



*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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- P.7- Article about early treatment for schizophrenia & Notice about Shippensburg Program
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### Calendar:

- Sept 18th—Support Meetings in Carlisle & New Cumberland
- Sept 22nd—NAMI PA C/P Board Mtg
- Sept 28th—NAMI Connections Mtg
- Oct 2nd— **NO WEST SHORE SUPPORT GROUP**
- Oct 7th—Minds on Edge Program in Shippensburg [see p.7]
- Oct 12th—NAMI Connections Mtg
- Oct 16th—Support Meetings in Carlisle & New Cumberland
- Oct 20th—Support Mtg in Dauphin

### 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

## THE NAMI ANNUAL CONVENTION IN WASHINGTON DC WAS A VERY POSITIVE EVENT

Following is a Thank-you and a report from one of our members who attended:

Thanks to a scholarship made available to me through NAMI C/P, I was able to attend the 2014 NAMI national convention at the Marriott Wardman Park Hotel in Washington DC. The conference kicked off on Wednesday September 3, 2014 at 9:15am with a Change the Frame Summit and concluded with a banquet at 7pm on Saturday, September 6, 2014. I was able to attend for two of the four days of the convention: Thursday and Friday.

For me, the opening event was the Legislative Plenary at 8am on Thursday. There were a number of moving speakers including Senator Deeds from VA, NAMI VA Executive Director Mary Giliberti and national recording artist Demi Lovato; however, it was the former US Representative from Rhode Island, Patrick Kennedy, whose story of his personal struggle with Bipolar (I think) was quite inspiring. Another purpose of this legislative plenary session was to familiarize us with the Murphy Bill (HR-3717) which we were to trumpet in our visits with our state representatives after the plenary.

After the plenary, a mass of us filled 4 busses and we went to speak with our Representatives in Congress. Unfortunately, Congress was still out for the summer, so, I spoke with my Representative (Lou Barletta)'s Legislative Assistant Megan Perez. Then, all the people from Pennsylvania gathered in one of the rooms of the Congress building where Legislative Assistants and Aids for a number of the Pennsylvania Representatives met with us and spoke to us about what they've been doing toward the end of getting the Murphy Bill passed.

Thursday afternoon, I got to attend a workshop on The Interplay of Mental Illness, Trauma And Addiction In The LGBT Community. Then I went to the State Caucus for NAMI PA, where the candidates for the NAMI National delegation came to visit us one by one to make a pitch for us to vote for each of them later in the convention. And, I finished the day with a Family Support Group with NAMI members from all over the US.

*(Continued on page 4)*

## SEPTEMBER MEETING

### NAMI PA of CUMBERLAND and PERRY COUNTIES

### THURSDAY, SEPT. 18, 2014 at S.T.A.R.

253 Penrose Place, Carlisle, Pa.

[See page 4 for directions]

**7:00 —8:30 PM Support Meeting**

**support**

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P.O. Box 527  
Carlisle, PA 17013

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Message line number:  
240-8715

**Officers:**

**President: Taylor Andrews**  
243-1645/243-0123

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**Treasurer: Stephen Zwierzyna**

**Secretary: Kathleen Zwierzyna**

**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 8:30 pm** there will be an occasional educational program prior to the support meeting. 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 and extend to 9:00 PM.

**Sept 18, 2014**

7:00 PM Announcements

7:15 up to 8:30 PM—Support Meeting

**Oct. 16, 2014**

7:00 PM Announcements

7:15 up to 8:30 PM—Support Meeting

**Nov. 20, 2014**

7:00 to 7:30 PM Membership Meeting with Reports and Elections

7:30 up to 9:00 PM—Support Meeting

**WEST SHORE SUPPORT GROUP HAS SUSPENDED MEETINGS FOR NOW**

**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.

**Sept. 18, 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.

**Oct 20, 2014**

6:30 to 8:00 PM—Support Meeting

# WHAT HAVING DEPRESSION HAS TAUGHT ME

Posted to HealthyPlace MH Blog on February 17, 2014 by [Liana Scott](#)

Having depression has taught me many things. I've learned how very debilitating depression can be, but I've also learned how resilient people with depression are – myself included. I've learned about [stigma](#) but I've also learned about acceptance. I've learned about brain chemistry and [depression medications](#), about cognitive behavioral therapy, hypnosis, prayer, positivity and other treatments.

## Depression: Debilitation & Resilience

I've had three debilitating depressive episodes since I was first diagnosed in 2001. In between these episodes, and every day since the last one, I wage a daily war against depression. I read about, watch and listen to countless stories about people fighting their own battles. I hope, though I don't know for sure, that there are far more people winning their wars than losing them.

## Depression: Stigma & Acceptance

For years, the only stigma I felt about having depression was self-inflicted. Having said that, from 2001 to 2011, I hadn't told anybody about my depression (other than family and close friends). I was [afraid to talk about my depression](#) (still am), so I kept my mouth shut and kept my depression to myself. I'm very lucky inasmuch as those few people I have told, particularly in the workplace, have not demonstrated any behaviors that I could attribute to prejudice or stigma.

Sadly though, I am in the minority. The stigma associated with mental illness is still so very prevalent in society that many suffer in complete silence. Thanks to websites like [HealthyPlace.com](#), countless social media groups on Twitter, Facebook, Google+ and Pinterest (to name a few) and national campaigns like [Bell Let's Talk](#), acceptance is on its way.

## Depression: Brain Chemistry, Medication & Other Therapies

There is still so much that isn't known about what causes and/or contributes to episodes of depression and other mental illnesses. Brain chemistry, heredity, environmental influences (pollution, hormone/genetically-enhanced foods, etc.), psychological influences (stress, abuse, etc.) and the list goes on. The medications available to help treat symptoms of depression are getting better every day. I consider myself incredibly lucky because my depression has always been managed with just one medication. There are untold millions who need a veritable cocktail of medications to treat their mental illnesses. More research is needed to make them more effective, and accessible.

Cognitive behavioral therapy (CBT) continues to be a solid tool when dealing with depression, anxiety and other mental illnesses. Hypnosis, while it isn't for everyone, can help relax the

mind and body if you're able/willing to surrender to it. Prayer, gratitude and positivity go almost hand-in-hand(-in-hand). They deal with divinity and aspects of quantum physics that, while I certainly can't explain them, can be intensely powerful. Having depression has taught me many things. The more I learn, the more I want to spread the word – to share, to speak out, to be a small part of the solution to educate and end the stigma.

## DEPRESSION POEM FOR A FRIEND

### I'm Here For You

I know words won't take away your pain.  
But I'm here for you.

When you feel like no one cares, I do.  
I'm here for you.

When others judge, or criticize, or roll their eyes, I won't.  
I'm here for you.

If it's 3am and you don't want to burden anyone, call me.  
I'm here for you.

If it seems so dark and the walls are closing in,  
I'll be your light and guide you.  
I'm here for you.

If you feel like no one understands, I do. I've been there.  
And I'm here for you.

When you can think of nothing good to say about yourself, I  
have a long list of good I see in you,  
right here for you.

When you can think of no reason to go on,  
I will be your reason.  
I need to be here for you.

When you are upset for no reason, you don't need to give  
me a reason to be here for you.

When you don't want advice or a lecture, and you just need  
someone to sit with you,  
I'll sit here with you.

When you feel like you have failed, you haven't.  
You were here for me.  
Now I'm here for you.



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

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

**WHEN: 2<sup>nd</sup> & 4th 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.

*(Continued from page 1)*

Friday was another busy day. First off was the Open Mic With The NAMI Board of Directors. This was mostly a listening session for the Board to hear the concerns of family members, so, I put in my 2 cents. Then, I went to another workshop called Faith Communities: Healing Places In A Hurting World. Each of the speakers were engaging in their own way: Jackson Day, a United Methodist minister; Nancy Kehoe, a Roman Catholic Nun and Professor of Psychology at Harvard Medical School; Melody Moezzi, an author and Muslim with Bipolar; and it was moderated by Carole Wills, Chair of NAMI FaithNet.

Then I went to view the posters and exhibits and got to learn about some new recovery provider software (WrapAround 24:7) and a Transcranial Nerve Stimulation device. Then, up for another workshop: Getting Off The Emotional Roller Coaster; and, back to the poster room to talk with Rev. Alan Johnson with the United Church of Christ Mental Health Network.

Friday afternoon was filled with research updates. I attended the sessions on PTSD and Schizophrenia, then, went to the Ballroom for an Interfaith Worship service where, during the singing of a hymn, I could not keep from crying. It was an emotional moment in a busy day. I was happy to end this day and my 2014 convention with another Family Support Group.

Thanks so much to the people at NAMI C/P for making it financially possible for me to attend the conference. I participated in every way I could and made the most of the experience,

Lukas Ansel

# JOIN US FOR 2014-15

**\$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 2015**

**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:**

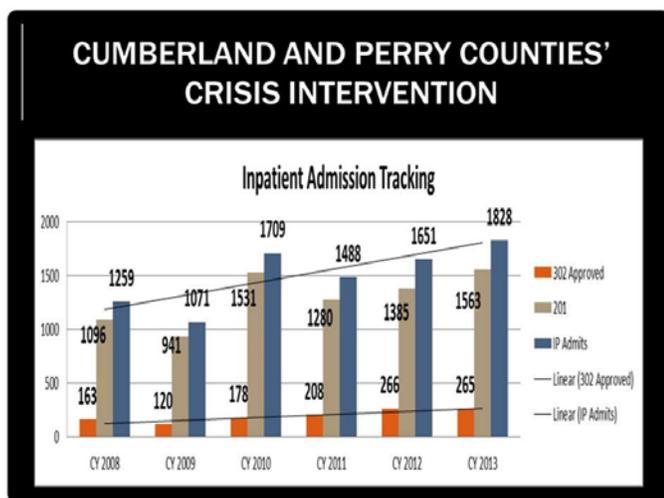
- Take Hanover St. out of town [Rt. 34 South].
- At the major intersection at Noble Blvd, turn right on Noble Blvd.
- Proceed straight ahead at the first Stop sign at West St.
- Turn right after the gas station on your right;
- The Penrose Plaza is immediately on your left;
- STAR is the last store front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



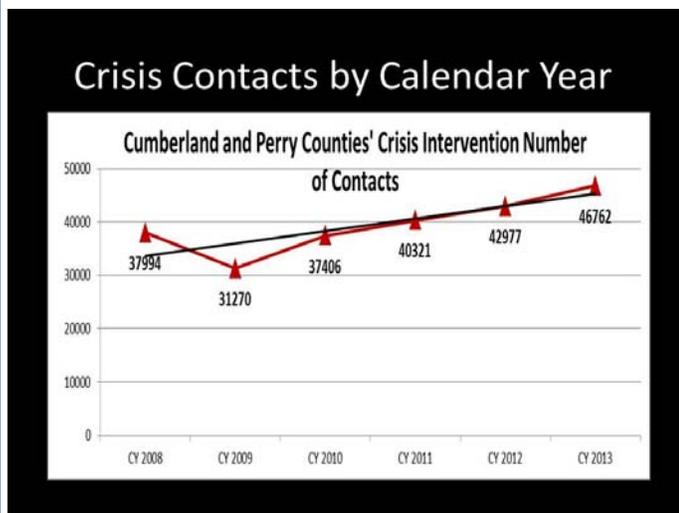
## INTERESTING INFORMATION FROM MH/IDD FACEBOOK PAGE

The following information is from the Cumberland/Perry Counties MH/IDD Facebook page. If you use Facebook look for **Cumberland/Perry County, PA-MH.IDD.IA**.

As many of you already are aware, this is National Suicide Prevention Week. We've heard excellent news stories to help raise awareness about the tragedies associated with suicide. We thought it may be appropriate to share some local statistics related to Crisis Intervention services in our Counties. Let's choose to be a community that supports and cares for each other. Suicide is preventable.



Here's another interesting statistic. The number of Crisis contacts has continued to rise for the last 4 years. Additionally, nationally suicide rates have steadily increased since 1999. Each year, approximately 40,000 Americans end their own lives in suicide. Let's choose to be part of the conversation that decreases the likelihood of loss of family, neighbors, friends....



## SUCCESS OF AOT IN NEW JERSEY "BEYOND WILDEST DREAMS"

(Sept. 2, 2014) **A**ssisted **O**utpatient **T**reatment in New Jersey is showing significant success, according to an early analysis of what New Jersey calls "Involuntary Outpatient Commitment."

New Jersey's involuntary outpatient commitment (IOC) law passed in 2009 gives judges the authority to order severely mentally ill people into outpatient treatment under some circumstances.

"The success we have seen is beyond our wildest dreams," said Kim Veith, director of clinical services at Ocean Mental Health Services in the Garden State.

The achievements for clients with severe mental illness participating in IOC include reduced hospitalization and emergency room visits, shorter inpatient stays, reduced crime and incarceration and reduced homelessness. Of clients who were homeless prior to participating in the AOT program run by the Mental Health Association of Essex County (MHAEC):

- 20 percent are now in supportive housing;
- 40 percent are in boarding homes;
- 20 percent are living successfully with family members.

The same program has also reduced arrests among clients. Of crimes that were committed while on IOC all were misdemeanors compared to the clients' histories "of more numerous and more serious crimes" prior to participating in the program.

Results also show that fewer than half of the clients were re-hospitalized one time and only one client was re-hospitalized twice.

Ultimately, "IOC gives us a way to watch people who tend to be dangerous and give them the support they need," said Veith.

Programs in other counties also show significant achievements. A woman with paranoid schizophrenia and a history of noncompliance is now taking injectable medication, is stabilized and enrolled in college, said Elizabeth Cruickshank, a clinician at the Family Guidance Center of Warren County of one of her patients.

Clients have good things to say, too.

"I learned that I'm smart, that I have a good personality and that I need my medication or I go off the wall," said an IOC client at the Jersey City Medical Center of his experience with mandatory outpatient commitment.

The Christie administration dedicated an additional \$4.5 million to fund IOC in all 21 New Jersey counties last March, so we expect even more positive results ahead.

# WHAT WE CAN DO ABOUT DEPRESSION

By Ken Duckworth, NAMI Medical Director

I am one of many who would say that Robin Williams was among my favorite actors. His portrayal of a psychologist in *Good Will Hunting* is my all-time favorite. A colleague of mine told me her kids said to her last night, "Mrs. Doubtfire is dead." They were crushed by this news which seemed so unbelievable based on their experience of the character. He was a figure that transcended generations. It was a very sad day for many, and my heart goes out to his family, who will bear the incredible pain of his death long after the news cycle ends.



I recalled that he had a history of struggles, but I was still shocked to hear that he had died by suicide. He was a genius and had many supports. But of course depression doesn't calculate those things. Severe depression distorts rational thinking and can lead to the fixed idea that hopelessness and pain are to be your experience forever. I have heard this from patients who have lived after suicide attempts. They told me they had lost all perspective and simply wanted to end their pain. They often reported simply losing a sense that they mattered to other people and forgot that they too were loved.

Depression distorts reality and causes a risk of death. It is a persistent and serious public health crisis that doesn't get enough coverage. It can happen to anyone and is associated with a great deal of the suicides in our country. When combined with a substance use disorder it becomes even riskier and harder to treat, and when it is part of a bipolar disorder it requires extra attention. Other public health problems like heart disease have seen great results in the past several decades—we cannot say the same about suicide.

What can we do about this public health crisis that takes so many from us?

- **Advocate.** Fight for better treatments and for research into the underlying causes of psychiatric illnesses.
- **Be proactive.** Work to be sure that people get screened for this depression and that help happens earlier. National Depression Screening Day is October 9.
- **Get medical.** Get checked for medical causes of depression like thyroid disease.
- **Take the long view.** We can encourage people to stay with treatments as some do work even after others have failed. That is well established from the STAR\*D study by NIMH.
- **Integrate.** Co-occurring disorders (like depression and substance use) often are poorly integrated into a person's care plan. This needs to change as substance use can be a failed self-medication strategy to treat depression.
- **Change the field.** We can demand more cognitive behavioral therapy, which clearly helps with depression, but many mental health professionals aren't trained to provide it.
- **Open up.** We can change the dialogue about depression—it is a condition that needs to be talked about. Isolation and silence are the dangerous traveling partners of depression.
- **Come together.** Our voice is more powerful together than alone.
- **Love.** Like Robin's character in *Good Will Hunting* we can reach out and love those we know who are struggling and let them know we are here for them.

Chances are someone you know is struggling with depression, and this is a simple way that can make a difference.

Rest in Peace Robin. We shall all miss you.

## 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.

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

**September 26, 2014:** Dr. Rozel; re:solve Crisis Network

**October 24, 2014:** Ray Gonzalez; Cognitive Enhancement Therapy

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

**September 19, 2014:** Dr. Stuart Ablon; Think:Kids

**October 17, 2014:** Dr. Gene Beresin and Dr. Steven Schlozman; Black Box Warning Labels

**November 21 2014:** Changes to the DSM V



Ken Duckworth, M.D.



# SETTING THE RECORD STRAIGHT

*By Mary Giliberti, NAMI Executive Director*

As Congress goes into its August recess, it has yet to act on legislative proposals to improve mental health care in the U.S. Nearly two years after the Sandy Hook elementary school tragedy in Newtown, Conn. focused attention on the nation's broken mental health system, there has been much discussion in Congress about how to improve mental health care but very little resolution.

Two significant bills have been introduced in the U.S. House of Representatives, one by Representative Tim Murphy (R - Pa.), the other by Congressman Ron Barber (D. - Ariz.). Both bills contain many excellent provisions that, if enacted, would represent major improvements in the mental health system. For example, both bills include urgent resources for suicide prevention. Suicide is currently the second leading cause of death for young adults in the U.S. Having lost someone close to me to suicide, I know the consequences of inaction in this area and the devastating impact of suicide on families and those close to the person.

Both bills also contain multiple provisions to put more resources into jail diversion and community reentry for individuals living with mental illness involved with the criminal justice system. The criminalization of people living with mental illness is a profound injustice and violation of human rights. Recently, I visited the Cook County jail in Chicago and saw firsthand why this correctional institution has been characterized as the largest de-facto mental health treatment facility in the U.S. The numbers of people with mental illness housed there was sickening.

The two bills also contain provisions to protect access to psychiatric medications in Medicaid and Medicare. Both would eliminate the exclusion of mental health providers from existing federal resources to expand and improve health information technology and electronic health information systems. Both bills provide resources for better integration of mental and physical health care. Finally, both would permit same day billing in Medicaid for physical and mental health services—something which is currently not permitted and imposes terrible burdens on people who have to make separate appointments and arrange transportation multiple times.

Representative Murphy has been tireless in his efforts over the past two years to elevate attention to issues and promote improvements in access and quality of mental health services. Prior to his hearings, there was little discussion on Capitol Hill of the poor outcomes experienced by far too many people living with mental illness. NAMI is grateful to him for his ongoing efforts. His dedication to improving mental health treatment and services cannot be questioned.

Representative Murphy's bill is not without controversy and there have been differences of opinion within the mental health community over some provisions. These include provisions pertaining to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), involuntary inpatient and

outpatient commitment, the federal health privacy law (HIPAA), the Medicaid prohibition on paying for certain inpatient psychiatric treatment, and the federally funded Protection and Advocacy for Individuals with Mental Illness (PAIMI) program.

People on both sides of the issues have criticized NAMI for either supporting Representative Murphy's bill or not being supportive enough. Although criticism can be constructive, some has been based on incomplete information. Some have failed to appreciate the harm that can come from infighting in any community and the need to find common ground and real solutions that can be enacted into law.

In a previous job, I served as disability counsel to the U.S. Senate's Health, Education and Pensions (HELP) Committee. This experience more than any other shapes how I look at comprehensive mental health legislation. During my time on the Hill, I worked on several major bills and found that compromise led to bills that could clear both parties and both houses and usually led to policies that were successfully implemented. In the polarized political climate that currently prevails in Congress, sharp disagreements about specific provisions in bills only guarantee that nothing will pass.

Mental illness does not discriminate. It affects Republicans and Democrats—and their families—alike. In the weeks remaining before Congress adjourns, we need to drive that message home.

NAMI has been working hard behind the scenes to build consensus on some of the issues that are controversial. For example, we have recommended an alternative approach on HIPAA that would instill guidance in federal law clarifying that communication with families and caregivers is preferable in treatment and when it is permitted or not permitted.

NAMI has long advocated repealing completely the federal Institutions for Mental Diseases (IMD) exclusion that prohibits federal Medicaid dollars from paying for inpatient treatment in certain types of psychiatric hospitals and facilities. Nonetheless, we support a narrower provision in the Murphy bill that would allow federal Medicaid dollars to be used for short-term acute inpatient psychiatric treatment. This represents reasonable compromise. Unfortunately, the IMD exclusion is not addressed in Representative Barber's bill. NAMI continues to urge individuals and families affected by mental illness to call on Members of Congress to include it in comprehensive mental health legislation.

But repealing the IMD exclusion is not enough. A major journal article this month noted abysmal rates of follow-up care for people after they leave hospitals. The National Association of State Mental Health Program Directors (NASMHPD) recently issued a report which noted that inpatient beds must be part of community-based systems of care, not apart from them.

We must demand better coordination of care for people reen-

*(Continued on page 9)*

# COMPASSION FATIGUE

By Jerry Malugeon

When our life involves caring for someone with a mood disorder we can become so caught up in helping that person that it's easy to overlook our own well-being. We may feel that it just doesn't seem appropriate to be thinking of ourselves when someone we care about very much is having a difficult time. We'll get to us when we have time, we may decide, but right now our own needs will just have to wait.

Somewhere in the future those bottled up feelings and concerns are eventually going to surface. We may become so mentally fatigued and physically exhausted that we start isolating from others. When we are around other people they may remark that we appear preoccupied or even sad. We may deny this is the case, but we have to admit to ourselves that we are having trouble concentrating and we simply don't feel very well. Our appearance may also seem less important. Then, unlike our usual calm and patient temperament, we begin blaming our loved one for our problems. We've even considered taking a drink or using a drug to help cope with the pressure, pressure that seems to be getting even worse.

A family member, companion or caregiver displaying these symptoms may themselves be suffering from a disorder: *compassion fatigue*. This is a normal condition that can result from the ongoing challenges of supporting a loved one in the throes of a brain illness. These are normal yet highly disruptive symptoms that will not go away on their own accord. Untreated, they are likely to only get worse.

If you or someone you know is experiencing symptoms such as these, it's a good idea to see a therapist. Getting this negative condition under control will take hard work, but it can be treated. Talk to a therapist right away.

*Just like you tell your loved one, he or she cannot get well by themselves. Maybe you can't either.*

*(Continued from page 8)*

tering communities and better long term outcomes in treatment. Data on quality and outcomes of services in the mental health field is sorely lacking. Therefore, NAMI also strongly supports Representative Murphy's call to create a national mental health policy laboratory to track outcomes.

Court-ordered Assisted Outpatient Treatment (AOT) is sometimes called the "third rail" in the mental health community for major reform. There are sharply polarized opinions on either side. They all should be respected in a dialogue to seek common ground. NAMI policy supports AOT as a last resort. However, we urge more focus on earlier options ("first resorts") because they can reduce crises before they occur and ensure that AOT is used for the right reasons—not because people cannot get help earlier on a voluntary basis.

NAMI also strongly supports first-episode psychosis programs that provide early intervention when young people first show symptoms of psychosis, offering treatment and coping strategies, support to families, and education and employment support services. Comprehensive mental health legislation should support such programs including mechanisms for paying for such treatment through Medicaid and other funding sources. Some people believe NAMI has not advocated for the elimination of SAMHSA because we receive money from the agency. In full disclosure, we receive 3 percent of our funding from SAMHSA. NAMI is funded by SAMHSA to run the STAR Center, a technical assistance project that among other things, promotes outreach to diverse cultural and age groups of people with mental illness—as well as individuals and families involved in

the criminal justice system.

Even if NAMI's funding from SAMHSA were larger, concerns that this compromises our advocacy are unwarranted. We will continue to urge SAMHSA and other federal agencies administering programs relevant to mental illness to focus resources on the needs of those whose lives have been significantly affected by mental illness.

It is easy to criticize legislative proposals. It is harder to forge compromise. NAMI wants meaningful solutions to the mental health crisis in America. We need assertive action by Congress now.

The purity of rigid positions means little to a person sitting in a jail cell today who was in need of crisis care the night before, or to the family of this person. They mean little to a person living with both schizophrenia and diabetes who cannot get integrated treatment—and whose lifespan is likely to be 25 years shorter than the general population. It is time to join together to fight against the abysmal mental health system, not each other. If we fail to do so, we will have only ourselves to blame if Congress does nothing.

On Thursday, September 4, attendees of the NAMI Convention and advocates throughout the country have the opportunity to have their voices heard on the importance of Congressional action through a National Day of Action. The message will be clear and simple—Congress must #Act4MentalHealth and pass comprehensive legislation to improve mental health care this year! Stay alert for more information about the National Day of Action in the coming weeks.

Visit [NAMI's website](#) to read more about the two bills and NAMI's position.

**NAMI PA**

**CUMBERLAND and PERRY COUNTIES**

Enclosed is my membership or my tax deductible donation (check or money order)

Payable to NAMI PA C/P - mail to PO Box 527, Carlisle, Pa. 17013

Individual membership [\$35]  Family membership [\$35]  Open Door [3\$]  Professional membership [\$50]  
 New member or  Renewal

NAME: \_\_\_\_\_ Date \_\_\_\_\_

STREET: \_\_\_\_\_ email: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_



Place  
Stamp  
Here

