



# nami Virginia

National Alliance on Mental Illness

*The Official Newsletter of NAMI Virginia*

*March 2009*

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## Message from the Director

As we head into the spring months, there is much to report about NAMI Virginia's recent activities. First, wrapping up the legislative session: it was a challenging session due to the difficult economic situation facing Virginia and the gloomy shadow this cast on the budget outlook. But NAMI Virginia and the voices of grassroots advocates, along with many partner organizations, brought attention to the critical mental health service needs that exist facing citizens and communities, and *it made a difference*. Our message resonated with legislators as they weighed their funding decisions. We are grateful for the many advocates who made their voices heard—during the budget process, via phone calls and emails to elected officials, by attending the Coalition Rally/Lobby Day, and raising awareness with friends, family, and your community. Advocacy matters! For a General Assembly report, see page 4.

NAMI Virginia continues to engage people in our education and training programs. *Peer-to-Peer* training was held in December with 18 people becoming certified as Mentors. *Family-to-Family* Teacher Training was held recently with a strong group of new teachers trained and ready to go. The *Connection Recovery Support Groups* program is growing, with additional facilitator trainings being planned for 2009. The powerful anti-stigma, public education program *In Our Own Voice* will be expanding due to a statewide presenter training being held in Hampton in May. If you don't know about these programs please take the time to learn about them! See our website or contact your local affiliate, or the state office, for information. For the training calendar, please see page 2.

We plan to hold the first NAMI *Basics* State Teacher Training before the end of the year. Learn more about this initiative on page 5.

The 2009 NAMI *Grading the States* was released on March 11. Virginia improved from a D grade in 2006 to a C grade in 2009. This analysis revealed that while Virginia has made some gains in its public adult mental health system, there is still *much* more work to be done—especially in the areas of providing comprehensive community-based services; housing; and programs to cover uninsured people. Read more about the report on pages 6-7 and visit our website for additional information.

On the affiliate front, I'm excited to announce that we are growing—NAMI Suffolk achieved official membership status in early March after going through the application and endorsement process. Welcome, NAMI Suffolk!

I hope to see many of you at the Annual State Convention in Richmond on May 29 and 30th. The program agenda and registration will be circulated as soon as it becomes available. The theme "*All In One Voice*" should resonate as we all work towards more awareness, an improved mental health care system, and, ultimately, recovery for all who are impacted by mental illness. *Please save the date!*

It is going to be another busy year with a lot of activity, and we are up for the challenge! *We need your support to help keep our operations and programs running smoothly and to help us grow.* Please consider making a tax-deductible contribution to NAMI Virginia.

We are very pleased to announce the **new** NAMI *Basics* program for families/caregivers of children/adolescents with mental illness.

Sincerely,  
Mira Signer

NAMI Virginia is the Virginia state office of NAMI (the National Alliance on Mental Illness of Virginia). NAMI Virginia was created in 1985 to provide support, education, and advocacy for people with mental illness and family members affected by mental illness in Virginia. It is our mission to improve the lives of all those who are affected by serious brain disorders and to fight the stigma that surrounds mental illness. NAMI Virginia's 27 local affiliates play an active role providing support, education, and advocacy at the community level.

## CONTACT US!

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Office: (804) 285-8264  
HelpLine: 1-888-486-8264  
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www.namivirginia.org

## Calendar of Events

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**MARCH 13-15, 2009*****Family-to-Family Teacher Training***  
**Richmond, Virginia**

NAMI Virginia is recruiting new teachers of this course in every part of the state! Please encourage family members/caregivers/partners of someone living with a person who has serious mental illness to contact us today!

**APRIL 17-19, 2009*****Peer-to-Peer Mentor Training***  
**Richmond, Virginia**

NAMI Virginia is recruiting new mentors especially in the Roanoke, mid/western tidewater and south/western parts of the state. Candidates must identify as living in recovery with mental illness, be able to read aloud to a class, be ready to make a commitment to teach the class, and be ready to give back to a community of their peers. Please encourage interested individuals to contact us today!

**APRIL 24-25, 2009*****MESA Leader Training***  
**Roanoke, Virginia**

This training is for professionals and family members. This training is open to Affiliates that are new to the MESA program and to Affiliates that already have an active MESA program. Interested candidates must be willing to commit to teaching 2 MESA classes within 2 years. Please encourage interested individuals to please contact us today!

**MAY 2-3, 2009*****In Our Own Voice Training***  
**Hampton, Virginia**

We are looking to expand the program in the Harrisonburg, Roanoke, Central Virginia, and Blue Ridge regions. Please encourage interested individuals to please contact us today!

**May 29-30****NAMI Virginia State Convention**

Richmond, Virginia

Complete schedule and registration information will be announced soon via website and mailing.

**JUNE 26-28, 2009*****Connection Recovery Support Group Facilitator Training***

**Richmond, Virginia**

NAMI Virginia is recruiting new facilitators for consumer support groups in every part of the state; particularly Northern Virginia, Blue Ridge and Harrisonburg, Roanoke, Piedmont, and the South/West parts of the state! We are also looking for individuals who are not able or ready to become facilitators but who would like to be a volunteer or "Champion" to help see the groups be successful. Please encourage interested individuals to please contact us today!

**JUNE 26-28, 2009 (Tentative Training Date)*****Family Support Group Facilitator Training***  
**Richmond, Virginia**

This is open to all regions of the state (for support group facilitators for family members/caregivers). Please encourage interested individuals to please contact us today!

**All interested participants please contact Liz Sussan, Program Coordinator, at [LSussan@nami.org](mailto:LSussan@nami.org) or 804-285-8264 x203.**

**For more information about these programs please visit [www.namivirginia.org](http://www.namivirginia.org)**

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***For local classes and support groups please contact your local NAMI affiliate.  
Contact information for local affiliates can be found at [www.namivirginia.org](http://www.namivirginia.org)  
or call 1-888-486-8264.***



National Alliance on Mental Illness

## Let's get ready for NAMIWALKS Virginia 2009!

### What can I be doing now?



- You can now **REGISTER** yourself or your team at [www.nami.org/namiwalks/VA](http://www.nami.org/namiwalks/VA)
- You can help **RECRUIT** business sponsors: this can be ANY business! Your employer, your spouse/significant other's employer, your barber/salon, your gym, your bank, drugstore, doctor or dentist office, children's school/groups, accountant/tax agency, civic organizations, professional groups, religious congregation, fraternities/sororities, recreational teams...the list goes on and on! A family can even be a sponsor of The Walk!
- You can help **COLLECT** in-kind donations: Gift certificates and other items to raffle or be used as incentive and raffle prizes

### Why should I get involved in the Walk?

- It is a great way to spread **AWARENESS** about mental illness—something we all care deeply about
- It can help raise **FUNDS** for your affiliate—allowing your affiliate to provide more education, outreach, and support
- It is a great way to get more people in the community
- **INVOLVED** in your affiliate—by spreading news about the Walk
- It is a **FUN** event for people of ALL ages!



### NAMIWALKS Virginia 2009 Important Dates!

Walk Information Meeting (Richmond): In April (day to be announced)

Kick Off Luncheon: Thursday, August 13 (Richmond)

**WALK DATE: Saturday October 3, 2009**

**LOCATION: Innsbrook (Glen Allen, VA—near Richmond)**

Questions? Need more information—about registering, sponsorship, etc. ?  
Please Contact NAMI Virginia Walk Manager and Special Projects Coordinator  
Farleigh Fitzgerald: 804-285-8264 ext. 202 or [ffitzgerald@nami.org](mailto:ffitzgerald@nami.org)

Visit: [www.nami.org/namiwalks/VA](http://www.nami.org/namiwalks/VA) to register or for additional information

## 2009 General Assembly Report

The General Assembly adjourned on February 28th after finalizing work on legislation and approving the budget. As you know, 2009 was a challenging General Assembly session in the midst of great budget difficulties in the Commonwealth. **THANK YOU** for making your voices heard about the needs of people with mental illnesses and the needs of our mental health system...through your phone calls, emails, personal visits, and testimony at budget hearings your grassroots presence helps educate lawmakers about critical needs and how best to spend scarce resources. Here are some highlights from the budget and legislative changes during the 2009 legislative session.

### BUDGET ITEMS

- Funding was fully **RESTORED** to enable the Commonwealth Center for Children and Adolescents (Staunton) and the child/adolescent unit at Southwest Virginia Mental Health Institute to continue operating. In addition, the budget directs a community consensus and planning team to develop a plan to examine the current and future role of the Commonwealth and private sector in providing acute psychiatric services for children and adolescents, along with capacity, needs, costs, and trends, and to deliver a report to the money committees by Nov. 1, 2009.
- A pilot project to implement portable Auxiliary Grants to pay for housing for certain eligible consumers was **APPROVED**. The Department of Social Services, Department of Mental Health, Mental Retardation and Substance Abuse Services, Community Services Boards, and local department of social services will carry out this pilot project. This will enable a limited number of eligible individuals to utilize their auxiliary grants in places to live other than just assisted living facilities.
- Drug Court funding **RETAINED** for eligible people (i) who have never been convicted of a violent felony as defined in Code of Virginia and who have never been convicted of a felony violation;(ii) for whom the sentencing guidelines developed by the Virginia Criminal Sentencing Commission would recommend a sentence of three years or more in facilities operated by the Department of Corrections; and (iii) whom the court determines require treatment for drug or alcohol substance abuse
- **RESTORATION** of rates to maintain current reimbursement levels at inpatient hospitals for general acute care, acute care rehabilitation, and psychiatry. The introduced budget had reduced funding by 3%.

### LEGISLATIVE CHANGES

- **HB 2460(O'Bannon)/SB 823(Cuccinelli)**: Permits persons or providers other than law enforcement to transport persons under ECO or TDO, and those who have been committed. Establishes procedures for service of ECOs and TDOs and transfer of custody from law enforcement to an alternative transportation provider. HB 2460 has already been signed by the Governor. SB 823 has not yet been signed. This bill can help to reduce stigma of mental illness and provide other benefits to people involved in the commitment process.
- **HB 2461(O'Bannon)/SB 1077(Howell)**: Permits family members to be notified of person's location and general condition under certain conditions when person is subject to civil commitment process.
- **SB 1294 (Edwards)**: authorizing the establishment of Crisis Intervention Teams (CIT) teams throughout the Commonwealth from state and federal funds appropriated for that purpose. Codifies a CIT model for Virginia.
- **HB 2459(O'Bannon)/SB 1076(Howell)**: Provides a consumer with the right to have a person of his/her choice notified of his/her condition, location or transfer, and requires the Human Rights Regulations to so provide.
- **HB 2396(Bell)/SB 1142(Whipple)**: Creates a mental health advance directive for non-end-of-life care and provides instructions for its use. Also will permit a health care agent to admit an incapacitated person, even over objection, to a mental health facility for up to 10 days if the person has authorized his/her agent to do so in an advance directive, under certain specified conditions. Will also permit a guardian to admit the person to a mental health facility for up to 10 days if the guardianship order specifically authorizes the guardian to do so after making other specified findings.
- **HB 2300(Caputo)/SB 1117(Ticer)**: Name changes of DMHMRSAS to Department of Behavioral Health and Developmental Services.
- **HB 2257(Albo)**: Permits judge or special justice to consider person's prior compliance or noncompliance with treatment when determining whether person is capable of accepting voluntary admission prior to the commitment hearing.
- **HB 2061(Hamilton)/SB 1122(Lucas)**: Establishes mandatory outpatient treatment (MOT) procedures for minors similar to those for adults, except follow-up hearings and monitoring of MOT orders shall only be done by J&DR Court judges, not special justices.

## Announcing NAMI *Basics*—a *NEW* Program!

What is NAMI *Basics*? It is NAMI's new signature education program for parents and other caregivers of children and adolescents living with mental illnesses

### What are the goals of the NAMI *Basics* program?

- To give the parent/caregiver the fundamental information necessary to be an effective caregiver.
- To help the parent/caregiver cope with the traumatic impact that mental illness has on the child living with the illness and the entire family.
- To provide tools for the parent/caregiver to use even after completing the program that will assist in making the best decisions possible for the care of the child.
- To help the parent/caregiver take the best care possible of the entire family – especially themselves.

### What does the course include?

- Introduction to the normative stages of emotional reactions of the family to the trauma of mental illness
- Insights into an empathic understanding of the subjective, lived experience of the child living with the mental illness
- Current information about Attention Deficit Disorder, Major Depression, Bipolar Disorder, Conduct Disorder, Oppositional Defiant Disorder, Anxiety Disorders, Obsessive Compulsive Disorder, Childhood Schizophrenia and Substance Abuse Disorders
- Information about the systems that are major players in the lives of children and adolescents with mental illness – the school system and the mental health system
- Exposure to personal record keeping systems that have proven to be effective for parents/caregivers in their interactions with the school and healthcare systems
- Information on planning for crisis management and relapse
- And many more topics



weekend training to learn how to effectively teach this course in their community to parents and other caregivers of children and adolescents living with mental illnesses. It is ideal for 2 people from the same NAMI affiliate/community to be trained together since the curriculum is taught by a team of two people. We hope to train 12-14 people (at no cost to the participants thanks to a grant).

Currently we are collecting names of people who may be interested in participating in the State Training. An application to be considered for the State Teacher Training will be circulated in the coming months. Individuals who are interested in being trained to teach the *Basics* curriculum **must** meet the following criteria:

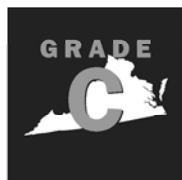
- Be the parent or other primary caregiver of an individual who began experiencing symptoms prior to the age of 13 (it is not necessary that the child have been formally diagnosed prior to 13). It is important that all individuals trained in this curriculum have lived through the experiences of having a young child with a mental illness
  - Be at a point in their life where they are familiar and comfortable with the emotional issues families face and can self-disclose about their own feelings of guilt, anger, shame, ambivalence and grief regarding their life situation.
- Be willing to participate in the intensive weekend training (date to be announced) on how to teach the curriculum
- Be willing to make the commitment to participants in the course, the co-leader and to the NAMI organization to complete the 15-hour course once it begins

*If you are interested in learning more about the State Teacher Training for NAMI Basics please contact us at [namiva@comcast.net](mailto:namiva@comcast.net) or (804) 285-8264 and we will add you to the list of people to notify as more information becomes available.*

### How to get involved?

NAMI Virginia plans to hold a State Teacher training before the end of 2009 to train individuals to teach the *Basics* curriculum. *Basics* teachers will attend the

If you would like more information about the NAMI *Basics* program, please visit [www.nami.org](http://www.nami.org) keyword "Basics".



## Virginia

In 2006, Virginia's mental health care system received a D grade. Three years later, it has moved up to a C. It took a profound, extraordinary tragedy to move Virginia forward, but concerns exist that the state may still retreat.

The state system came under intense scrutiny following the 2007 tragedy at Virginia Polytechnic Institute and State University (Virginia Tech), where 32 faculty members and students were killed by a student with a history of severe mental illness. The tragedy raised public awareness of gaps in mental health care—in Virginia and nationally.

Even before the tragedy, the state Supreme Court had organized a law reform commission to review state mental health laws. Following the tragedy, Governor Tim Kaine appointed an investigative task force that probed deeper into the failure of the system. The net result included a broadening of Virginia's commitment laws and a \$42 million increase in community health services over two years. The expectation was that community service boards (CSBs), which deliver Virginia's mental health services, would use the new money as a "down payment" for improvements. Moving into 2009, however, much of the funding was taken away as a result of the state's budget crisis.

If Virginia's mental health care system is to be strengthened, the state Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) will need sustained support from both the governor and legislature. Otherwise, it faces severe obstacles in building momentum for progress.

Virginia's strengths include a commitment to evidence-based practices (EBPs) such as Assertive Community Treatment (ACT). The state supports 18 ACT programs, which generally lead to fewer hospitalizations and fewer contacts with the criminal justice system. The state also secured a federal grant to improve treatment of individuals with co-occurring disorders. Virginia has moved in the right direction on cultural competence by establishing an office inside DMHMRSAS to address disparities in care, but still has a long way to go in planning and implementation.

Even without the state budget crisis, funding is a major problem. The state has repeatedly cut community mental health budgets in the past. The "down payment" for reform that followed the Virginia Tech tragedy was nowhere near what is needed to overcome this history of

### Innovations

- Co-occurring disorders treatment efforts
- Eighteen ACT programs and fidelity to model standards
- Down payment to increase community services

### Urgent Needs

- Expand community services, including case management and crisis services
- More housing options
- Health care coverage for uninsured persons that includes mental health care

### Consumer and Family Comments

- *"The system in place failed my sister. She was released from the hospital the day before she shot herself in the head."*
- *"Housing available for people being discharged from the hospital is horrific!! There needs to be a period of time after hospitalization for re-introduction into the community. . . My experience with case managers is that if they are aware that a family member is still involved . . . they feel it absolves them of all responsibility."*
- *"There was no counselor in the hospital any of the four times he went."*

neglect. Many of the CSBs lack comprehensive services. Some EBPs are available in only a few parts of the state. In addition, counties and cities vary greatly in the amount of funding they contribute to services, resulting in a very uneven system of care.

Lack of housing for people ready for discharge—and housing options in general—are another major problem in Virginia. Investment in a complete, community-based continuum of care needs to be a priority.

The state has failed to enact any health care reform programs to cover uninsured persons. This is a significant concern since the state Medicaid program's low eligibility levels mean that many people with serious mental illness do not have coverage.

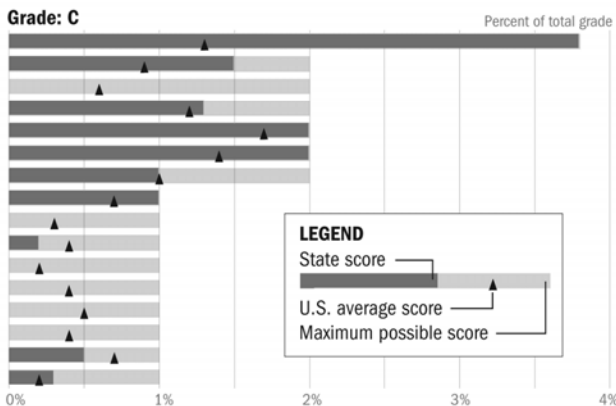
Due to the Virginia Tech tragedy, the state Supreme Court's law reform commission, the investigative task force, the governor, and the legislature are well aware of the shortcomings of the state's mental health system. The real question is whether that awareness will translate into a long-term commitment to reform, which can only come through political will and sustained investment.

**NAMI Score Card: VIRGINIA**

**Grade: C**

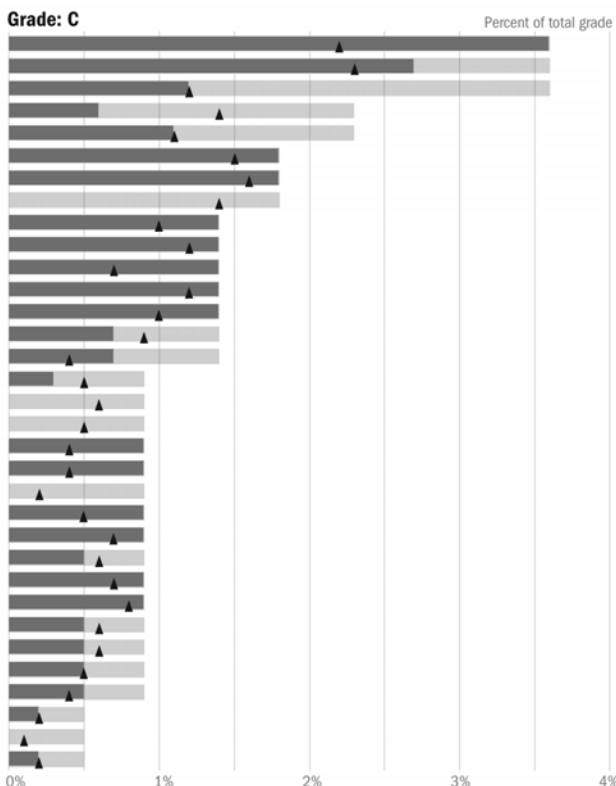
**Category I: Health Promotion & Measurement**

- Workforce Development Plan
- State Mental Health Insurance Parity Law
- Mental Health Coverage in Programs for Uninsured
- Quality of Evidence-Based Practices Data
- Quality of Race/Ethnicity Data
- Have Data on Psychiatric Beds by Setting
- Integrate Mental and Primary Health Care
- Joint Commission Hospital Accreditation
- Have Data on ER Wait-times for Admission
- Reductions in Use of Seclusion & Restraint
- Public Reporting of Seclusion & Restraint Data
- Wellness Promotion/Mortality Reduction Plan
- State Studies Cause of Death
- Performance Measure for Suicide Prevention
- Smoking Cessation Programs
- Workforce Development Plan - Diversity Components



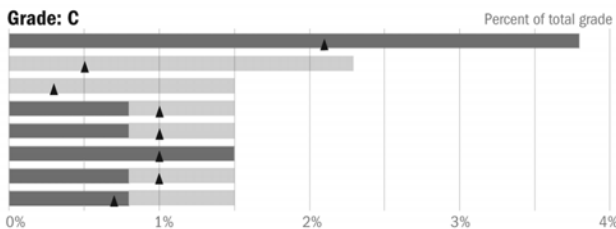
**Category II: Financing & Core Treatment/Recovery Services**

- Workforce Availability
- Inpatient Psychiatric Bed Capacity
- Cultural Competence - Overall Score
- Share of Adults with Serious Mental Illness Served
- Assertive Community Treatment (ACT) - per capita
- ACT (Medicaid pays part/all)
- Targeted Case Management (Medicaid pays)
- Medicaid Outpatient Co-pays
- Mobile Crisis Services (Medicaid pays)
- Transportation (Medicaid pays)
- Peer Specialist (Medicaid pays)
- State Pays for Benzodiazepines
- No Cap on Monthly Medicaid Prescriptions
- ACT (availability)
- Certified Clubhouse (availability)
- State Supports Co-occurring Disorders Treatment
- Illness Self Management & Recovery (Medicaid pays)
- Family Psychoeducation (Medicaid pays)
- Supported Housing (Medicaid pays part)
- Supported Employment (Medicaid pays part)
- Supported Education (Medicaid pays part)
- Language Interpretation/Translation (Medicaid pays)
- Telemedicine (Medicaid pays)
- Access to Antipsychotic Medications
- Clinically-Informed Prescriber Feedback System
- Same-Day Billing for Mental Health & Primary Care
- Supported Employment (availability)
- Integrated Dual Diagnosis Treatment (availability)
- Permanent Supported Housing (availability)
- Housing First (availability)
- Illness Self Management & Recovery (availability)
- Family Psychoeducation (availability)
- Services for National Guard Members/Families



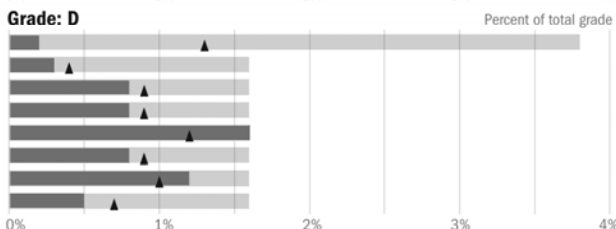
**Category III: Consumer & Family Empowerment**

- Consumer & Family Test Drive (CFTD)
- Consumer & Family Monitoring Teams
- Consumer/Family on State Pharmacy (P&T) Committee
- Consumer-Run Programs (availability)
- Promote Peer-Run Services
- State Supports Family Education Programs
- State Supports Peer Education Programs
- State Supports Provider Education Programs



**Category IV: Community Integration & Social Inclusion**

- Housing - Overall Score
- Suspend/Restore Medicaid Post-Incarceration
- Jail Diversion Programs (availability)
- Reentry Programs (availability)
- Mental Illness Public Education Efforts
- State Supports Police Crisis Intervention Teams (CIT)
- Mental Health Courts - Overall Score
- Mental Health Courts - per capita



## NAMI Fact Sheet on Federal Mental Illness Insurance Parity Law Passed in October 2008 Health Plans Must Equitably Cover Mental Illness and Substance Abuse Treatment

### ***What does the Paul Wellstone-Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (HR 6983) actually do?***

The new federal parity law requires group health plans to cover treatment for mental illness on the same terms and conditions as all other illnesses. It specifically expands on a 1996 that required parity, but only for annual and lifetime dollar limits. The new law requires parity in two particular areas:

1. Treatment Limits – Equity with respect to numerical limits on inpatient and outpatient services, barring arbitrary limits on inpatient and outpatient coverage that do not also apply to medical-surgical coverage, and
2. Financial Limitations – Equity with respect to financial limitations, barring higher cost sharing, deductibles and out-of-pocket limits that do not also apply to medical-surgical coverage. This will result in most plans doing away with separate deductibles for mental illness and substance abuse.

### ***When will the new parity law become effective?***

The effective date in the law is 1 year after enactment, which will be October 3, 2009. The law will go into effect whether or not the Departments of HHS and Labor issue regulations by that date. There is however a special rule for collective bargaining agreements stating that parity cannot go into effect until existing plan contracts expire.

### ***What mental health and substance abuse disorders are covered under parity?***

The new law defines mental health and substance abuse benefits as those that are “defined by the plan” in accordance with State and Federal law – meaning that the law defers to group health plans to define mental health and substance abuse. This is the same definition as the limited 1996 federal parity law. However, it is important to note that where state law either defines or mandates offer or coverage of specific mental illnesses or services, those definitions will continue to apply to state regulated fully insured plans.

### ***Does this new federal parity law preempt or supersede existing state parity laws?***

No. The new law contains no provision on federal preemption of state law and instead keeps in place an existing provision in federal law (known HIPAA) that specifically allows states to continue to enforce any parity requirement deemed stronger than federal law. In addition, the new law leaves in place all state mandates to offer or cover treatment for mental illness – including that require offering or covering specific mental illnesses.

### ***What types of health plans does parity apply to?***

Group health plans sponsored by employers with 51 or more employees. It will apply to fully insured group health plans regulated by the states and ERISA self-insured plans regulated by the U.S. Department of Labor. It is this latter category of ERISA self-funded plans that is the most important and far-reaching part of the new law – extending full parity to 82 million covered lives in health plans that are exempt from the 42 state parity laws.

### ***Can group health plans drop mental health benefits entirely?***

Yes – just as they have been able to under the 1996 federal parity law, many of the 42 state parity laws and the Federal Employees Health Benefits Program (FEHBP) for a decade or more. However, there is no record of group health plans reacting to a parity requirement (at the federal or state level) by dropping coverage mental health or substance abuse coverage. The Congressional Budget Office (CBO) estimates that the new law will result in employer premiums rising on 0.4% on average.

### ***Isn't there a cost increase exemption?***

Yes. The law states that health plans can seek an exemption to waive the parity requirement for 1 year if they can document that compliance with the law resulted in costs going up more than 2% for initial compliance and 1% thereafter. Health plans must come forward with an actuarial analysis demonstrating that increased costs were directly related to parity. Such an exemption is good only for 1 year, after which they plan must come back in to compliance. NAMI expects few if any health plans to either qualify for, or seek, an exemption.

NAMI Virginia State Convention—SAVE THE DATE!

# **All In One Voice**



## **NAMI Virginia Annual State Convention**

**Friday, May 29 – Saturday, May 30**

**Location: Sheraton Richmond West  
6624 West Broad St  
Richmond, VA 23230**

- ...workshops
- ...networking
- ...learning
- ...sharing
- ...connecting
- ...exhibits
- ...resource materials

Registration and schedule will be announced soon!  
Workshop proposals being accepted until April 3

SAVE THE DATE!

NAMI Virginia  
State Convention

Friday, May 29  
and  
Saturday, May 30

In Richmond

Stay tuned for ad-  
ditional informa-  
tion as it becomes  
available!



# WE ALL FIT THE PROFILE. MENTAL ILLNESS DOESN'T DISCRIMINATE.

**Fear of stigma discourages individuals and their families from seeking treatment and support.<sup>1</sup>**

Mental illnesses can affect persons of any age, race, religion, or income.<sup>2,3</sup> An estimated 22 to 23 percent of the U.S. population experiences a mental disorder in any given year.<sup>4</sup> Nearly two-thirds of all people with diagnosable mental disorders do not seek treatment, often due to fear of stigma and the resulting discrimination.<sup>1</sup>

**People should not be defined by their illness.**

At Bristol-Myers Squibb, we believe that how we treat people is as important as the therapies that treat their illness. That's why we support the effort to eliminate the stigma, discrimination, rejection and isolation of people with mental illness.

**UNDERSTANDING MENTAL ILLNESS ENCOURAGES PEOPLE TO GET THE HELP THEY NEED.**



**Bristol-Myers Squibb**  
Together we can prevail.™

1. Mental Health: A Report of the Surgeon General (1999). <http://mentalhealth.samhsa.gov/features/surgeongenerallreport/chapter1/sec1.asp>. Accessed August 27, 2008.  
2. National Alliance on Mental Illness. What is Mental Illness: Mental Illness Facts. National Alliance on Mental Illness Web site. [http://www.nami.org/PrinterTemplate.cfm?Section=About\\_Mental\\_Illness&Template=/ContentManagement/HTMLDisplay.cfm&ContentID=53157](http://www.nami.org/PrinterTemplate.cfm?Section=About_Mental_Illness&Template=/ContentManagement/HTMLDisplay.cfm&ContentID=53157). Accessed August 6, 2008.  
3. Thaindian News. Mental illness effects the MP's. Thaindian News Web site. [http://www.thaindian.com/newsportal/health/mental-illness-effects-the-mps\\_10072113.html](http://www.thaindian.com/newsportal/health/mental-illness-effects-the-mps_10072113.html). Accessed August 6, 2008.  
4. Mental Health: A Report of the Surgeon General (1999). Office of the Surgeon General. [http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec2\\_1.html](http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec2_1.html). Accessed September 26, 2008.

## National Institute of Mental Health (NIMH) Updates From the Outreach Partnership Program

The **Outreach Partnership Program** is a nationwide outreach initiative of the National Institute of Mental Health (NIMH) with support from the National Institute on Drug Abuse (NIDA) and in cooperation with the Substance Abuse and Mental Health Services Administration (SAMHSA) that enlists state and national organizations in a partnership to help close the gap between mental health research and clinical practice, inform the public about mental illnesses, and reduce the stigma and discrimination associated with mental illness. For more information on the NIMH Outreach Program please visit <http://www.nimh.nih.gov/outreach/partners/>. NAMI Virginia is the NIMH Outreach Partner in Virginia.

### **NIMH: Brain Scanning Gives Clues to How Genes Shape Behavior, Disease Risk**

In an experiment in which people viewed changing images of slot machines, inherited differences in brain chemistry predicted the magnitude of responses in the brain to the prospect and receipt of reward. The work suggests how the subtle effect of variations in individual genes can shape behavior and contribute to risk of some mental health disorders.

Science Update: <http://www.nimh.nih.gov/science-news/2009/brain-scanning-gives-clues-to-how-genes-shape-behavior-disease-risk.shtml>

### **NIMH: Getting Closer to Personalized Treatment for Teens with Treatment-resistant Depression**

Some teens with treatment-resistant depression are more likely than others to get well during a second treatment attempt of combination therapy, but various factors can hamper their recovery, according to an NIMH-funded study published online ahead of print February 4, 2009, in the *Journal of the American Academy of Child and Adolescent Psychiatry*.

Science Update: <http://www.nimh.nih.gov/science-news/2009/getting-closer-to-personalized-treatment-for-teens-with-treatment-resistant-depression.shtml>

### **NIMH: Research Shows How Chronic Stress May be Linked to Physical and Mental Ailments**

While scientists have long known that the levels of certain hormones rise in response to chronic stress, an NIMH study is the first to describe a potential fundamental mechanism for this process. Published in the February 2, 2009 issue of the *Proceedings of the National Academy of Sciences*, the findings reveal how individual cells adapt to cope with sudden or extreme stress, and how repeated exposure to stress may be related to many physical and mental illnesses.

Science Update: <http://www.nimh.nih.gov/science-news/2009/research-shows-how-chronic-stress-may-be-linked-to-physical-and-mental-ailments.shtml>

### **NIMH: Health Care Costs Much Higher for Older Adults with Depression Plus Other Medical Conditions**

Medicare participants who have diabetes or congestive heart failure as well as depression have significantly higher health care costs than their counterparts who do not have co-existing depression, according to a recent NIMH-funded analysis published online ahead of print January 16, 2009, in the *Journal of the American Geriatric Society*.

Science Update: <http://www.nimh.nih.gov/science-news/2009/health-care-costs-much-higher-for-older-adults-with-depression-plus-other-medical-conditions.shtml>

### **NIMH: Suicidal Thinking May Be Predicted Among Certain Teens with Depression**

Certain circumstances may predict suicidal thinking or behavior among teens with treatment-resistant major depression who are undergoing second-step treatment, according to an analysis of data from an NIMH-funded study. The study was published online ahead of print February 17, 2009, in the *American Journal of Psychiatry*.

Science Update: <http://www.nimh.nih.gov/science-news/2009/suicidal-thinking-may-be-predicted-among-certain-teens-with-depression.shtml>



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