



# NAMI

# PA, CUMBERLAND and PERRY COUNTIES NEWS

National Alliance on Mental Illness

April 2014

Volume XVII, Issue 4

*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:

- April 17th—Education and Support Meeting in Carlisle & Support Meeting in New Cumberland
- April 21st—Dauphin County Support Meeting
- May 1st—MH Awareness Walk & West Shore Support Meeting
- May 10th—NAMI Connections
- May 15th—Support Meetings in Carlisle and New Cumb.
- May 17th—NAMI PA C/P fundraiser at Hoss's
- May 24th—MH Awareness event at Senators Game
- May 31st—MH Awareness Concert at Little Buffalo State Park

## Contact Us:

P.O. Box 527  
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## MAY IS MENTAL HEALTH MONTH. BE ACTIVE AND BE HEARD SUPPORTING RECOVERY

May is Mental Health Month and the month is packed with events and activities where individuals can show their support for increased resources and improved treatment for folks living with a mental illness. MH budgets shrink because the voice of MH advocates and stakeholders is not as loud in Harrisburg as the voices of others who seek state and federal resources. Now is the time to pump up the volume by your participation in the scheduled events.

**On Thursday, May 1st** there will be the annual **Mental Health Awareness Walk** in Carlisle from Letort Park to the Old Court House in the square in Carlisle. This is a distance of about 5 blocks. In past years the walkers have been predominantly consumers and providers. It would be terrific to add about 25 to 50 new family member walkers for this event this year. For this event your walking body will be your voice. The walk forms at 10 AM.

**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

*(Continued on page 4)*

## APRIL MEETING NAMI PA of CUMBERLAND and PERRY COUNTIES THURSDAY, APRIL 17, 2014 at S.T.A.R.

253 Penrose Place, Carlisle, Pa.

[See page 4 for directions]

**7:00 — 7:50 PM Speaker: Silvia Herman,  
 Cumb/Perry Counties' MH Administrator**

**8:00—9:00 Support Meeting**

**support**

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Message line number:  
240-8715

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243-1645/243-0123

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**Board of Directors:**

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**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]. Where 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.

**April 17, 2014**

**Live Presentation** *Silvia Herman, MH/IDD Administrator*

Discussion of MH budgets, future planning, Medicaid Expansion and Healthy PA proposed by Gov. Corbett

**May 15, 2014**

**7:00 PM Announcements**

**7:15 up to 9:00 PM—Support Meeting**

**June 19, 2014**

**7:00 PM Announcements**

**7:15 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.

**May 1, 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 Church, 530 Big Springs Road, New Cumberland, PA. Contact Beverly Riggins at 717-979-0519 for more information.

**April 17, 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.

**April 21, 2013**

**6:30 to 8:00 PM—Support Meeting**

# NAMI Family-to-Family: Evidence Meets Experience

By Ken Duckworth, M.D., NAMI Medical Director

Over the years I have met many families who have shared with me what **NAMI Family-to-Family** has done for them. They have told me how much they learned, how they have been supported, and often, how much it helped their family member. I have also been told that Family-to-Family saved their lives.

When people have taken the Family-to-Family course, they know it makes a difference for them. In a world that demands outcomes, however, it is also important to show this result is due to the course, and not due to chance or the passage of time. Thankfully a team of NAMI Maryland chapters and University of Maryland researchers led by Dr. Lisa Dixon have done just that.

First a quick review is in order. NAMI's Dr. Joyce Burland developed Family-to-Family in 1991. It is a 12-week course taught by trained families of individuals living with a serious mental illness for other family members. The model emphasizes education, support, self-care and problem solving. It has been used widely across the country, with over 300,000 people having taken the course, and 3,500 individuals having been certified as trainers. Family-to-Family has been translated into many languages, and has been culturally adapted and used successfully for Spanish communities in America and in Mexico and Puerto Rico (called **NAMI de Familia de Familia**). Today, Family-to-Family is the largest family psychoeducation program in the U.S.

Several initial papers in the decade beginning in 2000 suggested that Family-to-Family had discernable effects for the people in the course. In 2011, the first randomized controlled trial (RCT) was published of Family-to-Family, comparing the experience of people enrolled in the course and people on the waiting list as controls (they later took the course). In **the Family-to-Family study**, 318 individuals were assessed over a three month period on areas of coping, empowerment, and other areas of experience. The design of this study is important to understand.

The RCT is a gold standard of methodology which is designed to improve the certainty of the findings. The idea of this kind of study is to randomize a group of people eligible for the active or study arm or a control group and to follow them over time to see if the results can be attributed to the active group. The individuals doing the assessment of the impact of the course did not know if they are in the active or control group. Also, an assessment of the fidelity of the model was integrated into the study. This helps to ensure that people are getting the model when they are in the active arm of the study.

The landmark study found that the individuals in the active group of the study showed improved abilities to cope and feelings of empowerment. The control group did not show these results. The study results did not show a decrease in subjective burden of illness—the family members knew they still faced a challenge. Results on problem solving and reduction of distress were positive but not definitively so. Further studies would



help to see if that finding is a real outcome of the model. This study led to a remarkable moment in NAMI history. The National Registry of Evidence Based Practice (NREPP) listed **Family-to-Family as an evidence based practice**. This is a core achievement for the course. Research based evidence meets individuals experience in this certification.

A follow up study showed that the positive results stay with people who took the course. In 2013, Lucksted and colleagues followed up with the same population data set that interviewed individuals at different times. They concluded that "all benefits of Family-to-Family were sustained at nine months" including reduced anxiety improved problem solving, improved coping and knowledge. They also noted that increased attendance led to better outcomes.

Family-to-Family has been a great addition to the world of mental health services. Families often report they experience feeling left out of care, or that communication is inadequate from mental health professionals. These studies demonstrate the impact that Family-to-Family can have to improve how the family copes and functions. Policy makers and professionals have begun to take notice. Looking at how the course impacts the individuals who live with serious mental illness and how to use this program in the digital age are important areas of future research.

If you love someone in your family who is living with schizophrenia, bipolar disorder, depression or obsessive compulsive disorder (or related disorders) consider taking this important and scientifically validated course. Contact your NAMI Affiliate to find out where it is being given. It's free, and thanks to these studies, we know it works.

NAMI PA C/P is very pleased to report that a Spring Family to Family course is underway with a full class. Thank you to our Family to Family teachers for their dedication and talent. There is also an ongoing PEER to PEER course by dedicated and talented teachers.

*"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**

(Continued from page 1)



Bowie Baysox. Tickets are \$11 with \$4 of each ticket being donated back to participating groups. This will be a great setting for us to build and strengthen relationships. Mark your calendar and send your order for tickets with a check to NAMI PA C/P, PO Box 527, Carlisle, PA 17013. Write "Baseball Tks" on your check. Bring your whole family out to this event. We would like to have at least 20 NAMI members in attendance.

**On Saturday, May 31st—Noon to 6 PM—Mental Health Awareness Month Concert** will be held at Little Buffalo State Park, Newport, PA. This will be terrific entertainment with information tables, and another great opportunity to strengthen our family ties. Now that warm weather has finally arrived it is not too hard to imagine what a good time it will be to be in the park with musical entertainment.

When we gather together with new friends at events such as are listed here, we support each other and strengthen our voice when we speak about matters of importance to our community.

**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.

**MEMBERSHIP RENEWALS**

Please check your records to see if you have renewed your membership since October 1, 2013. If not, Please use the form on the last page of this newsletter to renew now. If you are unsure, renew now and if you had previously renewed we will regard your check as a donation. See page 4 for renewal costs.

## NAMI Calls Mental Health Crisis a "Double Whammy," Shortages Exist for Both Beds and Services

**WASHINGTON, March 26, 2014** -- Mary Giliberti, executive director of the National Alliance on Mental Illness (**NAMI**) offered the following statement in conjunction with a House of Representatives oversight hearing titled "Where Have All the Patients Gone? Examining the Psychiatric Bed Shortage."

"Hospital beds for individuals with mental illness who experience acute crisis are a necessary element for America's mental health care system, but there are not enough beds. Supply does not meet demand. It is not just patients who are in crisis; it is the system as well. There is also a double whammy.

Other mental health services are being starved. Community services that can provide cheaper, incremental alternatives and prevent acute crises and hospitalizations are under-funded or non-existent.

These are services that are cost-effective. They help avoid the cost-shifting that occurs when unmet needs from the mental health care system are imposed on hospital emergency rooms, schools and law enforcement. They include:

- Mental health screening and early intervention.
- Crisis response and stabilization programs.
- Discharge planning.
- Outpatient services.

- Peer support.
- Assertive community treatment (ACT).
- Supportive housing.
- Jail diversion.

Hospitals are important downstream elements in the continuum of care, but upstream measures must not be neglected.

It also is important to note that one of the single-most effective steps for prevention is Medicaid expansion. When timely care is available, fewer people require acute crisis care. At the same time, repeal of the Institutions for Mental Disease (IMD) exclusion under Medicaid for acute care as proposed by Committee Chairman Tim Murphy (R-Pa.) would increase funding to meet the current hospital bed shortage.

The current crisis must be addressed along the continuum. One element alone will not be enough.

NAMI appreciates the leadership of Chairman Murphy and Ranking Member Diana DeGette (D-Colo.) in continuing to conduct these House Energy and Commerce Committee's subcommittee on oversight and investigations hearings on the mental health care system."

## PARENTING A CHILD WITH MENTAL ILLNESS: GUILT AND SELF-CARE

*Posted to HealthyPlace MH Blog on August 13, 2013 by Guest Author, Chrisa Hickey*

Recently, I spent the afternoon making greeting cards. I'm not particularly crafty, but this is a hobby my mom got me into years ago and I enjoy the creativity of making up my own designs combined with the practicality of creating something I need anyway. I have a little spot in the basement where I have all my paper and ink and stamps and glue and I spent four glorious hours all by myself figuring out the design for this year's family holiday card. And I felt guilty nearly the entire time. One of my kids has been struggling emotionally for several weeks and really, really, really wanted to bend my ear for the 432nd time that week and I said *no*. I said I needed some ME time, and that was most definitely true. I'd spent the past six weeks – at least – doing nothing but working full-time and coming home to one teen in crisis and one needing stimulation to stave off the voices, and a spouse who'd been absorbing the brunt of them both all day. Even so, the few precious hours of quiet felt like a selfish indulgence.

But it isn't. I, just like all parents of children with mental health conditions, need to remind ourselves that self-care is an essential part of caring for our kids. (read: [\*Special Needs Parenting and Self-care: Ask for Help\*](#)) A study by the University of

Wisconsin found that mothers of children with conditions that include behavioral issues have stress levels similar to those of combat soldiers. We don't expect our troops to perform without R&R, and we can't either. Statistics show that 47 percent of women parenting children with special needs meet the [diagnostic criteria for clinical depression](#). If you're a single mother, double that. Intellectually, we know that self-care is essential to keeping our children healthy. But emotionally and, many times, financially, taking time for ourselves is out of the question.

We don't have anyone to watch the kids or any available respite care. Our children can't maintain if we aren't there 24x7. Between appointments and IEP meetings and therapy, there isn't any free time. We've got to get past the guilt and make the time; even if it's simply sitting on the porch reading a book that is NOT about mental illness for the few precious hours the kids are in school. Let the laundry stay dirty another day. Our kids can wear their socks a second day. What they can't do is maintain their stability living with a stressed out, unstable parent.



## NAMI returns to the nation's capital for its 2014 national convention!

Having the NAMI National Convention in Washington, D.C. affords NAMI advocates the chance to educate their Congressional delegations about issues related to mental illness. Two thousand grassroots activists will meet face-to-face with our nation's policymakers to demand change to our nation's mental health care system. The 2014 NAMI National Convention will feature:

- Top-notch researchers and clinicians providing information and tools to advance and sustain recovery from mental illness.
- People living with mental illness and their families providing their own important perspectives on recovery.
- The country's keenest minds and savviest policymakers offering strategies and tactics to effectively advocate for changing the mental health system in our nation.
- Abundant networking opportunities enabling us to learn from each other about how to improve the lives of all people living with mental illness and their families.
- Inspiration, innovation and an exhilarating four days in the nation's capital.

### September 3-6 ~ Washington, DC Marriott Wardman Park Hotel

	Member	Non-member	Register by
Super Saver	\$210	\$275	4/30/14
Early Bird	\$235	\$310	7/31/14
Last Minute	\$250	\$350	After 8/1/14
Consumer Early Bird	\$150	\$210	7/31/14
Consumer Last Minute	\$160	\$220	After 8/1/14

### Register Online at

<http://www.nami.org>  
or by phone to (800) 950-NAMI



## Ask The Doctor



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.

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

**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

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

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

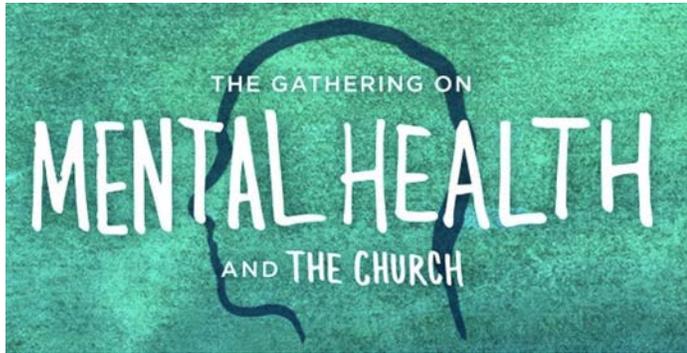


Ken Duckworth, M.D.

# Pastor Rick Warren's Major Challenge to Churches

From The Blaze, March 31, 2014 By Billy Hallowell

Pastor Rick Warren has challenged millions of individuals over the past two decades to live a "Purpose Driven Life," but now he's posing a new challenge to churches: Get educated and work together to confront mental health issues.



Warren, who pledged to take mental illness up as a new ministry focus following his son Matthew's suicide last year, hosted "The Gathering on Mental Health and the Church" at his Saddleback Church in Lake Forest, Calif., Friday.

The one-day conference lasted more than 12 hours and was aimed at pinpointing faith-based strategies to take up mental health while also offering an educational opportunity for church leaders.

"I'm not an authority on mental illness, but I am an authority on living with mental illness," Warren said. "We wanted to pull back the curtain and say, 'It's OK. I'm not OK, you're not OK, but that's OK because God's OK.'"

Warren was also joined by his wife, Kay Warren; Bishop Kevin Vann of the Roman Catholic Diocese of Orange; and by the National Alliance on Mental Illness in co-hosting the initiative.

According to a press release describing the event, 25 health, psychology and religious leaders and professionals came together to discuss the need to collaborate to help those suffering from mental illness, to educate their family members — and to help churches meet the needs of all parties involved.

From bipolar disorder to suicide-risk reduction to eating disorders, a diverse array of issues were on the table. Those struggling with mental illness also shared their plight, offering a firsthand lens into what these struggles actually look like.

Rather than remaining in the dark regarding how to tackle mental illness, "The Gathering on Mental Health and the Church" offered information and motivation for churches to take action. Speakers noted the importance of houses of worship as hubs for individuals who suffer from mental illness.

"Studies show that one out of every four adults in America will be affected by mental illness at some point in their lives," the event's website states. "The first place many go for help is to their priest or to their pastor because the heart of Jesus and the Church has always been for those who suffer."

More than 3,300 people attended the event, with an additional 6,000 tuning in for a live Internet broadcast.

Warren's commitment to mental health issues has grown over



the past year. Just weeks after his son's death last April, Warren announced on Twitter that he would be putting a major focus on mental illness.

The Warrens have since been very open about Matthew's battle with mental illness, hoping to translate their son's life-long battle into a ministry that can help others fight against the forces that come along with mental illness.

"Our hilariously funny, immensely creative, intensely compassionate son struggled to make sense of his life and the mental pain he was experiencing. His anguish was our anguish," Rick and Kay Warren wrote in a recent Time op-ed. "On April 5, 2013, impulse met opportunity in a tragic way. Our beautiful son ran into the unforgiving wall of mental illness for the last time."

In that same article, the couple affirmed their belief that the church should play an essential role in helping the mentally ill, writing that Christians have been serving the physical and mental needs of people "2,000 years longer than any government or agency."

**Come to our meeting this Thursday [4/17] to hear**

**Silvia Herman**

Director of MH services

in Cumberland and Perry Counties

For about 17 years we have all benefitted from Silvia's arrival in our MH/MR now MH/IDD office. The NAMI family knows Silvia to be an energetic, creative, accessible leader of MH services.

Silvia will share her observations about the changing landscape of MH planning and funding from the state and the impact in our counties. She will also discuss Governor Corbett's plan for Medicaid Expansion known as "Healthy PA".

Silvia will also answer questions about our public treatment system to the extent that time permits.

This is a wonderful opportunity to learn and to connect with Silvia Herman.

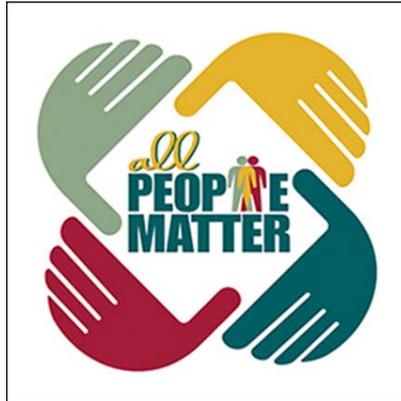
# RECOGNIZING THE IMPORTANT ROLE OF SOCIAL WORKERS

By Angelo McClain, Ph.D., LICSW

March is National Social Work Month and social workers across the U.S. are celebrating this year with the theme “All People Matter.”

Social workers help people overcome life’s most difficult challenges: mental illness, addiction, poverty, discrimination, abuse, physical illness, divorce, loss, unemployment, educational problems and disability. They help prevent crises and counsel individuals, families and communities to cope more effectively with the stresses of everyday life. Social workers focus on improving individual well-being in the context of family and other social structures, such as work and community.

The primary mission of the social work profession is to enhance human well-being and help meet the basic needs of all people, with particular attention to the needs of those who are vulnerable, oppressed and living in poverty. Clinical social workers are the largest group of professionally trained mental health providers in the United States, rendering the majority of counseling and psychotherapy services in the country. There are more clinically trained social workers—over 200,000—more than psychiatrists, psychologists and psychiatric nurses combined. Federal law recognizes social work as one of



five core mental health professions. Social workers are highly trained and experienced professionals. Only those who have earned social work degrees at the bachelor’s, master’s or doctoral levels—and completed a minimum number of hours in supervised fieldwork—are professional social workers.

Social workers are employed in mental health clinics, schools, hospitals, homeless shelters, senior centers, universities, social service agencies, and the military. They can be found in all levels of leadership in the non-profit, for-profit and government sectors, including state and federal elected office.

Since the profession began over 100 years ago, social workers have been leaders in social reform movements in the United States. They continue to address the needs of society and bring our nation’s social problems to the public’s attention. Social workers were instrumental in the civil rights movement, the establishment of Social Security, Medicaid and Medicare, efforts to ensure humane treatment for people with mental illness and developmental disabilities, and on-going efforts to expand health care access for all.

I’m honored to belong to a profession that recognizes that all people matter. I hope you’ll join me in celebrating the dedication of social workers throughout our nation.

*Angelo McClain is the chief executive officer of the National Association of Social Workers. For more information about social workers, visit [www.socialworkers.org](http://www.socialworkers.org) or follow hashtags #SocialWorkMonth and #AllPeopleMatter on Twitter.*

## BIPOLAR TREATMENT THAT IS “GOOD ENOUGH,” ISN’T

Posted to HealyPlace MH blog on June 6, 2013 by Natasha Tracy

In psychiatric studies, generally response and remission are recorded for the effectiveness of medications. So, a certain percentage of people positively respond to medications (get somewhat better) and a smaller percentage of people go into remission (get mostly better) from medications. The definitions of “respond” and “remit” vary, but typically it’s a reduction in symptoms, as measured on a scale, to a specified degree.

In practice, this means that a medication can still be deemed “effective” even if it only moves you from a 10 to a 5 on a scale of depression.

Well, this isn’t good enough.

### Accepting the Suck

I first heard the term “accepting the suck” when I edited a book on PTSD in the military. Accepting the suck is accepting



horrible things as *just the way things are*. In other words, suck it up big boy, things suck and you’re just going to have to live with it.

This is an attitude that many people with mental illness have come to live with over the years. Life with bipolar can be painful. Life with bipolar can be hard. Life with bipolar can be like being lashed with barbed wire. Longstanding pain tends to breed these “accepting the suck” types of attitudes.

And these attitudes might be as a result of treatment not working or treatment partially working or treatment working but with horrible side effects.

### Treatment is “Good Enough”

In these cases people may think things are “good enough.” In fact, doctors may think it’s “good enough.” Patients and doctors may think that living with residual symptoms and horrible side effects is acceptable.

It’s not.

*(Continued on page 9)*

## What It's Like to be Psychotic

(March 14, 2014) Most people have, at some point, encountered someone with a mental illness. Perhaps there is an aunt or cousin with mental illness, or the son or daughter of a coworker. Yet, people in general have limited understanding of the life of someone with serious mental illness. It might help you understand if I explain to you what it is like for me to experience a psychotic episode and then recover from it.

First of all, when we become psychotic, it seems to us as though we're just fine, and the world has gone cockeyed, or else we may feel that there is a massive conspiracy centered on oneself. We may be completely unaware that something has gone wrong with our thinking. The illness will usually block out this awareness.

We will become unable to communicate properly with people, and we may feel that everyone is being unreasonable toward us. We do not understand why people are acting strangely to us, and we may get very angry about this, or will at the least be extremely irritated.

When I was last severely psychotic, which was around this time of year in 1996, I was hostile and nonviolent. I yelled at people, including the person who would later become my wife. She called the police on me because I was acting too belligerent.

At another point during the same episode, she dropped me off in the Pacheco area, and from there I wandered the streets of Martinez for many hours in 90-degree heat. I believed I had died and gone to Hell, until I finally made it home, which at that time was the Riverhouse Hotel.

Later during the same episode, I believed my building would be blown up, and I believed it was urgent that I get some distance from there. I walked from downtown Martinez to a church in Pleasant Hill. Coinciding with this, there was an explosion at a nearby refinery in the Martinez area which was visible for miles.

The rector of the church called my mother and girlfriend, who advised having the police take me to the hospital. (I wasn't a member of the church or anything--I just showed up there at random, and also, I refused to leave.)

The police had a difficult time with me because I was nonviolently resisting them, and in 1996, tasers had not yet come into

use. (The police weren't going to get too rough with me because the church minister was present.)

When someone is psychotic, they may feel that their life is being threatened, and this can be quite frightening. We may believe that we can read people's minds, or we may believe that our thoughts are being projected into other people's minds. We may realize that something is wrong, and we may feel that someone is doing something to us to make us that way.

When psychotic, we are aware of the information given to us by our five senses, yet we interpret this information in a bizarre and erroneous manner. We will be preoccupied with the thoughts in our mind, and these thoughts are strange and incorrect.

If we become excessively psychotic, we may be unable to obtain food, to brush teeth and to bathe. Rent will go unpaid, and we may not even be organized enough to spend money that we already have in our bank account. The instinct of thirst will usually but not always prevent us from being excessively dehydrated, yet we could go days or weeks without food, unless someone is putting food directly in front of us.

There is such a thing as tactile hallucinations, in which we feel as if bugs are crawling on our skin. We may hear voices when no one is speaking--auditory hallucinations. We might see spots--visual hallucinations.

We might think we are being attacked by the Devil, and we may believe we are a historic religious figure. We may be unable to contact family even though this might merely require picking up a phone and dialing.

When finally brought to the hospital, we may feel a great sense of relief that someone is getting us out of a hole we could not get out of by ourselves.

Once medicated, medication side-effects can create a great deal of suffering, but this is usually less suffering than during fully-blown psychosis. It can take weeks or even months of staying medicated to return to a relatively normal state of mind. Once back to a fairly normal state, we may become aware that we have a long road of recovery ahead.

*Jack Bragen, Author of Jack Bragen's Essays on Mental Illness--This article originally appeared **in the Berkeley Daily Planet.***

*(Continued from page 8)*

Anyone who lives with residual side effects is at a greater risk for future episodes. We know this. Anyone who lives with horrible side effects is likely to stop taking medication and get very sick again. We know this too. So these situations simply are *not* good enough.

### Stop Accepting the Suck

So if things aren't working for you, if your bipolar disorder is not under control, if the side effects are causing you significant suffering -- **take action**. You do not have to live this way and you shouldn't be expected to.

And if your doctor doesn't listen to your concerns? Bully for

him. Your concerns are *important*. The suck is *not normal*. If your doctor doesn't listen then demand a second opinion. **Be very clear** that you cannot live with the residual effects. Be direct. Take control. I know it's a hard thing to do, but you deserve better.

*(I admit, there are limitations to what we can do. Medicine is limited, unfortunately. But don't give up until you absolutely have to. If your concerns haven't been addressed to your satisfaction then it isn't good enough. Period.)*

You can find [Natasha Tracy on Facebook](#) or [GooglePlus](#) or [@Natasha\\_Tracy on Twitter](#).

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