Having spent 19 years on the street as a patrol officer, I can tell you that the more information the dispatcher could tell me while driving to the scene, the more prepared I was. With more information about the situation, I would have more time to formulate a plan and think about the best way to properly handle the incident. I could do a much better job of keeping everyone safe, and that's everyone's main concern in a crisis situation.

Preparing the information you'll need to tell the 911 operator and practicing what to say can help you ensure a safe outcome if a crisis occurs. If you are prepared before making the call, you might still make some mistakes, but you will get most of the information that is needed correct because of rote memory.

In addition, being able to properly communicate with the dispatchers will help you to calm down. This helps everyone by removing one stressor from the situation.

What to Do Before a Crisis Occurs

## Gather Your Information

One important fact to remember is that when we are in a crisis, we frequently don't think as clearly as we normally would. Fear and anxiety cloud our judgment and scramble our thoughts! Therefore the most important thing when you call is to remain calm and composed. During the [NAMI Family-to-Family](#) class, family members frequently tell us that they find the chapter that contains the crisis file to be incredibly helpful in planning before a crisis. We also give our families a [portable checklist](#) of what to say to the 911 operator; you can print and keep this in your wallet or save it on your cell phone. Next, write down all of the phone numbers you might need in a crisis. In our Family-to-Family class, we encourage people to write down information such as your loved one's diagnosis, medications, their address, and anything else that should be communicated, such as if there is a weapon involved or if your loved

one has a history of violence. Finally, if it is dark outside, you should turn on the porch light and when law enforcement arrives, answer any questions they ask and follow their directions.

## Get Advice from Your Local Law Enforcement

Once you have prepared your crisis file, contact your local station, precinct, city police and/or sheriff and discuss your situation with them. I would go over the material I prepared and ask them for feedback. I would tell them I want to make sure to relay the information that is important for their safety and that of my loved one if and when a crisis arises.

## Train for a Crisis

Gathering the basic information beforehand can improve the safety of all of the people involved in a crisis, but training can help even more. In law enforcement, we spend a lot of time training to properly handle crisis events. Even though they represent a very small proportion of our calls for service, if we do not respond properly, the outcome can be disastrous. We practice these skills until they become an automatic response in a crisis. Repetition is critical. I remember the first time I needed to react in a critical situation; after it was over, I thought to myself, "I did just like I was trained."

In the same way, family members can train for these situations too. Use the NAMI Family-to-Family crisis file to practice calling the police for your loved one. I would suggest practicing repeatedly until you are able to get 95 percent of the information correct without looking at your notes. After that, I recommend choosing a regular time to practice: for example, every Wednesday as you drive to work, you can review what you would tell 911 if you need to call.

It can be scary to call the police for help when a loved one is in a mental health crisis. We hope your family can avoid a crisis and you never have to make that call. But if you do, being prepared with the relevant information at your fingertips, and your script memorized, can help keep everyone safe during a crisis.

*Ask a Cop is an occasional column produced by NAMI's CIT Center, answering common questions about law enforcement and mental health issues. The column is an opportunity to learn about the law enforcement officer's perspective on how officers, providers and individuals and families affected by mental illness can work together to improve crisis responses. To ask a question, please email [laurau@nami.org](mailto:laurau@nami.org) with the subject line "Ask a Cop." Please note that we will not be able to answer all questions or to discuss individual legal cases.*

*Contributors: Sr. Corporal Herb Cotner is a 25 year veteran of the Dallas Police Department. He has served Dallas PD as a CIT officer and is the department's Crisis Intervention Mental Health Liaison. Sr. Corporal Cotner is also the Vice President of NAMI Dallas.*

# Blazing Trails in Brain Science

By BENEDICT CAREY

FEB. 3, 2014



BETHESDA, Md. — The police arrived at the house just after breakfast, dressed in full riot gear, and set up a perimeter at the front and back. Not long after, animal rights marchers began filling the street: scores of people, young and old, yelling accusations of murder and abuse, invoking Hitler, as neighbors stepped out onto their porches and stared.

It was 1997, in Decatur, Ga. The demonstrators had clashed with the police that week, at the Yerkes National Primate Research Center at nearby Emory University, but this time, they were paying a personal call — on the house of the center's director, inside with his wife and two teenage children.

"I think it affected the three of them more than it did me, honestly," said Dr. Thomas R. Insel, shaking his head at the memory. "But the university insisted on moving all of us to a safe place for a few days, to an 'undisclosed location.'

"I'll say this. I learned that if you're going to take a stand, you're going to make some people really angry — so you'd better believe in what you're doing, and believe it completely." For the past 11 years, Dr. Insel, a 62-year-old brain scientist, has run an equally contentious but far more influential outfit: the National Institute of Mental Health, the world's leading backer of behavioral health research.

The job comes with risk as well as power. Patient groups and scientists continually question the agency's priorities, and politicians occasionally snipe at its decisions. Two previous directors resigned in the wake of inflammatory statements (one on marijuana laws, one comparing urban neighborhoods to jungles), and another stepped down after repeatedly objecting to White House decisions.

Dr. Insel has not merely survived; he is the longest-serving director since Dr. Robert H. Felix, the agency's founder, retired almost a half-century ago. His tenure stretches over three presidencies and, more important, coincides with a top-down overhaul in the substance and direction of behavioral science. The extent of this remodeling is not widely understood outside

scientific circles nor universally appreciated within them. But in recent months, its author has begun to reveal his instincts publicly, in blog posts and speeches. Last summer, he questioned whether people with schizophrenia should remain indefinitely on antipsychotic medications — a shot at accepted medical wisdom.

A few months earlier, he had [called out psychiatry's diagnostic encyclopedia](#), the D.S.M.-5, as "not scientifically valid," weeks before a new edition was released. Psychiatrists were not happy, and they told him so. Days later, he issued a statement saying that the manual was the best "currently available," if imperfect.

For anyone with a psychiatric diagnosis, or a family member with one, Dr. Insel's long, twisting career and the convictions it has fostered provide a guided tour through behavior science: where it has been, where it's going and why.

The story is neither predictable nor probable, at least by the standards of Washington officialdom. It is less a tale of perseverance than one of restless curiosity — of ascending the trail by straying off it, repeatedly and without approval.

## The Young Doctor

The first time he walked away was from premedical studies.

Dr. H. Herman Insel, an eye surgeon in Dayton, Ohio, and his wife, Ruth, a social worker, were determined that all four of their boys get a medical education, and the first three went fairly smoothly. The last one out of the house, the Eagle Scout who collected insects and snakes and filled the basement with aquariums, was ahead of the program, if anything.

At the age of 15, Tom Insel had entered the prestigious six-year B.A.-M.D. program at Boston University. But two years in, the boy wanted out. He decided it was time to step off the treadmill and see the world.

"My father didn't want me going anywhere, and I was too young to be drafted for Vietnam," Dr. Insel said in a recent interview at his office here. "I told him, 'O.K., so how about I go to Hanoi? They could use some help there.'"

The two reached a compromise, and the son spent six months backpacking around the world, stopping to work in a tuberculosis clinic in Hong Kong and at a mission hospital in Bihar, India. The experiences brought him full circle, back to medicine and to Boston, where he completed the M.D. program in 1974. "I was sure I was going to be a doctor of global health or tropical medicine in some underdeveloped country," he said.

Instead, he found an untamed world closer to home: psychiatry, which in the 1970s was ruled by a cabal of Freudian theorists and lacked a scientific infrastructure. After a graduate course at Stanford, followed by an internship and residency in psychiatry, he landed a position in the mental health institute's in-house research branch, known as the intramural program.

There he embarked on another kind of walkabout, this time studying the effect of an early antidepressant drug in people

*(Continued on page 9)*

*(Continued from page 8)*

with obsessive-compulsive disorder. In a series of studies, he and a senior colleague, Dr. Dennis Murphy, showed that the drug soothed people's symptoms within weeks, much faster than standard psychotherapy.

The results had the opposite effect on many old-school psychiatrists. "Obsessive-compulsive neurosis," as it was known then, was a specialty of Freudian analysts, and here was some upstart barely out of school saying he'd discovered a better, faster form of treatment.

He wasn't yet 30 years old. "I don't think it helped that I still looked like I was 17," Dr. Insel said.



The pendulum has swung so far toward drug therapy in recent years that it is hard to recapture how disruptive those 1980s studies were. Dr. Insel's work and that of many others, testing the effect of new medications, would turn the field away from long-term talking cures and increasingly toward medication and short-term behavior therapies rooted in the same kind of randomized, controlled trials conducted in other fields of medicine. (Today, psychiatrists often treat O.C.D. with short-term cognitive therapy, complemented by antidepressant medication.)

Any young investigator at the forefront of such a shift was bound to feel a professional updraft, and Dr. Insel was soon fielding offers from universities trying to build a psychiatric research department.

At an age when most young scientists are scrambling for a foothold, a mentor and a viable project, his path was all but set. He and his wife, Deborah, a writer, had two young children and every reason to grab for longer-term stability.

Instead, they passed. Again, Dr. Insel abandoned course in midstride, taking a year's sabbatical to study basic neuroscience. "I just wanted to try something else," he said. "I got bored, that's really what it was."

### **The Biology of Love**

He also lost his job.

In 1985, returning to the mental health institute after his year away, he began studying tiny mouselike rodents called voles in an effort to understand the biology of attachment. This project was a long way from O.C.D., and to many others in the field, it seemed like the brain-science equivalent of backpacking to Hanoi.

"No one told me at the time that it was pointless to try to reduce a complex social behavior like pair bonding to neural biology, so I didn't know any better," Dr. Insel said. "I just assumed we could do it and started looking for the best model."

He settled on voles for a good reason. One species, the prairie vole, is monogamous; it forms long-term pair bonds after mating. Another, the montane vole, is polygamous; it mates and moves on. The two species are closely related, so the difference in their behavior might be rooted in some discrete neural process that could be isolated, Dr. Insel argued.

In a series of studies in the late 1980s and early 1990s, his team showed just that: Injections of a protein called vasopressin induced monogamous bonding in male prairie voles even when the animals didn't mate. Likewise, blocking the action of the protein prevented the post-mating bond that usually formed. Injections of the hormone oxytocin prompted similar bonding instincts in female prairie voles.

In a paper published in the journal *Nature* in 1993, Dr. Insel's group reported that vasopressin is "both necessary and sufficient for selective aggression and partner preference formation, two critical features of pair bonding in the monogamous prairie vole."

The paper was widely reported, and again put the mental health institute in the vanguard of a new area of research. But the agency was changing emphasis, phasing out its research into social behaviors. Dr. Michael Brownstein, the scientific director at the time, politely instructed his young research star to find another project — or another job. (The two are now good friends.)

He chose Door No. 2, and it took all of three months. Emory University was looking to replace the director of the Yerkes primate center, who was about to retire, and Dr. Insel was at the top of their list. He had already run a lab, as chief of the neurobiology division of the mental health institute, and his work with voles would diversify Yerkes's portfolio, which then was focused on studying H.I.V. in primates.

He packed up his family and his voles, and moved south. "Acclaimed Researcher to Head Yerkes Center," read the headline in *The Atlanta Journal-Constitution* on Aug. 20, 1994, the day the hiring was announced. "All I know is I had to go out and buy my first tie," is how Dr. Insel tells it.

He quickly expanded rodent research at the center and also deepened his own work on the biology of attachment, with the help of an Emory postdoctoral student, Larry Young, who has since extended the research on his own. The work with voles effectively scotched the assumption that a complex behavior could not be reduced to brain biology. Oxytocin and vasopressin are now a focus of intense interest as possible modulators of social behaviors in other species, though the effects of such proteins are still a matter of debate.

His necktie came in handy at Yerkes. Between the march on his home in Decatur and other crises, the "psychiatrist who became a bench scientist," as he has described himself, took on yet another role: He became a public official.

He was comfortable in front of audiences, relaxed with the news media, and willing to see at-home protests as part of the job, nothing to lose sleep over. The precociousness was long

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gone. By 2000, he had some well-tailored suits to go with his ties, a commanding view over his field, and some strong beliefs about how to improve its infrastructure.

All of which made him “the natural choice” for the mental health institute’s director, in the words of Dr. Elias Zerhouni, then director of National Institutes of Health who hired him for the job in 2002, citing his “ability to communicate a compelling vision for mental health research, his outstanding scientific record, and his proven leadership skills.”

### **The Path Ahead**

In one way, it was a homecoming, a return to Washington and to the National Institute of Mental Health, where he’d made a name for himself. In a more consequential sense, however, Dr. Insel’s arrival as director signaled yet another departure, this one far larger than just about anyone could have anticipated. Dr. Insel has sharply shifted the agency’s focus — to basic neuroscience and genetics, at the expense of the very type of behavioral research he himself had once done. That change has generated a mix of optimism and outrage.

“I met Tom when he came in, and my expectations were low,” said Dr. E. Fuller Torrey, of the Stanley Medical Research Institute, a nonprofit supporting research in schizophrenia and bipolar disorder, and a longtime critic of the mental health institute. “He was a bench scientist, and I frankly doubted that he had the political skills to be an effective director or had a strong commitment to serious mental illness. “I was wrong on both counts. I think he’s the best director we’ve had.”

Others strongly disagree. “Instead of being an institute of mental health, he has made it almost exclusively a brain research institute,” Dr. Allen Frances, an emeritus professor of psychiatry at Duke and the author of the book “Saving Normal,” wrote in an email. “N.I.M.H. is betting the house on the long shot that neuroscience will come up with answers to help people with serious mental illness.” He added, “It does little or no psychosocial or health services research that might relieve the current suffering of patients.”

Dr. Insel says the agency does in fact support some psychosocial research — testing new services for people with schizophrenia, for instance — but does not deny that its primary mission is biological. Still, he has generally been spared such sharp public criticism, perhaps because many have confused a reflexively earnest good nature with an easily compromising one.

“He’s been able to use the bully pulpit without being a bully, without being offensive,” said Dr. Steven E. Hyman of the Broad Institute at M.I.T. and Harvard. Dr. Hyman was Dr. Insel’s predecessor as director of the mental health institute; the two share most scientific instincts and speak regularly.

“It’s not something I was particularly good at,” he went on. “They kept giving me media training, and it never stuck.”

That open-minded nature can mask two stubborn convictions. One is that the previous generation of biological research in psychiatry has been largely a disappointment, both in advancing basic science and in improving lives.

Yes, the revolution in pharmacology (in which he played a role) gave doctors more drugs to use, allowing millions of people to reduce their symptoms. Yet the overall impact of this

drug revolution on public health has been mixed, and decades of research on the drugs’ mechanisms — on serotonin, for example, the target of antidepressant drugs like Prozac — has taught scientists nothing about the causes of mental illness.

The same is true of most research using “animal models,” in which scientists try to create psychiatric problems in animals and study them.

“ We’ve had this huge increase in the use of all interventions, a 250 percent increase in use of antipsychotics, without any change in the morbidity or mortality in people with mental disorders; it hasn’t budged,” Dr. Insel said. “If that were the case for cancer, there’d be an outcry for more research, money and new priorities.”

In a blog post in August, he questioned the wisdom of long-term drug treatment for people with schizophrenia, writing, “We need to ask whether in the long term some individuals with a history of psychosis may do better off medication.” The post became an overnight sensation among patient advocates who had been making the same case for decades.

His second stubborn conviction is that the only way to build a real psychiatric science is from first principles — from genes and brain biology, as opposed to identifying symptom clusters. Some of the mental health institute’s largest outlays under Dr. Insel have been to support projects that, biologically speaking, are like mapping the ocean floor.

One is the Psychiatric Genomics Consortium, a far-flung group of top research centers that share data and analysis, based at the lab of Dr. Patrick F. Sullivan at the University of North Carolina. The other is the Human Connectome Project, a \$40 million, five-year program to build a baseline database for brain structure and activity using M.R.I. imaging.

In April, when in a blog post Dr. Insel wrote that the D.S.M.-5, was “at best a dictionary” and lacked scientific validity, he wasn’t exaggerating for effect. He had to qualify his comments because he doesn’t yet have a replacement. But he is determined to remake psychiatric diagnosis entirely and has set up an alternative framework for doing so, called the Research Domain Criteria — RDoC, for short — to be built from the ground up, on genetic findings.

“My philosophy is really based on humility,” he said. “I don’t think we know enough to fix either diagnostics or therapeutics. The future of psychiatry is clinical neuroscience, based on a much deeper understanding of the brain.”

That future may feel too far away for many patients, as well as many scientists. But this is one path Dr. Insel is not likely to wander from, no matter who disapproves.

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