Adovcate

Spring 2008

NAMI Maine—Adovocating for Healthy Minds

Special points of interest:

* Walk Updates
* TeenScreen
* Crisis Intervention
* State Budget
* Changes at NAMI Maine
* Annual Meeting
* Children & Adolescent Updates

NAMI Walks
National Alliance on Mental Illness

Thanks to so many supporters, sponsors, and volunteers, we had a very successful walk – indoors this year as the predicted weather was for "raw". This year for the first time the Maine State Legislature had a team, and several legislators were on hand to walk, including Representative Janet Mills from Farmington, Representative Seth Berry from Bowdoinham, and Speaker Glenn Cummings from Portland. Over 20 teams walked and two members from the Rumford Group Homes team *RAN* the course. Please go to the website to see photos from the walk. We MET OUR GOAL of raising $100,000 – funds that will be used to keep us open and functioning in the coming year despite the state dollars that were lost to the budget cutting process.

PLEASE HOLD THE DATE FOR NEXT YEAR – May 9th, and weigh in on a venue change. With weather so unpredictable in May, we think moving to the University of Maine site, where we can walk on the indoor track if it is cold and rainy or on the outdoor track if the weather is fair is a good idea.

Drop us an email to let us know if you think the move from the back bay to the Gorham site is a good idea or not. info@namimaine.org

The post-walk reception and open-house was held at NAMI Maine on June26th, from 3:30 to 6:00. Another BIG THANKS to our sponsors and walk teams

AWARD WINNERS LISTED INSIDE!

IMPORTANT SURVEY

Check your email for an important survey about Crisis Services in Maine! Your input will help determine the future of Crisis Services.

NAMI Maine

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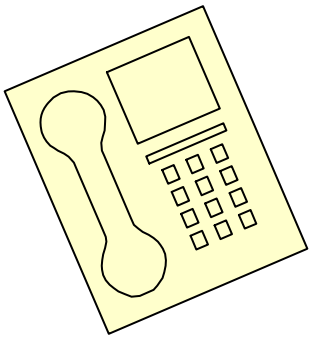
Advocating for Healthy Minds



CHANGES AT NAMI MAINE

Reduced staff. Starting in July, because of the budget cuts, NAMI Maine will have just five staff, down from a high of eight last year. This may slow us down a little in our response to you or it may mean that we have to call you back on days the office is really busy. However, our help line, support groups, and other work designed to help people with mental illness and their families cope and to advocate for quality care will continue. We have had to say goodbye to Fran Fuller, Karen Twomey, and Linda Baker, all valued and important people – Fran and Linda were with us for 8 years.

Training program changes. For over 20 years, NAMI Maine staff have delivered training state-wide to churches, schools, providers, nursing homes, law enforcement, small businesses, and anyone else who needed help understanding how to work well with people with mental illness and their families. For the past nine years, we have offered over 18 different course topics. For all of those years, these programs were funded by state dollars.

Starting in July, we will only be providing the following: Family to Family, Peer to Peer, Support Group Leadership, and CIT.

These training programs will be supported this year through private fundraising, including the walk and some State funding for the CIT program. Our goal for the future is to translate the courses that we used to offer in person to the web. Once there, they will be interactive, including videos, mini -tests on content, and a downloadable certificate of completion. The State has provided some funding for the online trainings to move forward.

The set up for this on-line effort was designed by University of Maine computer students. They set up the programming – but we need to actually put the material on line. Accomplishing this is labor intensive , and we have a labor shortage. Our hope is to have at least three courses on line and available over the next six months. For those organizations who want a training, and can afford to pay for the staff to deliver it – training will continue to be available as staffing allows.

Please accept our apologies for any inconvenience that is caused by these changes.

NIMH: Journal Highlights Effectiveness of Research Based Psychotherapies for Youth

Reviews of the current research on psychosocial and behavioral therapies, or psychotherapies, for children and adolescents found a number of "well established" and "probably efficacious" treatments for many mental disorders. For example, six were "probably efficacious" for anxiety disorders, and two were "well established" for attention deficit hyperactivity disorder (ADHD), according to scientists funded by NIMH and the National Institute on Drug Abuse. The results were published in a special issue of the Journal of Clinical Child and Adolescent Psychology, and cover the current state of research psychotherapies for children and adolescents with mental disorders. This special issue provides a 10-year update on the original special issue on psychosocial treatments, published in 1998.

Science Update: http://www.nimh.nih.gov/science-news/2008/journal-highlights-effectiveness-of-research-based-psychotherapies-for-youth.shtml

Budget Update

As you know, much of the last year was devoted to advocating against budget cuts. When all is said and done, approximately $130,0000,000 was cut from mental health spending. Many of the cuts are just now beginning to be implemented via managed care, rate restructuring, and other MaineCare changes. The almost $300,000 cut to NAMI Maine was reduced by half, thanks to the very hard work of many of our members and the strong support of many Maine legislators. You should know that your calls, letters, visits, testimony and emails made the recommendation to restore our funding unanimous by both the Health and Human Services Committee and the Appropriations Committee. It was fully supported by both Democrats and Republicans. Thank you for your advocacy; thanks to the Legislature for understanding the important role that NAMI Maine plays.

As described earlier, the $130,000 reduction will take two forms: reducing office staff from eight to five and eliminating our free state-wide training program. The Commissioner of the Department of Health and Human Services prepared a summary of the cuts – and that summary is shown below.

ITEM	CUT IN 2007	CUT IN 2008	CUT IN 2009
Managed Care and rate restructuring changes for community mental health	$33,000,000	$84,000,000	
Grant funds eliminated for NAMI, home based and other outpatient services			$5,200,000
Elimination of ICI services, cuts to children's services, reduced rates for mental health and substance abuse, elimination of day treatment, llimits on case management.			$4,376,100
Reduced spending for group homes and other residential options.			$12,300,000
Limits in access to medications for non-categorical adults on MaineCare			$10,500,000
TOTAL	**$33,000,000**	**$84,000,000**	**$32,376,100**

CIT Since January

Karen Twomey has left for an opportunity in direct care that is very close to home in York County. Bob Tiner is now the Criminal Justice Manager. Any questions about the program can be directed to him.

We have had 5 – 40 hour trainings (Kennebec, Lincoln-Sagadahoc, Cumberland, Piscataquis and Franklin) certifying over 90 new people, 1 – 8 hour CEU class and presented 1- 8 hour piece at Maine Criminal Justice Academy for 42 new police officers.

As of today we have certified close to 500 men and women in more than 70 agencies.

We expect to have 5 counties hold trainings before the end of October. They are:

Washington – July 14-21

Penobscot – September 8-12

Aroostook – September 22-26

York – October 6-10

Knox/Waldo – August 25-29

We have worked with N.H. to bring CIT there. They are interested in starting the program based on Maine's National Award Winning program.

THE POWER OF PEERS

DBSA 2008
NATIONAL CONFERENCE
NORFOLK, VIRGINIA

Tap into the "Power of Peers" this September as DBSA presents a conference of compelling educational workshops, pre- and post-conference institutes and an unprecedented lineup of renowned keynote speakers. DBSA offers a unique **peer-centered** perspective for individuals living with depression or bipolar disorder as well as for family members or health care providers looking for ways to best help their loved-ones, patients or clients by partnering with them on their path to recovery.

JOIN US: September 10-14, 2008 Norfolk, Virginia Visit WWW>NAMI>ORG for more information

Connections

NAMI Connection is a weekly recovery support group for people living with mental illness in which people learn from each others' experiences, share coping strategies, and offer each other encouragement and understanding.

Our first training for facilitators for our Connections support groups was held in May. These groups will be peer run groups for peers.

Call for more information.

It's time for the Family to Family Teachers and Peer to Peer Mentors to starting thinking about their Fall classes. To ensure that your classes are posted to the web and on our training lists, please contact the NAMI Maine office as soon as you have a date, time and place.

Thank you for all that you do to make these the two most requested trainings.

MAINECARE PROOF OF IDENTITY LAWS

Federal law now requires most people who receive MaineCare to prove they are citizens and to prove their identity. The NAMI Maine website has information about how to receive help with this. A passport, birth certificate and other documents may be needed. **If you have questions and need help – especially if you have lost your MaineCare because you didn't meet this new requirement – please let us know.**

Save The Date!

Annual Meeting!

October 4, 2008

Nami Maine's Annual Meeting will be held October 4 to kick off Mental Illness Awareness Week. This year's meeting will be hosted by Coastal Area NAMI and will include our first ever Silent Auction, program updates and more. Stay tuned for more information.

Read Any Good Books Lately?

NAMI Maine is looking for book reviews! Just call or email us with the title, author and what you thought about the book and we will include it in our newsletter!

Book Reviews: June 2008

Spark: The Revolutionary New Science of Exercise and the Brain

by John J. Ratey, M.D.

(Little, Brown and Company, 2008. 294 pages. Hardcover: $24.99)

This book is more of a scientific discussion of the mind-body connection than an exercise self-help book. The connection between exercise, optimal brain function, and physical and emotional well-being is laid out with a bounty of research and interesting facts to motivate readers.

Criminalization of Mental Illness Crisis and Opportunity for the Justice System

by Risdon Slate and W. Wesley Johnson

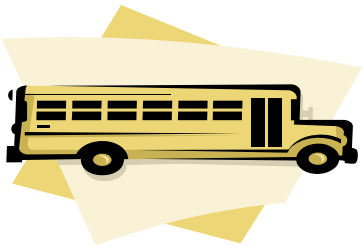
432 pp. paperback $45.00

A broad range of issues are covered in this book, co-authored by NAMI leader Risdon Slate, who is chair of the department of sociology and criminology at Florida Southern College, and who has testified before Congress for NAMI. It addresses specialized law enforcement responses, mental health courts and diversion, mental healthcare in jails and prisons, discharge planning and re-entry, as well as outpatient commitment, competency and the insanity defense. NAMI policy director Ron Honberg also contributed a chapter. Collaborative approaches to policies that are often driven by crises are discussed. It is both an excellent textbook for any course on mental health and a worthwhile source for any individual or policymaker interested in the intersection between the mental healthcare and criminal justice systems.

NAMI Maine in the schools!

NAMI Maine is increasing their presence in Maine schools to help improve the identification and referral process for children that might suffer from mental illness, or have increased risk factors for the illnesses. Two initiatives are developing around the state; the *NAMI Maine TeenScreen Program* and the *State Integration Project to Integrate Schools and Mental Health Services.*

The TeenScreen Program is a universal screening program that is intended for all students to identify risk for depression, anxiety, suicidal ideation and substance abuse disorders. The program screens all students in participating schools that have written parent consent, similar to the successful public health programs in our schools for screening for vision, hearing problems or scoliosis. Each student with consent takes a short computer based survey which immediately summarizes the results and determines whether the student is at risk for behavioral or substance abuse problems. If the student is determined “at risk”, they will be immediately connected with the appropriate resource or mental health service for their level of need. This program is presently thriving in the following schools in Maine: Lewiston High School; Edward Little High School in Auburn; Portland High School, Deering High School and Casco Bay in Portland; and Mount Desert Island High School. Each school administers the program a little differently, depending upon the school and community culture and staff available in the school or school based health center. All schools have devoted and caring staff that support this program and its success in their school system.



The State Integration Project to Integrate Schools and Mental Health Services is a grant that has been awarded to Maine’s Department of Education and Keeping Maine’s Children Connected, an initiative of the Governor’s Children’s Cabinet. The purpose of this grant is to create an understandable and seamless means of getting children help for a mental illness or substance abuse related problems. This Project will be piloted in a few local schools: SAD 61, Lake Region; Windham Schools; Wells Ogunquit CSD; and Old Orchard Beach. Local schools will be helping to develop local (school and district) protocols that work for identification and referral to help, that will in turn advise the development of statewide protocols. The project will identify the resources that are available in each area, and then ensure that there is communication between the schools to those resources to ensure the appropriate and speedy referral of students. NAMI Maine will be ensuring that families and parents of children have a voice in the development of these protocols, and that training offered to school staff and service providers includes the perspectives of family members and youth.

For more information on these initiatives and other children’s resources at NAMI Maine, please contact Carrie Horne at 1(800)464-5767.

NIMH: Maintenance Treatment Crucial for Teens' Recovery from Depression

Long-term maintenance treatment is likely to sustain improvement and prevent recurrence among adolescents with major depression, according to an NIMH-funded study published in the April 2008 issue of the *Archives of General Psychiatry*.

The study analyzed data from the Treatment of Adolescents with Depression Study, a large, NIMH-funded trial in which depressed teens were randomized to one of three treatments for 36 weeks—fluoxetine (Prozac), cognitive behavior therapy (CBT) or a combination of both.

Science Update: http://www.nimh.nih.gov/science-news/2008/maintenance-treatment-crucial-for-teens-recovery-from-depression.shtml

MTV TRUE LIFE -Schizophrenia

May 23, 2008

Amber Main, 19, of NAMI Virginia (Hampton-Newport News) recently was featured in "True Life: I Have Schizophrenia," part of the award-winning MTV documentary series that explores issues affecting young people.

The episode follows Amber's return to college one year after receiving her schizophrenia diagnosis. Two other young adults, Josh and Ben, are profiled, focusing on Josh's habit of self-medicating with marijuana and Ben's fears of relapse during a difficult time in his family.

NAMI's medical director, Ken Duckworth, M.D., answers questions on the show's internet blog. The blog also includes a bonus story profiling Sarah, a young woman returning from a psychiatric hospital and struggling to regulate her medications at home

http://www.mtv.com/overdrive/?id=1586145&vid=234632

Children, Adolescents, and Young Adults
New Reports Must Lead to Transformations

GAO Report Leads to Legislation

On June 25, the U.S. Government Accountability Office (GAO) released the report Young Adults with Serious Mental Illnesses: Some States and Federal Agencies are Taking Steps to Address Their Challenges" (GAO-08-678).

"Under the best of circumstances, the transition years from adolescence to adulthood are rarely easy. They are infinitely harder for young adults, ages 18 to 26, who live with illnesses such as schizophrenia and bipolar disorder," said NAMI executive director Michael J. Fitzpatrick. "Transitions are made even more difficult by the separation and differences that exist between the nation's child and adolescent and adult mental health care systems."

The GAO report estimates that 2.4 million young Americans living with mental illnesses fall within transition ages, but the estimate does not include young adults funneled into the criminal justice system, institutionalized or living homeless on the streets.

Legislation in Congress was introduced the same day due in part to the work of NAMI's Child & Adolescent Action Center — seeking to build a national foundation for transitions to adulthood through state planning grants.

"We need a 50-state strategy to provide life skills, education, housing, supported employment and other services that can serve as a foundation for the future of young adults in transition who live with mental illness," Fitzpatrick said.

Heat and Mental Illness

August, 2007

The mercury's rising across the country, and with the rising temperature comes increased risk of a potentially fatal illness: heat stroke.

But, did you know that mental illness and some medications used to treat mental illnesses actually increase the risk for heat stroke?

Heat stroke occurs when the body is unable to properly cool itself. Normally, the human body will regulate temperature by sweating, but heat stroke impairs the body's ability to do this. If heat stroke is not treated immediately, it can cause permanent disability and even death.

Disturbingly, individuals with mental illness may be particularly susceptible to heat stroke. Certain medications, including anti-psychotics and anti-cholinergics, are known to increase the risk for heat stroke because they inhibit the body's ability to regulate its temperature.

Additionally, people with mental illnesses who live in low-income housing without air conditioning are also at an increased risk for heat stroke. This combination can be dangerous; during a 1999 heat wave in Cincinnati, Ohio, almost half of the 18 heat-related deaths were individuals with a mental illness.

To help protect yourself or a loved one from the dangers of heat stroke, take a look at our list of do's and don'ts for the hot summer days ahead.

DO:

Educate yourself about the symptoms of heat stroke, such as:

An extremely high body temperature (above 103 degrees Fahrenheit)

Red, hot and dry skin (no sweating)

Rapid, strong pulse

Throbbing headache

Dizziness

Nausea

Confusion

Unconsciousness

Stay indoors and use air conditioning if possible. If your home does not have air conditioning, go to a place that does such as a mall or public library. Even a few hours spent in air conditioning per day can reduce the risk of heat stroke. You can also call your local health department to see if there are any heat-relief shelters nearby.

Drink more fluids and don't wait until you're thirsty to drink. Also, adjust your diet to include cold servings and foods that are rich in water, such as fruit and salad.

Wear lightweight, light-colored and loose-fitting clothing

Monitor loved ones and neighbors during a heat wave for signs of heat stroke

Immediately seek medical attention if someone shows signs and symptoms of heat stroke

DON'T:

Exercise vigorously outdoors. If you have to be outdoors, drink plenty of fluids, rest frequently in shaded areas, and limit your activity to morning and evening hours.

Drink liquids that contain caffeine, alcohol, or large amounts of sugar -- these can cause you to lose more body fluid

Depend on electric fans to cool you once the temperatures hit the high 90's. Taking a cool shower or bath or going to an air-conditioned place is a much safer way to cool off.

Leave anyone in a closed, parked vehicle

For more information about heat stroke, visit the Center for Disease Control's Web site or talk to your physician about the risks of some psychiatric medications and heat stroke.

Your 2008 NAMI Maine Walks Award Winners!

TOP Team Fundraisers

Capital Area Family Support **1st Place Award!** $ 3,520.00

Six degrees **2nd Place Award** $ 3,215.00

The Innovators **3rd Place Award** $ 3,085.00

Midcoast Hospital Honorable Mention Team Independence (Care NAMI) Honorable Mention

Spring Harbor Honorable Mention Riverview Walkers Honorable Mention

Nami York Honorable Mention Washington County Nami Honorable Mention

Fazed Walking Honorable Mention High Hopes Clubhouse Honorable Mention

TOP Individual Fund Raisers

Cheryl Ramsey **1st Place Award!** 6 Degrees

Marilyn Graham **2nd Place Award** NAMI Family York

James Gill **3rd Place Award** CAFS

Darlene Bobich Honorable Mention Fazed Walking Crew

Richard Lowe Honorable Mention NAMI Lights the Way Sanford

Maria Austin Honorable Mention Fazed Walking Crew

James Owen Honorable Mention Team Independence

Peggy Paine Honorable Mention Blues Breakers

Tammy Swasey-Ballou Honorable Mention Coastal Area NAMI

Valerie Gamache Honorable Mention MidCoast Hospital

Largest Walk Teams

NFI North **1st Place Award!**

Spring Harbor Stigma **2nd Place Award**

Team Independence **3rd Place Award**

Top On-Line Fund Raiser

Cheryl Ramsey – 6 Degrees

Cheerleader of the Year

Tammy Corson – High Hopes

Most Energetic

Kyle Page

TJ Crockett

Most Team Spirit

Riverview Walkers

Walk Volunteer of the Year

Maria Austin

Largest Affiliate Team

NAMI Family York

Most Off-Line Fund Raisers

Team Independence

BEST T-SHIRT COMPETITION!

Visit us at www.namimaine.org for the voting procedures and a link to the voting polls!!

NAMI Maine Walks 2008

Astra Zeneca

Elli Lilly

Martins Point Health

Bristol-Myers Squibb

Janssen

Maine Health

Phrma

Spring Harbor Hospital

Unisys

Anthem

EMHS

Gardiner Savings Bank

Kennebec Valley Behavioral Health

Maine Medical Center

Maine Psychiatric Association

NAMI Mid Maine

Northeast Bank

Robustelli, Rotz & Soucy CPA's

Spurwink

Volunteers of America

Acadia Hospital

Aces Design

Alternative Services

APS

Bangor Daily News

Beacon Health Strategies

Charlotte White Center

Community Care

Community Health and Counseling

Creative Imaging Group

Crisis and Counseling

CSI

Gary Ferguson DMD

Gorham Savings

Hannaford

Maine General Medical Center

Mid Coast Hospital

Motivational Services

NFI North

NORDEX Labs

North East Occupational Exchange

Penobscot County Jail

Pomerleaus of Augusta

Riverview Psychiatric Center

Rumford Group Homes

St. Mary's Hospital

Sunrise Opportunites

Sweetser

The ComDoctor.net

Waldo General Hospital

Youth Alternatives

Common Ties

Harrington Family Health Center

Irving Oil

NAMI Family York

Southern Maine Medical

Team Name

APS Healthcare
Beach Bums
Blues Breakers
Bowdoin Polar Bears
Capital Area Family Support
Coastal Area NAMI
Dignity Divas
FACT Finders
Fazed Walking Crew
Happy Feet
Lilly
Livermore Falls Church of the Nazarene
M&M's
Mid Coast Hospital/NAMI Bath Brunswick
Nami Family York
NAMI Lights the Way-Sanford
NFI North
Random Acts of Support
Rigpa Rovers
Riverview Walkers
Sara/Todd
Six Dgrees
Spring Harbor Stigma Stompers
St. Mary's Hospital
Team Independence
team MEMIC
Team Nameless
TEAM PROVIDENCE
The Beavers
The De-Escalators
The Innovators
The Legislators
Tri-County Mental Health Services Team
Volunteers of America Dream Team
Walkin' on Sunshine
Walking on Sunshine
Youth Alternatives Ingraham