

News for All Seasons

MAY 2013

NAMI FOUR SEASONS TRI-YEARLY NEWS

ISSUE THREE



From an English Country Garden

CHANGE YOUR BRAIN, CHANGE YOUR LIFE.

“Why Do I Feel This Way?”

Scientific Breakthroughs for Natural Recovery

Presented by Dr. Suka Chapel-Horst, RN, PhD

Thursday May 23rd, 2013, 6 pm-8.30pm

Location: Salon Blue Ridge Showroom, 518 S. Allen Rd., Flat Rock, NC.

Discover the underlying cause of the blues and blahs, moods, depression, addictions and other mental disorders. Based upon the latest neuroscience and biochemical research, Dr. Suka will demonstrate how to improve health naturally, while reducing or eliminating dependence on prescription medications.

Amazing raffle prizes, \$2.00 per ticket. Five free consults and labs, valued at \$465.00 each.

For tickets (\$20.00) call 888-955-6264. For online reservations go to www.namifourseasons.org.

Tickets will be available at the door. **Act now. Space is limited.**

Hors D'oeuvres will be offered at 6.00pm, the presentation will follow at 6.30pm

Guest Editorial-Dr. Suka Chapel-Horst, RN, PhD.

The newest source of violence in America is not guns. The real culprit is prescription SSRI's (Selective Serotonin Reuptake Inhibitors) antidepressant medications.

In an analysis of mass shootings during the past fifteen years, *every shooter had been taking or withdrawing from a psychiatric drug.* A 2010 study of reports to the FDA on drug-induced violence has demonstrated that SSRI antidepressants have resulted in an 840% increase in the rate of violence, including violent suicide, among those taking the drugs. **Prior to the advent of the new SSRI drugs, antidepressants very, very rarely led to violence.**

It's time the public says “no” these very dangerous drugs. This is especially true when we now have scientific and biochemical research that offers safe alternatives for relief from depression and other mental disorders.

Dr. Suka Chapel-Horst, RN, PhD
Director of Brainworks Recovery



Four Seasons

Information Line Available M-F 9.00am-5.00pm
(888) 955-6264

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Encouraging the Mother Bear in All of Us -A New Resource for Families

Mother Bear: Families for Mental Health is a new local and national recovery-oriented network of families, relatives and friends who have experienced mental health challenges.

Mother Bear is dedicated to bringing families hope through education about the many pathways to recovery, healing in community, and access to recovery resources that enable all family members to thrive—emotionally, physically and socially.

Mother Bear was founded a little over a year ago by Lisbeth Riis Cooper, longtime NAMI member and founder of CooperRiis Healing Community in Mill Spring and Asheville, NC. CooperRiis is a residential treatment community that supports healing and recovery for adult individuals experiencing mental health challenges or emotional distress.

The organization gets its name from Lisbeth, who is affectionately known as “Mother Bear” for her fearless efforts to support individuals and families in their most vulnerable moments and also for her confidence in each person’s innate ability to heal and grow. Mother bears are famous for their protective energy, but also their ability to encourage independence.

Mother Bear’s mental health education and support draws from an emotional distress model that acknowledges extreme distress can be caused by a variety of factors including pain, chronic stress, major life changes, trauma, strained relationships and social isolation in addition to the role biology may play.

Mother Bear encourages individuals and families to explore a variety of treatment and recovery supports, to carefully consider the role of medications and potential side effects and health risks, to focus on strengths and possibilities over limitations and disabilities, and to identify and support their own emotional needs to nurture hope and personal wellbeing.

Mother Bear offers a variety of recovery resources that can provide additional support and networking opportunities for NAMI members, including:

Family Hope Line—Empathic support, encouragement and help identifying resources for individuals and families. 855-IHOPE4U (446-7348). Hours listed at www.motherbearcan.org.

Online, interactive recovery education—Facilitated, strengths-based family education open to individuals with lived experience, family and friends, and supportive allies and professionals.

Online recovery resources—Family recovery stories, wellness tools, discussion forums, recovery services directory, blogs, monthly newsletters and more at www.motherbearcan.org.

Local Family Dens—Weekly family support groups in Hendersonville and Asheville that combine recovery education with personal sharing and resourcing. Open to all family members.

For more information about any of Mother Bear’s programs or services, please contact Emily DeSerio, Family Education Specialist, at Emily@motherbearcan.org.

Mother Bear is a family outreach fund of the Foundation for Excellence in Mental Health Care (www.femhc.org), a national community foundation dedicated solely to improving mental health care by fostering better research and innovative recovery-oriented programs and practices.

THE IMPACT OF SEQUESTRATION ON MENTAL ILLNESS RESEARCH.
STATEMENT OF MICHAEL J. FITZPATRICK
EXECUTIVE DIRECTOR, NATIONAL ALLIANCE ON MENTAL ILLNESS
TO THE LABOR-HHS-EDUCATION SUBCOMMITTEE
COMMITTEE ON APPROPRIATIONS
U.S. HOUSE OF REPRESENTATIVES

**REGARDING FY 2014 FUNDING FOR THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH),
THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND
THE SOCIAL SECURITY ADMINISTRATION (SSA)**

March 15, 2013

Chairman Kingston and members of the Subcommittee, I am Mike Fitzpatrick, Executive Director of NAMI (National Alliance on Mental Illness). I am pleased today to offer NAMI's views on the Subcommittee's upcoming FY 2014 bill. NAMI is the nation's largest grassroots advocacy organization representing persons living with serious mental illnesses and their families. Through our 1,100 affiliates in all 50 states, we support education, outreach, advocacy and research on behalf of persons with serious mental illnesses such as schizophrenia, manic depressive illness, major depression, borderline personality disorder, severe anxiety disorders and major mental illnesses affecting children.

The cost of mental illness to our nation is enormous. It is estimated that the direct and indirect cost of untreated mental illness to our nation exceeds \$80 billion annually. However, these direct and indirect costs do not measure the substantial and growing burden that is imposed on "default" systems that are too often responsible for serving children and adults with mental illness who lack access to treatment. These costs fall most heavily on the criminal justice and corrections systems, emergency rooms, schools, families and homeless shelters. Moreover, these costs are not only financial, but also human in terms of lost productivity, lives lost to suicide and broken families. Investment in mental illness research and services are – in NAMI's view – the highest priority for our nation and this Subcommittee.

The Impact of Sequestration on FY 2013 Funding for Mental Illness Research & Services

Before detailing NAMI's recommendations for FY 2014, NAMI feels compelled to state for the record our concerns about the impact of the six month delay in enacting full year funding for agencies such as NIMH and SAMHSA, as well as the impact of the current across-the-board sequestration on these agencies.

Mental Illness Research – Because of more than two-thirds of the NIMH budget is for ongoing multi-year studies, new research grants would face a cut as large as 20% in the current fiscal year – far above the 5% sequester. This will seriously undermine the capacity of NIMH to fund new research projects, including a proposed study on reducing shortening the duration between the onset of first break psychosis in schizophrenia and diagnosis and treatment. This is precisely the kind of research NIMH must be undertaking. We simply must do better at identifying psychosis earlier and intervening aggressively.

Mental Health Services It is projected that the sequester will result in an estimated 373,000 adults with serious mental illness and children with serious emotional disturbances going without treatment, leading to far costlier outcomes such as increased hospitalizations, involvement in the criminal justice system, and homelessness. As many as 8,900 homeless persons with serious mental illness would not get the vital outreach, treatment, housing, and support they need through the Projects for Assistance in Transition from Homelessness (PATH) program.

Mr. Chairman, beyond the immediate impact of sequestration in FY 2013, NAMI has enormous concerns about the impact of the current limitations on overall non-defense discretionary spending (NDD) put in place by the Budget Control Act of 2011. It is important to note that NDD is less than one-fifth of the overall federal spending, and less than 4.3% of GDP. Further, it is this category of spending that will amount to more than \$930 billion in deficit reduction over the coming decade – result being that NDD will be below what it was in the 1950s as a percent of GDP. In short, NDD simply cannot be cut any further if we as a nation want to maintain leadership in scientific research on serious mental illness and meet the basic needs of our most vulnerable citizens, including children and adults living with serious mental illness

NIMH – Critical Investments Mental Illness Research

It is critical for us to move beyond the current universe of palliative treatments for serious mental illness. Even with optimal care, some children and adults living with serious mental illness will not be able to achieve recovery (as defined as permanent remission). As NIMH Director Dr. Tom Insel has noted, consumers and families need rapid, effective treatments that target the core pathophysiology of serious mental illnesses and the tools for early detection. Mental illness research can develop new diagnostic markers and treatments, but this will require defining the pathophysiology of these illnesses. NIMH now has the research tools necessary. Now is the time to set an ambitious goal of finding cures to these extremely disabling illnesses. However, NIMH must have the resources it needs to support this critical research agenda.

While there was an increase in new and competing research project grants (RPGs) in FY 2012 (584), the long-term trend is not positive – increasing the NIMH "pay-line" to 22%. So long as strict limits on NDD remain in place and threats of sequestration loom, we are likely to see new RPGs decline and the "pay-line" at NIMH fall below 20%. As a nation, we cannot allow scientific opportunity and the search for new and breakthrough treatments for serious mental illness to pass us by.

The proposed NAPLS (North American Prodrome Longitudinal Study) initiative is a key example of this scientific opportunity. We now know that schizophrenia is a neurodevelopmental disorder and that by the time the behavioral symptoms appear it is often too late to significantly change the trajectory of the illness. The loss of cortical synapses in the brain be-

gins long before the symptoms appear – the “prodrome” phase. NAPLS is designed to go upstream and identify risks and develop new interventions in this prodrome phase in order to dramatically shorten the duration between the prodrome and diagnosis and treatment. This is precisely the kind of breakthrough research that will get us beyond palliative treatment designed only to improve functioning. Further cuts to NDD and sequestration cannot be allowed to limit NIMH moving forward on scientific advance.

NAMI would also like to highlight a few of the critical ongoing studies that NIMH has been working on in 2012 and 2013. RAISE (Recovery After Initial Schizophrenia Episode) is the first ever large-scale trial exploring early and aggressive treatment integrating a variety of different therapies to reduce the symptoms and prevent the gradual deterioration of functioning that is characteristic in schizophrenia. Another critical project is Army STARRS (Study to Assess Risk and Resilience in Service Members), a joint Army-NIMH study of suicide and mental health among military personnel. It has already proved critical in identifying – as rapidly as possible – modifiable risk and protective factors related to mental health and suicide. It is also supporting the military’s ongoing efforts to prevent suicide and improve soldiers’ overall wellbeing.

SAMHSA – Funding Must Focus on the Nation’s Faltering Public Mental Health System

Mr. Chairman, as a nation we are still in the process of assessing the full impact of the horrific events in Newtown, CT in December. From NAMI’s perspective, what is clearly emerging is a consensus that there are significant gaps in the availability of mental health services and we must do more to intervene early to address the escalated risk of violence associated with untreated mental illness in general, and first break psychosis in particular. For example, we know that only 40% of people with serious mental illness have access to treatment in America today. Further, we know that even when mental health services are available, they are sometimes not the right ones and that often the very symptoms of a disorder such as schizophrenia prevent some from recognizing need for treatment.

Most importantly, over the years a robust body of research has been developed validating the evidence for effective mental health services that we know work. While these services exist in pockets across almost every state, they are difficult, if not impossible, to access in many communities. What are these services?

- Early identification and intervention of psychotic disorders,
- School based mental health services (in 50% of cases, symptoms appear by age 14),
- Services for individuals transitioning from childhood to adulthood – e.g. supported employment, supported education, case management, etc.
- Family education and support.
- Training for first responders – Mental Health First Aid & Crisis Intervention Training,
- Assertive Community Treatment (ACT)
- Acute inpatient beds, crisis stabilization programs,
- Supported housing
- Peer support

What is needed is for communities to invest in these evidence-based practices. In addition, SAMHSA must take more of a leadership role in guiding states and localities toward adopting these effective interventions. While SAMHSA programs such as the Mental Health Block Grant are only a small part of overall public mental health spending, they should nonetheless serve as a resource that guide state mental health agencies and local mental health systems toward filling gaps in services and more effectively targeting limited resources toward adults not now in treatment and early intervention for children and adolescents most at risk of first break psychosis.

A critical SAMHSA resource in guiding states toward this goal is the Mental Health Block Grant. Congress provided the Block Grant with a \$40 million increase between FY 2011 and 2012, increasing funding to its current level of \$459.8 million. Your colleagues in the Senate had proposed to boost the program by an additional \$20 million for FY 2013. NAMI urges you to continue this momentum ensure that states are able to address the more than \$4 billion in cuts that were made to overall public mental health agencies over the past 5 years AND address continuing gaps in services.

NAMI would also urge the Subcommittee to support other key SAMHSA programs targeted to serious mental illness experienced by children and adults including:

- The PATH Homeless Formula Grant program (funded in FY 2012 at \$64.8 million),
- The Childrens Mental Health program (funded in FY 2012 at \$117.3 million),
- Continuation of the Primary Health and Behavioral Health Integration (funded in FY 2012 at \$65.8 million), and
- Suicide prevention activities at the Center for Mental Health Services under the Garrett Lee Smith Memorial Act (funded in FY 2012 at \$48 million).

Social Security’s Administrative Budget

Mr. Chairman, people with living with serious mental illness and other disabilities have been bearing the brunt of backlogs for disability claims and appeals at the Social Security Administration (SSA). Behind the numbers are individuals with disabilities whose lives have unraveled while waiting for decisions – families are torn apart; homes are lost; medical conditions deteriorate; once stable financial security crumbles; and many individuals die. For many years, SSA did not receive adequate funds for its mandated services. Between FY 2000 and FY 2007, the resulting administrative funding shortfall was more than \$4 billion. We thank this Subcommittee for its efforts to provide SSA with adequate funding for its administrative budget. Between 2008 and 2010, this Subcommittee provided SSA with the necessary resources to start meeting its service delivery needs. With this funding, SSA was able to hire thousands of needed new employees.

There can be no doubt that this additional staff greatly enhanced SSA program operations. Unfortunately, SSA has received virtually no increase in its LAE since 2010. In FY 2011, SSA’s appropriation was a small decrease from the FY 2010 level and the FY 2012 appropriation was only slightly above the FY 2010 level. NAMI urges Congress to provide SSA with adequate resources to carry out all necessary program functions.

Greystone, Dorothea Dix and the Kirkbride Plan

Dorothea Dix was a schoolteacher who became a champion for the mentally ill in the 1800's. During that time, care for the mentally ill was primitive and cruel. Dorothea made it her life's work to change this. It was due to her work that the New Jersey state legislature appropriated 2.5 million dollars in 1848 to build Greystone Park, a psychiatric hospital founded on the Kirkbride Plan, named after the psychiatrist Thomas Kirkbride. This plan focused on what was called "moral treatment" of patients. Dr. Kirkbride took the Quaker run York Retreat plan, in England, as his inspiration for this new prototype of care of the mentally ill. The York Retreat plan was based on the belief that there is 'that of God' in every person, regardless of any mental or emotional disturbance.

Hospitals based on the Kirkbride plan were placed in areas far from city life, as nature could have a healing effect. The insides of the buildings were thoughtfully arranged to bring adequate fresh air and sunshine. The Greystone campus and others like it were self-sufficient operations in terms of having onsite dairies, gardens, power generating stations, water utilities, staff housing, police, fire stations, a post office and recreational and vocational facilities.

The patients who could work, and this was thought of as a very good thing, did work. Having patients perform useful tasks brought a predictable rhythm to their days. It is not often acknowledged in our time that rhythm truly can have a healing effect. On the economic side of the equation, patients made and manufactured things like rugs, brooms and brushes and provided them to the state. The dairies and gardens supplied the patients with food. This offset the state's cost for buying these items and thereby lowered the cost of running the hospital.

The Kirkbride plan was both idealistic and humane, but it could not function when needed adequate facilities were not built. Quiet parlors and hallways were taken up with cots due to overcrowding and overworked staff was unable to keep up with the daily care of the patients. The facilities were called "asylums," "loony bins," and "crazy houses" and became places nobody would ever want to go to. The Kirkbride Plan hospitals were created with the opposite intent; what went wrong?

In 1950 everything changed. A new drug, the first of its kind, was invented; it was called Thorazine. This drug was an anti-psychotic. It took a generation to see how the treatment of the mentally ill changed because of this drug. Then there was "Deinstitutionalization." Patients were given medication and were "free" to leave the hospital. The plan was to have community treatment centers for the mentally ill where they could go for needed support. As we well know, this plan hasn't worked well either. Today 4 billion dollars have been cut from the public mental health care system. The care that people receive is fragmented. Almost every state in this country has difficulty balancing its budget, so getting back the money that was cut will be difficult, if not impossible.

While navigating the internet I came across the work of a psychiatrist, Dr. Vikram Patel. Dr. Patel was trained in the best institutions in the UK. When he became a doctor he went to work in Zimbabwe and India, and he had to re-think everything he had learned. There is a short talk that you can listen to by going to: http://www.ted.com/talks/vikram_patel_mental_health_for_all_by_involving_all.html I will write more about Dr. Patel and his work in a future newsletter.

To me, it is a very sad fact that the mentally ill have no voice. Even when they speak up, they are not taken seriously. We think we know what they need, but do we really? Have we taken any new, great strides in the care and treatment of the mentally ill? Does a mentally ill person who lives in the United States in 2013 have a better chance at healthy life than as a mentally ill person who lived in this country in 1913? Listening and being open to hearing what the mentally ill have to tell us could potentially bring sorely needed change to the health care that is presently available to the mentally ill.

I think I will end with a quote from Albert Einstein,

"Insanity is doing the same thing over and over again and expecting different results." Kathleen Cameron

MAY IS MENTAL HEALTH MONTH

Stop by the Hendersonville Library and checkout the NAMI Four Seasons Showcase !

&

Plan to attend our Fundraiser at Salon Blue Ridge !

"Bridges of Hope" will be presented May 26th. By Nancy Moreland and Valerie Holcombe at the First Congregational Church on Fifth Avenue.

&

June 13th at the Mills River Presbyterian Church other church congregations will be invited and the presentation is open to the general public.

Call 1-888-955-6264 for more information.

DHHS Terminates Western Highlands Contract

State Medicaid director Carol Steckel informs the managed care organization for eight Western N.C. counties that its contract will not be renewed.

By Taylor Sisk

State Medicaid director Carol Steckel sent a letter yesterday to the Western Highlands Network board of directors informing them that the mental health agency's contract with the state will be terminated on July 31. Western Highlands is the managed care organization (MCO) that serves Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania and Yancey counties.

In a bulletin posted on the state Department of Health and Human Services website, Steckel said that the Division of Medical Assistance "will work closely with Western Highlands Network to move management of the waiver operations with the goal of a smooth and successful transition with no interruption in services." The MCOs, formerly called local management entities, are the regionally based agencies that receive a set monthly payment from the state to provide both state- and Medicaid-funded mental health, intellectual and developmental disability and substance abuse services around the state. With that money, the MCOs must allot services for everyone under their care.

There are presently 11 MCOs.

Western Highlands began operating as an MCO in January 2012. In July, its board of directors fired CEO Arthur Carder Jr., saying that he had failed to inform them that the agency had fallen \$3 million in debt. The agency has been attempting to gain stability since.

In March, Sen. Tommy Tucker (R-Waxhaw), a member of the state Joint Legislative Oversight Committee on Health and Human Services, told North Carolina Health News: "We have two or three [managed care organizations] that are operating very well and would be able to absorb MCOs that are ... out there on the outer limits of not being able to operate up to standards. So we'll move forward with that."

According to a report released in March by government consultant Mercer, which contracts with the state's Medicaid agency to review services, vacancies in key positions and issues with its client information system had created a "significant risk" of Western Highlands being unable to operate properly.

"To remain a viable and sustainable managed care organization, WHN will be required to systemically address and resolve each of these challenges within a consolidated timeframe," the Mercer report read.

Last Wednesday, Gov. Pat McCrory announced his plan to overhaul the state's Medicaid program. Called "Partnership for a Healthy North Carolina," the plan would open up Medicaid to competitive bidding by companies and MCOs from inside and outside the state.

At least three organizations, called comprehensive care entities, would win contracts to administer and coordinate the care funded by Medicaid and be paid for the task. They would be required to coordinate both physical and mental health care for their patients.

Once established, those organizations would compete against one another for beneficiaries. Some of them could be for-profit entities.

The state legislature must vote on the plan.

NAMI NORTH CAROLINA'S WESTERN REGIONAL CONFERENCE

"Visions of Recovery: Individuals, Families and the System"

Held on Saturday, April 6, 2013 was a great success with greater attendance 94 this year compared to 75 in 2011 with 9 affiliates attending.

The surveys returned had an impressive score of nearly 4.9 out of a possible 5.0 in positive learning experience. The new MAHEC building provided a delightful venue.

Silver Linings Playbook a Revue by Valerie Holcombe

A couple of months ago my husband, son (who suffers from depression and GAD), and I attended the highly acclaimed, award winning film *Silver Linings Playbook*. In many ways, the film was peopled by and mirrored often our own lives and the families we have come to know in our son's journey with mental illness. Yes, here I was on the big screen, played by Jackie Weaver as the overly protective, teary-eyed, guilt-ridden mother who just wants everyone to be happy as she cooks family favorites to please and appease. Sitting beside me was my own neat, slightly OCD husband whom I had to urge to come out to an Academy Award nominated movie that puzzled him most of the viewing time. His part was played most sympathetically by Robert De Niro. And then, on my other side was my twenty-seven year old son, who like Bradley Cooper's character, has come home to live with us after hitting the wall, but who, nevertheless continues to look for silver linings behind every cloud. The only people missing on our row were the ex-girlfriend (no ex-wife yet), the successful brother who currently lives out of town, and the compassionate therapist, who hopefully has seen or will see the movie or read the book by Matthew Quick on which it is based. But enough about us. *Silver Linings Playbook* is a movie to see, in my opinion, for two reasons: 1. It is an enjoyable, romantic comedy that has a feel good ending; 2. The film does open up the discussion about mental illness to a wider audience, helping to lessen the stigma.

Pat, the protagonist in *Silver Linings Playbook* suffers from bi-polar disorder. When the story begins, he has just been released from an eight-month stay at a psychiatric hospital. His father has a hard time talking to and understanding his son's disability, but can at least connect on one level, the Eagles football team, a family passion. The mother, like I said before, just wants her son to get well, be happy, but smothers him with over-protective love. Pat's initial modus operandi, after he has been sprung by his mother from institutionalization, is to win back his ex-wife so that his life can find that happy ending or silver lining. Exercise to become fit and jogging for hours in a garbage-bagged poncho to lose weight are his strategies toward realizing that goal until he meets his best friend's depressed, sex-addicted sister-in-law Tiffany, brilliantly played by Jennifer Lawrence. She promises to deliver letters to the "ex" whom she claims to know, but only if Pat competes in a dance contest she hopes to win. After these characters and the plot are revealed, the rest of the movie concentrates more on the competition and the developing attraction -friendship-love -that develop between Pat and Tiffany, its own quirky silver lining. The father's winning enough money to open his own restaurant by betting on the dance contest scores and the Eagles winning their last game of the season becomes a parallel story which, in the end, unites the family, the lovers, and their "dysfunctions."

As a frequent movie goer, I was happy to see *Silver Linings Playbook* a movie that did make me laugh, cry, and applaud in that classic Hollywood screwball tradition which always includes a happy ending. And, as the parent of a Pat, I was pleased to see a movie that was about us----on some level. The struggles for dreams deferred, hopes unrealized, and unexpected serendipities were believable and would be fodder for wider discussions in breaking down stigmas associated with brain disorders. Yes, I was also able to identify, cry, laugh and applaud this family's life, as lived on the big screen, for two hours. But, after the movie ended, I was still sitting in a row with my very real family, wishing that the characters had been less cutesy. I longed to know more about the family and the friends. I wanted to know even more about Pat and Tiffany and their disorders. What bothered me was the comic format which kept these two characters, especially, from being more three-dimensional; real.

So, to satisfy what was missing for me in the film, I read Matthew Quick's book. And now, I am much more satisfied. I hope that if you have seen the movie, you will check out the book. And if you haven't seen the movie, please do. AND read the book. But most of all, let's continue our discussions about mental illness.

Letter from the President

IS NAMI WALKING AWAY from fulfilling their goal of raising awareness and eliminating stigma ?



NAMI is the largest grassroots mental health organization and is a life saver to many, offering help, hope and information to the millions of people affected by mental illness, but it's not a household word and many millions don't know of it's existence.

“NAMI WALKS” is the major fundraiser for our organization and is advertised as raising awareness about mental illness to increase community education and reach out to new families who need our help. There are currently 87 franchise holders who have paid an initial \$5,000.00 and been vetted for suitability to hold a “NAMI WALKS.” The sites are situated in 45 states and involve over 450 NAMI affiliates.

Last I heard , there are more than 1000 affiliates throughout the United States, therefore more than 500 affiliates do not get involved ,most probably in smaller towns and non-urban areas, because they are unable to conform to the necessary requirements.

What a lot of lost opportunities of getting information about NAMI out to families who need it and mental health professionals who do not know of our existence!

Why is it necessary to purchase an expensive franchise in order to plan a walk down the main streets of America or shopping malls ? (Give town parks a miss they are usually not that busy) .Yes, arrange to have the traffic stopped for a parade, do a mall walk and engage as many folks as you can .Yes ,guidelines are needed and agreements on what percentage of proceeds go to both NAMI and state, but that is all that should be required for smaller affiliates.

This I believe would generate far more interest from the general public and let people see that we are not held back by stigma. All affiliates can then become actively involved in ‘NAMI WALKS’ in their home town.

What's your opinion? Write to PO Box 2108, Hendersonville , NC 28793, or e-mail info@namifourseasons.org



Mona Cornwell died Tuesday April 2nd. She was 53 and will be remembered as an advocate for the mentally ill and the homeless. She was instrumental in bringing

CIT (Crisis Intervention Training) for law enforcement to Buncombe County.

Many of us involved with NAMI and knew of her and mourn her loss.

“She was a remarkable, compassionate woman and I will be forever astounded that she married me,” her husband, David Cornwell, said.

NAMI Four Seasons Informational Meeting 6:00pm-7.30pm

*******NEW DAY! NEW TIME! NEW LOCATION! *******

**THURSDAY 16th, MAY 2013. GRACE LUTHERAN CHURCH,
1245 6TH AVENUE WEST, HENDERSONVILLE.
(Corner of Highway 64 and Blythe)**

Topic: “ THE STATUS OF ADULT CARE HOMES”

The featured speaker is Justina Muniz, Soundview Family Care Homes. Ms. Muniz is involved locally as an administrator and on the state level. She will provide an update on current legislation, and how her organization is responding to the changes while staying committed to residents needs.

This is troubling subject for those living with mental illness and their families. **Please plan to attend !**

***NOTE**

There will be no General Meeting scheduled for this date and no informational programs for the months of June and July.