



Crisis Intervention Training

Agnes McFarlane, NAMI Board Member

Thursday, June 14, 2007, 7:30 P.M.

Please join us for an overview of NAMI of Bucks County's efforts to bring Crisis Intervention Team (CIT) Training to our county. Information will be presented on how police can be trained to respond to individuals with mental illness who are in crisis. Officers will learn to recognize signs of mental illness and will acquire skills to help de-escalate crisis situations. Law-enforcement officers have become front-line mental health workers by default and therefore need special training to deal effectively with these situations to minimize poor outcomes, including injury -- or worse. The goal is to assist in helping those who need treatment to find it, rather than to arrest and incarcerate them.

Learn how effective this program can be and what the barriers to implementing it in Bucks County might be. A short video will be shown of actual scenes of crisis intervention team officers in action.

**Doylestown Hospital
Conference Room "A",
595 State Street, Doylestown, PA
Call 1-866-399-NAMI (6264) for further information**

NAMI of Bucks County seeks to improve the lives of the more than 50,000 citizens in the County who either suffer directly from mental illness or, as family members and caretakers, share the burden of these devastating brain disorders. Our mission is accomplished by providing opportunities for family members, friends and persons with mental illness to join in support, education and advocacy.

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Crisis Intervention Team Training in Cambria and Somerset Counties, PA

Agnes McFarlane

During the week of April 16th, 2007 twenty-eight law enforcement officers from 16 police departments, the sheriff's office and school security completed a 40-hour crisis intervention training in Johnstown, PA. "The program is the first in Pennsylvania that adheres to the Memphis, TN Police Department's Crisis Intervention Team model" said Wendy Stewart, Executive Director of NAMI PA Cambria County, PA. "The Memphis team, created in 1988, established a standard of excellence and drew national recognition as a model in crisis intervention for police", Stewart said.

Some of the trainees were from small police departments consisting of only a few officers. All officers elected to take the program—some on their own time. Police chiefs made whatever arrangements necessary to allow these officers to participate, since they saw it as a worthwhile investment of time.

Presenters volunteered their time to lecture on illnesses, medications, legal concerns, resources available, et. al. The officers met with and exchanged viewpoints with individuals with mental illness. There was also a meeting with veterans.

The officers used the skills they learned earlier in the week to de-escalate situations presented in scenarios taken from their actual experiences. Those taking the training approached the various situations with great sensitivity. It was evident that they were taking the training very seriously and valued the information that they could put to use in future difficult encounters. The goal is to de-escalate to resolution instead of arrest and incarceration.

The training was based on the Memphis model of Crisis Intervention Team Training. Cambria and Somerset counties are a good deal more rural than Bucks. Contrary to some opinion, the Memphis model can be applied and work as well in multi-jurisdictional units as in larger cities. It has been working in the New River Valley of VA for several years. That area covers several rural counties. They simply send one or more officers from each jurisdiction.

Several officers, officials, NAMI members and others from Cambria County have offered to be available to us in our efforts to bring CIT to Bucks County. They welcomed our attendance at the trainings. We were presented with an honorary CIT pin which officers will wear to identify themselves as members of the team.



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**NAMI Bucks County
Newsletter**

Letters, News Articles, and
Announcements are welcome --
Deadline for articles for our Fall,
2007 issue is August 20, 2007 --
Send to above address or by e-mail
to info@namibucks.org

Announcements

NAMI of Bucks County now part of United Way Donor Choice Program

Donors can now designate a gift to NAMI of Bucks County via a Donor Choice during United Way's Annual Campaign. Our organization code is #16180 and is only valid for the United Way of Southeastern Pennsylvania.

Designate NAMI Bucks to Receive Donations through EBAY Giving Works

Sellers on EBAY can now designate all or a portion of the proceeds from an EBAY sale to benefit NAMI of Bucks County. When listing your item, Go to the [Sell Your Item form](#) on EBAY. In the "Pictures & Details" section, click the "Add" link in the area titled "Donate percentage of sale." Choose your organization "NAMI of PA, Bucks County Chapter" to receive the proceeds or a portion of the proceeds.

Bucks County COMPEER

Bucks County COMPEER is seeking volunteers throughout the county to be a friend to people in mental health recovery . It takes just four hours a month to make a difference in someone's life and give one of the greatest gifts a person can receive...FRIENDSHIP. To find out more about volunteering, please contact Julie Pulvers @ 215.785.2825.

Renew your Membership or Make a Donation to NAMI of Bucks County Online

You can now become a new member, renew your current membership and/or make a donation to NAMI right online using your own bank account or a credit card through a secure server at *PayPal*®. Visit our website at www.namibucks.org for details.

NOTE: Since renewals are handled on a quarterly basis, you will be notified when your current membership is due to expire. Please do not renew your membership until you receive notice. If paying by check, we would appreciate if you would note in the memo section of your check whether it is a donation, membership renewal or both. We appreciate your help.

Bucks County Caring Neighbor Sponsored by Lenape Valley Foundation

All people have dreams, Some dream of money, Some dream of power, Some dream of fame and fortune, However, the biggest dream for many is friendship! You can make that dream come true! You can make a difference today in the life of an individual with mental illness. Please help brighten someone's life today. Please call 215-957-2204 for information.

Thank You for Your Contribution

We want to thank the following who have been so generous:

<u>\$1 to \$25</u>	<u>\$26 to \$50</u>	<u>\$51 to \$100</u>
Charlotte & Stanley Shultz Dennie & Carol Baker	Kathy & Lou Coppens	Marge Green

Your continuing contributions are important in sustaining our advocacy. NAMI welcomes and appreciates any amount that people can afford. Keep in mind when making your donation that many companies will match employee gifts. If you have not already contributed, please do so by sending your tax deductible donation to: NAMI of Bucks County, P.O. Box 355, Warrington, PA 18976-0355

Give us your Poems, Stories, Anecdotes, Articles

We'd like to include your poems, personal stories, anecdotes and articles in the Chapter Newsletter. Send them to: NAMI of Bucks County, P.O. Box 355, Warrington, PA 18976-0355 or send by e-mail to info@namibucks.org

Life With Schizophrenia

Written by Emily P., 16 years old

When I was in kindergarten, I was walking along the side of the street when my friend, Odis showed up and like most friends, we began talking; when all of a sudden he started yelling for me to run and go home. "Why" I asked. "Because a car is going to hit you!" he yelled. I spun around to see a car racing towards me. "Run" he yelled again. So I ran towards home. The car kept riding after me until I was safely inside my house.

That night I went upstairs to go and get a bath to calm my nerves, but as I emerge into the bathroom, my nerves already shot, I stood there gazing into the bath tub to see a blob within it. Startled and scared I stood there unable to move. When all of a sudden there comes a "quack" from in the toilet. I spun around to see a duck within it, but this was unlike any duck I had ever seen before. It was missing one of its eyes and blood was gushing from its' body. This was enough for me to run down to the bottom of the stairs crying and screaming. There at the bottom of the stairs I stay crying and rocking back and forth. My mom came, trying to sooth me with gentle words while asking me what happened. But all I could get out of my mouth were mumbles.

Sooner or later I was calm, and my mother took me up to the tubby and sprayed the "Anti-Monster Spray" to get rid of the bloody duck so that I could get a bath in peace. After tub time my mom took me to bed but before she could tuck me in and say goodnight I told her to get the booby traps and the monster spray. As she did I yelled "hurry" Then she came in and set my room so that I could sleep. As I fell into dream world I had to emerge from it, the night came as quickly as it left.

I got out of bed and walked down stairs for breakfast. I remember my mom telling me about her eyes that hid beneath her hair so I yelled "don't look at me". My mother spun around to see me cuddled up in a ball, hidden from the view of her eyes on the back of her head. She dashed up to me and said "No, no Emily, the saying, I have eyes in the back of my head is sarcasm" I just shook my head; not believing a word she said for I seen the eyes. My mom left the room and I got up off the floor. I walked up to my mom and checked the back of her head to see if the eyes had gone and so they had. This made me feel a little better but knowing of their existence still bothered me. So I went to play with my Barbies.

It was very enjoyable while I sat there playing and as it grew dark and night rolled around I went to see the midnight sky. When outside I saw it. The angel I was waiting to see. The light was so dazzling that you could not help but look. When all of a sudden the light disappeared and darkness over powered it. I ran back into the housed scared of what might happen next. When I went into the house I ran to my room and fell asleep.

When I was in the second grade I was put into the Horsham Clinic. I felt scared of what would happen to me. My dad drove me while I screamed and threw fits. When we arrived and walked inside I looked around the room on which we were in. It was big and full of chairs but in the corner lay a toy box full of toys! When my dad was done signing papers he took me over to the chairs. We sat there waiting for someone. When a nice lady came up to us and she told us her name and asked for ours. I told her my name after my dad told his. She showed me a room and said that I would be staying there. Then I felt a tear run down my cheek realizing that

my daddy was giving me away to a new home. I began to scream pleading "don't let them take me away DON'T" and with my dads soothing words he calmed me just enough so that he could talk. "You wont be here for long" he said in a calm voice "yes, these people are here to help". I nodded believing his words, but that all changed.

A week in Horsham: No body's showing up. I thought in my head. It felt longer than a week. I sat there on my uncomfortable bed and stared blankly into the air wondering why my mother or father didn't come yet.

I kept wondering why, why they had not come. I grew scared thinking of it; thinking they had abandoned me. I stared only to hear the door open, "Emily" said a voice "you have a visitor" . I looked up to see my father standing there as my spirit cheered up. In his hand were bags full of gifts but most of all I was happy to see him. He entered and I ran up and hugged him. Both sad and happy, sad because I knew in my heart that he could not stay and happy because he was here.

Two months: I am going home it scares me even to this day to know that for most of my life I lived a lie. Everything all these events I have told you were just figments of my imagination. But at the same time relief overpowered me. I'm free I thought as I went home.

To this day; I am doing quite well considering my past, I am now aiming for a lot. I'm hoping on getting a job at A.C. Moore and to this day I'm still holding on strong and with every fiber in my body, I will keep holding till the day I die. I'm now 16 years of age even though things look down for me at times I know I came this far and that its not over yet.



The NAMIWALKs for the Mind of America will be held in Harrisburg on September 15, 2007. Bucks County's Team "Bucks for Brains" has participated in this walk in previous years and will do so again this year. We hope to again have a bus to take our

group to the Walk. Space is limited so reservations are required. NAMI Walks is a nationwide fundraising and mental health awareness program that will be held in 60 communities around the country in 2007. It is expected that these WALKs will raise well over 4

million dollars for NAMI and the mental health services it provides to thousands of families here in Pennsylvania and across the country. If you are interested in volunteering to work on the Walks Committee, please call Debbie at 1-866-399-NAMI.

NAMI Bucks Consumer Council

The purpose of the NAMI Bucks Consumer Council is to encourage people with mental illness's to get together and learn about all the ways that we can give back to the NAMI

community and the Bucks County community. It is a way to use our voices as people that are living well with mental illnesses. The June meeting will feature speakers representing the different

committees within the NAMI chapter. Please come join us on the first Tuesday of the month at 7:00 P.M. at the BC-CST office in Warminster. Our next meeting is Tuesday, June 5, 2007

Fall Education Classes Forming Now

Peer-to-Peer Education Class

Our Peer-to-Peer Education program will be offered again in Upper, Central, and Lower Bucks beginning in September. Peer-to-Peer is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery. Peer-to-Peer consists of nine 2-hour units and is taught by teams of three peer teachers, or *mentors* who are personally experienced at living well

with mental illness. Participants come away from the course with a binder of hand-out materials, as well as many other tangible resources: an advanced directive; a "relapse prevention plan" to help identify tell-tale feelings, thoughts, behavior or events that may warn of impending relapse and to organize for intervention; mindfulness exercises to help focus and calm thinking; and survival skills for working with providers and the general public. Each

class contains a combination of lecture and interactive exercise material and closes with Mindfulness Practice (techniques offered to develop and expand awareness). Each class builds on the one before: attendance each week, therefore, is required. If you are interested in taking the Peer-to-Peer Recovery Course, please call 1-866-399-NAMI to register. **REGISTRATION IS REQUIRED** Class size is limited and fill up quickly.

Family to Family Education Class

NAMI Bucks County will be offering Family to Family Education Classes beginning in September at both Doylestown and Frankford Hospitals.

The NAMI Family-to-Family Education Program is a free 12-week course for family caregivers of individuals with severe brain disorders (mental illnesses). The course is taught by trained family

members. All instruction and course materials are free for class participants.

The Family-to-Family curriculum focuses on schizophrenia, bipolar disorder (manic depression), clinical depression, panic disorder and obsessive-compulsive disorder (OCD). The course discusses the clinical treatment of these illnesses and teaches

the knowledge and skills that family members need to cope more effectively.

If you are interesting in taking the Family to Family Education Class, please call 1-866-399-NAMI to register. **REGISTRATION IS REQUIRED** Class size is limited and fill up quickly.

Weekly Podcast Explores Depression

NAMI Advocate E-News

On April 26, a new weekly Internet audio-cast titled, "The Down & Up Show", premiered. Each weekly episode features top-level guests discussing the latest medical research, current policy issues, news and events, and personal

perspectives from people who have faced and overcome depression. Episodes to date have featured discussions about depression myths, depression on campus and in the military, and depression within families. New episodes, plus an audio archive, are

available at DepressionIsReal.org and the iTunes store. "The Down & Up Show" is sponsored by the seven member organizations of the Depression Is Real Coalition, including NAMI

Stigma Busters

NAMI National Website

How To Deal With Local Stigma

NAMI StigmaBusters are dedicated to the elimination of ignorance, prejudice and discrimination against people with mental illnesses— by changing public attitudes from fear, rejection, and isolation to community understanding, acceptance, and support.

Local StigmaBusting involves NAMI State Org and affiliates contacting local news media (newspapers, TV, radio), legislators, business and professional leaders, neighbors and social acquaintances with information that improves their understanding of mental illness.

Protest Stigma Perpetuated In Local Media

NAMI State Org. and local NAMI affiliates need to contact the publisher, editor, writer, radio station manager and/or sponsors by letter, telephone, fax, and/or e-mail. Inform them how an article, TV or radio show, or advertisement is factually incorrect and/or offends, hurts, demeans, or humiliates a person with a mental illness. Include appropriate fact sheets available from NAMI'S HELPLINE (1-800-950-6264) or Web site (www.nami.org).

Protest Advertising Or Commercial Products

Protest offensive advertising or commercial products (e.g., T-shirts) found in local stores. Contact company presidents (manufacturer and retail) and local store managers. Ask other local NAMI members and friends to do so as well. Businesses do not want to lose local customers and sometimes respond positively to only a few letters or calls. For retail chains, call the store manager and also ask for the name and contact

information of the *regional* manager and/or advertising director.

Praise Accurate Media Presentations

When you see editorials, articles, TV shows or movies that contribute to accurate understandings of mental illness (e.g., "A BEAUTIFUL MIND") send a message of appreciation and support to the editor, reporter, station manager or producer. Write letters to editors confirming the authenticity of positive representations and relate them to personal experience.

Outreach Is The Key To Eliminating Stigma

Contact civic groups and associations. Find out when they meet and ask to present a program about mental illness. Tell your personal story and/or ask your local NAMI affiliate to provide a consumer speaker through NAMI's "In Our Own Voice" program. Include a local psychiatrist. Bring fact sheets to distribute. Key target groups include: city councils, county boards of supervisors, boards of education, chambers of commerce, bar associations, Rotary Clubs or similar organizations, PTAs, the League of Women Voters, the counseling or disability offices at colleges and universities, and religious communities.

Combat "NIMBYISM" (Not In My Back Yard)

Decent affordable housing for people with mental illness requires active public support. Join your Homeowners or Neighborhood Association to help educate members. Encourage NAMI members and friends in other neighborhoods to do the same. Attend Building and Safety Planning Commission Hearings to support permits for small group homes, apartments for individuals with mental

illness, or other facilities. Numbers always count. The more people who support a plan, the better the chances of success. Bring friends and family members to hearings.

Employment Opportunities

Visit Human Resources Directors at local companies. Provide NAMI literature and lists of local support groups for Employee Assistance Programs (EAP). Offer to provide workshops about basic mental illnesses and symptoms, how to seek treatment, and how co-workers can be supportive. Arrange for consumers to tell personal stories about employment and recovery. From entry level to senior positions, help build informal referral networks for consumers by building personal contacts with local businesses. Educate both employers and consumers that mental illnesses need not be discussed in job interviews—but if necessary, once consumers are hired and an employer is informed, reasonable accommodations should be made to help manage their illnesses. Sometimes that can be as simple as occasionally allowing flexible hours. Acknowledge the importance of a supportive work environment that encourages communication and trust between supervisors and employees. Highlight success stories. Honor both employers and consumer employees. Keep in mind: An important way to make stigma disappear is to talk openly, whenever it's appropriate, about mental illness and how it has impacted you or your family, just as we do about other devastating illnesses like cancer, diabetes, Parkinson's, or Alzheimer's. Join NAMI StigmaBusters at www.nami.org/Stigma

What is Borderline Personality Disorder

Borderline Personality Disorder Resource Center Website

By Ann Appelbaum, M.D. and Frank Yeomans, M.D., Ph.D.

The symptoms of people with borderline personality disorder (BPD) are similar to those for which most people seek psychiatric help: depression, mood swings, the use and abuse of drugs and alcohol as a means of trying to feel better; obsessions, phobias, feelings of emptiness and loneliness, inability to tolerate being alone, problems about eating.

But, in addition, individuals with BPD show great difficulties in controlling ragefulness; they are unusually impulsive, they fall in and out of love suddenly; they tend to idealize other people and then abruptly despise them. A consequence of all this is that they typically look for help from a therapist and then suddenly quit in terrible disappointment and anger.

Underneath all these symptoms, therapists began to see in the borderline condition an inability to tolerate the levels of anxiety, frustration, rejection and loss that most people are able to put up with, an inability to soothe and comfort themselves when they become upset, and an inability to control the impulses toward the expression, through action, of love and hate that most people are able to hold in check.

And, furthermore, what most defines BPD is great difficulty in holding on to a stable, consistent sense of one's self: "Who am I?" these people ask. "My life is in chaos; sometimes I feel like I can do anything - other times I want to die because I feel so incompetent, helpless and loathsome. I'm a lot of different people instead of being just one person."

The one word that best characterizes the borderline condition is "instability." Their emotions are unstable, fluctuating wildly for no discernible reason. Their thinking is unstable - rational and clear at times, quite psychotic at other times. Their behavior is unstable - often with periods of excellent conduct, high efficiency and trustworthiness alternating with outbreaks of babyishness, suddenly quitting a job, withdrawing into isolation, failing. Their self control is unstable - ranging from the extreme self denial of anorexia to being at the mercy of impulses. And their relationships are unstable. They may sacrifice themselves for others, only to reach their limit suddenly and fly into rageful reproaches, or they may curry favor with obedient submission only to rebel, out of the blue, in a tantrum. Associated with this instability is terrible anxiety, guilt and self-loathing for which relief is sought at any cost - medicine, drugs, alcohol, overeating, suicide.

Sadly, oddly, self mutilation is discovered by many individuals with BPD to provide faster relief than anything else - cutting or burning themselves stops the anxiety temporarily.

The effect upon others of all this trouble is profound: family members never know what to expect from their volatile child, siblings, or spouse, except they know they can expect trouble: suicide threats and attempts, self-inflicted injuries, outbursts of rage and recrimination, impulsive marriages, divorces, pregnancies and abortions; repeated starting and stopping of jobs and school careers, and a pervasive sense, on the part of the family, of being unable to help.

Sometimes, severe and chronic chaos in the family life plays an important role, but one has to differentiate the objective behavior of the family from the subjective experience of the individual with BPD.

And, of course, the effect of the illness upon the life of individual suffering from this condition is equally profound: jobs are lost, successes are spoiled, relationships shattered, families alienated. The end result is all too often the failure of a promising life or a tragic suicide.

PARENTING WITH A MENTAL ILLNESS: PROGRAMS AND RESOURCES GUIDE

Introducing A New Resource From The Upenn Collaborative On Community Integration

Parents with a psychiatric disability experience the same challenges that all parents face, but are confronted with additional barriers such as discrimination and stigma, problems related to their symptoms, lack of parenting skills, or lack of environmental and social supports. Further, these parents are at a greater risk of losing their children.

Did you know...?

Research has shown that mothers with a serious mental illness were almost **three times** more likely than mothers without a

serious mental illness to have been involved in the child welfare system or to have lost custody of their children ¹. There is clearly a need for programs specifically tailored to the unique needs of parents diagnosed with mental illnesses. Unfortunately, most programs for parents are not well known because they have been developed on a small, local scale with limited funding. This Guide was developed by the UPenn Collaborative as a comprehensive resource to help parents, providers, and advocates find information about possible programs in their area; it will be continually updated as more programs

are identified. We also hope it will be a useful source of information for administrators and providers who are beginning their own initiatives to support these parents.

Please click the following link for a downloadable copy of the [Parenting with a Mental Illness: Programs and Resources Guide](#) or call 215-746-6713.

1. Park, J.M., Solomon, P., Mandell, D.S. (2006). Involvement in the Child Welfare System Among Mothers with Serious Mental Illness. *Psychiatric Services*, 57, 493-497.

Book Review

Crazy in America: The Hidden Tragedy of Our Criminalized Mentally III

Mary Beth Pfeiffer
(Carroll & Graf, 2007)

This is an upsetting book, which is as it should be. One feels restless, even impatient, trying to summarize it. Every chapter is keen in detail. Then, suddenly, the lyrics of a Bob Dylan song come to mind, to help capture its essence:

*How many times must a man look up
Before he can see the sky?
Yes, 'n' how many ears must one man have
Before he can hear people cry?
Yes, 'n' how many deaths will it take till he knows
That too many people have died?*

Drawing from California, Florida, Iowa, New York and Texas, the book uses six case studies to expose the national scandal in which the mental healthcare system keeps failing and the criminal justice system takes over.

The six case studies—each of which constitutes a separate part of the book, with three chapters in each part—shows the scandal up-close and personal. They are not dry recitations of statistics or policy prescriptions.

One study involves the odyssey of a 39 year old woman with a history of 25 hospitalizations who tears out her eyes while in solitary confinement.

Another is about a man who is shot and killed, after a police officer seeks to scold him about urinating in public but doesn't know how to deescalate his terrified response.

Still another involves an 18-year-old boy who hangs himself after being abandoned in a small cell for eight weeks.

"People with mental illnesses lack the basic tools for survival," Pfeiffer notes. "They see things that others don't, yell out to silent voices, think in chaotic patterns. They are often crippled by irrational fears or weighted down by profound feelings of sadness. Yet the hallmark of prison life is regimentation and control. Obedience is expected to be instantaneous and unquestioned."

To be sure, statistics are seeded throughout the book.

Out of 2.2 million prison and jail inmates in America, approximately 330,000 struggle with mental illnesses.

In Florida, so many people are killed by police that one 1998 study said that they account for 20 percent of the nation's total.



Two of the persons profiled in the book were among 24 people in the Tampa Bay area killed during police confrontations from 2004 to 2006.

About three dozen police officers were involved. None were criticized for their actions—and the deaths were ruled "justifiable," "appropriate," or "excusable."

In a legal sense, the rulings may have been correct—the officers involved were often traumatized by the experience. But Pfeiffer points out that in 2000, the Tampa Police Department instituted Crisis Intervention Training (CIT). By 2003, three hundred officers took the course. But today, the number has dwindled to only ten to fifteen each year.

The Tampa officer who shot one of the men profiled in the book had not taken the CIT course. Only three hours of her initial police training covered mental illness. In more than 30 training courses taken by her in the four years preceding the tragedy, not one had anything to do with mental illness. This in a state where one in four of the people arrested have a mental illness. The decline in Tampa's CIT program points to a key sickness: the lack of sustained leadership and commitment by those in authority and power to do what's necessary and right, rather than simply look for "quick fixes."

Pfeiffer offers a "Top 10 List" of reforms to keep people with mental illnesses out of the criminal justice system:

1. Stop building prisons
 2. Invest in special prison units for those people with mental illnesses who do belong in prison
 3. Train prison corrections officers to work with and respect people with mental illnesses
 4. Invest in prison rehabilitation programs to curb recidivism
 5. Stop putting people with mental illnesses into solitary confinement
 6. Roll back punitive drug laws; invest in drug treatment programs that allow people to fail and then keep trying
 7. Train police officers how to respond to people with mental illnesses in crisis.
 8. Invest in inpatient and outpatient mental healthcare services in the community
 9. Pass insurance parity and extend Medicaid coverage to include stays in state psychiatric hospitals
 10. Invest in housing—and eliminate rules that keep non-violent and reformed felons out of public housing.
- None of these are quick fixes. But they will help focus discussion of steps needed to do what's right. It also may be the first list to frankly include stopping the construction of new prisons and repealing punitive drug laws, and instead forcing investment in community services at the front end. The book may be disadvantaged by similarity in title and topic to *Crazy: A Father's Search Through America's Mental Health Madness*, published last year, which was a finalist for the 2007 Pulitzer Prize, as well as NAMI's 2007 Outstanding Media Award for Advocacy. But they are different book that complement each other. Both should be given to every governor, state legislator and Member of Congress as part of advocacy for reform. One advantage of *Crazy in America* is that each case study stands alone. Along with the preface and afterword, only one case study, or any combination of them, need be read to get the point. Yes, too many people have died.



NAMI-CAN

Kids Corner

NAMI-CAN Support Group

NAMI-CAN (Children and Adolescent Network) is a support group for parents and/or caregivers of mentally ill children. NAMI-CAN meets at the BCCST office 600 Louis

Drive & Street Rd, Suite 106 in Warminster. The meetings are held on the fourth Thursday of the month. There is no meeting in June, July or August. The next meeting will be

September 27, 2007. For directions or more information, please call Debbie Moritz toll free at 1-866-399-NAMI

Support Parity in the SCHIP Program Urge Senators to provide equal coverage for children's mental illnesses

May 22, 2007
NAMI E-News

Congress will soon take up legislation to reauthorize the State Children's Health Insurance Program (SCHIP) and a bipartisan coalition of Senators is pushing for a new requirement that would ensure that all SCHIP plans meet a standard of non-discriminatory coverage for treatment of mental illness.

Action Required

Advocates are strongly encouraged to contact their Senators and urge them to cosponsor S 1337, the Children's Mental Health Parity Act of 2007, legislation introduced by Senators John Kerry (D-MA), Gordon Smith (R-OR), Edward Kennedy (D-MA) and Pete Domenici (R-MN) to require private sector SCHIP plans to cover treatment for mental illness on the same terms and conditions as an other illness.

In addition to urging co-sponsorship of S 1337, advocates should also press their Senators to

reach out to Senate Finance Committee Chairman Max Baucus and demand that S 1337 be included in the upcoming SCHIP reauthorization bill.

Background on SCHIP & S1337

The State Children's Health Insurance Program (SCHIP) is a joint federal and state program that provides health insurance coverage to approximately 4 million low-income children. However, the coverage provided by many states through SCHIP includes discriminatory limits on mental illness treatment, including unjustified caps on inpatient days and outpatient visits.

Children and adolescents in low-income families, particularly those enrolled in Medicaid and SCHIP, tend to experience higher rates of mental health disorders such as depression and anxiety. Unfortunately, we know that most children with mental health disorders do not receive

treatment. Without early and effective identification and interventions, childhood mental disorders can lead to school failure, poor employment opportunities, contact with the juvenile justice system and a higher risk for suicide. The limits on mental health care in many SCHIP plans do not allow adequate access to care for children with mental disorders.

S 1337 would prohibit SCHIP plans (i.e. SCHIP plans in states that elect to direct federal SCHIP funds for private sector health plans, as opposed to Medicaid expansion), from applying more restrictive financial requirements or treatment limits for mental illness that do not also apply to other medical services. The bill also removes a current restriction in the SCHIP program that allows private sector SCHIP plans to limit mental health coverage to a standard of 75% of the actuarial equivalence of all other health benefits.

Court: Parents of special needs kids can sue without lawyer

By ASSOCIATED PRESS

WASHINGTON — Parents need not hire a lawyer to sue public school districts over their children's special education needs, the Supreme Court ruled today. The decision came in the case of an autistic boy from Ohio, whose parents argued they were effectively denied access to the courts because they could not afford a lawyer. Federal law gives every child the right to a free appropriate public education, which in the case of special needs children sometimes means enrollment in a private facility. But most federal courts had

concluded that parents who are not lawyers and who want to challenge decisions have to hire an attorney to represent them. Justice Anthony Kennedy, writing for the court, said parents have legal rights under the Individuals With Disabilities in Education Act, the main federal special education law. "They are, as a result, entitled to prosecute IDEA claims on their own behalf," Kennedy said. The court sided with Jeff and Sandee Winkelman and their son, Jacob, in their fight against the Parma, Ohio school district. The Winkelmans can't afford a lawyer or the cost of

private schooling for Jacob. Neither parent is a lawyer. The parents objected to the Parma schools' plan to educate Jacob at a public school. They wanted the district to pay for his \$56,000 yearly enrollment in a private school that specializes in educating autistic children. Whether Jacob should have private schooling at public expense was not before the Supreme Court, only his parents' right to go into federal court without a lawyer. The case number is Winkelman v. Parma City School District, 05-983.

Benefits of Antidepressants May Outweigh Risks for Kids

NIMH Website

The benefits of antidepressant medications likely outweigh their risks to children and adolescents with major depression and anxiety disorders, according to a new comprehensive review of pediatric trials conducted between 1988 and 2006. The study, partially funded by NIMH, was published in the April 18, 2007, issue of the *Journal of the American Medical Association*.

"Although we cannot ignore the possibility that antidepressants may exacerbate suicidal thoughts and actions in some children, it would be worse to let these children go untreated," said NIMH Director Thomas R. Insel, MD. "This study indicates that more children are ultimately helped by antidepressant treatment than harmed."

In 2004, the U.S. Food and Drug Administration (FDA) required a "black box" warning on all antidepressants after a thorough review of published and unpublished data revealed a slight increase in

suicidal thoughts and actions among children and adolescents taking antidepressants, compared to those taking a placebo (sugar pill). A black box warning is the FDA's most serious type of warning.

Jeffrey Bridge, PhD, of the Columbus Children's Research Institute and The Ohio State University, corresponding author Dr. David Brent, MD, of the Western Psychiatric Institute and Clinic in Pittsburgh, Pa., and colleagues examined data from 27 clinical trials involving antidepressant use among participants younger than 19 years who were being treated for major depression, obsessive-compulsive disorder (OCD), or non-OCD anxiety disorders such as generalized anxiety disorder or social phobia. Their analysis included data from more recent trials that were not included in the FDA analysis.

By pooling the data, the researchers found that antidepressants were significantly more effective than placebo in treating these disorders. Antidepressants were especially

effective in treating non-OCD anxiety disorders, in which the overall pooled response rate was 69 percent for those taking antidepressants compared to 39 percent taking placebo. Among those with OCD, the pooled response rate of the young people taking antidepressants was 52 percent, compared to 32 percent of those taking placebo. Among those with depression, the pooled response rate of the young people taking antidepressants was 61 percent, compared to 50 percent of those taking placebo. Overall, there was a slight but statistically significant increase in the risk of suicidal thoughts and actions, but no suicides occurred. "The evidence suggests that treating young people with antidepressants is worth the small risk associated with them," said Dr. Brent. "New research should focus on developing the most efficient and effective methods for monitoring these young patients, to put both doctors and parents at ease, and to match patients with the best treatments."

NAMI MEMBERSHIP

Membership in the **Bucks County Chapter** (local affiliate) of the National Alliance for the Mentally Ill of Pennsylvania is open to all individuals subscribing to the purposes of the organization. All members receive newsletters and are automatically affiliated with the National Alliance for the Mentally Ill of **Pennsylvania** (the State affiliate) and the National Alliance for the Mentally Ill (the **National organization**).

Members are urged to become active participants in the various activities of the organization.

The National Alliance for the Mentally Ill is a Non-Profit organization under Section 501 (C) (3) of the IRS Code. Dues and donations are income tax deductible.

Contributions -- The NAMI of Bucks County Donation Fund is a good way to mark anniversaries, promotions, weddings and other special occasions or to express sympathy for the loss of a loved one, and to generally, make a contribution to NAMI of Bucks County. Keep in mind when making your donation that many companies will match employee gifts. It doesn't hurt to ask your Human Resources representative if your company has such a policy. NAMI of Bucks will send a note of appreciation to anyone you designate. When designating NAMI in an obituary notice, please specify: NAMI of Bucks County, P.O. Box 355, Warrington, PA 18976-0355. Make checks payable to NAMI of Bucks.

website <http://www.namibucks.org/>

toll-free helpline -- 1.866.399.NAMI (6264)

NAMI MEMBERSHIP APPLICATION

CHOOSE ONE OF THE FOLLOWING:

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or Families w/Limited Income \$3.00

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Make check payable to: NAMI OF BUCKS

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Questions? Call Debbie Moritz 215.442.5637
e-mail namibucks1@verizon.net

FOR OFFICIAL USE ONLY:

BUCKS New Renewal

STATE New Renewal

THNKS: LTR - NL NW MBR LTR LBL LST

Coming Events / Dates to Remember:

1 ST & 3 rd Mondays 7:30– 9:00 PM	NAMI Family to Family <u>Support</u> Group Meeting - <u>Lower Bucks</u> - St. Mary Medical Center - 1 st Monday in Auditorium A, 2 nd level, Building adjacent to Parking Garage; 3 rd Monday in the Volunteer Office, 1 st Fl. of Administration Bldg. Any questions, Call Jennifer at 215-968-5475 for information and meeting room confirmation
1 ST & 3 rd Mondays 7:00– 9:00 PM	NAMI Family to Family <u>Support</u> Group Meeting - <u>Central Bucks</u> – BCCST Office, 600 Louis Drive, Suite 106, Warminster, PA 18974 - For more information, please call Karen at (215) 489-9650 or Rhonda at (215)997-9091.
June 5, 2007 BCCST Conference Room Warminster	<u>7:00 PM</u> NAMI Bucks Consumer Council
June 14, 2006 Doylestown Hospital	<u>7:30 PM</u> NAMI Bucks General Meeting Doylestown Hospital , 595 State Street, Doylestown, PA Conference Room “A” CIT Agnes McFarlane
June 21-June 24, 2007 San Diego, California	NAMI National 2007 Annual Convention Town & Country Resort
September, 2007 TBA Doylestown, PA	Family to Family Education Program Doylestown Hospital
September, 2007 TBA Langhorne, PA	Family to Family Education Program Frankford Hospital
September, 2007 TBA Sellersville, PA	Peer to Peer Education Program Penn Foundation
September, 2007 TBA Doylestown, PA	Peer to Peer Education Program Doylestown Hospital
September, 2007 TBA Levittown, PA	Peer to Peer Education Program Penn del MH
September 15, 2007 Harrisburg, PA	NAMI WALKS
September 20, 2007 Doylestown, PA	General Meeting TBA
September 27, 2007 No Meeting June – August	NAMI CAN (Children’s and Adolescents Network) – Conference Room BC-CST, Inc., 600 Louis Drive, Suite 106, Warminster, PA Meets every 4 th Thursday of the month - Call 1-866-399-NAMI for information
October 7-13, 2007	National Mental Illness Awareness Week
October 2007 TBD	Bucks County Recovery Is Conference
October 25-28, 2007 Harrisburg, PA	NAMI PA Annual Conference
June 13-17, 2008 Orlando, Florida	NAMI National Annual Conference Rosen Centre Hotel



nami of Bucks County

PO Box 355
Warrington, PA 18976

**LET US HAVE YOUR
E-MAIL ADDRESS**

If we don't already have your e-mail address, or if your address has changed, please contact Debbie Moritz at e-mail info@namibucks.org and she will add you to our e-mail list. Each week, we e-mail time-sensitive information and late-breaking news.

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1.866.399.NAMI (6264)**