



# NAMI Louisville

National Alliance on Mental Illness



Stay Informed! Stay Connected !

*The Official Newsletter of NAMI Louisville*  
*Available in print and electronic format*

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**NAMI Newsletter—  
New online format**

Dear Reader,  
 NAMI Louisville is joining the environmentally minded by changing primarily to an email formatted newsletter to save paper and funds. Online newsletters also give us the ability to give you with more information.

If we have an email address for you on file then this may be the last printed copy you will receive from NAMI Louisville. If you wish to continue receiving a NAMI newsletter by mail, please call our office at 588-2008.

Each newsletter will also have a "theme", more information and the latest NAMI Louisville information. The theme for this newsletter is about the issues that arose because of the national media coverage of the Arizona shootings.

I hope this newsletter is of benefit to you.  
 Cheryl Hunt, Executive Director

**Understanding Severe  
Mental Illness**

*Article by Thomas Insel, National Institute of Mental Health.* "When a tragedy occurs like the shooting in Tucson..., all of us seek an explanation. While there remain many questions, a leading hypothesis is that the suspect has a serious mental illness (SMI), such as schizophrenia. The topic of violence and mental illness is never an easy discussion: with issues such as **stigma, incarceration, public safety, and involuntary treatment** in the mix.

There is a legitimate concern that talking about violence and mental illness in the same sentence increases the likelihood that people with serious illness will be further marginalized and less likely to receive appropriate care. But tragic events, whether at a Safeway in Tucson or a classroom at Virginia Tech, require us to address this uncomfortable subject with the science available.

Is violence more common in people with SMI?"  
*Continued on page 4*

**Calendar:**

- Family to Family education **class**—contact office to sign up
- Volunteers—Family to Family **training** April 16th and April 17th

**Overcoming the Stigma of Mental Illness**

**Progress is being made to remove the stigma of mental illness and mental health disorders. You can take positive steps to combat stigma. By Mayo Clinic staff**

Stigma is a very real problem for people who have a mental illness. ...It was once a common perception that having a mental illness was due to some kind of personal weakness. We now know that mental health disorders have a biological basis and can be treated like any other health condition. Even so, we still have a long way to go to overcome the many misconceptions, fears and biases people have about mental health, and the stigma these attitudes create.

Stigma may be obvious and direct, such as someone making a negative remark about your mental health condition or your treat-

ment. Or it can be subtle, such as someone assuming you could be violent or dangerous because you have a mental health condition. These and other forms of stigma can lead to feelings of anger, frustration, shame and low self-esteem — as well as discrimination at work, school and in other areas of your life. For someone with a mental illness, the consequences of stigma can be devastating. Some of the harmful effects of stigma include:

- Trying to pretend nothing is wrong
- Refusal to seek treatment
- Rejection by family and friends
- Work/ school problems or discrimination
- Difficulty finding housing

*Continued on page 3*

**CONTACT US!**

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*Current issue now available online with membership*

*One of the benefits of joining NAMI is you receive the national newsletter*

*You do not have to be alone. NAMI Support groups are available in the Louisville area.*

## Annual Membership Drive

Membership has its benefits!

### Why join?

- Receive three newsletters, Local, state and national news on the latest local events, information, research, legislative issues.
- Gain access to exclusive members only sections of the NAMI.org Web site and discounts

There are now three ways you can easily join NAMI or renew your membership

- Fill out and mail a check with enclosed return envelope
- Pay by credit card or PayPal by going to [namilouisville.org](http://namilouisville.org), click on "Donations" at the top right, then click at "To become a member...."
- Pay by credit card by going to [www.nami.org](http://www.nami.org), click on "Become a Member", in the upper right corner

## Send us your e-mail address

As you have probably gathered from previous newsletters, NAMI Louisville is making a big push to give you more information online and in real time. To do that, we need your e-mail address. Just contact us at the office at 588-2008 or email us at [info@namilouisville.org](mailto:info@namilouisville.org)

We also need your e-mail address to keep you updated about the Walk for Recovery, NAMI Louisville events, and other happenings in the NAMI Louisville universe.

If you do not have an e-mail address, Internet services like Yahoo and Gmail provide free e-mail addresses that can be checked from any computer with Internet access.

**If you still want a hard copy of the newsletter** mailed to you, please contact the office to let us know.

Also, if you have ideas on how to improve our NAMI Louisville web site, let us know. If you have interest in sharing your website designing expertise, please contact the office at 588-2008

We are working on making our web site more robust, and user-friendly

## Support Groups for family members

*A place where....  
...you can draw upon years of experience  
...share with others who understand.  
...what is shared stays in the group.*

**Date:** 2nd Wednesday  
**Place:** Our Lady of Peace,  
**Time:** 7:00 p.m.

**Date:** 2nd Saturday  
**Place:** First Lutheran Church, 417 East Broadway (Door C)  
**Time:** 10:00 a.m.

**Date:** 3rd Thursday  
**Place:** Christ Lutheran Church, 9212 Taylorsville Rd  
**Time:** 7:00 p.m.

**Date:** 4th Sunday  
**Place:** Christ Lutheran Church, 9212 Taylorsville Rd  
**Time:** 2:30 p.m.

*There is no cost to attend, no need for reservations and you can drop in on any or all dates available.*

***You are not alone!***

## Overcoming the Stigma of Mental Illness—cont'd

- Being subjected to physical violence or harassment
- Inadequate health insurance coverage of mental illnesses

### Steps to cope with stigma

Learning to accept your condition and recognize what you need to do to treat it, seeking support, and helping educate others can make a big difference. Here are some ways you can cope with stigma:

•**Get treatment.** Don't let the fear of being "labeled" with a mental illness prevent you from seeking diagnosis and treatment. Diagnosis and treatment can provide relief by identifying what's wrong in concrete terms, and reducing symptoms that interfere with your work and personal life.

•**Don't let stigma create self-doubt and shame.** One of the most important ways to minimize the stigma of mental illness is to come to terms with your illness. Others' judgments almost always stem from a lack of understanding rather than information based on the facts. Feeling ashamed, embarrassed or humiliated because of something beyond your control can be very destructive. Psychological counseling may help you gain self-esteem and cope with your reaction to others' bias or your own self-judgment.

•**Seek support.** If you have a mental illness, it can be hard to decide who to tell, if anyone, and how much to tell. You may not be comfortable telling anyone anything about your condition. On the other hand, if you tell people you trust, you may find much-needed compassion, support and acceptance. Because stigma can lead to social isolation, it's especially important to stay in touch with family and friends who understand. Isolation can make you feel even worse.

•**Don't equate yourself with your illness.** You are not an illness. So instead of saying "I'm bipolar," say "I have bipolar disorder." Instead of calling yourself "a schizophrenic," call yourself "a person with schizophrenia." Don't say you "are depressed." Say you "have depression."

•**Use your resources.** Stigma can have effects on your education, career, housing and other areas of your life. Take advantage of federal,

state and nonprofit resources available to you. A number of agencies and programs support people who have mental health conditions — examples include state agencies such as Vocational Rehabilitation, Veterans Affairs (VA), and nonprofit organizations such as NAMI, which have national and local chapters as well as Internet resources.

•**Get help at school.** If you or your child has a mental illness that affects learning, find out what plans and programs might help. Discrimination against students because of a mental health condition is against the law, and educators at primary, secondary and college levels are required to accommodate students as best they can. Talk to teachers, professors or administrators about the best approach and available resources. If a teacher doesn't know about a student's disability, it can lead to discrimination, barriers to learning and poor grades.

•**Join an advocacy group.** Some local and national groups, such as the National Alliance on Mental Illness (NAMI) have programs that watch for and correct stereotypes, misinformation and disrespectful portrayals of people with mental illnesses. Organizations like NAMI also offer support groups and information to help you cope with your condition.

•**Speak out.** Speaking at events can help instill courage in others facing similar challenges and also educate the public about mental illness. Until you gain confidence, you may want to start at small events, such as talks at a support group or church community. If you spot stigmatizing stories, comic strips, movies, television shows or even greeting cards, write letters of protest that identify the problem and offer solutions.

Article reprinted from Mayo Clinic website: <http://www.mayoclinic.com/health/mental-health/MH00076>

*Seek Support*

*Don't equate  
yourself with your  
illness!*

National Institute of Mental Health  
(2006)

<http://www.nimh.nih.gov/press/schizophreniaviolence.cfm>

A study of adults with schizophrenia showed that symptoms of losing contact with reality, such as delusions and hallucinations, increased the odds of serious violence nearly threefold. The odds were only about one-fourth as high in patients with symptoms of reduced emotions and behaviors, such as flat facial expression, social withdrawal, and infrequent speaking.

**Overall, the amount of violence committed by people with schizophrenia is small, and only 1 percent of the U.S. population has schizophrenia...** By comparison, about 2 percent of the general population without psychiatric disorder engages in any violent behavior in a one-year period.

*The researchers found that the odds of violence also varied with factors other than psychotic symptoms. For example, serious violence was associated with depressive symptoms, conduct problems in childhood, and having been victimized, physically or sexually; minor violence was associated with co-occurring substance abuse.*

**NAMI Louisville needs more trained volunteers to lead Family to Family classes**

**Next two day training is scheduled for April 16th and 17th  
Location to be determined**

**Contact our office for more details! You can make a difference is someone's life!**

## Cont'd—Understanding Severe Mental Illness

Yes, during an episode of psychosis, especially psychosis associated with paranoia and so-called "command hallucinations", the risk of violence is increased. People with SMI are up to three times more likely to be violent and when associated with substance abuse disorders, the risk may increase much further.<sup>i</sup> **But, mental illness contributes very little to the overall rate of violence in the community.** Most people with SMI are not violent, and **most violent acts are not committed by people with SMI.** In fact, people with SMI are actually at higher risk of being victims of violence than perpetrators. Teplin et al found that those with SMI are 11 times more likely to be victims of violent crime than the general population.<sup>ii</sup>

The most common form of violence associated with mental illness is not against others, but rather, against oneself. In 2007, the most recent year for which we have statistics, there were almost 35,000 suicides, nearly twice the rate of homicides.

Suicide is the 10th leading cause of death in the United States.<sup>iii</sup> Although it is not possible to know what prompted every suicide, it is safe to say that unrecognized, untreated mental illness is a leading culprit.

Treatment may be the key to reducing the risk of violence, whether that violence is self-directed or directed at others. Research has suggested that those with schizophrenia whose psychotic symptoms are controlled are no more violent than those without SMI.<sup>iv</sup> It's likely that treatment not only helps ease the symptoms of mental illness, but also curbs the potential for violence as well. As we learn more about the circumstances surrounding the tragedy in Tucson, we should be working harder to ensure people with SMI receive the care they need. Early intervention offers the best hope to prevent more tragedies in the future.

Article found on NIMH website  
<http://www.nimh.nih.gov/about/director/2011/understanding-severe-mental-illness.shtml>

## Family to Family Education Class

The NAMI Family-to-Family Education Program is a free, 12-week course for family caregivers of individuals with severe mental illnesses.

- The course is taught by trained family members
- All instruction and course materials are free to class participants

### What does the course include?

- Up-to-date information about medications, side effects, and medication adherence
- Current research related to the biology of brain disorders and the evidence-based, effective treatments to promote recovery
- Gaining empathy by understanding the subjective, lived experience of a person with mental illness
- Special workshops for problem solving, listening, and communications

- Acquiring strategies for handling crises and relapse
- Focusing on care for the caregiver: coping with worry, stress, and emotional overload
- Guidance on locating appropriate supports and services within the community
- Information on advocacy initiatives to improve and expand services

*"Before I took the course, I felt alone and overwhelmed dealing with my daughter's mental illness. By taking this course, I have met others who are going through the same things I am and have learned about many resources that I never knew existed."*

A new class is being planned for startup in April. Please contact NAMI Louisville at 5898-2008 to sign up or more information

Also a class for Spanish speaking individuals is in the planning stages.

## For Friends and Family: Understanding Involuntary or Assisted Treatment (Resource: Schizophrenia .com)

Approximately 40% of people with schizophrenia are unable to understand that they have the disorder, because the part of the brain that is damaged by schizophrenia is also responsible for self-analysis.

It's important to note that the person is not "in denial" (which suggest that through education alone the person might understand that they have schizophrenia). With schizophrenia, you are frequently asking the sick brain to diagnose itself, which may simply be impossible. For this reason, **involuntary or assisted treatment** (a general term used to describe different ways that a person with severe mental illness may be forced against their wishes to accept treatment) may be necessary as a last resort.

It's important to know that there are many other reasons why someone with schizophrenia may not cooperate with treatment including the following (supported by research within schizophrenia populations) include:

- **Denial and Lack of Insight into Mental Illness**
- **Medication side-effects**
- **Delusional beliefs** about medication (e.g., that it is poison)
- **Cognitive deficits**, confusion, disorganization
- **Fears of medication-dependency or addiction**

Some of these situations can be changed for the better with effort and patience. However, for poor insight, sometimes Assisted Treatment is a last-resort option to get someone the help they desperately need.

### Who might benefit from assisted treatment, and how does it help?

For the 40-50% of people with severe mental illnesses such as schizophrenia who have only partial or no awareness due to the biological nature of the disease in their brains, a form of assisted treatment (if possible) may be a way to get them the treatment that will help to alleviate their symptoms. After starting an effective treatment, many people start to regain some insight, and may decide to continue the treatment voluntarily.

Getting assisted treatment for an adult who does not consent to it is not easy in the United States. Every state has their own legal detailing the conditions under which someone may be involuntarily committed to a hospital facility, which is one of the more extreme forms of assisted treatment. **(Contact NAMI Louisville for a free copy of our local manual on the Louisville area legal system).**

There are other forms of assisted treatment (described below), all of which are also governed by individual state statutes dictating when, how, and by whom they can be enforced

### Forms of Assisted Treatment, and there benefits:

**Out-patient Commitment:** This is a court-order requiring a patient to comply with a set treatment as a condition for release from a hospital. The penalties for non-compliance are usually set by the court. Studies have shown this to reduce hospital readmission rates by 50-80%.

**Conditional Release:** Similar to outpatient commitment; gives the hospital the authority to judge whether a patient is adequately complying with his/her treatment.

**Representative Payee:** This is a fairly common situation for someone receiving government aid in the form of SSI or SSDI. The court assigns a representative (may be a family member or other primary caretaker) to handle and distribute the checks to the ill person. That representative may decide to make treatment compliance a condition for receiving the monthly checks. Research has shown that people with mental illnesses who's finances are handled by a representative payee have lower rates of homelessness and victimization, fewer number of hospital days, and higher rates of treatment participation.

**Guardianship:** This is when the court appoints someone else to permanently make decisions for the ill person. However, it can be very difficult to get a legal adult declared incompetent, which is a requirement to obtain guardianship.

**Benevolent coercion/Court-ordered treatment:** This may be an option if someone with a mental illness has been arrested. The judge may offer that person the option of complying with a treatment program rather than serving jail time.

**Assertive Case Management:** This is a program that is only available state-wide in a few locations (Michigan, Delaware, Wisconsin, Rhode Island, and New Hampshire are the states we know about). A team of professionals manages the treatment of a client, ensuring compliance through various methods (including, in some cases, home visits). *(Learn more about the need for Assertive Case Management in Kentucky from NAMI.)*

*Cont'd on page 6*

# Support Groups for Consumers

NAMI CONNECTION Recovery Support Groups are led by individuals who are in recovery. NAMI trains mentally ill persons to facilitate these support groups. For more information on these groups, call NAMI Louisville at 502-245-5287.

Center One—Seven Counties @ Champion Trace  
 Date: Wednesdays  
 Place: 4710 Champion's Trace  
 Time: 3:00—4:30 pm  
 Contact: Janet Massay—807-9096 and Pat Sims

## Depression-Bipolar Support Alliance (DBSA)

Providing support group for Family members and individuals with a mental illness

**Date:** Tuesdays & Thursdays  
**Place:** St. Paul's United Methodist Church, 2000 Douglass Blvd. Room 110, (corner of Douglas & Bardstown Road)  
**Time:** 7:30-8:30 pm (coffee afterwards)  
**For more information contact**  
**Mike 635-6142 or Carl 479-9941**  
<http://dbsalouisville.org>

# Social Club 2011 Calendar

Date	Location
January 16	Bridgehaven
February 20	Bridgehaven
March 20	Bridgehaven
April 17	Bridgehaven
May 15	Bridgehaven
June 12	Hogan's Fountain
July 17	Bridgehaven
August 21	Bridgehaven
September	Walk
October 16	Bridgehaven
November 20	Bridgehaven
December 11	Holiday Party -Christ Lutheran Church

## Cont'd: For Friends and Family: Understanding Involuntary or Assisted Treatment (Resource: Schizophrenia .com)

### Psychiatric Advance Directives (PAD):

These are legal documents in which the person with the brain disease sets out the treatment he/she wishes to be enforced if he/she should become incompetent. Some form of PAD is available in every U.S. state, however, not all states have explicit statutes standardizing PAD documents, activation, and treatment. In most states, the PAD falls implicitly under the larger category of Advance Directives. Problems may arise during crisis situations because there are no standards dictating when a PAD should become active, exactly how far a treatment team should honor PAD instructions, or what to do if a PAD contains wishes that are judged not to be in the best interests of the patient. Make the document as specific as possible - it may help to hire an attorney to oversee the process.

Usually, a PAD will appoint a representative (maybe a family member or primary caretaker) who will assume temporary responsibility for making treatment decisions while the ill person is incompetent. The document may also state the conditions under which the person considers themselves incompetent - this may be defined by the appearance or severity of certain symptoms, or by conditional situations. In other cases, a doctor, psychiatrist, or a court may be the ones to decide when a person is incompetent, thus activating the directive.

In order to make a psychiatric advance directive work for both the ill person and the family, the agreement must be made well ahead of a crisis, when the person is in a competent state of mind. Moreover, any medical professional or hospital staff who might be involved in future treatment mandated by the directive should be made aware of its existence in advance, and be provided with copies.

**Treatment programs in residential facilities:** If the ill person is living in a residential program, treatment compliance may be used as a requirement to maintain residency eligibility.

(Contact NAMI Louisville for more information on psychiatric advance directives or go to the Kentucky Protection and Advocacy website at <http://www.kypa.net/drupal/?q=node/437> for details and examples.)