



# NAMI South Dakota

National Alliance on Mental Illness

*The Official Newsletter of NAMI South Dakota*

September 2010

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## Calendar:

**September:** National Recovery Month

**Sept. 30 & Oct. 1:** Annual conference in Mitchell

**Oct. 3 to 9:** Mental Illness Awareness Week

**May 21, 2011 -** NAMI Walk

**July 6 to 9, 2011:** NAMI National Convention in Chicago

## CONTACT US!

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## Symptoms of Bipolar Disorder May Go Undiagnosed in Patients with Major Depression

From NIMH - August 16, 2010

Nearly 40 percent of people with major depression may also have subthreshold hypomania, a form of mania that does not meet current diagnostic criteria for bipolar disorder, according to a new NIMH-funded study.

### Results of the Study

The researchers found that nearly 40 % of those identified as having major depression also had symptoms of subthreshold hypomania. Compared to those with major depression alone, those with depression plus subthreshold hypomania tended to be younger at age of onset and to have had more coexisting health problems, more episodes of depression and more suicide attempts. They also found that among those with subthreshold hypomania, a family history of mania was just as common as it was among people with bipolar disorder.

### Significance

According to the researchers, the findings indicate that many adults with major depression may in fact have mild but clinically significant symptoms of bipolar disorder. In addition, because many with subthreshold hypomania had a family history of mania, the researchers suggest that subthreshold hypomania symptoms are more likely to develop bipolar disorder over time, compared to those without subthreshold hypomania, said the authors.

### What's Next

The researchers suggest that depression and mania may be defined as dimensions, rather than as discrete diagnostic categories. Clinicians should be aware that patients who report repeated episodes of subthreshold hypomania may have a risk of developing mania, the researcher concluded.

Reference: Angst J, Cui L, Swendsen J, Rothen S, Cravchik A, Kessler R, Merikangas K, Major depressive disorder with sub-threshold bipolarity in the National Comorbidity Survey Replication. American Journal of Psychiatry.

## From the Executive Director

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NAMI is the National Alliance on Mental Illness, the largest grassroots mental health organization dedicated to improving the lives of people with serious mental illness and their families. A n a t i o n w i d e organization founded in 1979, NAMI has become the nation's voice on mental illness, with affiliates in every state and in more than 1,100 local communities across the country.

NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all who are affected by these diseases.

Greetings,  
 As this issue goes to print we are nearing the start of the 23rd annual NAMI South Dakota educational conference. As I reflect on the content and presenters over the years I am struck with the dedication and depth of knowledge of the mental health providers in our state. Sometimes I think it is easy to say "We're just from South Dakota. How can we compete with people from the more densely populated states?" Let me say "I've had the privilege of listening to some of the brightest and most innovative minds in America give presentations at the NAMI SD conference". We have also been blessed to have well-respected nationally known speakers come and share their wisdom, too. If you have never taken the opportunity to attend, I invite you to join us in Mitchell on Sept. 30 and Oct. 1 to learn first-hand what I am talking about.

Besides the conference, there are many activities happening this fall. Mental Illness Awareness Week is October 3 to 9. Several local affiliates have activities planned to bring awareness about mental illness and mental health to their communities. Check with your local leaders to see what is happening and how you can join their "Voice on Mental Illness".

Rapid City and Pennington County and Sioux Falls and Minnehaha

County are moving ahead with many collaborating agencies to bring CIT and related mental health crisis services to their communities. NAMI is pleased to be a partner in these efforts to improve the services for people experiencing a mental health crisis. Not many years ago this collaborative effort would not have seemed possible. The people involved had a hard time believing the other side had any ability to see another point of view. It's fun to see the progress that can be made when everyone works together.

Election season is upon us and this is a critical year for people affected by mental illness. As state and federal budgets see shrinking revenue we need to be educated about the issues facing us, speak to those who are running for office, and then vote in the November election. The outcomes of this election will have implications for years to come.

As always, your support is very important to us. We need your support in our outreach, education and advocacy efforts and we need your financial support so we can continue being an independent voice for people living with mental illness and their families. We rely on the generosity of individuals to continue doing our good works. Please remember NAMI South Dakota and your local affiliate as you make charitable donations.

You make a difference! *Phyllis Arends*

## Message from the Consumer Council President

Greetings Everyone,

**Wanted: Volunteers who have experienced mental health issues.**

*These volunteers will speak out about mental illnesses.*

*They will let the world know:*

- *Problems with mental health is about as common as a cold and should be accepted and discussed about like people discuss a cold.*
- It is not contagious.
- Individuals who have problems can continue with a life, that is full of rewards and comfortable.

These individuals are some of the most well known (and practically unknown) members of society, who have improved the world we live in.

The volunteers will work together in an environment where the common good is the goal.

In this environment, by helping each other, they will be helping themselves.

These volunteer positions can lead to experience, in which the possibilities are limitless.

*For more information feel free to contact:*

**NAMI SD**

**PO Box 88808**

**Sioux Falls SD 57109**

**800-551-2531** [namisd@midconetwork.com](mailto:namisd@midconetwork.com)

or

**Mark Arneson**

**NAMI SD CC President**

**605-886-3511**

[markatnamisdcc@gmail.com](mailto:markatnamisdcc@gmail.com)

The NAMI Consumer Council, made up of people who have or have had a mental illness, is an advisory body to the Board of Directors.

If you are interested in being a voice in the Consumer Council you may request information by contacting me.

Mark Arneson, President

As a service to adults living with mental illness, the SD Division of Mental Health sponsors a monthly call to help consumers, whether they are NAMI members or not, remain connected with one another. The calls are an opportunity to hear what is/may be happening in the legislature, tips on recovery and wellness. To be on a call it is necessary to call Tina Manning at the Division. Her number is: 1-800-265-9684. You may also email her at: [tina.manning@state.sd.us](mailto:tina.manning@state.sd.us)

## In Our Own Voice and Connection Program Updates

Chuck Taylor, In Our Own Voice Coordinator has been working diligently with current presenters, encouraging them to hold at least one presentation per month. Any businesses, churches or civic groups interested in hosting a presentation should contact the NAMI South Dakota office at 605-271-1871 to be connected with a presenter in their area. Chuck is also exploring potential grant opportunities to support an In Our Own Voice presenter training this summer.

NAMI has changed the format of the trainings for new facilitators to two days rather than three to help control costs. The two-day trainings are held with fewer attendees. This can allow for more local trainings so attendees will be able to avoid overnight stays away from home.

Anyone interested in becoming the Connection Support Group Coordinator should contact the NAMI South Dakota office. The Coordinator must be self-directed, organized, have access to the internet, and have reliable transportation for making visits to mental health centers to recruit potential facilitators.

Connection support group facilitator trainings were held **Aug. 3 & 4** in Sioux Falls and **Aug. 23 & 24** in Rapid City with a total of 13 new facilitators ready to start new groups or take over for "retiring" facilitators

If you are interested in becoming a facilitator contact the NAMI South Dakota office to request an application.

Growth of these programs relies on the commitment of many, many volunteers. NAMI SD appreciates all you do.

## CONTRIBUTORS December 2009 – July 2010

*Contributions to NAMI South Dakota provide ongoing support for programs such as Family to Family, In Our Own Voice, and Connection as well as for outreach/education and advocacy efforts.*

**Thank You!**

Abdallah, Sen. Gene  
 Alsgaard, Dr. Hartley  
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 Wilson, Dr. Nancy  
 Wilson, Terry & Jenelle

Arends, Wayne & Phyllis in memory of Rew Hanson  
Arends, Wayne & Phyllis in memory of Penny Rudolph  
Bailey, Lois in memory of Margaret Burkhard  
Bunger, Susan & Gaylon in honor of Glen & Audrey Wintersteen  
Durso, Dr. John & Donna in memory of Jerry Leafgreen  
Finck, Mary in memory of William Hiney  
Finck, Mary in memory of Terry Heiney  
Jones, Jeff & Sheryl in memory of Jerry Clausen  
Jorenby, Kathleen E. Bak in memory of Dr. Erik Wait  
Goldhorn, Jay & Stephanie in memory of Bob Higgins  
Kracke, Lorraine in honor of Donna Yocom  
Lane, Lois in honor of my family  
Lichty, Dorothy in memory of Edward Lichty  
NAMI Rapid City in memory of Penny Rudolph

## Contributors - continued

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Reisch, Paul & Nancy in memory of Leo Tauer  
Ryden, Carole in memory of Tanner Ensenbach  
Wangsness, Barbara in memory of Nina Wangsness  
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The following donations are received in memory of Ray Heupel:

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The following donations are received in memory of Matthew Norvell:

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The following donations are received in memory of Betty Bisch:

Arends, Wayne & Phyllis  
 Corcoran, Bill & Deanna  
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Peterson, Sandra  
 Phillips, Michael  
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Every effort has been made to recognize donations to NAMI South Dakota. If an error has been made, please contact the NAMI South Dakota office so the donation can be recognized.

**Thank you for your support.**  
 Your contributions are appreciated by the thousands of South Dakotans who are served by NAMI South Dakota.

## LOCAL AFFILIATE INFORMATION

*Affiliate leaders are dedicated volunteers helping their members by providing support and education in their communities*

NAMI South Dakota has nine local affiliates. These affiliates hold monthly education and support groups.

Local affiliates also support NAMI's signature programs: Family to Family and Connection.

Information about meeting times and places can be obtained by calling the NAMI South Dakota office at 800-551-2531 or 271-1871 in the Sioux Falls area. Information is also located on the NAMI South Dakota website: [www.nami.org/sites/NAMISouthDakota](http://www.nami.org/sites/NAMISouthDakota).

**Affiliates are located in:**

**Aberdeen      Brookings**

**Huron              Northern Hills  
 (Sturgis)  
 Pierre              Rapid City  
 Sioux Falls      Watertown  
 Yankton**

**NAMI Connection Support Groups are held in:**

**Aberdeen      Custer  
 Rapid City      Huron  
 Hot Springs      Mitchell  
 Brookings      Yankton  
 Sioux Falls**

**New groups will soon be available in:**

**Belle Fourche      Chamberlain  
 Pierre              Watertown**

Local affiliates are the 'voice on mental illness' in their community. Consider volunteering with your affiliate to help them in their efforts to address the needs of individuals living with mental illness and their families.

There is also a statewide **NAMI Consumer Council**.

The Consumer Council is an advisory group to the NAMI SD board of directors. Mark Arneson is president of the Consumer Council and keeps in touch with consumers via the monthly conference call sponsored by the SD Division of Mental Health.

## Mental Illness Awareness Week Oct. 3 to 9

Mental Illness Awareness Week (MIAW) "Changing Attitudes, Changing Lives" takes place October 3-9 and is an opportunity to learn more about serious mental illnesses such as major depression, bipolar disorder and schizophrenia.

Mental illnesses are medical illnesses. One in four adults experiences a mental health problem in any given year. One in 17 lives with serious, chronic disorders. 21 percent of children will have a diagnosable mental illness that will cause at least minimal impairment in daily functioning. 10 percent of children will live with a serious emotional disturbance.

"Thousands of people in South Dakota are directly affected by mental illness," said Phyllis Arends, Executive Director of NAMI

South Dakota, an affiliate of the National Alliance on Mental Illness. "The good news is that treatment does work and recovery is possible, but only if it is available in your community."

On average, people living with serious mental illness live 25 years less than the rest of the population. One reason is that less than one-third of adults and less than one-half of children with a diagnosed illness receive treatment in a given year.

"The U.S. Surgeon General has reported that stigma is a major barrier to people seeking help when they need it," Arends said. "That's why this week is so important. We want people to understand mental illness and join a dialogue in our communities. The more people know, the bet-

ter they can help themselves or help their loved ones get the help and support they need."

Mental illness awareness week is an opportunity to engage in conversations about access to mental health care and the costs involved when care is not accessible.

When mental health care is not available, or affordable greater costs often result from lost jobs and careers, broken families, more homelessness, higher insurance costs, more welfare and much more expensive costs for hospital emergency rooms, nursing homes, schools, police and courts, jails and prisons.

Check with your local affiliate for events happening to celebrate this important week.

## Research Opportunity in Sioux Falls

### **Attention Deficit Hyperactivity Disorder in Women Study**

**Principal Investigator:** Timothy Soundy, MD

**Overview:** Fifty-five percent of children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) have at least one parent with a diagnosis of ADHD. The goal of this research study is to measure what percentage of women who suspect they have symptoms of ADHD will go on to be diagnosed with ADHD using accepted practice standards.

The study will also evaluate the

influence education on the genetics of ADHD has on a woman in her deciding to receive behavioral health treatment for ADHD.

Volunteers in this study will provide a sample of saliva, as well as complete a questionnaire and provide information on medical history.

**Inclusion Criteria:**

Women between the ages of 18 and 59

Women who either think they may have ADHD or have been previously diagnosed with

ADHD but have not received any treatment for it

**Exclusion Criteria:**

Women who have been treated for ADHD previously

Women currently experiencing suicidal ideation or who have been hospitalized within the past six months for suicidal ideation

Women who consume more than 21 units of alcohol a week (1 unit = 12 oz beer, 1.5 oz hard liquor or 5 oz wine)

**Contact:** (605) 322-3050

## NAMI Walks ...Changing Minds One Step at a Time

The 7th annual NAMI Walk in South Dakota was held on Saturday May 15th at Sertoma Park in Sioux Falls.

**NAMI South Dakota thanks this year's corporate sponsors:**

**MAJOR SPONSOR:**

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 The Insurance Connection, Oscar DeVries, CIC, LUTCF

Please keep these businesses in mind as you need services throughout the year. Thank them for their support as you do business with them.

Mark your calendars for **May 21, 2011** for the 8th annual NAMI SD walk. The walk is always held on the 3rd Saturday of May.

May is Mental Health Month and is the reason we walk, walk, walk in May.

Last, but not least, NAMI SD - - and all the people we help throughout the year - - wish to say "**THANK YOU**" to the hundreds and hundreds of walkers who raised money and came to walk. You **DO** make a difference.

Together We Can. Together We Will - - make SD a better place.

## National Research Opportunities

ClinicalTrials.gov offers up-to-date information for locating federally and privately supported clinical trials for a wide range of diseases and conditions. A clinical trial (also clinical research) is a research study in human volunteers to answer specific health questions. Interventional trials determine whether experimental treatments or new ways of using known therapies are safe and effective under controlled environments. Observational trials address health issues in large groups of people or populations in natural settings.

ClinicalTrials.gov currently contains 95,456 trials sponsored by the National Institutes of Health, other federal agencies, and private industry. Studies listed in the database are conducted in all 50 States and in 174 countries. ClinicalTrials.gov receives over 50 million page views per month.

The U.S. National Institutes of Health (NIH), through its National Library of Medicine (NLM), has developed this site in collaboration with the Food and Drug Administration (FDA), as a result of the FDA Modernization Act, which was passed into law in November 1997. See the FDA document - Guidance for Industry: Information Program on Clinical Trials for Serious or Life-Threatening Diseases and Conditions (March 2002).

## Recovery Month

**Recovery Month** is an annual observance that takes place during the month of September.

The **Recovery Month** observance highlights the societal benefits of substance abuse treatment, lauds the contributions of treatment providers and promotes the message that recovery from substance abuse in all its forms is possible. The observance also encourages citizens to take action to help expand and improve the availability of effective substance abuse treatment for those in need. Each year a new theme, or emphasis, is selected for the observance.

**Recovery Month** provides a platform to celebrate people in recovery and those who serve them. Each September, thousands of treatment programs around the country celebrate their successes and share them with their neighbors, friends, and colleagues in an effort

to educate the public about treatment, how it works, for whom, and why. Substance abuse treatment providers have made significant accomplishments, having transformed the lives of untold thousands of Americans. These successes often go unnoticed by the broader population; therefore, **Recovery Month** provides a vehicle to celebrate these successes.

**Recovery Month** also serves to educate the public on substance abuse as a national health crisis, that addiction is a treatable disease, and that recovery is possible. **Recovery Month** highlights the benefits of treatment for not only the affected individual, but for their family, friends, workplace, and society as a whole. Educating the public reduces the stigma associated with addiction and treatment. Accurate knowledge of the disease helps people to understand the importance of supporting treatment programs, those who work within the treatment field, and those in need of treatment.

### **NIMH: BIPOLAR DISORDER (ADULT) RESEARCH STUDY: RILUZOLE TO TREAT DEPRESSION IN BIPOLAR DISORDER**

Individuals diagnosed with bipolar depression or manic-depressive illness may be able to participate in an NIMH clinical trial designed to decrease symptoms and understand the causes of depression. Specifically, NIMH is testing whether riluzole (FDA approved for ALS, also known as Lou Gehrig's disease), a drug that affects glutamate in the brain, will improve symptoms of depression. NIMH is also conducting neuropsychological testing in this study. Individuals 18-70 years of age who have been diagnosed with bipolar depression may be eligible for an outpatient or inpatient clinical trial of riluzole for bipolar depression. After completion of the study, participants are transitioned back to a clinician in their community. In addition, all research participation is without cost and NIMH will cover all transportation costs from anywhere in the United States. Compensation is provided for participation in neuropsychological exams. For more information, call 1-877-MIND-NIH (1-877-646-3644) or send an email to [moodresearch@mail.nih.gov](mailto:moodresearch@mail.nih.gov).

For more information on research conducted by NIMH in Bethesda, MD click here <http://patientinfo.nimh.nih.gov>

## Some patients with bipolar disorder pray and meditate more than others

Religious beliefs and activities are a principal form of coping with depression and other life stresses for many individuals in the United States. A new study examined whether patients with bipolar disorder (BD) might use religion to cope with the stress of their illness. BD is a devastating illness characterized by wide, often severe mood fluctuations and sometimes psychosis, and can severely affect an individual's everyday functioning and physical well-being. To better understand the relationship between different forms of religious involvement and individuals suffering from BD, researchers examined churchgoing, prayer/meditation, and the influence of religious beliefs on the lives of 334 mostly male veterans with BD. Patients with BD were considered to be in manic, depressed, mixed (simultaneous combination of manic and depressed states), or euthymic (normal mood) states.

The researchers used the Duke Religious Index, a five-item scale that reports on respondent involvement in the public, private, and subjective dimensions of religious involvement. Patients in euthymic states had significantly lower self-reported rates of prayer/meditation while BD patients in mixed states had significantly higher self-reported rates of prayer/meditation than the other patients with BD.

There was no significant association between any type of religious involvement for patients with depression or mania.

The researchers suggest that prayer/meditation may be an important coping behavior for individuals with BD who are in a mixed state. On the other hand, they could not determine if prayer/meditation was a behavioral consequence of underlying psychopathology such as religious delusions. They recommend to mental health providers that if an individual suffering from BD is religious, they explore these religious activities to assess the presence of a mixed state and to determine how the religious activities may influence treatment-seeking behaviors. This study was partly funded by the Agency for Healthcare Research and Quality (HS16097).

See "The relationship between religious involvement and clinical status of patients with bipolar disorder," by Mario Cruz, M.D., Harold Alan Pincus, M.D., Deborah E. Welsh, M.Sc., and others in the 2010 *Bipolar Disorders* 12, pp. 68-76.

### **The National Day of Prayer for Mental Illness Recovery and Understanding**

Tuesday of Mental Illness Awareness Week, Oct. 5, 2010, is the day set aside as the National Day of Prayer for Mental Illness Recovery. Mental illness networks and faith leaders are urged to work together so that they may recognize and prepare for this day in a way that works best for each faith community. The prayers and actions of both faith communities and secular organizations (e.g. the National Alliance on Mental Illness, National Mental Health Association, Depression and Bipolar Support Alliance, Obsessive-Compulsive Foundation, Anxiety Disorders Association of America, etc.) are needed to restore mental wellness in America. By seeking God's guidance we can recommit ourselves to replacing misinformation, blame, fear and prejudice with truth and love in order to offer hope to all who are touched by mental illness.



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**Register**  
**TODAY!**  
**NAMI**  
**Conference**  
**Sept.**  
**30**  
**&**  
**Oct. 1**  
**Mitchell, SD**

## **“Living with Mental Illness - Hope, Health and Future”**

NAMI South Dakota’s annual conference to be held September 30 and October 1 in Mitchell promises to bring together individuals living with mental illness, their family members and mental health professionals to learn information about a variety of topics.

Come and hear NAMI’s Director of Federal Legislative Advocacy speak about NAMI’s federal legislative advocacy agenda and about how the federal healthcare initiative will impact mental health.

The SD Division of Mental Health is sponsoring a day-long workshop on Trauma Informed Care that will benefit providers of mental health services as well as individuals receiving mental health services.

You will have the opportunity to hear well-known and well-respected public figures speak

about their personal struggles with mental illness and how they overcame them. They will leave the audience with renewed hope for the future.

A variety of other topics will include sessions on SSDI, Special Needs Trusts, Dual Diagnosis, Post Partum Depression, a special panel of consumers, providers and family members discussing how working together improves everyone’s life, sex offenders and sex offender treatment; training for law enforcement officers and an update on the very interesting research project: Avera Family Wellness Project which we heard about two years ago.

We will also have available screenings of the documentaries: “*Unlisted: A Story of Schizophrenia*” and “*When Medicine Got it Wrong*”