

Our Mission

NAMI Mercer is a nonprofit organization of individuals and families working to improve the lives of those affected by mental illness through education, advocacy and mutual support.

NAMI Mercer Calendar

For regular support meetings, see Page 8

PUBLIC EDUCATION MEETINGS

AT THE NAMI CENTER

Apr. 16 (Tuesday)
7:30 to 9 p.m.

“Trenton Psychiatric Hospital, Demystified”

A panel presentation by officials of the hospital, a former patient and a family member, with Chris Morrison, TPH deputy CEO; Dr. Evan Feibusch, TPH Chief of Psychiatry; Ms. Michelle Senni, TPH monitors liaison

Support the WALK!

Our 6th annual NAMI Mercer Walk will be held on May 18, 2013 on the grounds of Educational Testing Service (ETS) in Princeton. For more information about the walk or to learn how you can become involved, contact Jenn Antinoro by phone at 609-799-8994 or via email at jantinoro@namimercer.org.

You can visit

www.namimercer.org for more information and to register online. Please register today!

Gov. Christie endorses the WALK

Governor Chris Christie has joined a growing list of distinguished New Jersey leaders to support our 6th annual NAMI Mercer Walk on May 18. He will serve as an honorary chair along with Congressman **Rush Holt**, Mercer County Executive **Brian Hughes**, Mercer County Social Services Director **Frank Cirillo**, Princeton Mayor **Liz Lempert**, West Windsor Mayor **Shing-Fu Hsueh**, and East Windsor Mayor **Janice Mironov**.



“When I took office,” said Christie, “I promised to make New Jersey a better state for everyone, including our state’s most vulnerable citizens. Each life is precious and with the right approach and broad spectrum of treatment opportunities, individuals dealing with mental health and addiction can turn their lives around with dignity, bringing peace of mind and hope to their families. This is a personal issue for Mary Pat and me, and we will proudly continue to support those New Jerseyans struggling with mental health and addiction illness.”

This year’s NAMI Mercer Walk will be held on the grounds of Educational Testing Service (ETS) in Princeton. On that day, we expect 1,000 or more people to gather to express the collective message—“Stomp out Stigma.” As of mid-March, 33 teams already have registered, and we have achieved 22 percent of our \$150,000 fundraising goal.

NAMI Mercer is grateful to its sponsors in the community, including Bristol

Myers-Squibb, Janssen Pharmaceuticals, Courageous Recovery, Mercer County Woman, Otsuka, the Honorable Joseph and Nancy Irenas, Roma Bank, Comcast, Alexander Road Associates, Sandoz, NAMI NJ, UBS Financial Services Princeton, Houghton Contracting, Catholic Charities of Trenton, Capital Health, Stark & Stark, AmeriHealth Mercy, Greater Trenton Behavioral Healthcare, Hopewell Valley Community Bank, Joe’s Hamilton Transmissions, and Walmart.

At this year’s event, NAMI Mercer will host a wellness fair, where local vendors and organizations will provide on-site health and wellness information and services to walk participants. Thus far, Catholic Charities, Mama Knows Fitness, Clearwater Investment Management, Empower Fitness, Heart to Hearts, Courageous Recovery, Mercer County Technical Schools and Home Depot have signed up. Along with others, Home Depot will offer youth-focused activities.

We encourage other businesses and organizations that promote wellness (environmental, occupational, intellectual, or spiritual) to participate. Kindly submit the Wellness Fair Application, available at www.namimercer.org, to namimercerwalkintern@gmail.com.

The health fair will complement the terrific food and music that will be available throughout the morning and into the early afternoon. We are pleased to present the Riverside Bluegrass Band, a popular, five-piece acoustic string band

Continued on Page 2

New Program to Deliver Mental Health Education

In the wake of the tragic Newtown shootings, the problems of delay in the diagnosis and treatment of mental illness have become a national concern. As family members or as individuals living with mental illness, we know that early detection, professional care, and the support of loved ones are critical. Emerging research indicates that timely intervention can prevent some of the changes in the brain that occur in some mental illnesses and lessen their disabling impact. This is true for people of all ages.

NAMI National's statistics on the delay in treatment are sobering:

- One-half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24.

A major role for NAMI at this time is to fight stigma and to educate people about the promise of recovery from mental illness. We are ready to provide outreach, education, and support for families, schools, and community groups. We strongly emphasize that treatments do work, and recovery is possible. People seek early treatment when they believe it will help!



Sally Osmer

understand the early warning signs of mental illness. The program further informs participants how best to intervene so that youth with mental health treatment needs are linked to services that offer immediate assistance.

Parents and Teachers as Allies is a formatted presentation by a panel of four with unique personal perspectives: an education professional, who is also a family member of a loved one with mental illness; a facilitator who covers early detection of mental illness; a parent or caregiver of a child living with mental illness; and a mental health consumer who is able to share a personal story about the early onset of mental illness and the journey to recovery.

Like many NAMI signature programs, Parents and Teachers as Allies incorporates the voices of people who have lived the experience of mental illness, ensuring a deep impact and meaningful educational experience for participants.

This spring and summer NAMI Mercer will be training presenters for the program. We plan to offer our first Parents and Teachers as Allies classes in the Trenton Public Schools.

We know that this new program comes at a time of extreme need and holds much promise for individuals, families, and schools in Mercer County. I hope that you share our excitement about this educational program and help us spread the word about the possibility of recovery for people of all ages.

Sincerely,

Sally Osmer

Executive Director



- Despite effective treatments, there are long delays — on average two years — between the first onset of symptoms and when people seek and receive treatment.
- Effective treatment lowers the risk of violence associated with mental illness by 15-fold, even though only 3-5 percent of violent acts can be attributed to individuals with serious mental illness.
- More than 50 percent of students with a mental disorder age 14 and older drop out of high school—the highest drop-out rate of any disability group.

In keeping with these objectives, NAMI Mercer is pleased to introduce a new, nationally recognized program to Mercer County that will bring accurate information directly to parents and school professionals. Through Parents and Teachers as Allies, NAMI Mercer will forge alliances with several Mercer County school districts to deliver mental health education that is youth-focused and family-based so that education professionals and parents can work together. Developed by NAMI National, Parents and Teachers as Allies is an in-service program designed to help both school professionals and families to

Walk, *continued from Page 1*

from Princeton.

For more information about the walk or to learn how you can become involved, contact Jenn Antinoro by phone at 609-799-8994 or via email at Page 2

jantinoro@namimercer.org. You also can visit www.namimercer.org for more information and to register online. Please register today!



Bowling Alone?

When was the last time you went bowling alone? I have to admit, I'm not much for the sport, but, as a child, I remember my mother's bowling every week in a league. She also was quite active in her church choir and a regular attendee at her amateur radio operator league club. My mother was a "joiner," and, in this way, her life was considerably unlike mine.

I hadn't really given our differences much thought until I recently heard someone speak about a book titled "Bowling Alone: The Collapse and Revival of American Community" by

low-up book, "Better Together," providing examples of how communities are seeking new ways to build "social capital." He emphasized the importance of activities and strategies that not only bond communities, but bridge them as well.



Karen Marquis

What does all this have to do with NAMI Mercer? Well, as a new board president, I realized that perhaps I was focusing too much on building financial capital and not enough on building social capital. Yes, during these tough economic times, the financial goals we have for NAMI Mercer are challenging. But, even if that were not the case, and we had all the funds we'd ever need, without social capital, our organization would have nothing.

Next year, we'll be celebrating our 30th anniversary as a NAMI affiliate. It was the social capital invested by the families who came together so many years ago that has paid dividends and resulted in a robust and strong affiliate. And, it continues to be social capital that sustains us. In this newsletter, you'll read about the NAMI Walk. While this is certainly a fundraising event, there is real value derived from gathering together to make a public statement about the destructiveness of stigma and the possibility of recovery for those who seek treatment. This is social capital.

In this issue, you'll also read about a new NAMI Mercer volunteer. He joins a group of nearly 200 active volunteers who donate their time and skills for mutual benefit. NAMI Mercer profits from their assistance, and the volunteers profit from interacting with others for a worthy cause. This is social capital.

Our annual Harvest of Hope well-

ness conference, which will take place on Oct. 5, has as its theme "Getting Better Together." We hope that this year's theme expresses NAMI's mission of creating a community, a network of individuals who mutually benefit from coming together in support of one another to educate and to advocate, for themselves and for others in Mercer County who are living with mental illness.

If you are not a member of NAMI Mercer, I advise you to join. I urge you to learn about all our free programs and to spread the word to others. If you have the time, I strongly suggest that you contact us about volunteer opportunities. And, if you wish to ensure that NAMI Mercer can continue to do its valuable work, please make a donation. Together, we are getting better. You are not alone (and you don't have to bowl alone)!

Sincerely,

Karen Marquis

President



The Janssen team, NAMI WALK 2012

"It was the social capital invested by the families who came together so many years ago that has paid dividends and resulted in a robust and strong affiliate. And it continues to be social capital that sustains us."

Robert Putnum. I was intrigued. The author posits that for various reasons from the 1960s to 1990s (the time when I was becoming an adult and starting my family and career), people were much less likely to join clubs, bowl in leagues, attend church . . .

As a consequence, there was less trust, and our "social capital" began declining.

What is social capital, you ask? There's not a single definition, but Wikipedia states, "social capital is the expected collective or economic benefits derived from the preferential treatment and cooperation between individuals and groups."

I was pretty dismayed, as I realized that my own tendency to participate in my community had been pretty limited until recently. And, I wondered if the trend was changing. Not surprisingly, in 2003, Putnum published a fol-



Photos from the NAMI Mercer holiday party for Just Friends and Becoming Friends. The party took place December 15 at the Princeton Senior Resource Center. Sixty-five people attended.

Above left, Theresa and Meg.

Above, l-r Barry, Carey, Sally and Pamela.

Left, Phyllis with holiday gifts for everyone.

AP Stylebook Sets New Guidelines for Coverage of MI

On Mar. 7, the Associated Press (AP) added an entry on mental illness to its stylebook, referenced by journalists and editors throughout the globe. Founded in 1846, AP is the most trusted source of independent news and information. It is estimated that more than half the world's population sees news from AP every day.

According to Bob Carolla, NAMI director of Media Relations, the AP changes represent "a huge victory--a seismic shift in the terrain of popular culture." For years, NAMI has worked to have the news media abandon inaccurate, careless, or stigmatizing language or practices in reporting on mental illness.

Following is a summary of the changes added to the AP Stylebook Online. They will appear in the next print edition.

- Do not describe an individual as mentally ill unless it is clearly pertinent to a story and the diagnosis is properly sourced.
- Seek firsthand knowledge of the diagnosis. Don't rely on hearsay or speculate on a diagnosis. Specify the time frame for the diagnosis and ask about treatment. Avoid anonymous sources.
- Mental illness is a general condition. Specific disorders are types of mental illness and should be used whenever possible (e.g., He was diagnosed with schizophrenia, according to court documents.)
- Some common mental disorders, according to the National Institute of Mental Health, are lowercase, except when known by the name of a person, such as Asperger's.
- Do not use derogatory terms, such as insane, crazy/crazed, nuts or deranged, unless they are part of a quotation that is essential to the

story.

- Do not assume that mental illness is a factor in a violent crime, and verify statements to that effect. A past history of mental illness is not necessarily a reliable indicator. Studies have shown that the vast majority of people with mental illness are not violent, and experts say most people who are violent do not suffer from mental illness.
- Avoid descriptions that connote pity (e.g., afflicted with, suffers from, victim of). Rather: "He has obsessive-compulsive disorder."
- Wherever possible, rely on people with mental illness to talk about their own diagnoses.
- Avoid using mental health terms to describe non-health issues. Don't say that an awards show, for example, was schizophrenic.
- Use the term mental or psychiatric hospital, not asylum.

People with Mental Illness in Jails and Prisons

Editor's note: The NAMI Mercer Advocacy Committee is an active and passionate group of people who are well informed about many local mental health issues. They have identified five areas of concern and are working in task groups to address each area. This is the first in a series of articles about these local initiatives.

By Jean Ross, Esq.

The *de facto* mental health system

The current mental health system extends beyond traditional public and private psychiatric hospitals and community mental health agencies. Increasingly, the *de facto* mental health system encompasses penal institutions (jails and prisons), substance abuse programs, and shelters where persons with mental illness have ended up since deinstitutionalization emptied the warehouse hospitals of the past into an insufficiently funded community mental health system.

Under the present system of commitment laws and services, many persons suffering from mental illness move through a double set of revolving doors between hospitals, penal institutions, and the streets. Their dispersal to the anonymity of homelessness and the perilous hidden cages and corridors of jails and prisons hides the scope of this problem. It insulates mental health officials and legislators from public pressure for change and abandons people who used to suffer in back wards, to back alleys and prison cells.

The toxic prison environment

In the mental health system, minimum environmental conditions considered necessary for effective treatment and rehabilitation include: reduction of stress and conflict; periodic respite

from external stimuli such as noise; expectation of safety; opportunities for space and privacy; respectful treatment by others; opportunities for self-direction and self-improvement; and the availability of supportive family members and others. These environmental conditions are notably absent within prisons, which are characterized by physical violence, stress, noise, a brutal and disrespectful culture, the loss of control over almost all aspects of one's life, a lack of privacy and personal space, separation from supportive family and friends and, most tragically, the prevalence of long-term solitary confinement.

The toxic effects of the prison environment, well-documented in the clinical literature, act as barriers to treatment (consisting primarily or exclusively of medication and "cell door" counseling). Not surprisingly, people with mental illness deteriorate under these conditions. They are punished for not adapting and spend a longer time incarcerated than people without mental illness. Many other prisoners report their suffering and try to help them without notable success.

The work of the Jails and Prisons Subcommittee

Our task group is very aware of the negative effects incarceration can have on people with mental illness and their families, the strains placed on penal institutions from the influx of this new prisoner population, and the challenges faced by the mental health system in treating people exposed to incarceration. Mercer County, like its counterparts across the country, has been facing these issues for at least the last decade.

Our task group has initiated a "Listening Project" to gather information about how these problems are

being exhibited and addressed in the county mental health and criminal justice systems. We are interested in both discrete services and the dynamics of systems, including the criminalization of mental illness, the trans-institutionalization of people with mental illness from hospitals to jails and prisons, and the double revolving doors. At the same time, we are exploring how we can bring our family and consumer perspectives to bear on correcting these problems.

We began by listening to consumers returning from prison and proceeded to speak to staff of the Mercer County Correctional Center, the county screening service at Helene Fuld, and the CEO of the Ann Klein Forensic Center. Our next meetings will be at Trenton Psychiatric Hospital, the offices of the public defender and prosecutor, the Trenton Rescue Mission, and a Department of Corrections or parole halfway house.

We intend to bring a summary of our findings to NAMI Mercer and publish them along with our recommendations to public officials and the community. We are committed to using what we learn to educate the community and advocate for positive change.

Jean Ross is a lawyer who has spent most of her life working in human service agencies and for local, statewide, and international peace and justice organizations. She worked as the legal advisor to the Director of the Division of Mental Health Services and, prior to her retirement, in the Public Defender's Division of Mental Health and Guardianship Advocacy, representing psychiatric hospital patients throughout the state. Her current community service efforts focus on racial justice, abolition of the death penalty, and systemic issues in the mental health system.

It's On My Plate

by Akavar Dylutra

NAMI Mercer Volunteer
In Our Own Voice Program

One morning in May of 2009, I woke up in the inpatient psychiatric ward of a regional medical center in western New Jersey. I had admitted myself through the ER the night before — after a suicide attempt. I would be diagnosed with major depression, general anxiety disorder, and substance abuse issues.

As I learned about the behaviors associated with my illness, I realized that I had exhibited most of the symptoms related to major depression as a five-year-old child. I was then 56 years old. This meant that I had been living with major depression for more than fifty years.

All of us who are challenged with a mental illness eventually have to wrestle with the question of nature versus nurture. Did the mental illness come from my genes? Is it some sort of behavior that I learned? Here is how I have come to peace with this seeming dichotomy.

It appeared to me that most of my behavior was acquired. Even though my family has a history of alcoholism, it seemed that most of my behavior was learned maladaptive responses to a very toxic family situation. My isolat-

ion behavior in childhood was an attempt to shield myself. My near-suicidal behavior at five years old was a desire for physical sensation in a family environment that was very emotionally cold.

In recovery, I began learning skills to modify these lifelong behaviors through intense talk therapy.

One day I thought, "What if these behaviors come from the DNA in my genes?" My response to this thought was to look at someone with a congenital disability like blindness. There are many individuals with congenital blindness that learn to adjust and live happy, productive lives.

This pointed me back to the skills I was learning in talk therapy. For me, even if my depression and anxiety resulted from my genetic inheritance, I should be able to learn how to adapt to achieve a joyful and meaningful life.

Another concern I had was that if I believed my behaviors to be inborn, I might give up. My apprehension was that I might not take responsibility for my behaviors.

One final thought I had about genetic inheritance was that maybe what we are really describing is behavioral inheritance. Infants spend most of their waking hours observing their parents and those around them. They attempt to learn and imitate the physical behaviors that they perceive — walking, talking, etc. How do we know that they are not doing the same with the emotional behaviors they observe?

For my recovery, I decided that I could not let the fact that my behaviors might be genetic in origin get in the way of my finding happiness and fulfillment. I would take my meds to keep me stable and use this stability to concentrate on learning how to make peace with myself.

I progressed through my recovery in this fashion. The meds kept me on steady ground, but could not teach me the skills of self-advoca-

cy, setting boundaries, being able to trust, and learning to discuss and deal with my emotions. This learning had to come from therapy and putting my new skills into practice in my daily life.

Then a few months ago, I had a flash of insight that put it all in perspective.

At the end of the day, the source of my problems does not matter. It does not make any difference if I was born with genes that caused my maladaptive behaviors or I learned them as a very young child.

The important factor is that the situation is on my plate. Since it is on my plate, I have to deal with it. Whether someone served me a salad or I went up to the salad bar and served myself makes no difference. The operative concept is that I have the challenge now. And I am the only one who can confront my difficulties and overcome them.

Therapists can teach me about healthy behaviors, reinforce my progress, and point out when I go off the track. Meds can keep me stable enough to learn these healthy behaviors. However, the bottom line is I am responsible for my successful recovery — not the meds, not the therapists, not my genes. Me. This understanding has given me great peace.

For more than fifty years, I woke up each morning with an absolute dread of the day. Now, I awake with optimism and a healthy attitude. I ask, "What can I learn today that will help my recovery?"

This modified version has been reprinted with permission from Mental Health News, Spring 2013.



Akavar Dylutra



Gift-making at the NAMI Center with Just Kids

NAMI Mercer

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EDITORS

Madeline Monheit

Elisabeth Hagen

THE NAMI CENTER

of Mercer County

Lawrence Commons,

3371 Brunswick Pike, Suite 124

Lawrenceville, NJ 08648

(609) 799-8994

home@namimercer.org

www.namimercer.org

My Volunteering Experience at NAMI Mercer

By Amar Kapadia

When I first thought about ways to spend my time while searching for a job after graduating from Rider University in 2012, I decided to look for volunteer opportunities. In the beginning, I was hesitant to join NAMI Mercer because it felt a little too personal for me, and I wanted to work on something from which I could remain somewhat detached.

I eventually came around for two reasons. First, I wasn't having much success in the job market. (My degree is in journalism with a track in public relations.) Secondly, the NAMI office is a short drive from my house, making it convenient to get there.

When I initially contacted NAMI to volunteer my services last summer, I was informed they didn't have any specific project that matched my college credentials. They did, however, tell me about their outreach opportunity at the annual West Windsor Community Night Out.

I accepted the one-time assignment and found the experience satisfying. My duties were to help maintain our

booth and explain to people what NAMI was and what we did. I especially enjoyed the atmosphere of the festival, talking to the public, and having the chance to visit other booths.

In early February, after fruitless attempts to find employment, I decided to give NAMI another try. This time, I told the Operations Director, Danita, that I was willing to volunteer on a regular basis and that the work didn't necessarily have to match my degree. She invited me to come in right away, and I'm glad I did.

Working here has been rewarding, not only personally, but professionally as well.

Through my varied tasks of data entry, filing, and other administrative duties, I have learned new office skills that will become useful as I continue to search for that elusive job.

The environment at NAMI Mercer has also been great. In addition to staff members Danita, Jenn, and Sally, the interns and other volunteers have all been welcoming and fun to work with. Volunteering at NAMI has not only kept me busy, but helped me meet new people and given me purpose and the satisfaction of making a difference in the community.



Amar Kapadia

Anti-Violence Task Force Established

On Jan. 17, one month after the Newtown school tragedy, Gov. Chris Christie established a bipartisan task force to conduct a 60-day study of the underlying causes of violent crime in New Jersey and to make recommendations to reduce violence.

According to the governor, "[The Sandy Hook massacre] compels us to have a much deeper conversation. This is the beginning of our leading that conversation in our state."

The new task force, named NJ SAFE, will view the problem from five perspectives: gun control; drug and alcohol addiction; mental illness; violence in society (such as video games);

and school safety.

The task force will conduct hearings and interview experts in these areas.

In a press release issued on Jan. 17, Gov. Christie expressed his belief that the issues of public safety, criminal policy, and behavioral science cannot be separated. Former Attorney General Peter Verniero, who co-chairs the task force with former Attorney General John J. Degnan, added: "The intersection of crime, access to firearms, mental health and the impulses that spark extreme acts of violence is ripe for in-depth understanding and appropriate change in our public policy, if warranted." Page 7

Support the Walk!



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NAMI Mercer Support Groups

NAMI Connection Support Group: Recovery support group program for people living with mental illness. Second and fourth Tuesdays, 7:00 – 8:30 p.m. Group is open to anyone with a mental illness, no registration required. NAMI Center. Call us for more information.

IFSS/NAMI: Support for families of adults with mental illness. Mondays, 5:15 – 6:45 p.m., at Lawrence Rd. Presbyterian Church. Tuesdays, 5:15 – 6:45 p.m. at NAMI Mercer, and Thursdays, 11:30 a.m. to 1:00 p.m. at Kingsbury Towers, 1 Kingsbury Sq., Trenton.

WRAP: An eight-session Wellness and Recovery Action Plan program for people living with mental illness began in March. New classes will start in the fall.

Family to Family: Two classes of Family to Family started in February. This is a 12-week class for family members of adults who have mental illness. The new semester starts in the fall.

NAMI Basics: NAMI Basics, a six-week class for parents or caregivers of children and adolescents with behavioral or emotional challenges, began on April 10. The new semester starts in the fall.

All NAMI Mercer classes are free, but registration is required. Contact us by phone or email to inquire about the classes.

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The NAMI Center of
Mercer County
Lawrence Commons
3371 Brunswick Pike
Suite 124
Lawrenceville, NJ 08648