



NAMI

Mercer

National Alliance on Mental Illness

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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

Jan. 15 (Tuesday) 7:30 to 9 p.m.

“Depression—New Understandings and Treatment Options”

Chris Mussell, ACSW, LCSW
Program Director
Patty Wieliczko, APN,
Guidance Clinic
Mercer Outpatient Services,
Catholic Charities, Trenton

Feb. 19 (Tuesday) 7:30 to 9 p.m.

“New Treatment Approaches for Schizophrenia”

Matthew W. Roche, PhD
Division of Schizophrenia Research
University of Medicine and
Dentistry of New Jersey

Mar. 19 (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.

Stomp out stigma: support the WALK



Congressman Rush Holt with walkers at the start of the 2012 NAMI Walk at ETS, May 5

Our 6th annual NAMI Mercer Walk will be held on May 18, 2013 on the grounds of Educational Testing Service (ETS) in Princeton. On that day, we hope that 1,000 or more people will gather to express the collective message — “Stomp Out Stigma.”

The spring walk-a-thon is NAMI Mercer’s largest community outreach and awareness event. As in years past, we will seek support from corporations and the many local businesses that value our organization’s mission. Bristol Myers-Squibb, Janssen Pharmaceuticals, NAMI New Jersey, and Wal-Mart already have signed on as sponsors.

At this year’s event, NAMI Mercer will host a wellness fair, where local vendors will provide on-site health and wellness information and services to walk participants. The wellness fair will complement the terrific food and music that will be available throughout the morning and into the early afternoon. The Riverside Bluegrass Band will play for the crowd from 11 a.m. to 1 p.m.

The NAMI Mercer Walk is a unique opportunity to join together in strength,

friendship, and purpose to support an organization dedicated to individuals and families on their journey to wellness and recovery. Our walk is a very special event that raises the dollars to sustain the education, outreach, and advocacy services that benefit those in greater Mercer County who face the challenges of mental illness every day. Our goal is to raise \$150,000 this year.

The 2013 NAMI Mercer Walk will be held in May, in observance of Mental Health Awareness Month. Mark your calendars today and plan to walk with us on May 18. There are many ways to participate— lead a team, walk with a few friends, volunteer on walk day or lend a hand throughout the walk-planning process. NAMI Mercer is looking forward to seeing our many friends and supporters on walk day.

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!

Much to Be Thankful For

During the past year, NAMI Mercer education, support, outreach, and advocacy programs have touched the lives of more than 6,000 people. As I say goodbye to 2012 and work on plans for 2013, I am very grateful to our staff and volunteers and very proud of the achievements of our organization.

So here is my "Gratitude Journal" for 2012.

I am thankful that our education and support programs have been strengthened with new trained teachers and facilitators. Family-to-Family has had four well-attended, 12-week programs; NAMI Basics has five new teachers to hold classes each season; and our

Volunteers tell us that their work with NAMI Mercer is meaningful because it makes a difference in people's lives.

Connection support group has four new facilitators to lead our biweekly groups.

I am thankful that our weekday Helpline has responded to more than 730 calls in 2012. This core support system substantiates our promise — "You are not alone."

Sixteen volunteers are there to listen carefully and empathetically and to offer support and information with expertise and authenticity. I am very pleased that two Spanish-speaking volunteers have joined the Helpline.

I am thankful for the growth in our advocacy efforts this year. Our Advocacy Committee has an active and passionate group of people who are well informed about many local mental health issues. They have identified five areas of emphasis and are working in task groups to address each area of concern: Trenton Psychiatric Hospital Monitoring; Jail and Criminal Justice Issues; Crisis Intervention Training for Law Enforcement Officers; Transfers and Transitions in the Mental Health

System; and Legislative Advocacy.

I am thankful for the significant growth in our outreach efforts this year. The In Our Own Voice program is thriving with 16 active presenters who have provided their anti-stigma and recovery message to more than 2,000 people in 2012. Our outreach to Spanish-speaking communities has grown; we hope to achieve our goal of implementing the Family-to-Family class in Spanish very soon. Our activities in October during Mental Illness Awareness Week had amazing impact, reaching more than 4,000 people.

I am thankful for our volunteers, the heart of NAMI Mercer. Our cadre of 200 volunteers logged in more than 9,500 hours of service. Volunteers tell us that their work with NAMI Mercer is meaningful because it makes a difference in people's lives. Our group leaders, Helpline responders, teachers, board and committee members, envelope stuffers, walk organizers and team captains, outreach workers, and so many more combat the stigma associated with mental illness and promote recovery every day.

Finally, I am thankful for our NAMI Mercer leaders. A capable and engaged Board of Directors has developed a new strategic plan to guide us in the next few years. They lead the volunteers on the committees and help NAMI Mercer in so many ways. My partners on the staff of NAMI Mercer—Danita Saunders-Davis (Operations Director) and Jenn Antinoro (Outreach and Development Director)—are totally committed to our mission and are working each day to achieve it.

With much gratitude and hopefulness, I begin 2013. We have many challenges ahead as we seek to help individuals and families navigate the mental



Sally Osmer

health system and improve their lives. Please continue to work with us and to turn to us for assistance on your journey to recovery.

Happy New Year!

Sally Osmer
Executive Director

Me. A poem about my illness by Ayesha Karim

I always needed someone's help.
My mom was the one
who I confided in
and knew I could trust.

I never could do the 'solo' thing,
but that is changing.
I desire so much to become
Independent
in areas other than mind and
thought;
to be self-sufficient by age 35.

Ah, but cruel reality and the
twists of fate.
I have schizophrenia,
a mental illness that affects
my life.
It has to do with my brain.

I may become a so-called poet.
I mean, I am already a semi-
finalist in a poetry contest.
Right?

I am creative but I sometimes
wonder how successful I will
actually become
at my goals and aspirations?

I credit where I am right now
to the Lord, perseverance, my
mom, loved ones,
NAMI and my effort (tries).

*Ayesha Karim is a volunteer for
NAMI Mercer.*

A Lesson from the Cheshire Cat

Alice in Wonderland is one of my favorite stories, and I just love the ephemeral, mercurial Cheshire Cat. Especially memorable is his seemingly nonsensical advice to Alice, which actually is very wise.

Alice: Would you tell me, please, which way I ought to go from here?

Cheshire Cat: That depends a good deal on where you want to get to.

Alice: I don't much care where.

Cheshire Cat: Then it doesn't matter which way you go.

In 2003, the Board of Directors of

NAMI Mercer developed a strategic plan for the future of the organization. Updated in 2008, this plan has been the road map guiding our affiliate's direction and progress over the past decade.

At this year's October Board Retreat, the group undertook the job of updating the strategic plan once again, with the purpose of establishing our



Karen Marquis

revisions to the strategic plan (a good plan is one that you tweak periodically, rather than abandon) the exercise was an opportunity to align the plan's four goal areas (Advocacy, Outreach and Awareness, Education and Support, and Sustainability) with the Board's four standing committees (Advocacy, Programs and Services, Finance, and Development). In this way, we clarified ownership of specific objectives, and the committees will have a clearer understanding of priority community needs to address in the coming years.

The good thing about reviewing our strategic plan is that it reminds us to reflect on where we are headed as an organization, the opportunities for continued growth, as well as the challenges we must face to sustain the organization. It also prompts us to be realistic about our scope, to focus our full attention and limited resources on the needs of Mercer County.

The NAMI Mercer Strategic Plan is a living document, not an unalterable manuscript that collects dust on the shelf. Our staff and leaders need to consult it regularly as they plan our education and support group meetings, train and develop our volunteers, and reach out to Mercer County's diverse population. As our community evolves, our scientific knowledge about mental illness increases, and new resources emerge, we need to revise our objectives. Nevertheless, all our goals and objectives should uphold our mission to improve the lives of individuals and families in Mercer County who are living with mental illness. Our strategic plan equips us to measure our success toward serving this mission.

Sincerely,

Karen Marquis

President

NAMI Mercer Goals

Strategic Plan 2013-2018

GOAL #1: ADVOCACY

NAMI Mercer, in partnership with others, will influence specific legislative, policy and system changes to reduce stigma and improve family and consumer access to services that will enhance the quality of life and recovery in Mercer County.

GOAL #2: OUTREACH and AWARENESS

NAMI Mercer will be a premier resource for mental health information in Mercer County, and through its outreach efforts, reduce stigma and raise public support for programs and research that improve the quality of life for all.

GOAL #3: EDUCATION and SUPPORT

NAMI Mercer will provide persons with mental illness and their families with vital information, education, and support to improve their quality of life and promote wellness.

GOAL #4: SUSTAINABILITY

NAMI Mercer will ensure the sustainability of our membership, programs, financial resources, staff, volunteers and office/classroom space.

“All our goals and objectives should uphold our mission to improve the lives of individuals and families in Mercer County who are living with mental illness.”

goals for the next five years. We began by reviewing the NAMI National Standards of Excellence, which define the requirements for affiliation and outline the roles and responsibilities at each organizational level—national, state, and local. The chartering of affiliates is a new process being rolled out by NAMI National. It provides guidance and an excellent set of tools for fledgling affiliates to incorporate best practices for building organizational capacity.

In addition, the Board compared NAMI Mercer activities and accomplishments with those of other large affiliates around the nation. The goal was not to mimic these other affiliates, but to stimulate discussion about the mental health needs of our own community and how NAMI Mercer can best address these needs.

While the Board did not make major

The Connecticut School Shooting and Stigma

As this newsletter goes to press, our national attention is focused on the horrific school shootings in Newtown, Connecticut. Our thoughts and prayers are with the families of the victims and with everyone affected by this heartbreaking event. We do not know, and may never know, what motivated the killer.

Doubtless, the issue of stigma will surround public reactions to this tragedy. Regrettably, it may reinforce an association between mental illness and violence.

This is an excellent opportunity for NAMI advocates to speak up against stigma by demonstrating that early treatment works and recovery is possible. Please see the stigma statistics below. Use these facts in your conversations.

In his address to the nation on Dec. 16, President Obama said, "We've endured too many of these tragedies in the last few years . . . we're going to have to come together and take meaningful action to prevent future tragedies like this."

NAMI Mercer, NAMI NJ and NAMI National will contribute to the public discussion about policies to ensure that our children are safe and that people with symptoms of mental illness receive the early treatment that they need. We encourage you to join us in this dialogue.

Suggestions for Parents following a Violent Event

Events like the school shootings impact children and families deeply. Children often feel anxious about their own safety. We are including some valuable suggestions (from Mental Health America) for parents and people who work with children:

- Talk honestly about the incident, without graphic detail, and share some of your own feelings about it.
- Encourage young people to talk about their concerns and to express their feelings, and validate the young person's feelings and concerns.

- Limit television viewing. It can be difficult to process the images and messages in news reports.
- Recognize what may be behind a young person's behavior. He/she might minimize his concerns outwardly, but may become argumentative, withdrawn, or allow his/her school performance to decline.
- Keep the dialogue going even after media coverage subsides.
- Continue to talk about feelings and discuss actions being taken to make schools and communities safer.
- Seek help when necessary. If you are worried about a young person's reaction or have ongoing concerns about his/her behavior or emotions, contact a mental health professional.

Please contact NAMI Mercer's Helpline at 609-799-8994 for support, information and referrals to local resources.

Statistics about Stigma

❑ According to a study by the World Health Organization, mental illnesses account for nearly 25 percent of all disability across major industrialized countries.

❑ The U.S. Surgeon General's Report on Mental Health (1999) stated that stigma is one of the greatest barriers to addressing the issues of mental health.

❑ Only one out of two people with a serious form of mental illness seeks treatment for the disorder.

❑ The National Institute of Mental Health (NIMH) estimates that the annual cost of untreated mental illnesses exceeds \$300 billion due to productivity losses (\$150 billion), health care costs (\$70 billion), and societal costs (\$80 billion).

❑ According to a study by Pescosolido, *et al.*, published in the *The American Journal of Psychiatry* in 2010, 62 percent of the public expressed an unwillingness to work closely with a person with schizophrenia; 52 percent were unwilling to socialize with the person; 69 percent were unwilling to have the person marry into the family; 45 percent were unwilling to have the person as a neighbor.

❑ The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that 50 percent of students with serious emotional disturbances drop out of high school, compared to 30 percent of all students with disabilities.

❑ According to SAMHSA, the absence of sufficient housing for people

with mental illnesses can result in homelessness. Some estimates indicate that 40 percent of the nation's homeless population consists of single adults with severe mental illnesses.

❑ A Centers for Disease Control (CDC) analysis of data from the District of Columbia (DC), Puerto Rico, and the 35 states participating in the 2007 Behavioral Risk Factor Surveillance System (BRFSS) revealed that fewer than 25 percent of persons with mental illness believe that people are caring and sympathetic to persons with mental illness.

❑ A report by Dr. Otto Wahl states that more than 70 percent of characters with mental illnesses in prime-time television drama are portrayed as violent, and more than one fifth are shown as killers.

Straight Talk About Stigma

Editor's note: We asked two of our long-term members, Tom Pyle and Angela DeGraff, to give us their thoughts on stigma. Their responses were surprising, touching and inspiring.

1. When was the first time you got angry at stigma in another person?

Angela: I don't remember. I have come to expect a lack of awareness, misinformation, and reliance on myths and misconceptions. When people hear that I have a son with mental illness, they often have exaggerated reactions. They are shocked, stunned and baffled, and don't know what to do with the information. I can see them struggle as they try to process it. This has made me somewhat cautious regarding how I reveal information about my situation, and this caution has had a big impact. It has become the filter through which I have relationships with other people.

Tom: About a year into my son's travail with mental illness, I took a new job as a senior vice president at the United Way of Philadelphia. I was getting acquainted, meeting all the other senior managers one by one. My last such visit was with a particularly contentious new colleague. My guard was up already, but then she made some disparaging remarks about people with schizophrenia. She knew nothing about my personal life or the fact that my son had been diagnosed with a mental illness, but I was already on edge, and her display of bigotry upset me. Yet under the circumstances, I could not say anything.

2) When was the first time you noticed stigma in yourself?

Tom: I remember the very moment, 4:00 a.m. on March 31, 2007, when my son's first psychotic episode put him into the local emergency room. After evaluating him, a doctor from Princeton House said, "I am very

sorry, but this looks like schizophreniform, the preliminary diagnosis for schizophrenia. "Schizophreniform!" The word stabbed my heart like a sword. All I knew about schizophrenia was the memory from a previous job of a wild, disheveled, homeless man ranting on the median of Park Avenue at 47th Street in New York City every day at the lunch hour. All I could imagine was that this was to be my son's fate. At the time, I had a very shallow understanding of mental illness.

Angela: As a child, I grew up with a lot of confusion and lack of information in regard to people with mental illness. Adults would make comments like "Why doesn't he straighten up?" as though being mentally ill was a person's own fault. I felt I should stay as far from mental illness as possible. It was scary, and I didn't know how safe I was. Perhaps because of this fear, people often said things that reinforced stigma like "The elevator doesn't go all the way to the top floor." I tried to make sense of what I heard around me.

3) Have you ever tried to correct someone's thinking about mental illness?

Angela: Absolutely. When I hear statements made out of ignorance, I quickly try to correct them, not in anger or like a schoolmarm, but in a sincere attempt to enlighten. I mention that people with mental illness are far more often victims of violence than perpetrators. I do not condemn, because anger is not helpful. It causes people to shut down and protect themselves, obstructing their ability to learn. The way I communicate can either contribute to people's education or impede it.

Tom: A couple of times, especially with extended family such as my cousins. Also once at a cocktail party, during casual conversation after a glass or two of wine, somebody made a joke about a "schizophrenic." Having heard the joke before, I understood how it

might have amused him, but now that I was also the father of a loved one with schizophrenia, it didn't seem so funny anymore to me. You can imagine my response. Another time, at a networking meeting of the Greater Philadelphia Senior Executive Group, I stood up and said: "I am Tom Pyle, and I have a son with schizophrenia." The room went shockingly silent, and it took a few seconds for people to settle down again. But afterwards, I was surprised when several came up to speak to me about their own experiences with mental illness.

4) Have you noticed a change in your own reaction to mental illness?

Tom: There has been a total change. I am dedicating my life to people with mental illness. I am finishing a master's degree in psychiatric rehabilitation, which promotes an individual recovery model rather than a paternalistic medical model. I am much more aware of what people with mental illness have to contend with and much more sensitive in dealing with my son, using appropriate techniques for communication and interaction. I am very grateful to NAMI for taking my first Helpline call and getting me quickly connected to Family-to-Family, which had a big effect on me. Mental illness in the family dominates your mind and your life, so the more education you have, the better. I am currently teaching a course on the family role in psychiatric rehabilitation to students at UMDNJ.

Angela: I have, both in terms of my own learning and awareness, and also because of the information and education available to me. Exploring, examining, and learning help us to change, or we stay stuck inside our own bubbles of fear and ignorance. As I moved out of crisis mode to acceptance that "this is the way it is," I developed skills and strategies for interacting with others and rebuilding my own life.

Night Out With NAMI, November 17



Above right: Singer Ann Hampton Callaway on stage at Stuart Country Day School in Princeton. Left: Amy O'Donnell-Hindes, Nancy Irenas, Joseph Irenas, Ted Irenas.



With his wife and children at his side, Joe Irenas accepts NAMI Mercer's Pillar Award at Night Out With NAMI, November 17. The award was in recognition of his exceptional service in promoting NAMI's mission. Irenas has been a dedicated leader and benefactor since joining the NAMI Mercer Board of Directors in 2007. He currently serves on the Finance Committee as well. The event cleared about \$51,000 to support NAMI's programs for the families of people with mental illness.



NAMI Mercer

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Top Ten Myths About Mental Illness

From the National Alliance for Research on Schizophrenia and Depression

Myth #1: Psychiatric disorders are not true medical illnesses.

Fact: Brain disorders, like heart disease and diabetes, are legitimate medical illnesses. Research shows there are genetic and biological causes for psychiatric disorders, and they can be treated effectively.

Myth #2: People with a severe mental illness, such as schizophrenia, are usually dangerous and violent.

Fact: Statistics show that the incidence of violence in people who have a brain disorder is not much higher than it is in the general population. Those suffering from a psychosis such as schizophrenia are more often frightened, confused and despairing than violent.

Myth #3: Mental illness is the result of bad parenting.

Fact: Most experts agree that a genetic susceptibility, combined with other risk factors, leads to a psychiatric disorder. In other words, mental illnesses have a physical cause.

Myth #4: Depression results from a personality weakness or character flaw.

Fact: Depression has nothing to do with being lazy or weak. It results from changes in brain chemistry or brain function, and medication and/or psychotherapy often help people to recover.

Myth #5: Schizophrenia means split personality, and there is no way to control it.

Fact: Schizophrenia is often confused with multiple personality disorder. Actually, schizophrenia is a brain disorder that robs people of their ability to think clearly and logically. The estimated 2.5 million Americans with schizophrenia have symptoms ranging from social withdrawal to hallucinations and delusions. Medication has helped many

of these individuals to lead fulfilling, productive lives.

Myth #6: Depression is a normal part of the aging process.

Fact: It is not normal for older adults to be depressed. Signs of depression in older people include a loss of interest in activities, sleep disturbances and lethargy.

Depression in the elderly is often undiagnosed, and it is important for seniors and their family members to recognize the problem and seek professional help.

Myth #7: Depression and other illnesses, such as anxiety disorders, do not affect children or adolescents.

Fact: Children and adolescents can develop severe mental illnesses. In the United States, one in ten has a mental disorder severe enough to cause impairment.

Myth #8: If you have a mental illness, you can will it away.

Fact: A serious mental illness cannot be willed away. Ignoring the problem does not make it go away, either. It takes courage to seek professional help.

Myth #9: Addiction is a lifestyle choice and shows a lack of willpower.

Fact: Addiction is a disease that generally results from changes in brain chemistry. It has nothing to do with being a "bad" person.

Myth #10: Electroconvulsive therapy (ECT), formerly known as "shock treatment," is painful and barbaric.

Fact: ECT has given a new lease on life to many people who suffer from severe and debilitating depression. It is used when other treatments such as psychotherapy or medication fail or cannot be used. Patients who receive ECT are asleep and under anesthesia, so they do not feel anything.

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!

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 class, for people living with mental illness, will start in March.

Family to Family: Two classes of Family to Family will start in February. This is a 12-week class for family members of adults who have mental illness.

NAMI Basics: NAMI Basics, a six-week class for parents or caregivers of children and adolescents with behavioral or emotional challenges, will be offered in April and May.

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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