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**Educational Forum**  
St. John's Baptist Church  
300 Hawthorne Lane  
7:30 PM

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**February 24, 2004**

**Bruce Noll, M.D.,**  
Associate Medical Director,  
CMC Behavioral Health Center

**Topic:**

**Advance Directives  
for Mental Health Treatment**



NAMI-Charlotte is pleased to announce that in conjunction with the state and national NAMI organizations, Charlotte will be hosting the 2004 North Carolina **NAMIWALKS for the Mind of America**.

When: **10am, Saturday May 15, 2004**  
(walker check-in starts at 9am)

Where: **Independence Park**  
[www.charmeck.nc.us/Departments/Park+and+Rec/Places+To+Go/Parks/IndependencePark.htm](http://www.charmeck.nc.us/Departments/Park+and+Rec/Places+To+Go/Parks/IndependencePark.htm)

The goal of this 3.5 mile / 5 kilometer walk is to raise both money and awareness regarding the need for America to build a world-class treatment and recovery system for people with mental illness.

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**A Word Of Thanks**

For a number of years, **Tropical Nut Fruit & Bulk Candy Co. (Tropical Charlotte)** has been providing "goodies" for **St. Luke's Drop-In Center's Christmas celebration**.

This year's selection of yogurt-covered pretzels and peanut butter cups was a big hit. We appreciate this contribution on behalf of the mentally ill.

**Virginia Schumacher**, Coordinator  
St. Luke's Drop-In Center

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**Tropical Charlotte**  
1100 Continental Blvd  
Charlotte, NC 28273  
704-588-0400 (phone) / 704-588-3092 (fax)  
Mon-Fri 8:00am - 5:30pm  
[www.tropicalfoods.com](http://www.tropicalfoods.com)

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**NAMI-Charlotte 2003  
Board of Directors and Officers**

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**Ann Grassi**  
**Carol Jorgensen**  
**Grace Kelley**  
**Leslie Vander Baan**  
**Bill Wesse**  
**Lyn Wesse**

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**Board of Directors Meeting**

**1st Monday 6:30 pm (Room 6)**  
**St. Stephen United Methodist Church**  
6800 Sardis Road  
Charlotte, NC 28270

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**Support Groups**

**Monday Evenings 7:00–8:30 pm**  
**St. Paul's Baptist Church**  
1401 N. Allen Street  
Charlotte, NC 28205  
704–334–5300

**2nd Tuesday 7:30 pm**  
**Mouzon Methodist Church**  
3100 Selwyn Avenue  
Charlotte, NC 28204  
[www.mouzonumc.org](http://www.mouzonumc.org)

**3rd Tuesday 7:00 pm (Room 6)**  
**St. Stephen United Methodist Church**  
6800 Sardis Road  
Charlotte, NC 28270  
[www.ststephenumc.net](http://www.ststephenumc.net)

**4th Tuesday 6:30–7:30 pm**  
**St. John's Baptist Church**  
300 Hawthorne Lane  
Charlotte, NC 28204  
704–334–5300  
[www.stjohnsbaptistchurch.org](http://www.stjohnsbaptistchurch.org)

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**Drop-In Centers**

**2nd, 4th & 5th Saturday 1:00–4:00 pm**  
**St. Luke's Lutheran Church**  
3200 Park Road  
Charlotte, NC 28205  
704–523–7981  
[www.stlukeselca.org](http://www.stlukeselca.org)

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NAMI does not agree or disagree with any views or opinions expressed in this newsletter. We keep our minds open.

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**Focus On InnerVision Inc.**

*"Mental wellness insight out"*

InnerVision Inc. is a Psycho-Social Rehabilitation (PSR) service for severe and persistent mentally ill consumers with co-occurring disorders such as substance abuse and developmental disabilities. InnerVision utilizes the strength-based principles of the Recovery model, combined with the therapeutic Fountain House clubhouse model (for more info, visit <http://www.fountainhouse.org/>).

Members (enrolled consumers) assume transitional (graduated) education / employment / socialization responsibilities, with a central theme of community integration and use of community resources.

InnerVision's staff is comprised of most of the employees of the former New Beginnings clubhouse. Under the leadership of Cheryl Nicholas, the hands-on management team includes Patricia Watkins-Smarr and Connie Hill. With over 20 years of knowledge and experience, their strong clinical management, commitment, dedication and excellent track record of working successfully with mental health consumers have been revered throughout their careers.

InnerVision occupies the fourth floor of the historic First United Methodist Church at the corner of 8th and N. Tyron streets in uptown Charlotte, in the trolley free use zone, and within walking distance of the main transportation center, public library, museums, and cultural establishments, which are used for the main scope of external program activities).

The facility includes a reception area, kitchen (offering breakfast, lunch and snacks), staff offices, two group rooms, plus multipurpose, conference, and social-recreational areas. Staffing ensures availability to serve up to 56 consumers daily in a smoke free environment (smoking is permitted outside at the adjacent Odell or Bank of America plazas). Reserved "free" underground parking is available for consumers, guests and agency vehicles.

A consumer group is facilitated by consumers for consumers utilizing the Wellness Recovery Action Plan (W.R.A.P.) model, as endorsed by the North Carolina Mental Health Consumer Organization.

Staffing includes a consumer coordinator position, which is part of a Transitional Component (T.E.C.) that offers six-month employment opportunities for consumers. This innovative rotating position allows consumers to successfully complete job placements within or outside of the clubhouse as they assess their desires and test their abilities regarding competitive employment. As a member/staff person the consumer coordinator plays a significant role in co-facilitation of our support groups and conducts new member orientations.

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## **Focus On InnerVision Inc.**

(cont'd from page 2)

InnerVision's Psycho-Social Rehabilitation (PSR) clubhouse offers ongoing opportunities for consumers to gain and be rewarded for their successes. Our strength-based community teaches and develops skills (i.e. use of automated technology, our print shop, self-guided writing materials, software available in English or Spanish) and resources that consumers can use at the clubhouse or in their homes.

InnerVision's core services includes daily structured therapy psycho-educational groups (i.e. medication education, problem solving, and relapse prevention), which allow consumers experiencing increased (non-acute) symptoms to remain in the program while we rally with them, their case manager, family members, natural supports and their psychiatrist to stabilize their condition without hospitalization.

InnerVision also offers monthly Orientation And Support Instructional Sessions (O.A.S.I.S.) and Transitional Employment And More (T.E.A.M.) groups open to consumers, family members, collaterals and community partners (persons, businesses or organizations that take an active role in reducing stigma).

Program hours:

8am—3pm	Monday—Friday
10am—2pm	Saturdays & Holidays

Director

**Cheryl Nicholas** 704-890-2845

Program Supervisor

**Patricia Watkins-Smarr** 704-377-5044

Program Supervisor

**Connie Hill** 704-377-5045

Mailing Address:

InnerVision, Inc.  
P.O. Box 31083  
Charlotte, NC 28231

Web site: [www.innervisionnc.org](http://www.innervisionnc.org)

Phone: 704-377-5042

Fax: 704-377-5043

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## **NAMI Walks**

(cont'd from page 1)

Plan for this to be a fun and joyful event—we understand that hiking is not possible for many of us, “going the distance” for our loved ones can be as simple as just being there.

The proceeds from the walk will be shared by the local, state and national NAMI organizations to be used in the following ways:

- To provide support to persons with serious brain disorders and to their families.
- To advocate for nondiscriminatory and equitable federal, state, and private sector policies.
- To advocate for improved opportunities for housing, rehabilitation and meaningful jobs.
- To support research into the causes, systems and treatments of brain disorders.
- To support public education programs designed to help eliminate the pervasive stigma surrounding severe mental illness.

NAMI-Charlotte plans to apply our share of donations to the following:

- The **Anita Flowers Fund**, to increase our ability to provide dental and eyeglass vouchers for consumer needs not covered by Medicare.
- Contributions to our local partner organizations hosting support groups, educational forums and drop-in centers.
- Funding for local Family-to-Family classes, this newsletter, our website and informational brochures.

For additional information, to make a donation, sign up to be a team captain, or to participate in the walk, please contact Bill Wesse (the local walk coordinator) at 704-661-5438, or email [namiwalks@nami-charlotte.org](mailto:namiwalks@nami-charlotte.org).

*On behalf of our consumer population, the NAMI-Charlotte Board of Directors would like to thank you in advance for your participation in this vital activity.*

Additional information is on our website at:

[www.nami-charlotte.org](http://www.nami-charlotte.org)

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## Our New Website

If you have Internet access, we invite you to drop by and visit our new website:

[www.nami-charlotte.org](http://www.nami-charlotte.org)

The site has information on **Education Forums, Drop In Centers, Support Groups, Service Providers, NAMIWalks**, as well as general facts about brain disorders.

The 'About Us' page contains information about the NAMI-Charlotte organization, including contact information for various board members.

Our intent with the website is to supplement this newsletter—but more importantly to make information on necessary resources more readily available to those who are not NAMI members.

Please email any suggestions or problem reports about the website by clicking on 'Webmaster' at the bottom of any of the pages.

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## Columbia University TeenScreen®

*Currently, there is no TeenScreen® program in North Carolina. If you know of any person or organization that may be willing to take on a challenge like this, please forward this information to them.*

Depression affects 750,000 teens at any one time. Untreated depression results in deteriorating schoolwork, high absentee rates, dropping out, strained family and peer relationships, and potential suicide. Sixty to eighty percent of adolescents with depression will go undiagnosed and untreated. Depression directly or indirectly results in 1,700 teen suicides per year.

The Columbia University TeenScreen® Program works by creating partnerships with schools and communities and helping them to implement their own **screening programs to identify at-risk teens and pre-teens**. The program is now used in high schools and other settings in 26 states. It was developed under the leadership of David Shaffer, M.D., the Director of the Columbia University's Division of Child and Adolescent Psychiatry.

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## FDA Urges Caution On SSRI Use in Children

In June, 2003, the British Medicines and Healthcare Products Regulatory Agency (MHRA) and the U.S. Food and Drug Administration (FDA) issued formal warnings advising against the use of Paxil (a Selective Serotonin Reuptake Inhibitor – SSRI) to treat depression in children and adolescents.

Both advisories indicated that Paxil increased suicidal thoughts and attempts among children and adolescents in studies involving treatment for major depression. However, there is some epidemiological evidence that the overall use of SSRIs has had a positive effect in reducing suicides in adolescents<sup>1</sup>. Also, a recent, preliminary report from the American College of Neuropsychopharmacology (ACNP) does not support the SSRI warning advisories.

In December 2003, Britain's MHRA issued an advisory recommending giving children no SSRI other than Prozac, saying it's the only one whose benefits outweigh risks. Prozac is the only FDA approved SSRI for treating childhood depression (ages 7-17). Other SSRIs approved for adults can be legally prescribed for children. More than 1 million U.S. children and teens now receive SSRI prescriptions, an increase of about 60% since the mid-1990s.

The FDA will hold an initial public hearing on February 2. Ken Duckworth, M.D., NAMI Medical Director has issued a memo, which is excerpted below.

*NAMI will provide testimony at the FDA hearing, will closely monitor this review, and will update affiliates on developments.*

*In general, studies show that depression in children and adolescents tends to respond well to psychotherapy and medications, however depression also responds well to placebo (sugar pills). The question then becomes what are the underlying risks and value added associated with prescribing SSRIs.*

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<sup>1</sup>Olfson et al., Archives of General Psychiatry

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## SSRI Use in Children (continued)

*There is some epidemiological evidence that the overall use of SSRIs has had a positive effect in reducing suicides in adolescents.*

*Prozac has the strongest research base in treating depression in children and adolescents. Paxil is a short acting medicine and should not be stopped abruptly. It is important that families with a child taking Paxil review the clinical decision making about continuing this medication with their clinician. Paxil did not show efficacy for kids in three large studies, which is certainly relevant to the risk-benefit assessment. Also important to note – no kids in those three studies completed suicide, but a small percentage had increased risks.*

*SSRIs are clearly not a panacea for children and adolescents with depression and may have risks that are difficult to predict. On the other hand, every clinician has seen some children respond positively to SSRIs, some dramatically. Moreover, there is little research on the outcomes that result from an absence of treatment, although lack of treatment undoubtedly leads to a great number of preventable tragedies.*

*The field clearly needs more and better research to understand the effects of SSRIs in treating depression in children. NAMI is pleased that the FDA is taking an intensive look at this issue in February and looks forward to learning the outcome of that review. Also, the importance of a strong relationship between families and clinicians cannot be overstated, especially imperative in cases involving children with depression. The tragic reality is that the shortage of child and adolescent psychiatrists in this country makes it extremely difficult for families to access appropriate and effective treatment for their child with a mental illness. So does a fragmented and broken children's mental health system.*

### Links:

- [pn.psychiatryonline.org/cgi/content/full/38/22/23](http://pn.psychiatryonline.org/cgi/content/full/38/22/23)
- [mhra.gov.uk/news/news.htm#ssri](http://mhra.gov.uk/news/news.htm#ssri)

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## Area Mental Health Authority (AMHA) Update

### **HUD Shelter Plus Care Grant Awards:**

The Adult Case Management Division received news in Dec. 2003 that it was awarded a new 5-year Shelter Plus Care Grant. The new 5-year grant will provide federally funded housing and rental subsidies totaling \$766,200.00 for homeless individuals with severe and persistent mental illness, AIDs or individuals in stable substance abuse recovery. The division was also awarded two one-year Shelter Plus Care renewal grants for \$392,928 for \$300,276 respectively. The total HUD Shelter Plus Care award received this year totaled \$1,459,404.00. These dollars help to fund the critical housing needs of consumers who otherwise would require assistance from other state or county funding sources. HUD funded subsidies will provide housing for over 125 individuals and their families annually.

### **ACCESS Homeless Services HUD Grant Renewal Funding:**

The ACCESS program for the homeless mentally ill received news this past quarter that HUD has awarded the program one –year renewal funding through two grants. One award for \$316,764 will fund a team of case managers who provide specialized services to the homeless mentally ill population. Another award for \$44,363 will fund dual diagnosis counseling for homeless individuals who have both a mental illness and substance abuse issues.

### **New Community Capacity Expansion Dollars:**

The Adult Case Management Division submitted a proposal to the state for \$139,552 in start-up dollars and \$279,104 in continuation dollars to fund local services for consumers transitioning from the State Hospital back into the community. Once received the state allocation will be used to provide transition services for consumers, housing, and the supportive services those consumers will need to remain stable in the community. Funding can be used both for consumers leaving the state hospital and to serve clients locally who might otherwise need inpatient treatment if appropriate supports were not in place.

**Bruce Melosh**, Program Administrator, AMHA

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## **Medicare Information on the Internet**

All information in this article is from the national Medicare website (<http://www.medicare.gov/>):

*You have the right to appeal any decision about your Medicare services. This is true whether you are in the Original Medicare Plan or a Medicare managed care plan.*

### **Medicare & You 2004**

<http://www.medicare.gov/publications/pubs/pdf/10050.pdf>

### **Medicare Appeals & Grievances, Claim Forms and Filing Claims:**

- [www.medicare.gov/publications/pubs/nonpdf/appeals.asp](http://www.medicare.gov/publications/pubs/nonpdf/appeals.asp)
- [www.medicare.gov/Basics/forms/default.asp](http://www.medicare.gov/Basics/forms/default.asp)
- [www.medicare.gov/Basics/FAC.asp](http://www.medicare.gov/Basics/FAC.asp)

1-800-MEDICARE (1-800-633-4227)

## **Columbia University TeenScreen®**

(cont'd from page 4)

Columbia University TeenScreen® Program  
1775 Broadway  
Suite 715  
New York, NY 10019

E-mail: [teenscreen@childpsych.columbia.edu](mailto:teenscreen@childpsych.columbia.edu)

Web: [www.teenscreen.org](http://www.teenscreen.org)

The Columbia University TeenScreen® Program website is a resource for school and mental health professionals and community leaders who want to begin a mental health and suicide risk screening effort in their own community and for individuals that want to learn more about the Columbia University TeenScreen® Program, universal screening, and related policy issues.

All materials, consultation, training, and technical assistance are available free of charge.

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ADDRESS SERVICE REQUESTED

NAMI-Charlotte  
300 Hawthorne Lane  
Charlotte, NC 28204