NAMI
The Nation's Voice on Mental Illness

MULTICULTURAL ACTION CENTER NEWSLETTER

VOLUME 3, ISSUE 4

September 2005

NAMI Responds to Hurricane Katrina

In the wake of the devastation of Hurricane Katrina, thousands of people are without shelter, food, water, electricity, and other basic provisions. Those affected include our NAMI family members, state and local leaders, and most critically, people with mental illnesses, whose access to treatment and medications may have been disrupted.

In addition, mental illness symptoms are often exacerbated in times of crisis, and many individuals, even those not directly affected by the hurricane, may need assistance in identifying and accessing available resources.

NAMI has been receiving calls for information and offers of help. At this time, and with assistance from our grassroots leaders, we have created a resource center on the Web site (www.nami.org) that will include a dedicated message board, an opportunity to donate to the **NAMI Hurricane Katrina Relief Fund** and information regarding issues related to medications, housing, financial assistance and food and water.

With the assistance of concerned grassroots leaders, NAMI has prepared a resource guide to aspire to provide support to our state organizations, local affiliates, consumers, family members, and citizens affected by this terrible tragedy. Many resources are available to assist with connecting need with resource. However, NAMI recognizes that the needs of families, consumers, and friends of people living with mental illness are often unique.

Additionally, NAMI national is committed to supporting the state NAMI organizations in Louisiana, Mississippi, and Alabama by providing additional resources to their NAMI efforts. Neighboring state NAMI organizations are embracing the NAMI mission in all ways by reaching out to those most directly affected. NAMI national will strive to provide triage and coordination of these support efforts to our NAMI leadership.

The NAMI community is strong; we will stand together, and we will strive to ensure that people living with mental illness and their families are not alone.

For more information, please visit www.nami.org/hurricanekatrina.

Welcome to our newest Multicultural Coalition Partner:
CHADD
(Children and Adults with Attention Deficit/Hyperactivity Disorder)
To learn about this organization, please see page 4.

Hispanic Heritage Month: September 15-October 15, 2005

According to the latest Census information, one in eight people in the United States is of Latino origin. By 2050, the number of Latinos living in the U.S. is predicted to increase to 97 million, constituting nearly one-fourth of the population.

Unfortunately, as many studies document, Latinos face formidable barriers to receiving much needed mental health treatment and often times receive inadequate care. The need for culturally competent treatment for the Latino community has not being appropriately addressed. As a result, thousands of Latinos with mental illness and their families have to struggle against a usually biased and insensitive system.

NAMI is here to help. See page 6 for our numerous Spanish Language resources or visit www.nami.org/espanol.

New Mexico's Hispanics Involved in Transformation of Mental Health System

By Fred Sandoval, M.P.A. NAMI Board of Directors

On April 19, 2004, New Mexico Governor Bill Richardson signed a law that formed a state interagency behavioral health purchasing collaborative. This marked an ambitious and comprehensive endeavor to redesign the publicly funded behavioral health system in New Mexico. This reform of the behavioral health system being undertaken by the State of New Mexico is leading the charge in transforming the behavioral health system with the intent of developing better services, increasing access, reducing administrative costs, reducing fragmentation, and giving taxpayers value for their dollar. The new redesign is driven by greater involvement and participation by consumers and families than has ever been the case in New Mexico.

Beginning July 1, 2005, behavioral health services will be individually centered and family focused; based on principles of the individual's capacity of recovery and resiliency; delivered in a culturally competent, responsive, and respectful manner via the least restrictive means; and coordinated, accessible, accountable and of high quality. For Hispanic consumers and families this is extremely important, as Hispanic families place incredible value on the natural support offered by immediate and extended family as well as peers and neighbors.

In response to the new behavioral health redesign in New Mexico, a group of Hispanic leaders has initiated a Behavioral Health Organizing Committee that has identified the primary behavioral health needs and issues affecting New Mexico's Hispanic population. The organizing committee has identified as its first and primary goal to impact behavioral health public policy around five key policy issues. This group of Hispanic leaders is not only committed to addressing the specific behavioral health indicators and disparities affecting Hispanics, but also in strengthening and promoting the protective factors inherent and present in Hispanic families. These include, the resiliency of Hispanic families, the practice and importance of maintaining and preserving cultural traditions, extended family bonds, the value of family support, reciprocity and mutual support from *vecinos* and *compadres*, and the ensuring traditional forms of healing and spirituality.

Hispanics can take pride and leadership in changing the behavioral health delivery system by practicing the very values and beliefs of our communities. As a native Hispanic of New Mexico playing a role in such change I can say firsthand that it is better to play a role as a change agent than waiting for things to happen.

This and similar articles will be available in Spanish in NAMI's new Spanish-language newsletter!

For more information, please see page 6.

Multicultural Partner Coalition Members

Action for Mental Illness (India)

Alianza Nacional por las Enfermedades Mentales (Mexico)

Alianza Nacional de Salud Mental (Mexico)

Alianza Para la Depresión (Spain)

American Psychiatric Association

American Society of Hispanic Psychiatry

APOIAR (Brazil)

Asian Community Mental Health Services

Asociación Argentina de Ayuda a la Persona que Padece de Esquizofrenia y su Familia (APEF)

Asociación Maníaco Depresivos (Colombia)

Asociación Salvadoreña de Familiares y Amigos de Pacientes Esquizofrenicos (El Salvador)

NAMI Leader Appointed to National Advisory Council Subcommittee

Reprinted with permission from Hawai'i Adult Mental Health Division Newsletter

Ellen Awai will open up to anyone who is interested in listening. She speaks between fits of laughter about her times in and out of Hawai'i State Hospital. With a smile, she will readily talk about the pains she has experienced in her personal life due to her illness. Awai can speak of her past difficulties with such cheerfulness because they have shaped her into a strong consumer advocate.

Awai, who is a coordinator for NAMI Hawai'i, frequently testifies on behalf of consumer rights before the State Legislature. Awai now has a national audience with her appointment to the National Advisory Council Subcommittee on Consumer/Survivor Issues. The subcommittee is part of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services. SAMHSA notified Awai of the good news on June 30.

"This was what I'd been waiting for because this was one of my goals for a while," she says. "I wanted to be more involved at the national level." Although waiting for the news was agonizing (she submitted her interest in the appointment last August), Awai is excited to be broadening her role as consumer advocate.

Her new role on SAMHSA's subcommittee on consumer/survivor issues will now bring Awai to address consumer needs on a national level as a representative of Hawai'i and Pacific Islanders.

"Other people think that Hawai'i is behind the times," she says, "but actually because we are such a small community, we are a lot more advanced in [some] places." Awai says that the coalitions in the local mental health community allow for more coordination between organizations such as NAMI and the Mental Health Association in Hawai'i.

Awai, who travels to attend several national consumer conferences, says that there is very little representation of Pacific Islanders at the national level. Having recently made an intensive effort to rediscover her Japanese and Hawaiian roots, Awai believes that national representation is crucial for Hawai'i and other Pacific Islanders. As a board member with Hawai'i Disability Rights Center, a member of several AMHD committees, and many other local advocacy groups, Awai hopes to someday form a statewide consumer council to better educate consumers on national trends and issues.

"At least I'm stepping up and not going backwards," she jokes. With her liveliness and drive, it is hard to imagine Awai going in any direction but forward.

Multicultural Partner Coalition Members:

Black Psychiatrists of America

Center for Capacity Building for Minorities with Disabilities Research

Center for Psychiatric Rehabilitation (Boston University)

CHADD

Circles of Care Evaluation Technical Assistance Center

District of Columbia Department of Mental Health

Federación Columbiana Para la Salud Mental (Colombia)

Fundación Contener (Argentina)

Fundación Costarr para Personas con Ezquizofrenia (FUCOPEZ) (Paraguay)

Fundación Luz y Vida (Paraguay)

Health Watch Information and Promotion Services, Inc.

INGENIUM (Mexico)

CHADD Works to Eliminate Disparities In Care for AD/HD

By, E. Clarke Ross, D.P.A. CHADD Chief Executive Officer

CHADD (Children and Adolescents with Attention-Deficit/Hyperactivity Disorder) is a nationwide organization dedicated to serving individuals with attention-deficit/hyperactivity disorder. With 16,000 family members, 1,200 professional members, and 220 community-based chapters, CHADD works to distribute science-based information on AD/HD, provide community-based supports for individuals with AD/HD, and advocate for public policies that are helpful to persons with AD/HD and co-occurring disorders.

CHADD works to increase advocacy to build a social movement for all persons with AD/HD by becoming more involved in addressing disparities faced by persons from the African American and Hispanic/Latino communities. Following are some of CHADD's efforts at a national level to address disparities:

- All CHADD fact sheets are available on the web site in Spanish. Every issue of AT-TENTION! ® Magazine contains an article in Spanish.
- CHADD is working with the National Alliance for Hispanic Health to prepare materials about AD/HD and the rights of children and families under the Individuals with Disabilities Act.
- CHADD employs a Spanish-speaking information specialist.
- CHADD is working with the National Medical Association's Section on Psychiatry and Behavioral Health to develop a consensus statement on the assessment and treatment of AD/HD. At its July 2005 annual meeting, the NMA House of Delegates passed a resolution recommended by its Section on Psychiatry and Behavioral Science endorsing the legitimacy of AD/HD as a childhood mental disorder.
- CHADD finances forums at the NMA annual conference and has exhibited at annual conferences of the National Urban League.
- CHADD has co-hosted briefings on AD/HD with the Congressional Black Caucus and the Congressional Hispanic Caucus for the United States Congress.

CHADD's efforts have also spanned communities across the United States:

- In Detroit, CHADD is financing a public education forum with Black Psychiatrists of America and has financed public education forums targeted to the African American community in Atlanta, Baltimore, Chicago, Denver, Detroit, New Orleans, and New York City.
- Similar community forums have been conducted for the Hispanic/Latino communities in Nassau County, New York; Phoenix, and Tampa Bay.

CHADD is now moving beyond organizing community forums and attempting to strengthen community collaborations and coalitions and establish support groups. CHADD is committed to help build a social movement for persons with AD/HD in order to better meet the needs of all people living with AD/HD.

For more information, please visit www.chadd.org

Multicultural Partner Coalition Members

International Association of Psychological Rehabilitation Services

Latino Behavioral Health Institute

Malaysian Mental Health Association (Malaysia)

Massachusetts Mental Health Services Program for Youth

NAMI India

National Asian American Pacific Islander Mental Health Association

National Council of La Raza

National Latino Behavioral Health Association

National Medical Association

National Organization of People of Color Against Suicide

National Youth Advocacy Coalition

New Jersey Asian Association for Human Services, Inc.

National Depression Survey Reveals Gap in Awareness of Treatment Goals

Results of a new national survey reveal a disparity between what people with depression say they know about their illness and how they manage it. Although 91 percent of those surveyed say it is very important to take their antidepressant medication exactly as prescribed, at some point approximately 40 percent stopped taking their medication without the advice of their health care professional because they personally believed they were no longer experiencing symptoms of depression. These insights come from an online survey of 1,086 people with depression sponsored by NAMI and funded by Wyeth Pharmaceuticals.

"These findings are of great concern because people who prematurely discontinue antidepressant therapy are much more likely to experience another episode," said Ken Duckworth, M.D., medical director of NAMI. People with depression who are well informed about the illness stand a much better chance of achieving the treatment goals of having little or no symptoms. Yet the results of this survey suggest that there are gaps in awareness among people with depression about their illness and treatment goals.

Following are some major findings from the survey:

- **People with depression need more information about the illness**
  - Only 53 percent of respondents say they are well informed about depression and the prescription medications that are available to treat the condition.
  - Only 22 percent of those surveyed have ever been told that it is possible to achieve a state of having little or no symptoms of depression.
  - Less than 25 percent of survey respondents are aware of the difference between a partial and full response to medication.

- **There is a need for enhanced patient/physician communication**
  - Approximately 70 percent of respondents report that they initiated the conversation with their health care provider about the symptoms of depression they were experiencing.
  - Approximately 40 percent of respondents stopped taking their medication at some point without the advice of their health care professional because they personally believed they were no longer experiencing symptoms of depression.
  - While the majority of respondents report that they have experienced six or more episodes of depression in their lifetime, only 34 percent of people with depression have ever discussed their risk of relapse with their physician.

- **Access to a variety of treatment options is critical for people with depression**
  - Only 25 percent of survey respondents receive talk therapy or counseling.

For more information, visit www.nami.org

Multicultural Partner Coalition Members

New Jersey Mental Health Institute

New Vision Consumer Services

Richmond Fellowship (New Zealand)

Samaritans Nepal

Self Reliance Foundation

Student National Medical Association

The Alliance for the Mentally Ill of R.O.C (Taiwan)

Thessalian Association of Mental Health-Care - Rehabilitation (Greece)

South African Anxiety and Depression Group

West Virgina Substance Abuse Coalition

Voz Pro Salud Mental (Mexico)

Zenkaren (Japan)

Upcoming Mental Health Diversity Events

NAMI Spanish-language Newsletter

NAMI is pleased to announce its upcoming Spanish-language newsletter! This newsletter will not only serve as a means of communication between NAMI and its Spanish-speaking members; it will also be an outreach tool for NAMI affiliates to their local Latino community. This quarterly publication will feature news from NAMI states and affiliates, research and policy updates specific to Latino issues, educational resources, personals stories and more.

The newsletter is free of charge for all NAMI state and affiliate offices. Postage payment is required for orders over 10 copies. An electronic version of the publication will also be available on the NAMI Web site. To request copies, or to sign up for the electronic version, please contact the NAMI Multicultural Action Center at MACenter@nami.org

Assessment and Prevention of Suicide Among Asian Americans

October 21-22, 2005; New York City. A national conference sponsored by the New York Coalition for Asian American Mental Health and the National Asian American Pacific Islander Mental Health Association. The conference's objectives are to:

- Increase the awareness of the scope of suicide and depression within the AAPI community;
- Strengthen the voice of consumer and family members;
- Improve the quality of care for AAPIs; and
- Increase the comfort level of clinicians working with suicidal and depressed clients

For more information, visit www.naapimha.org

Updated Spanish Resources Now Available

All of NAMI's fact sheets about mental illness in Spanish have been revised for current treatment options and information. Fact sheets are free of charge and available for distribution in your community.

All fact sheets are available online at www.nami.org/espanol. To request copies, please email info@nami.org or call 1-800-950-NAMI(6264).

ADS Center Conference Call

On October 11, the Center to Address Stigma and Discrimination (ADS Center) will sponsor a toll-free conference call, "Changing Minds and Inspiring Hope: Media Strategies for Reducing Stigma in Spanish-Speaking Communities."

For more information about the teleconference training, or to register, please visit www.stopstigma.samhsa.gov

Break the Silence: Healing the Community

October 28, 2005 at 8:30AM-2:30PM, Ben Hill United Methodist Church, Atlanta, GA. NOPCAS presents this conference in collaboration with NAMI Atlanta and The Ben Hill United Methodist Church. This one day event will feature experts in the field of depression and suicide. It is open to the public. For more information, please contact www.nopcas.com