

## NAMI Connections Support Group at InnerVision

The NAMI Connections support group at InnerVision is now being held at a new time, and is open to all!

### *Recovery Support Group for Consumers*

When: Each Wednesday 3:00 - 4:30 pm  
Where: Innervision (4th floor)  
501 N. Tryon St.  
Charlotte NC  
Web: <http://innervisionnc.org/>  
Phone: 704 377 - 5042



InnerVision Inc.  
"Mental wellness insight out"

InnerVision Inc. is a non-profit 501(c)(3) human service organization dedicated to serving the needs of mentally challenged adults, and operates as a psychosocial rehabilitation (PSR) 

## NAMI Crisis Intervention Team (CIT) Graduation

November 20, 2009

Twenty-five law enforcement officials received the CIT certification making our total in Mecklenburg County at approximately 165. Bob Evans represented NAMI with a few remarks during the graduation ceremony. Many thanks to Margaret Peacock, Sarah Shaw and everyone else who is making this program a success!

Crisis Intervention Teams (CIT) are a pre-booking jail diversion program designed to improve the outcomes of police interactions with people with mental illnesses

Please see page 6 for more information on CIT. 

## Events

### Educational Forum

St. John's Baptist Church  
300 Hawthorne Lane  
7:00 PM

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**Tuesday, December 8, 2009**

### Annual Christmas Potluck Dinner

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**SUPPORT GROUP MEETING**  
**6:30 PM**  
**(Before Education Forum )**

## Family-to-Family Update

We completed our second 'two F2F classes at once', graduating over 20 family members. Carolyn Beene and Bill Wesse taught one class, Betty Cobb and John Patton the other. Sue Mulligan and Sarah Shaw helped us all by standing in as substitutes when needed.

Please note that Tonya Williams will soon assume duties as our Education Coordinator. We extend our thanks to Betty Cobb for her long and successful service in this role.

<b>Family-to-Family Coordinator</b>	Tonya Williams
<b>Phone</b>	704-458-9932
<b>Email</b>	f2f@nami-charlotte.org



**NAMI-Charlotte 2009  
Board of Directors and Officers**

<u>President</u>	David Rains
<u>Vice President</u>	Robert Evans
<u>Secretary</u>	Carolyn Robinson
<u>Treasurer</u>	Margaret Peacock

Board Members

Chris Baldwin, Carolyn Beene,  
Bruce Boney, Grace Kelley, Gisela Kluge,  
Walter Kluge, Roger Melville,  
Sarah Shaw, Lyn Wesse,  
Tonya Williams

**Board of Directors Meeting**

**1st Monday 6:30 pm (Room 27)**  
**St. Stephen United Methodist Church**  
6800 Sardis Road  
Charlotte, NC 28270

**Support Groups**

**2nd 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)

**3rd Tuesday 7:00 pm (Room 32)**  
**St. Stephen United Methodist Church**  
6800 Sardis Road  
Charlotte, NC 28270  
[www.ststephenumc.net](http://www.ststephenumc.net)

**St. Luke's Drop-In Center for the  
Mentally Ill**

**3rd Saturday 12:00–3:00 pm**  
**St. Luke's Lutheran Church**  
3200 Park Road  
Corner of Park & Marsh Rds., Charlotte  
Call Virginia Schumacher at  
704–525-1056

**INNERVISION**

**2nd Saturday 10:00 am–2:00 pm**  
**First United Methodist Church**  
501 N. Tryon St - 4th Floor  
Charlotte, NC: Consumers, family,  
friends and staff. Free lunch served  
(RSVP 704–377–5042)

**Disclaimer**

The *Connections* newsletter is a complimentary information service provided by NAMI-Charlotte as a convenience to those on our confidential mailing list.

While the information available in this newsletter has been obtained from sources known to be accurate and reliable, it is NOT a substitute for, the knowledge, skill, and judgment of qualified professionals.

**Survey Reveals Big Gap in Understanding of Depression;  
Almost 50 Percent of Caregivers Have Also Been  
Diagnosed;  
More Than One Treatment Option Helpful**

November 10, 2009 (nami.org)

Arlington, VA—Americans do not believe they know much about depression, but are highly aware of the risks of not receiving care, according to a survey released today by the National Alliance on Mental Illness (NAMI).

See full survey results at <http://www.nami.org/depression>.

The survey provides a “three dimensional” measurement of responses from members of the general public who do not know anyone with depression, caregivers of adults diagnosed with depression, and adults actually living with the illness.

- Seventy-one percent of the public sample said they are not familiar with depression, but 68 percent or more know specific consequences that can come from not receiving treatment—including suicide (84 percent)
- Sixty-two percent believe they know some symptoms of depression, but 39 percent said they do not know many or any at all.

One major finding: almost 50 percent of caregivers who responded had been diagnosed with depression themselves, but only about 25 percent said they were engaged in treatment.

Almost 60 percent of people living with depression reported that they rely on their primary care physicians rather than mental health professionals for treatment. Medication and “talk therapy” are primary treatments—if a person can get them—but other options are helpful.

- Fifteen percent of people living with depression use animal therapy with 54 percent finding it to be “extremely” or “quite a bit” helpful. Those using prayer and physical exercise also ranked them high in helpfulness (47 percent and 40 percent respectively).
- When people living with depression discontinue medication or talk therapy, cost is a common reason, but other significant factors include a desire “to make it on my own,” whether they believe the treatment is actually working and in the case of medication, side effects.

“The survey reveals gaps and guideposts on roads to recovery,” said NAMI Executive Director Michael J. Fitzpatrick. “It tells what has been found helpful in treating depression. It can help caregivers better anticipate stress that will confront them. It reflects issues that need to be part of ongoing health care reform.”

“Research indicates that the combination of medication and psychotherapy are most effective. But physical exercise, prayer, music therapy, yoga, animal therapy and other practices all can play a role.

“The good news is that 80 percent or more of the public recognize that depression is a medical illness, affecting people of all ages, races and socioeconomic groups, which can be treated.”



**Advocates: Mental health system in state of emergency**

WRAL-TV5 and WRAL.com

Posted: Oct. 14, 2009

[www.wral.com/news/local/politics/story/6212905/](http://www.wral.com/news/local/politics/story/6212905/)

Raleigh, N.C. — Advocates say budget cuts have put the state's mental health system in a state of emergency, and they are asking the governor to call the General Assembly into an emergency special session to fix the problem (Read the letter).

"We know that this is a man-made crisis. We know also that it can be fixed," Jennifer Mahan, chairwoman of The Coalition, said Wednesday.

The letter:

**The Coalition**Jennifer Mahan, *Chair*

1331 Sunday Drive Raleigh, NC 27607

The Honorable Beverly Perdue  
Office of the Governor  
20301 Mail Service Center  
Raleigh, NC

October 14, 2009

Dear Governor Perdue,

North Carolina's Community mental health, developmental disabilities and substance abuse (MHDDSA) system has been hit by a man made hurricane and faces a crisis worse than any natural disaster ever to hit our state. Thousands of individuals and families who rely on the services provided by this system are being abandoned by our state. In addressing the North Carolina budget short fall created by the economic crisis the North Carolina General Assembly disproportionately reduced funding for the MHDDSA community service system. The cuts imposed by the General Assembly will amount to more than a 500 million dollar cut to the community service system. This amounts to at least a 25% reduction in services affecting almost every facet of the system designed to assist individuals with disabilities and addiction who live in North Carolina communities. No other sector in the state suffered such a reduction.

Life sustaining services that put a roof over people's heads, keep them off the streets, get and keep employment, stay out of jail, care for family members and learn and retain skills that keep them alive and well were particularly hard hit. Medicaid programs designed to assist individuals in communities, instead of institutions, were devastated and rates for remaining services were slashed. Services that were more likely to help the system by keeping people out of crisis took the deepest reductions. All of this while institutional services, systems management and administration faced relatively minor cuts. This is an opportunity to "right" the system away from services that are not working, but only if we are able to retain the funds for those services that do work well. Due to the timing in implementing these cuts the full effect is just beginning to surface. People who have lived successfully in communities are seeing their services slashed or eliminated, their homes closed, and their jobs and day supports disappear. Our crisis system will soon be overrun. North Carolina Citizens who have no where else to turn are being shut out.

Beyond the human cost, there is an additional economic crisis created by these cuts. Thousands North Carolina jobs are being lost in clinical care, direct support, and by families all the while our state leaders look for jobs overseas and provide companies financial incentives to offset the economic downturn. Avoiding these cuts will save jobs...jobs that are in every county in North Carolina and prevent a further decline in the economy and tax base.

(continued on next page)

The Coalition and the individuals it advocates for thank you for finding fifteen million dollars for MHDDSA community services to offset the additional cuts taken after the session closed. This move to restore funding is what the system needs to stabilize and will ensure that some people threatened with loss of access can continue to get the services and supports they need to remain in their communities. We ask that should revenue projections fall short over the next nine months, that community MHDDSA services be spared further cuts.

In addition, we, the members of The Coalition call upon you as Governor to stand up for the citizens of our state and take further steps by calling the General Assembly into an emergency special session to address this crisis and take the following actions:

- Utilize the increased alcohol taxes specifically to fund services for addictive disease, mental illness, and developmental disabilities.
- Find emergency funding to offset the deepest of the Medicaid cuts to services.
- Replace dollars removed to offset Federal “stimulus” funds: MHDDSA jobs are on the ground and already “shovel ready.”
- Restore funding to services with any reserves or unencumbered dollars wherever they exist in the system.
- Suspend unnecessary administrative oversight and processes.
- Reduce institutional spending in order to more equitably spread funding reductions.
- Require the Department of Commerce to track job loss specific to MHDDSA employers.

Most of these actions will not cost the state additional funding but they may avoid a total collapse of our system. We urge you to take action now to address this crisis. The Coalition and its members stand ready to assist your office, The General Assembly, The North Carolina Department of Health and Human Services and The Division of MHDDSA in its efforts to make the system more efficient and effective.

Sincerely,

Jennifer Mahan  
The Coalition

Addiction Professionals of North Carolina  
Alcohol/Drug Council of North Carolina  
The Arc of North Carolina  
Association of Self Advocates of NC  
Autism Society of NC  
Brain Injury Association of NC  
Coalition for Persons Disabled by Mental Illness\*  
Developmental Disabilities Consortium\*  
Disability Rights NC  
Easter Seals UCP North Carolina  
Governor’s Institute on Alcohol & Substance Abuse  
Licensed Professional Counselors of North Carolina  
Mental Health Association – NC  
Mental Retardation Association of NC  
MS Society of NC  
National Alliance on Mental Illness North Carolina  
National Association of Social Workers – NC Chapter  
North Carolina Association of Alcohol Residential Facilities  
North Carolina Association for Marriage & Family Therapy  
North Carolina Association of Rehabilitation Facilities

North Carolina Association of the Deaf  
North Carolina Assoc. of Developmental Day Directors  
North Carolina Assoc. of Persons in Supported Employment  
North Carolina Council for Community Programs  
North Carolina Council on Developmental Disabilities  
North Carolina Counseling Association  
North Carolina Guardianship Association  
North Carolina Interagency Coordinating Council  
North Carolina Mental Health Consumers’ Organization  
North Carolina Nurses Association  
North Carolina Providers Council  
North Carolina Psychiatric Association  
North Carolina Psychological Association  
North Carolina Psychological Foundation  
North Carolina Substance Abuse Prevention Providers Association  
North Carolina Substance Abuse Providers Association  
RHA Howell, Inc.  
Substance Abuse Federation  
TROSA



**Web Sites Worth Visiting**

<b>Organization</b>	<b>Website</b>
Active Minds on Campus	www.activemindsoncampus.org
America Foundation for Suicide Prevention	www.afsp.org
bp Magazine	www.bphope.com
Child and Adolescent Bipolar Foundations	www.bpkids.org
Depression and Bipolar Alliance	www.dbsalliance.org
Families for depression awareness	www.familyaware.org
Juvenile Bipolar Research Foundation	www.JBRF.com
Mental Health America	www.mentalhealthamerica.net
NARSAD	www.narsad.org
National Alliance on Mental Illness	www.nami.org
National Institutes of Mental Health	www.nimh.nih.gov
The National Mental health Awareness Campaign	www.nostigma.org
The Bazelon Center for Mental Health Law	www.bazelon.org
The Federation of Families for Children's Mental Health	www.ffcmh.org
Schizophrenia.com	www.schizophrenia.com
Schizophrenia And Related Disorders Alliance of America	www.sardaa.org
Schizophrenia Digest	www.schizophreniadigest.com
Schizophrenia-Help Resource Center	www.schizophrenia-help.com
Schizophrenia Connection	www.healthcentral.com/schizophrenia
The National Council for Community Behavioral Healthcare	www.thenationalcouncil.org
The National Resource Center on Psychiatric Advance Directives	www.nrc-pad.org
The Duke University Program on Psychiatric Advance Directives	pad.duhs.duke.edu

**NAMI-Charlotte  
New Membership or Renewal Form  
It is Now Time to Renew Memberships for  
2010**

All dues and donations are tax-deductible as provided by law. Membership includes annual dues to NAMI-Charlotte, NAMI North Carolina and NAMI National.

Date: \_\_\_\_\_, 2009

Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_

State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\* indicates a required field

**Renewal**                       **New Member**

<u>Membership Type</u>	<u>Amount</u>
------------------------	---------------

- |  |          |
|--|----------|
| <input type="checkbox"/> Individual / Family Household | \$ 35.00 |
| <input type="checkbox"/> Consumer / Limited Income     | \$ 5.00  |
| <input type="checkbox"/> Professionsl                  | \$ 50.00 |
| <input type="checkbox"/> Donation                      | \$ _____ |

Donation In Memory / Honor Of:

\_\_\_\_\_

Please make checks payable to 'NAMI-Charlotte'.

Mail to: NAMI-Charlotte Membership  
c/o St. John's Baptist Church  
300 Hawthorne Lane

Please see the  
Volunteer Interest Form  
on the reverse side of this page!



**NAMI-Charlotte  
Volunteer Interest Form**

**I am interested in . . .**

- Helping NAMI-Charlotte by giving of my time and expertise.
- Becoming a team member for the St. Luke's Drop-In Center for the Mentally Ill.
- Assisting in coordinating the St. Luke's Drop-In Center for the Mentally Ill
- Serving on the NAMI-Charlotte Board of Directors (see the application form at <http://www.nami-charlotte.org/downloads/BODApplication.doc>).
- Becoming a Family-to-Family Co-Leader (entails a 2-3 day NAMI sponsored training course).
- Becoming a Family-to-Family Class Resource Contact (requires Family-to-Family Class pre-attendance, available time to assist with class logistics, experience with the local Mental Health system [public or private] and a deep personal commitment to supporting families and consumers).
- Becoming a NAMI Support Group Facilitator (entails a 2-3 day NAMI sponsored training course).

Comments / Other interest:

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Thank you for supporting NAMI



Your contributions make a difference!



**NAMI Crisis Intervention Team (CIT)**

The following information is from the NAMI CIT Toolkit Facts sheet, which is available at [www.nami.org/template.cfm?section=CIT2](http://www.nami.org/template.cfm?section=CIT2).

Crisis Intervention Teams (CIT) are a pre-booking jail diversion program designed to improve the outcomes of police interactions with people with mental illnesses.

The first CIT was established in Memphis in 1988 after the tragic shooting by a police officer of a man with a serious mental illness. This tragedy stimulated a collaboration between the police, the Memphis chapter of the National Alliance on Mental Illness, the University of Tennessee Medical School and the University of Memphis to improve police training and procedures in response to mental illness. The Memphis CIT program has achieved remarkable success, in large part because it has remained a true community partnership. Today, the so-called "Memphis Model" has been adopted by hundreds of communities in more than 35 states, and is being implemented statewide in several states, including Maine, Connecticut, Ohio, Georgia, Florida, Utah, North Carolina and Kentucky. To locate a CIT program near you, visit the University of Memphis website at: [www.cit.memphis.edu/USA.htm](http://www.cit.memphis.edu/USA.htm).

The Memphis Model of CIT has several key components:

- A community collaboration between mental health providers, law enforcement, and family and consumer advocates. This group examines local systems to determine the community's needs, agrees on strategies for meeting those needs, and organizes police training. This coalition also determines the best way to transfer people with mental illness from police custody to the mental health system, and ensures that there are adequate facilities for mental health triage.
- A 40 hour training program for law enforcement officers that includes basic information about mental illnesses and how to recognize them; information about the local mental health system and local laws; learning first-hand from consumers and family members about their experiences; verbal de-escalation training, and role-plays.
- Consumer and family involvement in decision-making, planning training sessions, and leading training sessions.



**Survey Reveals Big Gap in Understanding of Depression;  
Almost 50 Percent of Caregivers Have Also Been Diagnosed;  
More Than One Treatment Option Helpful**

from the NAMI Newsroom November 10, 2009

Arlington, VA— Americans do not believe they know much about depression, but are highly aware of the risks of not receiving care, according to a survey released today by the National Alliance on Mental Illness (NAMI).

See the full survey results at:

[www.nami.org/depression](http://www.nami.org/depression)

The survey provides a "three dimensional" measurement of responses from members of the general public who do not know anyone with depression, caregivers of adults diagnosed with depression and adults actually living with the illness. Seventy-one percent of the public sample said they are not familiar with depression, but 68 percent or more know specific consequences that can come from not receiving treatment—including suicide (84 percent).

- Sixty-two percent believe they know some symptoms of depression, but 39 percent said they do not know many or any at all.
- One major finding: almost 50 percent of caregivers who responded had been diagnosed with depression themselves, but only about 25 percent said they were engaged in treatment.
- Almost 60 percent of people living with depression reported that they rely on their primary care physicians rather than mental health professionals for treatment. Medication and "talk therapy" are primary treatments—if a person can get them—but other options are helpful.
- Fifteen percent of people living with depression use animal therapy with 54 percent finding it to be "extremely" or "quite a bit" helpful. Those using prayer and physical exercise also ranked them high in helpfulness (47 percent and 40 percent respectively).

- When people living with depression discontinue medication or talk therapy, cost is a common reason, but other significant factors include a desire "to make it on my own," whether they believe the treatment is actually working and in the case of medication, side effects.

"The survey reveals gaps and guideposts on roads to recovery," said NAMI Executive Director Michael J. Fitzpatrick. "It tells what has been found helpful in treating depression. It can help caregivers better anticipate stress that will confront them. It reflects issues that need to be part of ongoing health care reform."

"There are many treatment strategies," said NAMI Medical Director Ken Duckworth. "What often works is a combination of treatments that fit a person and their lifestyle. Research indicates that the combination of medication and psychotherapy are most effective. But physical exercise, prayer, music therapy, yoga, animal therapy and other practices all can play a role. The good news is that 80 percent or more of the public recognize that depression is a medical illness, affecting people of all ages, races and socioeconomic groups, which can be treated."

Harris Interactive conducted the survey for NAMI on -line between September 29 and October 7, 2009. Participants included 1,015 persons who did not know anyone diagnosed with depression, 513 persons living with depression and 263 caregivers of a family member or significant other diagnosed with depression.

The survey was made possible with support from AstraZeneca, Bristol-Myers Squibb, Eli Lilly & Co. and Wyeth. NAMI does not endorse or promote any specific medication, treatment, product or service.



### **Mecklenburg County Area Mental Health**

Mecklenburg AMH is working to create a community system that empowers and supports individuals to lead healthy and independent lives. Our focus is on managing services for those most in need and those with limited financial resources. If you need help with mental illness, developmental disability, or substance abuse issues in the Mecklenburg County area, call the AMH call center, MeckLINK at 704-336-6404



### Mental Health News

The vision to create Mental Health News came out of the real-life struggle of a survivor of mental illness by the name of Ira Minot. During his ten-year battle with depression, Mr. Minot was left homeless and destitute by the ravages of his illness. In and out of hospitals and treatment programs during this time, he sadly tried to end his life on several occasions. Finally, after all conventional treatments had been tried and failed, Mr. Minot was offered and agreed to undergo Electro Convulsive Therapy (ECT). It was to be the treatment that broke the chains of his relentless illness, and which he credits to saving his life.

With the darkness of his depression lifted, Ira had the vision of starting a little newsletter that would help people with mental illness and their families find hope and education about mental health. With only a desire to do something to help others who have traveled the same path, he started the project in his one-room supported housing apartment. He went out into the community and

met with the leaders of the mental health community in the Metro-NY region to rally their support. Today these leaders are the Board of Directors of Mental Health News Education, Inc., and Mental Health News is an award-winning quarterly newspaper with a readership of over 160,000 people across the nation.

Mental Health News invites you and/or your organization to help support us by taking a subscription for our award-winning quarterly publication.

Mental Health News offer a discounted rate for students, a discounted group rate including a bundle of 50 copies, and \*discounts on multiple group subscriptions for larger organizations.

Please don't hesitate to call at (570) 629-5960 or email [iramintot@mhnews.org](mailto:iramintot@mhnews.org) (cc: [dminot@mhnews.org](mailto:dminot@mhnews.org)) if you need more information.

[www.mhnews.org](http://www.mhnews.org)



Phone: 704-333-8218  
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**November 2009**

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