



VOLUME 27, NUMBER 4

April 2014

NAMI Collin County, by encouraging research and by providing proven Support, Education and Advocacy Programs, will empower those living with severe Mental Illness and their Families to live life to their fullest potential.

APRIL MEETING
Thursday – April 10, 2014

Custer Road United Methodist Church – Lower Level
6601 Custer Road, Plano, TX 75023
*NAMI Connection Support 6:30 – 7:20 P.M.
* Family Support: 6:30 – 7:20 P.M.
* Meet, Greet, and Resource Sharing 6:30 – 7:20
* Meeting & Program: 7:30 – 9:00 P.M

**“Ending the Silence” presented by Karla Wintle
and Ace Winn**

Save the Date

NAMI Ending the Silence is an in-school presentation about mental health designed for high school students. Students can learn about mental illness directly from family members and individuals living with mental illness themselves.



Walking for Mental Health!

Saturday, May 10th
5K Walk

Start & Finish at Fair Park Band Shell

Honorary Chair Dallas Mayor Mike Rawlings

Registration begins at 7:00 am and the walk begins at 9:00 am

Join us in this fun walk and help raise money for NAMI Collin County

[Click Here for NAMI Dallas Walk Information](#)

You can also contact John Dornheim for more information about the walk 214-341-7133 ext.:204

The deadline for submitting news for the May Newsletter is April 17. **Anything received after the deadline may not be included.** Send your articles to news@namicco.org.



NAMI Connection

NAMI Collin County has a recovery support group for adults living with mental illness regardless of their diagnosis. Every group is offered free of charge and meets weekly for 90 minutes. All are led by trained individuals who are also in recovery - people who understand the challenges we face.

NAMI CONNECTION RECOVERY SUPPORT GROUP WILL MEET WEEKLY ON **THURSDAYS**

(EXCEPT HOLIDAYS) FROM 6:30 PM UNTIL 8:00 PM AT CUSTER ROAD UNITED METHODIST CHURCH 6601 CUSTER ROAD, PLANO TX 75023 CHURCH OFFICE ENTRANCE, SOUTH EAST SIDE **ROOM B6, LOWER LEVEL**

"I am a big believer in peer support--learning from someone who has been there is often a key to unlocking a person's engagement in treatment. Also reducing isolation and the loneliness that can accompany mental illnesses is greatly facilitated by a peer relationship." From Dr Kenneth Duckworth, MD, NAMI Medical Director.

In addition we have a Friends and Family Support Group meeting every Thursday from 6:30 to 8:00 PM at the same location, lower level **in Room B1**.

PTSD Support Group

NAMI Collin County is pleased to offer a free, Posttraumatic Stress Disorder Workshop.

Before attending, please email Nora at ntsai1999@aol.com. Tell her a little bit about yourself, your diagnoses & trauma. For more information about PTSD, visit www.nami.org

Nora's methods are support & education. The way to deal with trauma is to eventually learn skills and empowerment to purge it from one's self. The goal is to either let it go or make it go, with step by step trials, as not to overwhelm ones coping skills. At some point, Nora believes that we can get to a place where we can dismantle the traumas into smaller pieces to release it. Her hope is that each individual will eventually get to their rightful place of "Peace from Purge".

We look forward to your participation,
Nora Tsai VP NAMICCO
PTSD facilitator & Trainer
Veterans Administration Director of Outside Communications
214-289-1724
ntsai1999@aol.com
www.namicco.org
214-908-6264 / email info@namicco.org



Traumas May Have Immediate Impact on Kids' Health

By [Traci Pedersen](#) *Associate News Editor* Reviewed by John M. Grohol, Psy.D. On March 13, 2014

Children who have experienced three or more stressful events are six times more likely to suffer from a mental, physical, or learning disorder than children who have never faced a traumatic experience, and these health problems may take hold immediately, according to a University of Florida (UF) study.

Past research has indicated that children who experience traumatic events are at greater risk for having poor health as adults, but the current study shows that these negative effects may occur much sooner.

"The kids who have the highest number of adverse experiences have the highest likelihood of having multiple conditions," said Melissa Bright, Ph.D., a research coordinator for the UF Institute of Child Health Policy, or ICHP.

"It is not one poor health outcome; it is a whole slew of poor outcomes across the board."

UF researchers analyzed data from the National Survey for Child Health, which includes information on nearly 96,000 children across the United States.

The survey listed the number of adverse experiences the children faced, including parental divorce, economic hardship, exposure to domestic and neighborhood violence, poor caregiver mental health, exposure to drug abuse, and having a parent in jail. The parents also reported on any conditions their children had.

Between 11 and 24 percent of parents reported their children had been diagnosed with at least one disorder. About four percent said their children had at least one disorder from all three categories — mental, learning, and physical.

Children who had faced adverse experiences were more likely to have a disorder in every category than children who had not.

"The reason could be chronic toxic stress, which triggers changes to the child's developing neuroendocrine and immune systems," Bright said. "These changes can lead to poor regulation of the stress response and lowered ability to fight disease."

In 2012, the American Academy of Pediatrics released a policy statement endorsing increased efforts to combat the effects of toxic stress on healthy brain growth in children.

"These adverse experiences are affecting multiple domains of health simultaneously," Bright said. "We need a holistic approach to tackle this issue."

The researchers don't yet know, however, if those negative experiences caused the health conditions to occur, Bright said of the study.

"It is also possible that having a child with multiple health conditions puts serious financial and emotional strains on families, making them more susceptible to adverse experiences such as caregiver mental illness and divorce," she said. "We are currently collecting data for a new study in which we plan to examine this possibility."

Bright hopes to further investigate the neuroendocrine and immune system changes and their link to poor health outcomes during childhood.

"If we can identify these changes early on, then we can develop interventions to hopefully prevent some of these poor outcomes," she said.

Source: [University of Florida](#)



What if I AM Too Depressed To Help Myself

Even when you feel too depressed to help yourself, there are still things you can do to treat your depression. Go to www.healthyplace.com and take the first step to getting better. Even when you are significantly depressed, you have more control over your treatment than you think. If you are completely overwhelmed by the amount of information on the site or feel that you will never successfully manage the illness, you may need help from others before you can start to manage the illness on your own. Your next step can be reading all you can from the website and then deciding your next step. It's important to remember that depression makes it feel impossible to make decisions, but this is only a symptom of the illness. You can make decisions on your own, no matter what depression is making you feel. Small steps are fine.

Referral for a Lawyer or Doctor

We get lots of calls asking us for a referral for a Doctor or Lawyer. As an organization we are not allowed to make referrals.

For a doctor referral we suggest you call the UT Southwestern Medical Center at 214-648-3111 and they can refer you to a doctor that specializes in your type of problem. You can also go to The North Texas Society of Psychiatric Physicians web page at www.NTSPP.org.

For a lawyer referral we suggest you call the Plano Bar Association at 972-424-6113 or call Legal Aid of North Texas at 972-980-0472.

Also you can come to our support groups, NAMI Connection Recovery and Family Members Support that meet every Thursday (except holidays) from 6:30 to 8:00 (except on the 2nd Thursday when it ends at 7:20 for our monthly meeting) at the Custer Road United Methodist Church (south east end, lower level) to get some feedback from other people.

Are you on Medicaid, or have limited income, and need treatment for a mental health problem or substance abuse? The NorthSTAR program may be able to help. Call 1-888-800-6799 toll free.

Resources You May Find Helpful

The Counseling Center at SMU (Southern Methodist University) at Legacy, which is on Legacy in Plano, provides free counseling. You can find out more about them or reach them: <http://smu.edu/familycounseling> or calling 972-473-3456.

1. Catholic Charities also does free or sliding scale counseling. They are in Dallas, but it is on LBJ just before Forest Rd., so it isn't too far at 9461 LBJ Freeway #128, Dallas (214) 520-6590.
 2. Jewish Family Services also does free or sliding scale counseling. They are in Richardson 5402 Arapaho Road Dallas, TX 75248, (972) 437-9950.
 3. You don't have to be either Catholic or Jewish to use the services of either.
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NAMICCO March Meeting Report

At our March meeting we had Attorney Alyse Ferguson for our speaker. She said 17% of people in the criminal system have MI. If your loved one is caught in the jail system and needs help with MI, contact Ms Ferguson, attorney director for Collin County MHMC [Mental Health Managed Counsel] program. Phone 214-491-4805 or e-mail aferguson@co.collin.tx.us.



NAMI Celebrates Victory in Preserving Medicare Part D Access to Psychiatric Medications

ARLINGTON, Va., March 10, 2014 -- The National Alliance on Mental Illness (NAMI) today issued the following statement by NAMI Executive Director Mary Giliberti in response to the announcement by the U.S. Department of Health & Human Services (HHS) that it will not move forward to "finalize" proposed rule changes under Medicare Part D that would have restricted access to antidepressant and antipsychotic medications:

"Less than one full working day since the official comment period on the proposed rule ended and one day before the House of Representatives is set to vote on a bill to block the proposed changes, HHS's Centers for Medicare and Medicaid Services (CMS) has indicated that it has heard the concerns of people living with mental illness and others over the elimination of three protected drug classifications under Medicare Part D.

"In a letter to members of Congress, CMS has recognized 'the complexities of these issues and stakeholder input' and declared that it 'does not plan to finalize the proposal at this time.' The agency has promised not to advance 'some or all of the changes' in the future without first receiving additional stakeholder 'input.'

"For now, for people living with mental illness the crisis has been averted. The threat of restricted access has essentially been stopped—although we will continue to support the pending legislation currently scheduled for a vote on Tuesday, March 11, if House leaders decide to complete that process.

"We thank CMS for responding to the concerns of individuals and families affected by mental illness and both thank and congratulate the thousands of individuals who responded to NAMI's call by submitting official comments or signing NAMI's online petition in opposition to the proposed rule. NAMI will of course continue working to protect access to necessary medications in all health care programs, whether today or in the future."

Children prefer mental health care at office of pediatrician

Study finds families seek familiarity

March 24, 2014 12:15 AM

By Joe Smydo / Pittsburgh Post-Gazette

Integrated care -- the decades-old but slow-to-catch-on concept of providing mental- and physical-health care in one place -- gets a big boost today with publication of a University of Pittsburgh study in the journal *Pediatrics*.

The five-year, federally funded study found children treated for mental-health disorders at their pediatricians' offices were nearly seven times more likely to complete a program of care, with better results, than those referred to outside specialists.

Lead researcher David Kolko said the results suggest families view the pediatrician as a convenient, trusted and discreet source for effective treatment of certain behavioral disorders. "They came back to a setting where they've been for years and feel comfortable," said Mr. Kolko, a clinical psychologist and professor of psychiatry, psychology, pediatrics and clinical and translational science at Pitt's School of Medicine.



Robert Rutkowski, a pediatrician who took part in the study, said children's acceptance of mental-health care at his office makes sense because "they come to us for all sorts of other things."

Dr. Rutkowski, of Children's Community Pediatrics in Moon, South Fayette and Pine, said his practice is so pleased with the results it plans to continue offering mental-health services.

The findings didn't surprise Gregory Fritz, president-elect of the American Academy of Child and Adolescent Psychiatry, who said integrated care will be one of his leadership priorities. He said he soon will meet with representatives of the American Academy of Pediatrics -- the group publishing the Pitt study in its journal -- to plan joint initiatives on the subject.

The study focused on 321 children, 160 of whom received treatment at their pediatricians and 161 of whom were referred to regular mental-health providers. The children had attention deficit hyperactivity disorder, anxiety disorders or other behavioral disorders diagnosed by Mr. Kolko's team.

The participating pediatricians were in eight practices affiliated with Children's Hospital of Pittsburgh of UPMC. Researchers arranged for social workers to counsel the children and consult with their doctors, who prescribed any necessary medications. The patients and family members were asked to attend six to 12 consultations within six months.

Of the children assigned to receive care at their doctor's office, 99.4 percent initiated treatment and 76.6 percent completed their programs. Of those referred to specialists outside the office, 54.2 percent began treatment and 11.6 percent completed it.

While children's issues with behavior and hyperactivity generally improved regardless of where they received care, those treated in the pediatrician's office made more progress, according to caregiver and researcher assessments. Also, during the study period, parents of those treated at the pediatrician's office reported less stress than parents of children treated by other providers.

Researchers did some screening of outside providers before referring study participants to them but don't know exactly what care they provided, what patients and their families liked or didn't like about the care or whether insurance or waiting times affected participant follow-through, Mr. Kolko said.

A South Fayette mother whose son was one of those treated at pediatric practices echoed Mr. Kolko's assertion that a long-term relationship with a primary-care doctor can make all the difference.

She said her son previously refused to see a mental-health professional about his behavioral disorders but agreed to take part in the study because of rapport with his pediatrician. She said her son, now 15, made "vast improvements" during the study, and she said she liked the convenience of having his records and appointments all in one place.

"I would highly advise it as an option," she said.

Mr. Kolko said integrated care -- he had a fellowship on the topic in the 1980s -- has been slow to catch on because the physical- and mental-health care systems have developed independently.

"They don't easily merge," he said.



Yet his study comes amid growing support for the concept, partly because of a growing awareness of the symbiosis of mind and body and partly because a shortage of psychiatrists is pushing the medical community to examine other models of care for adults and children.

"I think that's the direction health care should go," said Patton V. Nickell, chairman of psychiatry for Allegheny Health Network.

In a bill aimed at overhauling parts of the mental-health system, U.S. Rep. Tim Murphy, R-Upper St. Clair, proposed grants for states that develop programs encouraging primary-care doctors to screen patients for mental-health and substance-abuse problems. Dr. Nickell noted Pittsburgh Regional Healthcare Initiative, an arm of the Jewish Healthcare Foundation, already has worked on the screening and management of psychiatric illnesses at primary-care practices.

A push for integrated care may require enhanced training for primary-care physicians.

Whitehall resident Melissa Jones said she asked a pediatrician's advice about her 2-year-old's unusual level of aggressiveness and was disappointed when the doctor told her, "You just need to get control of your daughter. It's bad behavior." Years later, Ms. Jones said, her daughter, Montana, now 10, was diagnosed with bipolar and separation anxiety disorders.

Dr. Fritz, president-elect of the child and adolescent psychiatry academy, said the profession must develop a tiered system in which primary-care doctors treat some mental-health problems, consult psychiatrists on others and refer certain cases to specialists. He said the profession also must work to break down insurance barriers to integrated care.

Read more: <http://www.post-gazette.com/news/health/2014/03/24/Children-prefer-mental-health-care-at-office-of-pediatrician/stories/201403240052#ixzz2x5JCiwkP>

Impact, Change, and Make a Difference!

Join NAMI Texas Consumer Council!

The NAMI Texas Consumer Council is looking for individuals that are willing to lead, serve, advocate, and participate. The NAMI Texas Consumer Council is looking for you!

The NAMI Texas Consumer Council is part of NAMI Texas, with a focus on the issues that affect individuals with a mental illness. As a collective we advocate, continue the fight against stigma, and we have a voice within NAMI on both the state and national levels.

We meet via conference call once a month for meetings, and once a year in person at the NAMI Texas Conference. The majority of the group interaction will be through email and the established Yahoo group.

If you or someone you know would like to participate with the NAMI Texas Consumer Council, please send an email to namitexasconsumercouncil@gmail.com. Once contact has been made, we can speak more in-depth about the requirements of service.

If there are any other questions and you would like to call, my number is [972-896-2956](tel:972-896-2956).

Thank you, Leah Thedford
NAMI Texas Consumer Council Representative to Consumer Council



NAMI Collin County

An affiliate of NAMI Texas and NAMI (The National Alliance on Mental Illness)

P. O. BOX 867264

PLANO, TX 75086-7264

(214) 908-NAMI (6264)

Email: info@namicco.org

RETURN SERVICE REQUESTED

Open Your Mind



**Mental Illnesses are
Brain Disorders
Treatment Works!!!**

NEXT MEETING IS THURSDAY APRIL 10, 2014

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ALTERNATES

Past President: Sherry Cusumano

UPCOMING Events

April 10 - Monthly Meeting

Alyse Ferguson

**“Ending the Silence” presented by Karla
Wintle and Ace Winn**

**Custer Road United Methodist Church
Lower Level**

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Next Board of Directors Mtg

TBA

**Custer Road United Methodist Church Lower
Level **Room B3****

6601 Custer Road, Plano, TX 75023

The NAMICCO Clarion is a monthly publication of NAMI Collin County

Take your medicine on time, in the prescribed manner—eat a healthy diet—mostly grains, fruits and vegetables—high fiber/low fat.

Since 1987 - Empowering People with Mental Illness and their Families to Live Better Lives!