



NAMI

PA, CUMBERLAND and PERRY COUNTIES NEWS

National Alliance on Mental Illness

January 2015

Volume XVIII, Issue 1

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:

- Thurs, Jan 15th—Support mtgs in Carlisle New Cumberland
- Sun, Jan 18th—NAMI Connections
- Mon, Jan 19th—Support mtg in Harrisburg
- Sun, Jan 25th—NAMI Connections
- Sun, Feb 1st—NAMI Connections
- Tues, Feb 3rd—West Shore Support Mtg
- Sun, Feb 8th—NAMI Connections
- Sun, Feb 15th—NAMI Connections
- Thurs, Feb 19th—Support mtgs in Carlisle and New Cumberland

Contact Us:

P.O. Box 527
 Carlisle, PA 17013
<http://www.namipacp.org>
 Message line number:
 240-8715

LOOKING FORWARD TO 2015

By Mary Giliberti, J.D., NAMI Executive Director

It's no secret that NAMI wants to build a broad movement to improve the lives of all people affected by mental illness. In 2014, I could feel the movement growing, especially in trips to meet with grassroots NAMI leaders in such diverse states such as Georgia, Illinois, Massachusetts, Montana, Tennessee and Texas. The energy and commitment of NAMI volunteers is always impressive—and essential to the future.



Taken together, many developments in 2014 provide a foundation for 2015 and years ahead. The challenge is to keep building on these opportunities.

- Philanthropist Ted Stanley donated \$650 million to the Broad Institute for brain research to potentially develop new treatments. In the words of NAMI's medical director, Ken Duckworth, it is a new "**ground-breaker**" for scientific research on mental illness. Medical science is a cornerstone for NAMI's commitment to improve the lives of individuals and families affected by mental illness.

- *USA Today* launched a special series, **The Cost of Not Caring**, about the inadequate mental health care system which inspired dialogue in communities around the country. NAMI worked closely on the series, helping identify people affected by the issues so their personal stories could educate readers.

- Diverse faith communities increased their focus on the need to help people find treatment for mental health problems. The most dramatic event was "**The Gathering**" of religious leaders and mental health experts organized by the Saddleback Church, the

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JANUARY MEETING

NAMI PA of CUMBERLAND and PERRY COUNTIES

THURSDAY, JANUARY 15, 2015 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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Joy Mullen

Kelli Murphy-Godfrey

Don Paleski

Sarah Roley

What: Support Group Meeting

When: Meets 3rd Thursday of each month

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

Time: 7:00 pm up to 9:00 pm there will occasionally be an educational program. 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.

Jan 15, 2015

7:00 up to 8:30 PM—Support Meeting

Feb 19, 2015

7:00 up to 8:30 PM—Support Meeting

March 19,
2015

7:00 up to 8:30 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 Hazel at 737-8864 for information.

Feb 5, 2015

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.

Jan 15, 2015

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.

Jan 19, 2015

6:30 to 8:00 PM—Support Meeting



Welcome!

The **Information Helpline** is an information and referral service which can be reached by calling **1 (800) 950-NAMI (6264)**, Monday through Friday, 10 a.m.- 6 p.m., EST. Business callers, including those seeking particular NAMI staff members, should call 1 (703) 524-7600.

Need help now?

Start with our list of [Frequently Asked Questions](http://www.nami.org/Template.cfm?Section=Frequently_Asked_Questions) at http://www.nami.org/Template.cfm?Section=Frequently_Asked_Questions

You may also e-mail us at info@nami.org.

Trained volunteers provide information, referrals, and support to all who have questions about or are affected by serious mental illness.

The Information Helpline offers:

Information. We provide general (non-professional) information on illnesses such as schizophrenia, bipolar disorder, depression; issues affecting children, adolescents & young families; general questions about medication; NAMI programs (such as Family-to-Family and In Our Own Voice); NAMI policy positions (such as mental health parity); and more.

Referrals. Callers are referred to NAMI State Organizations, NAMI Affiliates and support groups throughout the country and to other organizations serving the needs of those affected by serious mental illness.

NAMI Legal Resource Service. While NAMI does not have resources to provide individual representation, our Legal Resource Volunteers can connect individuals with attorneys in their local area, please call 1 (800) 950-NAMI (6264).

Support. Trained volunteers— consumers and family members — are in a unique position to offer support and empathy from people who know what it's like and who have "been there."

(Continued from page 1)

Roman Catholic Diocese of Orange and NAMI Orange County that provided a nationally significant model for outreach.

· The call for Congress to pass mental health care legislation increased. NAMI sponsored a **National Day of Action** in which recording artist and actress Demi Lovato participated, amplifying our voice. NAMI also published a state legislative report for 2014, gathering all of the mental health legislation that passed in the past year. We will be continuing our efforts at the state and federal level to meet the objectives of our new strategic plan and address issues such as homelessness, criminalization of people with mental illness, early intervention and treatment, and the needs of service men and women, veterans and their families.

· Along with others, NAMI won an **important victory** by defeating proposed restrictions on access to medications under Medicare Part D. Protection of shared decision-making by doctors and individuals is a key NAMI value and we will continue our efforts to ensure access to treatment that works.

· Attention increased this year on the need to end the criminalization of mental illness. NAMI helped shape the debate with its call for **nationwide expansion** of crisis intervention teams (CIT). In 2015, NAMI, the Council of State Governments, the National Association of Counties

and others will build on this momentum by launching an unprecedented campaign to lower the number of people with mental illnesses in jails by improving access to effective mental health and co-occurring substance use treatment.

· Major inroads were made with youth and young adults through the NAMI on Campus program, with 85 active clubs on campuses across the country and 240 in the process of being formed. Additionally, NAMI's *Raising Mental Health Awareness on College Campuses* toolkit was sent to more than 300 campus communities. Young adults leading these groups and activities are NAMI leaders of the future!

Every movement has many different centers of energy, creativity and commitment. Both large and small events converge to form greater waves of change. Looking back on 2014, are there trends or events that you think provide hope, inspiration or opportunities for the future?

Do you have ideas you want to share for 2015?

Please feel free to share them with me at **executivedirector@nami.org**. I may not be able to reply individually, but I can promise to read every message personally.

In the meantime, best wishes for the holidays and the New Year. Thank you for all you do on behalf of people living with mental illness and their families!

"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: Each Sunday at 6:30 PM

WHERE: S.T.A.R., 253 Penrose Place, Carlisle, PA 17013 (see directions on this page)

WHO: Joy Mullen, NAMI National trained Support Facilitator

CONTACT: Any group related questions can be directed to Joy at (803) 409-9702

JOIN US FOR 2015

\$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**

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(Watch Jon's video at <https://www.youtube.com/watch?v=XhbfZAhOxrl>.)

"Carol Ann" meets with the interviewer before treatment, and her speech is unintelligible. After 6 weeks of medication, she clearly explains her hallucinations and getting ready in the morning to start her day. After 2.5 years of medication she has earned her driver's license and lives in her own apartment. **(Watch Carol Ann's video** at <https://www.youtube.com/watch?v=z7LsV82a-3A>.)



Other than the transformations, the most notable part of these before and after videos is the recognition by the interviewees themselves that treatment has brought about a positive change to their lives.

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.

**NAMI PA CUMBERLAND AND PERRY COUNTIES
WISHES YOU A
VERY HAPPY 2015**

CONGRESS PASSES ABLE ACT: MAJOR VICTORY FOR PERSONS WITH DISABILITIES AND THEIR FAMILIES

(Washington, D.C. – Dec. 17, 2014) – Last night, the U.S. Senate overwhelmingly passed the Achieving a Better Life Experience (ABLE) Act of 2014 by a vote of 76 to 16. First introduced in 2006, and subsequent sessions of Congress, the ABLE Act will allow people with disabilities (with an age of onset up to 26 years old) and their families the opportunity to create a tax-exempt savings account that can be used for maintaining health, independence and quality of life.

“Today marks a new day in our country’s understanding and support of people with disabilities and their families,” Michael Morris, [National Disability Institute](#) (NDI) Executive Director, said. “A major victory for the disability community, ABLE, for the very first time in our country’s policy on disability, recognizes that there are added costs to living with a disability.” He continued. “For far too long, federally imposed asset limits to remain eligible for critical public benefits have served as a roadblock toward greater financial independence for the millions of individuals living with a disability.”

NDI has long championed the ABLE Act as a critical strategy to providing a pathway to a better economic future for all people with disabilities. As the nation’s first nonprofit dedicated to improving the financial health and future of all people with disabilities, the organization has extensively documented and called attention to the daily reality and extra expenses associated with living with a disability, and the challenges of navigating the complex web of government rules to maintain public benefits eligibility.

In recognition of this unprecedented legislation, NDI has created a list of 10 items about ABLE accounts that individuals with disabilities and their families should know:

ABLE Accounts: 10 Things You Must Know

1. What is an ABLE account?

ABLE Accounts, which are tax-advantaged savings accounts for individuals with disabilities and their families, will be created as a result of the passage of the ABLE Act of 2014. Income earned by the accounts would not be taxed. Contributions to the account made by any person (the account beneficiary, family and friends) would not be tax deductible.

2. Why the need for ABLE accounts?

Millions of individuals with disabilities and their families depend on a wide variety of public benefits for income, health care and food and housing assistance. Eligibility for these public benefits (SSI, SNAP, Medicaid) require meeting a means or resource test that limits eligibility to individuals to report more than \$2,000 in cash savings, retirement funds and other items of significant value. To remain eligible for these public benefits, an individual must remain poor. For the first time in public policy, the ABLE Act recognizes the extra and significant costs of living with a disability. These include costs, related to raising a

child with significant disabilities or a working age adult with disabilities, for accessible housing and transportation, personal assistance services, assistive technology and health care not covered by insurance, Medicaid or Medicare.

For the first time, eligible individuals and families will be

allowed to establish ABLE savings accounts that will not affect their eligibility for SSI, Medicaid and other public benefits. The legislation explains further that an ABLE account will, with private savings, “secure funding for disability-related expenses on behalf of designated beneficiaries with disabilities that will supplement, but not supplant, benefits provided through private insurance, Medicaid, SSI, the beneficiary’s employment and other sources.”

3. Am I eligible for an ABLE account?

Passage of legislation is a result of a series of compromises. The final version of the ABLE Act limits eligibility to individuals with significant disabilities with an age of onset of disability before turning 26 years of age. If you meet this criteria and are also receiving benefits already under SSI and/or SSDI, you are automatically eligible to establish an ABLE account. If you are not a recipient of SSI and/or SSDI, but still meet the age of onset disability requirement, you would still be eligible to open an ABLE account if you meet SSI criteria regarding significant functional limitations. The regulations to be written in 2015 by the Treasury Department will have to explain further the standard of proof and required medical documentation. You need not be under the age of 26 to be eligible for an ABLE account. You could be over the age of 26, but must have the documentation of disability that indicates age of onset before the age of 26.

4. Are there limits to how much money can be put in an ABLE account?

The total annual contributions by all participating individuals, including family and friends, is \$14,000. The amount will be adjusted annually for inflation. Under current tax law, \$14,000 is the maximum amount that individuals can make as a gift to someone else and not pay taxes (gift tax exclusion). The total limit over time that could be made to an ABLE account will be subject to the individual state and their limit for education-



President Barack Obama on Friday signed into law the Achieving a Better Life Experience Act, known widely as the ABLE Act, which will allow families with children with disabilities to save for college and other expenses in tax-deferred accounts. The bill was co-sponsored by Sens. Bob Casey (D-PA), shown here at the podium two weeks ago urging the Senate to pass the bill after a bipartisan passage in the U.S. House of Representatives.

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Schizophrenia Treatment: Before and After

(Jan. 15, 2014) For those who haven't witnessed the torment of someone in the throes of psychosis, or seen someone recover from their symptoms, a new video provides an opportunity see both (**Schizophrenia treatment: Before and after** at <https://www.youtube.com/user/KendrasLaw/videos>).

Several people with severe mental illness were interviewed and the difference between the interviewees prior to treatment for their hallucinations and after is remarkable.

The first video shows "Jon," who describes his visual hallucinations. He tells that interviewer that it is his belief that the birds flying outside his window are trying to communicate with him by the way that they fly and "the way they sit on the wire."

After treatment, five years later, Jon says, "I am a different person because I'm in reality now." He reports that he has an apartment and a car and is "living a normal lifestyle."

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related 529 savings accounts. Many states have set this limit at more than \$300,000 per plan. However, for individuals with disabilities who are recipients of SSI and Medicaid, the ABLE Act sets some further limitations. The first \$100,000 in ABLE accounts would be exempted from the SSI \$2,000 individual resource limit. If and when an ABLE account exceeds \$100,000, the beneficiary would be suspended from eligibility for SSI benefits and no longer receive that monthly income. However, the beneficiary would continue to be eligible for Medicaid. States would be able to recoup some expenses through Medicaid upon the death of the beneficiary.

5. Which expenses are allowed by ABLE accounts?

A "qualified disability expense" means any expense related to the designated beneficiary as a result of living a life with disabilities. These include education, housing, transportation, employment training and support, assistive technology, personal support services, health care expenses, financial management and administrative services and other expenses which will be further described in regulations to be developed in 2015 by the Treasury Department.

6. Where do I go to open an ABLE account?

Each state is responsible for establishing and operating an ABLE program. If a state should choose not to establish its own program, the state may choose to contract with another state to still offer its eligible individuals with significant disabilities the opportunity to open an ABLE account.

After President Obama signs the ABLE Act, the Secretary of the Department of Treasury will begin to develop regulations that will guide the states in terms of a) the information required to be presented to open an ABLE account; b) the documentation needed to meet the requirements of ABLE account eligibility for a person with a disability; and c) the definition details of "qualified disability expenses" and the documentation that will be needed for tax reporting.

No accounts can be established until the regulations are finalized following a public comment period on proposed rules for program implementation. States will begin to accept applica-

tions to establish ABLE accounts before the end of 2015.

7. Can I have more than one ABLE account?

No. The ABLE Act limits the opportunity to one ABLE account per eligible individual.

8. Will states offer options to invest the savings contributed to an ABLE account?

Like state 529 college savings plans, states are likely to offer qualified individuals and families multiple options to establish ABLE accounts with varied investment strategies. Each individual and family will need to project possible future needs and costs over time, and to assess their risk tolerance for possible future investment strategies to grow their savings. Account contributors or designated beneficiaries are limited, by the ABLE Act, to change the way their money is invested in the account up to two times per year.

9. How many eligible individuals and families might benefit from establishing an ABLE account?

There are 58 million individuals with disabilities in the United States. To meet the definition of significant disability required by the legislation to be eligible to establish an ABLE account, the conservative number would be approximately 10 percent of the larger group, or 5.8 million individuals and families. Further analysis is needed to understand more fully the size of this market and more about their needs for new savings and investment products.

10. How is an ABLE account different than a special needs or pooled trust?

An ABLE Account will provide more choice and control for the beneficiary and family. Cost of establishing an account will be considerably less than either a Special Needs Trust (SNT) or Pooled Income Trust. With an ABLE account, account owners will have the ability to control their funds and, if circumstances change, still have other options available to them. Determining which option is the most appropriate will depend upon individual circumstances. For many families, the ABLE account will be a significant and viable option in addition to, rather than instead of, a Trust program.

ABOUT NAMI

Mental illness affects everyone. Nearly 60 million Americans experience a mental health condition every year. Regardless of race, age, religion or economic status, mental illness impacts the lives of at least one in four adults and one in 10 children across the United States.

People living with mental illness need help and hope: they need a community that supports them, their families and their recovery.

Because mental illness devastates the lives of so many Americans, NAMI works every day to save every life.

NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need.

NAMI is the foundation for hundreds of NAMI State Organizations, NAMI Affiliates and volunteer leaders who work in local communities across the country to raise awareness and provide essential and free education, advocacy and support group programs.

Our History

Since its inception in 1979, NAMI has established itself as the most formidable grassroots mental health advocacy organization in the country. Dedication, steadfast commitment and unceasing belief in the NAMI's mission have produced profound changes.

NAMI has been the driving force behind a national investment in lifesaving research, parity for mental health care, increased housing and to ensure that treatments and services are available to those in need when they need them most.

NAMI awareness efforts have successfully addressed the stigma of mental illness, ensuring the decrease of barriers to treatment and recovery. NAMI's signature education programs have served as a beacon of hope for hundreds of thousands of families and individuals.

And NAMI's support efforts expand to meet the challenges of a changing world by supporting virtual communities of help and hope to millions through NAMI.org and NAMI's social media channels.

As the need remains, so will NAMI.

What We Do

NAMI offers the understanding that only those with the lived experience of mental illness can provide. Together with our grassroots volunteers, we work every day to provide help and

hope to millions of Americans.

Support, Education, Awareness, Advocacy, Research

Every day, we reach out and respond to those in need.

As the navigator of our nine signature education programs, offered in thousands of communities across America through our NAMI State Organizations NAMI Affiliates, we ensure hundreds of thousands of families, individuals and educators are served. NAMI is tireless in our efforts to equip and train grassroots volunteer facilitators who provide individual and family support groups in thousands of communities across America. Through the toll-free NAMI HelpLine, we respond personally to hundreds of thousands of requests each year, providing free referral, information and support—a much-needed lifeline for many.

Public awareness events and activities including Mental Illness Awareness Week (MIAW), NAMIWalks, and other efforts, successfully combat stigma, promote awareness and encourage understanding.

By responding to current news events as they happen, NAMI ensures that media reporting is compassionate, understanding and accurate in portrayals of mental illness—NAMI promotes solutions.

Each day, NAMI effectively shapes the national public policy landscape for people with mental illness and their families and equips grassroots volunteer leaders with the tools, resources and skills necessary to save mental health in all states.

NAMI reaches out to our country's youth and young adults, helping to shape the next generation's experiences with recovery, encouraging a better tomorrow for all Americans.

Recognizing the unique needs of our American heroes and their families, NAMI aggressively reaches out to help offer free and essential NAMI education and support group programs in thousands of local communities.

NAMI actively promotes mental health care, support and a caring community for our veterans, their spouses and their children.

Tirelessly promoting research, as they have done for decades, NAMI ensures solutions for early intervention, improved treatments and, eventually, a cure for mental illness.

Continuing to build and cultivate virtual communities that reach millions of Americans who turn to NAMI through NAMI.org and social media channels for the latest information on treatment, services, supports, advocacy, research happenings, NAMI works every day to offer inspiration, information and encouragement.

WANT HIGHER SELF ESTEEM? STOP DOING THESE THINGS.

Posted to HealthyPlace MH Blog on January 9, 2015 by Emily Roberts MA, LPC

We are creatures of habit. As humans we resist change as it often brings up uncomfortable, anxious feelings. When avoid changing our thoughts or habits, because let's be honest, they can be comfortable (even the negative ones can be) nothing



really changes and that includes your self-esteem. When you stop doing what your ego, or your fearful state mind tells you is "right" because it's "safe" you begin to gain power over your life, and develop higher self-esteem.

6 Things to Stop Doing if You Want Higher Self-Esteem

1. **Stop hating what you see in the mirror.** The more you focus on the negatives in life the more your mind is filled with **negative self-talk**. Instead break the pattern by trying to find one nice thing about yourself to say. Thank your body for supporting you today, your legs for getting you out of bed. Start with one or two nice things and increase it to more if you can.
2. **Stop avoiding new relationships just because old ones didn't work out.** The most abusive and hurtful relationships teach us something. Is it that the other person was a jerk, heck yeah, but it also teaches us powerful lessons about ourselves. There is a purpose for everyone you meet and every relationship you have. It's for you to learn more about who you want to be with. This includes friends and romantic partners.
3. **Stop engaging in gossip.** Do you ever notice that after you talk about someone behind their back you feel icky? Talking about others in a negative way brings out the worst in

you, including negative feelings which makes you feel bad about yourself. Avoid the urge to engage in the badmouthing, and think about empathy: why may this person be triggering you? What is the lesson here?

4. **Stop saying everything is fine.** No one can help you if you don't tell them what's up. This impacts your self-esteem because when you deny your feelings you actually deny them to yourself as well. This makes it harder for you to express yourself later on. Confident people honor their struggles and feelings. You don't have to pretend to be fine because everyone struggles from time to time.
5. **Stop blaming others.** The past is the past and sometimes it sucks. But in order to move on, you've got to radically accept that this is who they are and you can't change the past. When you remind yourself of this you are improving your self-esteem because you aren't putting more energy into something that can't be fixed. You are taking responsibility for your life. When you blame others for what you're going through, you give others power over that part of your life.
6. **Stop trying to please everyone.** By denying yourself you time and your own needs, you build resentment and your self-esteem depletes. You must put yourself first and others second, because you can't take care of others if you are not in a good place. You can't **rely on others for self-esteem**. Trying to please others and trying will only burn you out. Making yourself happy will help others feel happy too.

Even implementing one or two of these can make a huge difference in your self-esteem. Try your best and see what you can stop doing today.

Facts About Mental Illness

From NAMI website

Numbers of Americans Affected by Mental Illness

One in four adults—approximately 61.5 million Americans—experiences mental illness in a given year. One in 17—about 13.6 million—live with a serious mental illness such as schizophrenia, major depression or bipolar disorder.

Approximately 20 percent of youth ages 13 to 18 experience severe mental disorders in a given year. For ages 8 to 15, the estimate is 13 percent.

Approximately 1.1 percent of American adults—about 2.4 million people—live with schizophrenia.

Approximately 2.6 percent of American adults—6.1 million people—live with bipolar disorder.

Approximately 6.7 percent of American adults—about 14.8 million people—live with major depression.

(Continued on page 9)

Are Antipsychotics The Best Treatment?

(Dec. 8, 2014) Each time Elyn Saks attempted to get off her antipsychotic medication her voices returned, reports journalist Sarah Glazer in a story about treating schizophrenia (**"Treating schizophrenia: Are antipsychotic drugs the best treatment?"**, CQ Researcher, Dec. 7).

"To me drooling at night is better than being psychotic," Saks said of her choice to endure the side effects and remain on medication.

Eleanor Longden had her first psychotic break while in college. Eventually she would be hospitalized, diagnosed with schizophrenia and prescribed antipsychotics. Longden, now 32, says she no longer takes her medication and has learned to live with her voices.

It is not news that some psychiatrists think some patients are better off without antipsychotic drugs. But Eleanor Longden is one of "only about 20 percent of people diagnosed with schizophrenia who go on to lead normal lives," Glazer writes.

Meanwhile, family members, like Marilyn Martin who spoke with Glazer, experience firsthand the consequences of leaving severe mental illness untreated.

Martin's son has been diagnosed with schizophrenia and believes the FBI is after him. Recently, he stopped taking his medication and stopped seeing his psychiatrist. "He has lost any awareness that he has an illness now that he is not taking his prescribed drugs," Martin told Glazer.

Because there is no **assisted outpatient treatment** (AOT) law in Maryland, Martin has no way of ensuring that her son stays on his medication to prevent a downward spiral. She has testified twice in support of court-ordered outpatient treatment for her state – one of only five without the lifesaving tool.

What remains clear is that during a time when approximately 1.3 million people with schizophrenia remain untreated, we need look no further than our homeless shelters, bus stations and jails and prisons to determine whether these people are better off without treatment.

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Approximately 18.1 percent of American adults—about 42 million people—live with anxiety disorders, such as panic disorder, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), generalized anxiety disorder and phobias.

About 9.2 million adults have co-occurring mental health and addiction disorders.

Approximately 26 percent of homeless adults staying in shelters live with serious mental illness and an estimated 46 percent live with severe mental illness and/or substance use disorders.

Approximately 20 percent of state prisoners and 21 percent of local jail prisoners have "a recent history" of a mental health condition.

Seventy percent of youth in juvenile justice systems have at least one mental health condition and at least 20 percent live with a severe mental illness.

Getting Mental Health Treatment in America

Approximately 60 percent of adults¹², and almost one-half of youth ages 8 to 15 with a mental illness received no mental health services in the previous year.

African American and Hispanic Americans used mental health services at about one-half the rate of whites in the past year and Asian Americans at about one-third the rate.

One-half of all chronic mental illness begins by the age of 14; three-quarters by age 24.¹⁵ Despite effective treatment, there are long delays—sometimes decades—between the first appearance of symptoms and when people get help.

The Impact of Mental Illness in America

Serious mental illness costs America \$193.2 billion in lost earnings per year.

Mood disorders such as depression are the third most common cause of hospitalization in the U.S. for both youth and adults ages 18 to 44.

Individuals living with serious mental illness face an increased risk of having chronic medical conditions.¹⁹ Adults living with serious mental illness die on average 25 years earlier than other Americans, largely due to treatable medical conditions.

Over 50 percent of students with a mental health condition age 14 and older who are served by special education drop out—the highest dropout rate of any disability group.

Suicide is the tenth leading cause of death in the U.S. (more common than homicide) and the third leading cause of death for ages 15 to 24 years.²² More than 90 percent of those who die by suicide had one or more mental disorders.

Although military members comprise less than 1 percent of the U.S. population²⁴, veterans represent 20 percent of suicides nationally. Each day, about 22 veterans die from suicide.

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