



The Iris

A Publication of
NAMI Wisconsin
— the State's Voice
on Mental Illness

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NAMI Wisconsin Annual Conference

***Taking the Journey Together:
The Art of Living with
Serious Mental Illness***
April 30 – May 1, 2010

Radisson Hotel & Conference Center
2040 Airport Drive, Green Bay, WI 53413
Co-Hosted by NAMI Brown County



Saturday's Featured Speaker:

Austin Mardon,
PhD, CM
Scholar, consumer
advocate
"My Personal
Journey With
Schizophrenia"

Austin Mardon, PhD, CM

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Important Information — pages 14 – 15

Dates of Note:

April 7 Hotel discount cut-off
April 23 Last day to register for
conference and for
cancellation refunds

Scholar/Consumer Advocate to Open Day Two of NAMI Wisconsin Annual Conference

Austin Mardon, PhD, will be the keynote speaker on Saturday, May 1, day two of the NAMI Wisconsin Annual Conference: *Taking the Journey Together: the Art of Living with Serious Mental Illness*. Mardon is the author of more than 20 books and 110 scholarly publications. His works have dealt with such diverse areas as astronomy, the history of his home province, Alberta, and Antarctic research. Dr. Mardon explored Antarctica for two months in 1986 as part of the United States NASA/National Science Foundation-sponsored Antarctic Meteorite Recovery Expedition.

In 1992, at the age of 30, Dr. Mardon was diagnosed with schizophrenia. Since that time, in addition to continuing his academic work, and despite his own challenges as a result of his illness, he has tirelessly advocated for people with schizophrenia and other mental illnesses.

In an article in *Around Town* by Heather Andrews Miller (Vol. 27 No. 28 | July 16, 2009) highlighting Dr. Mardon's work with Canadian Mental Health, Miller notes that he connected with the Champion's Centre Inc. in Ponoka, Alberta. "The Centre houses men with significant barriers, some with simply a lack of skills, but most often a combination of factors that lead to inability to care for one's self properly, leading to homelessness."

"I began to volunteer with the organization and I eventually served on their national board," Dr. Mardon says. "More than 75 percent of homeless people are suffering from schizophrenia or other mental illness. And the tragedy of it all, is that being out of work and homeless means no counseling, and no medications," he notes, adding that the illnesses can be successfully treated with medication and they can

return to active living and working. "It's a basic need for all of us, to live a normal life like everyone else."


"People [with mental illness], who are usually misunderstood, are not to be feared, but to be helped, just as you would help people with cancer," he added.

Mardon was interviewed for a documentary about schizophrenia produced by three students at the University of Alberta as part of their honors psychology program. The students interviewed a psychiatrist and a psychologist who have worked with people with schizophrenia, two parents of children diagnosed with the illness, and three individuals who have the illness themselves, among them Dr. Mardon.

Mardon believes that educating university-aged people about schizophrenia is particularly important as symptoms of the disease can begin to appear in their age range and early treatment is key.

"The medications can be quite effective. You might have to adjust your life a little bit, but if you can get it early on, you can adapt, you can finish your university education," Mardon said. "It is important to realize that you can have a life with schizophrenia. It might not be the life you expected, but it can still be rewarding," he observed.

In addition to being keynote speaker on May 1, Dr. Mardon will also be the featured speaker at the NAMI Wisconsin Consumer Leadership Summit on April 29th in Green Bay.

For more details about Dr. Mardon, his work, his publications, and his advocacy for persons with schizophrenia, visit his Web site: www.austinmardon.org. 

Executive Director's Corner

by Lannia Syren, NAMI Wisconsin Executive Director



Lannia Syren

The face of NAMI is ever-changing.

In some ways, the face of NAMI is growing older. While many leaders from the fledgling days of NAMI are still involved on the state or local level, several are looking to retire. The loss of these vibrant individuals, who made NAMI what it is today, presents a special challenge for affiliates. How will we replace these dynamic leaders? Who will be the next person in your community to take the reins and get involved? How do we continue to grow and change while holding on to the rich history of our organization? In many affiliates around the state, new leaders are needed who will become personally involved in advocacy, education and the day-to-day oversight an affiliate requires.

As a result of the changes on the horizon, the face of NAMI will begin to grow younger for a time. New leadership can invigorate an organization but challenges remain. New leaders must be helped to understand NAMI's roots and core beliefs. They will need support from local members who are willing to pitch in and donate time and energy to the cause.

We also become a younger organization as we promote and provide programs like NAMI Basics and Parents and Teachers as Allies. As we reach out to families of young children, our membership will become more technologically savvy and will begin to use Facebook, Twitter and LinkedIn to stay in contact with one

another. Iris newsletters are currently available in a .pdf format on the NAMI Wisconsin website and as we revamp the site in 2010, we hope to be able to offer a variety of new media that can be used to spread the word of Advocacy, Education and Support throughout the state.

The face of NAMI will continue to change as we become more culturally diverse. With successful programs like ASK in NAMI Milwaukee and NAMI Fox Valley's Peer to Peer course on Native American tribal lands, we are on our way. Since 2003, NAMI National has been moving towards improving inclusion of individuals from diverse backgrounds, different ethnicities and the GLBT community.

The research is clear. Depression and suicide rates are higher among teens of diverse communities. Youth of color and GLBT identified youth face higher rates of misdiagnosis and over-institutionalization. Working together we can advocate for system reforms and implement practices and programs appropriate for children of diverse communities and their families.

As those of us at the state level strive to support and reach out to members of all ages and backgrounds who are impacted by mental illness, we will need your help. If your local affiliate has adapted a program to more effectively serve a diverse group in your community, we want to know about it. If you have ideas of how NAMI could better serve our members of various ages and from different backgrounds, we welcome your suggestions. As always, you may contact me at lannia@namiwisconsin.org. I look forward to hearing from you! 🌸

NAMI Wisconsin County Affiliates

| | |
|--|----------------|
| Barron | (715) 736-0089 |
| Brown | (920) 430-7460 |
| Chequamegon Bay (Ashland, Bayfield) | (715) 274-8403 |
| Dane | (608) 249-7188 |
| Dodge | (920) 887-8193 |
| Door | (920) 743-6162 |
| Douglas | (715) 378-2772 |
| Fond du Lac | (920) 922-0566 |
| Fox Valley (Outagamie, Calumet, Waupaca, Winnebago) | (920) 954-1550 |
| Green | (608) 329-6211 |
| Iron | (715) 476-2172 |
| Kenosha | (262) 605-9038 |
| La Crosse | (608) 784-7532 |
| Manitowoc | (920) 682-7025 |
| Marinette (WI) and Menominee (MI) | (906) 864-1933 |
| Mid Central (Adams, Green Lake, Juneau, Marquette, Waushara) | (608) 296-3373 |
| Milwaukee | (414) 344-0447 |
| Northwoods (Marathon, Lincoln, Langlade) | (715) 298-2553 |
| Oshkosh (Winnebago) | (920) 651-1148 |
| Ozaukee | (262) 243-3627 |
| Portage/Wood | (715) 592-4522 |
| Racine | (262) 637-0582 |
| Richland | (608) 647-4191 |
| Rock | (815) 624-5944 |
| Sheboygan | (920) 803-6193 |
| South Central (Sauk, Columbia) | (608) 768-5375 |
| Southwest Wisconsin (Grant, Iowa, Crawford) | (608) 348-6136 |
| St. Croix Valley (St. Croix, Pierce) | (715) 307-1921 |
| UW Madison | (608) 268-6000 |
| Vernon | (608) 637-6109 |
| Walworth | (262) 495-2439 |
| Washington | (262) 338-2393 |
| Waukesha | (262) 524-8886 |
| Wishigan (Florence, WI, Dickinson, MI) | (906) 542-7219 |

The mission of NAMI Wisconsin is to improve the quality of life of people affected by mental illnesses and to promote recovery.

NAMI of Wisconsin will accomplish its mission through the following:

- Establishing local Affiliates in keeping with NAMI National's principles and guidelines.
- Supporting Affiliates by providing follow-up advice and counsel; educational and training programs and materials; access to financial resources as appropriate; and by offering conferences, seminars, and presentations.
- Advocating at all levels of government and throughout the public sector.
- Promoting public education and understanding of mental illnesses.

Charm City Connection: A Report From the NAMI National Winter Leadership Conference

By Geoff Greiveldinger

The first weekend of February, Executive Director Lannia Syren, Consumer Council member Janine Militzer, and I attended NAMI National's annual winter leadership conference in Baltimore (known locally as "Charm City"). While Charm City struggled with a snowstorm little short of terrible, we enjoyed a conference little short of terrific. Let me tell you about it.

State advocacy. The first day was devoted to advocacy at the state (and, for places like Wisconsin, at the local) level. Against the backdrop of state budget crises nationwide (only Montana and North Dakota expect no shortfalls), the conference showed us how to build our advocacy capacity and hone our advocacy skills. We weren't sitting through boring PowerPoints; we were participating almost every step of the way.

After an introduction to the scope of state budget problems, we worked on matters essential to effective advocacy. "Marketing Our Message" showed how to get state policy makers' and media attention on critical policy issues. "Mobilizing the Grassroots" was an illuminating exercise in how to encourage our best advocates—our family and consumer members—to communicate quickly and effectively with policy makers. "Capturing Policy Makers' Attention" forced us to put it all together, culminating in a multi-agency press conference at the end of a 70-minute session.

Standards of Excellence. Those of you in affiliate leadership positions have heard me harp on NAMI's draft Standards of Excellence before, and you'll keep hearing it. I expect the NAMI National Board to formally adopt the Standards at the July annual meeting. The conference's second day helped us learn the standards better and how to apply them.

The Standards of Excellence are intended to help ensure that, at all levels (national, state, local), NAMI meets present-day community expectations regarding openness and accountability and to help NAMI become a more seamless organization nationwide. The Standards of Excellence are not intended to make life more difficult for state organizations or local affiliates or to increase paperwork beyond what state and federal laws require.

But the public expects more openness from government, business, and non-profits. Donors want assurance that their money is put to good use. Organizations that operate transparently and in conformity with applicable laws and best practices provide that assurance. The Standards of Excellence will help NAMI, at all levels, to do so.

Here again, the conference was less "listen" and more "think and do." After a short introductory session, we began by applying the Standards to hypothetical case situations (some of which looked distressingly familiar to some of the participants).

The next session required us, working as a "state team," to honestly assess where our organization stood with respect to the Standards' five major areas: Board Responsibilities/Governance, Communications-Identity/Branding, Diversity/Inclusion, Fundraising, and Membership. In some areas (e.g., Board Responsibilities/Governance), we felt we were doing reasonably well, or at least making progress. In some (e.g., Diversity/Inclusion), we recognized that there's a long way to go.

Knowing our organizational strengths and weaknesses, we three Wisconsin members split up for the last two rounds, so we could cover all five sessions, one for each of the five major Standards areas. Those were also more "think and do" than "listen and learn."

On Sunday morning, our team split up to meet with the NAMI advisory groups of which we are members: State Presidents Council, Executive Directors Group and Consumer Council.

Going forward. NAMI National put on a great program. Now it's up to us at the state—and ultimately at the local—level to take advantage of it all. Over time, we expect to do so. We hope to be able to make our advocacy more effective and to help you, locally, do the same. Likewise, we hope that, guided by NAMI's Standards of Excellence, we can enhance our governance, our diversity, our communications, our fundraising, and—above all—help build and sustain our membership statewide.

If you're interested in any of the session activities
(continued on page 6)

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NAMI Encourages DSM-5 Discussion

In a press release on February 12, 2010, NAMI National urged individuals and families to familiarize themselves with the draft of the new Diagnostic and Statistical Manual (DSM), which is used by psychiatrists and other mental health professionals to classify and diagnose mental disorders in children and adults.

Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used by mental health professionals in the United States and contains a listing of diagnostic criteria for every psychiatric disorder recognized by the U.S. healthcare system. The current edition, DSM-IV-TR, is used by professionals in a wide array of contexts, including psychiatrists and other physicians, psychologists, social workers, nurses, occupational and rehabilitation therapists, and counselors, as well as by clinicians and researchers of many different orientations (e.g., biological, psychodynamic, cognitive, behavioral, interpersonal, family/systems). It is used in both clinical settings (inpatient, outpatient, partial hospital, consultation-liaison, clinic, private practice, and primary care) as well as with community populations. In addition to supplying detailed descriptions of diagnostic criteria, DSM is also a necessary tool for collecting and communicating accurate public health statistics about the diagnosis of psychiatric disorders.

According to NAMI National, "The DSM historically has had a very significant impact on the treatment of mental illnesses and on the payment of mental health treatment and related services. A committee created by the American Psychiatric Association (APA) has been working on a DSM revision to reflect current scientific understanding about mental disorders.

Earlier this month, the APA posted the draft of the revised DSM, known as the DSM-5. The draft DSM-5 can be found at www.DSM5.org.

For the next two months, the APA is seeking input from consumers, family members, clinicians and others about the proposed changes contained in the DSM-5. The deadline for submitting these comments is April 20, 2010. NAMI encourages the public to visit the DSM-5 Web site to understand the proposed changes and submit comments as appropriate.

Publication of the fifth edition of ***Diagnostic and Statistical Manual of Mental Disorders*** (DSM-5) in May 2013 will mark one of the most anticipated events in the mental health field. As part of the development process, the preliminary draft revisions to the current diagnostic criteria for psychiatric diagnoses are now available for public review and comment.

Visitors to the DSM 5 Web site are welcomed by David J. Kupfer, MD, DSM-5 Task Force Chair and Darrel A. Regier, MD, MPH, DSM-5 Task Force Vice-Chair, who state, "This site provides information culminated from over 10 years of revision activities, made possible thanks to the generous dedication of more than 600 global experts in the field of mental health.

"The DSM-5 Task Force and Work Group members are working to develop criteria for diagnoses that not only reflect new advances in the science and conceptualization of mental disorders, but also reflect the needs of our patients. We encourage you to delve into the wealth of information contained within this site to become familiar with some of the advancements in scientific and clinical knowledge that will assist in making diagnoses more accurate, valid, and clinically useful. We also hope that this knowledge will pave the way for further research in these important areas.

"Your input, whether you are a clinician, a researcher, an administrator, or a person/family member affected by a mental disorder, is important to us. We thank you for taking part in this historic process and look forward to receiving your feedback."

The draft disorders and disorder criteria that have been proposed by the DSM-5 Work Groups can be found on links on the site. Visitors click on the links to read about proposed changes to the disorders that interest them. The proposed criteria listed on the site are not final. They are initial drafts of the recommendations that have been made to date by the DSM-5 Work Groups. Viewers will be able to submit comments until April 20, 2010. After that time, the site will be available for viewing only.


Among the disorders listed for review are: structural, cross-cutting, and general classification issues; disorders usually first diagnosed

in infancy, childhood, or adolescence; delirium, dementia, amnesic, and other cognitive disorders; mental disorders due to a general medical condition not elsewhere classified; substance-related disorders; schizophrenia and other psychotic disorders; mood disorders; anxiety disorders; somatoform disorders; factitious disorders; dissociative disorders; sexual and gender identity disorders; eating disorders; sleep disorders; impulse-control disorders not elsewhere classified; adjustment disorders and personality disorders.

With the interest in the revision of DSM, articles have appeared in the news media, speculating on the addition of potential new diagnoses.

Most of this speculation has very little basis in fact. The goal of DSM is to establish clear criteria for diagnosing mental disorders, not to create medical conditions out of the full range of human behavior and emotions. Any new or substantially modified diagnosis will come about only after a comprehensive review of the scientific literature, and full discussion by the work group members with input by the DSM-5 Task Force and Advisors.

The APA is, however, grappling with some important issues as it develops DSM-5. For example: There has been a great deal of research done on Posttraumatic Stress Disorder that provides new insight into that disorder and may result in some diagnostic changes, especially related to development. The diagnosis of Gender Identity Disorder has created concerns among members of the gay/lesbian/bisexual/transgender community, questioning whether the condition is a mental disorder, a physical disorder or a normal variation of human behavior. While much of the concern has centered around treatment, which DSM does not address, the APA will still address issues of diagnosis. The Substance Related Disorders Work Group is also considering non-substance addictions, such as Pathological Gambling and Internet Addiction.

NAMI also wants to hear reactions and comments. Post your feedback on the NAMI National Web site and engage in the DSM-5 discussion at www.nami.org/discussion/dsmv. 

NIMH Study Answers the Call For a “Revolution in Mental Health Research”

In a January 19, 2010 press release NAMI National cited an editorial in the international scientific journal, *Nature*, that “calls for a major revolution in mental illness research this decade.”

“While funding for mental illness research traditionally has lagged behind research for other illnesses,” the press release continues, “new biomedical science is expected to give researchers an unprecedented understanding of the brain’s biology this decade, which may improve mental illness diagnoses and therapies. “Today, both diagnosis and medications typically are used to address the late-stage development for an illness. For example, people with schizophrenia often are not treated until they are experiencing delusions. The earlier stages of mental illness appear much less well defined and are less well understood, and yet, early intervention would lead to better outcomes for people living with these illnesses.

“In addition to shedding light on the biology behind the earlier stage of mental illness, the author notes that research also is needed to address the effectiveness and side effects of current medications, as well as environmental influences on mental illness.”

One study that will attempt to shed light on those issues is the launch of a large-scale research project by the National Institute of Mental Health (NIMH) to explore whether using early and aggressive treatment, individually targeted and integrating a variety of different therapeutic approaches, will reduce the symptoms and prevent the gradual deterioration of functioning that is characteristic of chronic schizophrenia.

The Recovery After an Initial Schizophrenia Episode (RAISE) project is being funded by NIMH with additional support from the American Recovery and Reinvestment Act (ARRA). RAISE is a model example of how money from the Recovery Act can accelerate science related to public health problems and potentially benefit those citizens most in need.

“This new initiative will help us determine whether intervention that is started early, incorporates diverse treatment and rehabilitation approaches, and is sustained over time, can make it possible for more people with schizophrenia to return successfully to work and

school,” said NIMH Director Thomas R. Insel, MD. “Moreover, the interventions being tested will be designed from the outset to be readily adopted in real-world health care settings and quickly put into practice.”

Despite the availability of moderately effective treatments, such as antipsychotic medications and various psychosocial interventions, people with schizophrenia often do not receive treatment until the disease is already well established, with recurrent episodes of psychosis, resulting in costly multiple hospitalizations and disabilities that can last for decades. Periods of unemployment, homelessness, and incarceration are common, making schizophrenia a costly disease for individuals, their families, and the community at large.

RAISE will test approaches that involve intervening immediately upon first diagnosis, systematically incorporating the range of options that are now available in a more piecemeal fashion to people with schizophrenia. These options include medications, psychosocial treatments, and rehabilitation, including teaching consumers and families how to manage the disease. The hope is that such a coordinated approach tailored to each individual and sustained over time may make lasting differences in the acceptability of treatment and overall function.


Agencies and organizations that play a role in providing health care and other services to people with schizophrenia will have an opportunity to participate in the design of the interventions to be evaluated by RAISE. Federal organizations, including the Substance Abuse and Mental Health Services Administration (SAMHSA), the Social Security Administration, the Centers for Medicare and Medicaid Services, the Department of Veterans Affairs, the Walter Reed Army Medical Center, and the National Institute on Drug Abuse, will be involved along with mental health care consumers and family members, private health care providers, additional scientific experts, and state and local agencies. Other agencies may become involved as the project proceeds. Involving these stakeholders will help ensure that, if successful, this evidence-based approach can be disseminated and adopted rapidly, thus significantly speeding the transition between research findings and their use in real-world practice.

Two research groups will work in parallel to develop and test potential intervention approaches. One group will be led by John M. Kane, MD, of the Zucker Hillside Hospital, Feinstein Institute for Medical Research, Manhasset, N.Y. The other group will be led by Jeffrey Lieberman, MD, of the Research Foundation for Mental Hygiene, Inc., New York City. The research teams feature national and international collaborations, with treatment to be delivered in up to 30 clinical sites across the United States.

Recovery Act funds will underwrite the initial two phases of the trial, during which the investigators will refine the interventions with input from stakeholders and a conduct feasibility study to demonstrate that each intervention can be fielded in real world community treatment settings and be evaluated in a randomized clinical trial design. With long-term funds committed by NIMH to complete these phases plus a full-scale clinical trial, funding for the study is \$40 million.

“Depending on the study’s outcome, RAISE could help set the stage for a paradigm shift in the way schizophrenia is treated in the United States. The ultimate goal of the initiative is to eliminate the chronic form of schizophrenia that is so costly and devastating to the individual, family members, and society as a whole,” said Robert Heinssen, PhD, acting director of the NIMH Division of Services and Intervention Research project officer for RAISE. “This Recovery Act-supported project will hire and help train many mental health researchers and care providers for a project that is likely to help some of our most vulnerable citizens lead more productive and satisfying lives.”

NIMH is using Recovery Act funds to carry out objectives identified in its Strategic Plan. Among these objectives is to develop new and better interventions that incorporate the diverse needs and circumstances of people with mental illnesses and to strengthen the public health impact of NIMH-supported research.

To read more about NIMH research projects or their Strategic Plan visit their Web site at: <http://www.nimh.nih.gov/index.shtml>. 

NARSAD and UW Madison Department of Psychiatry co-host “Healthy Minds Across America” seminar

Wisconsin’s consumers, family members, and health professionals will have a unique opportunity on Saturday, April 10, to attend a “Healthy Minds Across America” seminar at UW Madison. The event is being presented by NARSAD, the Brain and Behavior Research Fund and the UW Madison Department of Psychiatry, one of a series of seminars that will take place over four weekends in April and May. The seminar is part of a nationwide campaign to inform the public about mental health research and its applications to treatment.

Featured speakers are Assistant Professor Heather Abercrombie, PhD, Assistant Professor Michael Peterson, MD, and Assistant Professor Jack Nitschke, PhD. The forum will be moderated by the Chairman of the Department, Ned Kalin, MD.

The first series of seminars began on Sunday, September 14, 2008, when some 4,000 consumers, family members and health professionals concerned about mental health issues heard about the latest research findings and how new directions in science are making a difference in what we know about mental illness in 47 free, public forums throughout the United States and Canada. The seminars offered new insights into a range of disorders, including schizophrenia, depression, bipolar disorder, anxiety, autism, PTSD and addiction. The day of events brought together some of the greatest minds and talents in psychiatric and neuroscience research, who covered a broad range of disorder areas and investigative inquiries, including basic research and clinical studies. After each presentation, audience

members had an opportunity to ask the experts questions. Most in attendance were consumers seeking to learn about potential new treatments for their disorders, parents concerned about their children’s chances of recovery, mental health professionals interested in understand-

Healthy Minds Across America

Co-hosted by NARSAD and
UW Madison Dept. of Psychiatry

April 10, 2010, 1:00 – 4:00 pm
Health Sciences Learning Center
Room 1345, 750 Highland Ave.
Madison, WI


For more information:
<http://www.psychiatry.wisc.edu>
or call Vanessa Balchen 608-263-0491

ing the causes and mechanisms of mental illnesses and how to better help their clients, teachers who wanted to find out how to work more effectively with their students with brain and behavior disorders, and students of psychiatry and neuroscience.

At the time of the 2008 launch of “Healthy Minds,” Stephen Lieber, chairman of NARSAD’s board of directors commented, “The inaugural launch of “Healthy Minds Across America” represents a new phase in NARSAD’s leadership in mental health research. We recognize the need to expand

our public awareness efforts beyond isolated events, and are making a concerted effort to reach out to a greater number of communities across the continent—and eventually the world. It is our desire to connect with all those dedicated to overcoming mental illness, and the improvement of quality of life for those who suffer from its effects.”


Fortunately, the success of the 2008 event inspired sponsorship of a new round of seminars in 2010. Outside the federal government, NARSAD, a nonprofit organization, is the largest source of competitive funding for mental health research. Since 1987, when NARSAD began giving grants as the National Alliance for Research on Schizophrenia and Depression, it has awarded more than \$256 million in research funds and 3,775 grants to researchers who have helped pioneer breakthroughs in deciphering how the brain develops, how its component parts act and how this key organ may differ in people with mental illness. Their efforts have led to new drugs, devices and rehabilitative approaches to care for people with a wide range of brain and behavior disorders.

Consumers, family members, mental health professionals and other interested individuals may attend the “Healthy Minds Across America” event at the Health Sciences Learning Center (HSLC), Room 1345, 750 Highland Ave., Madison on Saturday, April 10, 2010. The seminar will run from 1:00 to 4:00 pm. For more information visit the Department of Psychiatry Web site, <http://www.psychiatry.wisc.edu>. 

Charm City

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ities, all are on NAMI National’s website: http://www.nami.org/Template.cfm?Section=State_and_Affiliate_Service_Center&Template=/MembersOnly.cfm&ContentID=95387 You’ll need to log in as a member.

All in all, Baltimore was a success, and the crab cakes were wonderful! 

Omission


The article, “Stakeholders Cooperation is Key to Disseminating and Implementing Evidence-Based Practices for Elders” by Catherine Swanson-Hayes in the last issue of *The Iris* should have attributed some of the key issues of working with older adults to Timothy Howell, MD. We regret the omission.



NAMIWalks

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NAMI Waukesha event contact Jana Hockerman, 262-524-8886, FAX 262-547-1321 or email Jana at jananamiwauk@aol.com.

Information about these NAMIWalks and NAMI Wisconsin’s Brown County, Fox Valley and Dane County NAMIWalks coming up in the fall may be found on the NAMI National Web site: <http://www.nami.org>. 

From Our Files: The Face of Mental Illness: Reasons for Optimism

by Diane C. Gooding, PhD

Reprinted from *The Iris*,
September/October, 2001

What does mental illness look like?

Mental illness is characterized by a reduction or impairment of functioning, which may be manifest in disturbed emotional, cognitive, behavioral, and/or interpersonal functions. Mental illness, broadly defined, typically involves subjective distress. If left untreated, mental illness is associated with a significantly increased risk of negative outcomes, such as pain, disability, loss of freedom or death.

Asking whether there is a singular presentation for mental illness is similar to asking whether all people with diabetes look the same. There are different types of diabetes, including childhood-onset diabetes and adult-onset diabetes, and there are varying degrees of severity of illness. Despite differences in causes, age of onset, and illness severity, all individuals with diabetes require monitoring of blood glucose and all benefit from health-enhancing behaviors. Some forms of diabetes are managed through careful monitoring and food intake, whereas other forms are managed through injections of insulin and/or pills. Some individuals with diabetes will eventually suffer consequences of the illness such as blindness, amputations, kidney disease, or neuropathy (nerve damage). Some individuals with diabetes may have extensive family histories of the illness, indicating that there is a genetic component to the disorder. Despite the genetic component, there is

also evidence that there are complex interactions with the person's environment and behaviors (including, but not limited to, treatment compliance) which may alter the course of the illness.

What do we know about a person who reveals that s/he has a mental illness?


Learning that someone has a mental illness should be akin to learning that the person has a chronic physical illness. There may be the need for lifelong medication and/or booster sessions with a psychotherapist. Accommodations may need to be made at the person's home as well as his place of employment and/or place of study.

Is there hope for a person with a mental illness?

The stereotype of a person with a mental illness being locked up, sequestered away from society belies the myriad treatment options that are now available. Medications, comprehensive medical and psychosocial treatment programs such as PACT (Program for Assertive Community Treatment), partial hospitalization and/or day treatment programs, and empirically based cognitive therapies have all proven successful in treating various forms of mental illness. Increasingly, through the advances made by research, newer more effective medications are being developed. Currently, there is greater appreciation than ever that, due to individual differences and varied symptom profiles, some medications are more effective

for different subtypes of illness. On the behalf of family members, physicians, and other members of the mental health field, there is greater appreciation that onerous side effects can be a strong deterrent to medication compliance. Fortunately, there have been considerable advances in terms of devising medications and treatment regimes with less adverse side effects. There is reason to be hopeful that the next generation of medications will be even more improved in terms of managing symptoms, preventing relapses, and minimizing side effects.

Can we expect the face of mental illness to be altered in the future?

There are already signs that the face of mental illness is changing. There's increasing knowledge regarding the different subtypes of bipolar disorder. There is a keener understanding of the differences between dementia and depression in the elderly and more careful screening of both disorders. There have been inroads in terms of understanding that a given diagnosis can yield very different prognoses; the underlying mechanisms for the different outcomes are currently being studied. Due to the continuing press of geneticists, basic scientists, clinical researchers and experimental psychopathologists, more scientific advances are forthcoming. We can expect that the face of mental illness will be altered, with better means of early detection, more varied means of early intervention, and greater likelihood of shorter duration of untreated illness. 

NAMI Wisconsin Calendar 2010

April:

9 – 11: NAMI Connection
Facilitator Training

14: Affiliate Support Teleconference
6 PM

29: NAMI Wisconsin Consumer
Leadership Summit

30: NAMI Wisconsin Annual Meeting
(in conjunction with Conference)

April 30 – May 1:

NAMI Wisconsin Annual Conference

May:

8: Board of Directors Meeting

14 – 16: Family-to-Family Teacher
Training

15: NAMIWalk, NAMI Greater Milwaukee

17 – 21: CITeam Training, Kenosha

22: NAMIWalk, NAMI Waukesha

22 – 23: *In Our Own Voice* Presenter
Training

June 30 – July 3:

NAMI National Convention,
Washington D.C.

*Check the NAMI Wisconsin Web site
Calendar at www.namiwisconsin.org
for details and additional events and
trainings.*

Position Paper on CCAP and the N.G.R.I. Ruling

by Lisa Glueck

Most of us are lucky. We are usually not even aware of our great good fortune. Our unacknowledged blessing is that our brains work normally and we can rely on our ability to perceive reality accurately.

People afflicted with mental illness are not so fortunate. According to statistics published by the National Institute of Mental Health (August 2009), serious mental illnesses involving psychosis affect an estimated 6% of Americans over the age of 18. Like most other diseases, they overtake their victims without warning or choice.

Like many other diseases, mental illness attacks a particular physical organ in the body. Unfortunately, in the case of mental illness, that organ is the brain. Society can easily misinterpret mental illness as bad character, poor impulse control, or laziness. In fact, mental illness stems from a chemical alteration in the brain. It is as choiceless as cancer or multiple sclerosis.

It is disappointing to discover that our personalities and competencies depend upon the health and well-being of a primary physical structure. When major mental illness strikes, its victims can no longer navigate effectively in our consensual social milieu. Unreliable perceptions and ideas invade their consciousness in a frightening barrage.

While acting under the misperceptions caused by mental illness, sometimes people come into conflict with the law. What generally distinguishes this form of "criminal behavior" from the more common type is that it offers no particular advantage to the perpetrator. It is not committed to gain economic or social advantage.

When mental hospitals closed in the 1970s,

law enforcement became the first line of defense in dealing with the mentally ill. This is unfortunate, because law enforcement tends to be punitive. Obviously, punishment for an illness is not humane.

When a loved one becomes obviously ill, family members are informed by the mental health and forensic community that nothing can be done until the person proves himself to be a danger to himself or others. When the afflicted person's behavior eventually escalates to the point of warranting police attention, he is then held legally responsible for breaking the law.

With competent legal representation, the mentally ill person is sometimes given the judgement of N.G.R.I., "not guilty by reason of mental disease or defect." More commonly, the mentally ill person goes to jail or prison. Unfortunately, there is not room here to address the immense tragedy of this situation.

With the N.G.R.I. ruling, the ill person is placed under a conditional release program. This program involves court-ordered medication and behavioral supervision. If the person does not meet the conditions of the program, he is incarcerated in the forensic unit of the state hospital.

Medications to treat mental illness are not perfect. They cause many undesirable side effects. Nevertheless, they can be effective in controlling the symptoms of distorted thinking. They enable the afflicted person to, once again, distinguish the real from the illusory.

As the person struggles to recover a semblance of a workable life, he is hit with one more major challenge. A record of his misdeeds, committed while ill, is available for

anyone to observe at the click of a mouse. Even more intolerably, his mental illness is displayed for all to see on CCAP (Consolidated Court Automation Programs). Obviously, this makes it nearly impossible for him to obtain a job or an apartment. It also makes it more difficult to find a friend. It represents one more nail in the coffin of his self-esteem. It is commonly estimated that 10% of those with major mental illnesses commit suicide due to depression.

Interestingly, there is a confidentiality statement on the first page of the standard conditional release treatment plan. It states, "This document contains confidential information relating to the mental health diagnosis and treatment of a person committed to the Wisconsin Department of Health and Family Services (DHFS) after being found not guilty due to mental disease or defect pursuant to ss971, Wis.Stats. It is protected pursuant to ss55.30, Wis.Stats., and HFS92. Wis. Administrative Code. Distribution is limited to those who have statutory access or who are ordered by the court to have access."

With these legal safeguards spelled out, I'm trying to understand why this personal and stigmatizing medical information is blatantly broadcast on CCAP.

Decency and compassion must temper our zeal for open records. While current law excludes people with forensic involvement from HIPAA privacy protection, this issue deserves reexamination, particularly for those with an N.G.R.I. ruling. Is it just to attach a perpetual scarlet letter to someone who was acknowledged by the courts as being unable to distinguish right from wrong at the time of his illegal actions? 🌸

Consumer Leadership Summit

The NAMI Wisconsin Consumer Council will host a Consumer Leadership Summit on Thursday, April 29, 2010 from 4:30 until 7:00 pm at the Radisson Hotel & Conference Center, Green Bay. The speaker this year is Austin Mardon, PhD, CM, who will also be the

featured speaker at the NAMI Wisconsin Annual Conference on Saturday, May 1. See Dr. Mardon's biography on page one. Consumers attending the Leadership Summit are encouraged to also attend the two day conference which will feature workshops,

references, and networking opportunities. Consumers wishing to attend the Leadership Summit must pre-register as space is limited. Registration form for both events is on pages 14 and 15. 🌸

Assertive Community Treatment: A Look at the First of Five SAMHSA-Recognized Evidence-Based Practices

The 2009 NAMI Grading the States Report cited lack of fidelity to evidence-based practices as an area of urgent need for Wisconsin. A review of the key elements of the five evidence-based practices recognized by the Substance Abuse Mental Health Services Administration (SAMHSA) will appear in the next several issues of *The Iris*.

Assertive Community Treatment is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illnesses. It has a substantial research base and has proven clinical and cost effectiveness.

A team of professionals whose backgrounds and training include social work, rehabilitation, counseling, nursing, psychiatry, and peer specialists provide a range of integrated services. Among the services ACT teams provide are: case management, initial and ongoing assessments; psychiatric services; illness management and education; employment and housing assistance; peer support; family support and education; substance abuse services; and other services and supports critical to an individual's recovery and success in the community. ACT services are available 24 hours per day, 365 days per year.

Consumers served by ACT are individuals with serious and persistent mental illnesses that have caused severe functional impairments. They are generally consumers who have avoided or not responded well to traditional outpatient mental health care and psychiatric rehabilitation services and are in need of intensive and frequent services at times. Per-

sons served by ACT often have co-existing problems such as homelessness, substance abuse problems, or involvement with the criminal justice system.

Assertive Community Treatment services adhere to certain essential standards and the following basic principles:

- **Primary Provider of Services:** The multidisciplinary make-up of each team (psychiatrists, nurses, social workers, rehabilitation, etc.) and the small consumer to staff ratio, helps the team provide most services with minimal referrals to other mental health programs or providers. The ACT team members share offices and their roles are interchangeable when providing services to ensure that services are not disrupted due to staff absence or turnover.
- **Services are Provided Out of Office:** Services are provided within community settings, such as the person's own home and neighborhood, local restaurants, parks and nearby stores.
- **Highly Individualized Services:** Treatment plans, developed with the consumer, are based on individual strengths and needs, hopes and desires. The plans are modified as needed through an ongoing assessment and goal setting process.
- **Assertive Approach:** ACT team members are pro-active with consumers, assisting them to participate in and continue treatment, live independently, and recover from disability.
- **Long-Term Services:** ACT services are intended to be long-term due to the severe impairments often associated with serious and persistent mental illness. The process

of recovery often takes many years.

- **Emphasis on Vocational Expectations:** The team encourages all consumers to participate in community employment and provides many vocational rehabilitation services directly.
- **Substance Abuse Services:** The team coordinates and provides substance abuse services.
- **Psycho-educational Services:** Staff work with consumers and their family members to become collaborative partners in the treatment process. Consumers are taught about mental illness and the skills needed to better manage their illnesses and their lives.
- **Family Support and Education:** With the active involvement of the consumer, ACT staff work to include the consumer's natural support systems (family, significant others) in treatment, educating them and including them as part of the ACT services. It is often necessary to help improve family relationships in order to reduce conflicts and increase consumer autonomy.
- **Community Integration:** ACT staff help consumers become less socially isolated and more integrated into the community by encouraging participation in community activities and membership in organizations of their choice.
- **Attention to Health Care Needs:** The ACT team provides health education, access, and coordination of health care services.

Fidelity protocol and measures for Assertive Community Treatment can be found at:

http://download.ncadi.samhsa.gov/ken/pdf/SMA08-4345/ACT_Kit_EvaluatingProgram.pdf



NAMI Walks 2010

NAMI Greater Milwaukee and NAMI Waukesha will hold Wisconsin's first two NAMI Walks of 2010. NAMI Greater Milwaukee will hold their walk on Saturday, May 15, with walkers stepping off from Veteran's Park on Lincoln Memorial Drive at 10:00 am. Participants may check in at 9:00 am for the three mile walk. Honorary Walk Chairs are Greg Jennings of the Green Bay Packers and his wife Nicole Jennings. This year's goal is

\$60,000. To register or donate visit the NAMI Greater Milwaukee Web site at <http://www.namigm.org>. For more information about the NAMI Greater Milwaukee NAMI Walk contact Executive Director Peter Hoeffel at 414-344-0447, FAX 414-344-0450 or email Peter at peterh@namigm.org. NAMI Waukesha's walkers will step off from Frame Park in Waukesha at 11:00 am on Sat-

urday, May 22. Participants may begin check-in at 10:00 am for the 5K walk. NAMI Waukesha will hold its annual kick-off luncheon on Thursday, April 1 at 11:00 am at Thunder Bay Grille in Pewaukee. The goal for 2010 is \$50,000. Mail matching gifts or offline donations to: NAMI Waukesha, 217 Wisconsin Avenue, Suite 411, Waukesha, WI 53186. For information about the *(continued on page 6)*

Commitment Drives NAMI Walworth's Mission

by Rick and Maria Ruby

NAMI Walworth, Inc. is synonymous with the word commitment as we have for the last eleven years been stamping out stigma in Walworth county and promoting awareness and support for persons with mental illness.

When Jean and Gil Malmstrom's son was diagnosed with bipolar disorder more than 20 years ago, they learned about NAMI Waukesha. Jean and Gil's involvement included attending a "Family-to-Family Education Program" course.

Realizing the need for a support group for people affected by mental illness in Walworth County, Jean and Gil co-founded NAMI Walworth, Inc. in 1999. Jean was president of the original NAMI Walworth Board of Directors, serving at that time with four other members. The current board has ten members, three of whom are consumers.

The affiliate, with a grant of \$450 and the help of Walworth County Health and Human Services began meeting once a month in a small room at a Methodist church in Elkhorn. The affiliate began with just a handful of members, but has grown to an organization with over 50 members. The NAMI Walworth mailing list currently has over 100 individuals as well as several professionals and interested organizations.

NAMI Walworth has always had the support of persons with mental illness, their families and friends as its primary goal. Our original Consumer Support Group had one leader and met once a month, but as our membership has grown, we have moved into the Health & Human Services building and expanded our support groups for consumers to two groups meeting on the first and third Wednesdays of each month. We also have a Family Support Group that meets at the same time as the consumers' group. To accommodate the extra support groups, our support group leadership has grown from one person to six trained, dedicated people.

We are always on the lookout for educational and interesting subject matter that will engage and benefit the consumers and family members who comprise our membership. On the third Wednesday after support groups, we have professionals from the community come to speak about topical subjects. Speakers have included politicians, psychiatrists, dietitians, and law enforcement officers—including the jail

administrator.

Fun nights are another important activity for the NAMI Walworth affiliate. We may watch movies or play games. One fun night featured a member doing a karate demonstration. Each year we have a holiday party, a summer picnic and outings to see the Beloit Snappers Baseball game. Our annual awards banquet is the high-

PAYDAY

Up, up, and away
The children all play
And laugh in the sunshine
Most every day

The mothers and fathers
Gather their pay
And when it is gone
They learn how to pray

The children don't worry
About where they will stay

But the mothers and fathers
Worry more than they say

— Eddie Grossback

light of Mental Illness Awareness Week in October. The banquet is our way of thanking NAMI Walworth's consumer members and

recognizing that year's outstanding consumer, as well as acknowledging the community support that we have received.

To help the Walworth affiliate grow and better serve our members, we have been able to get grants through NAMI Wisconsin, donations from community organizations, and the private sector. One successful way of promoting NAMI Walworth, Inc. is by working brat stands sponsored by area grocery stores. The brat stands give us community exposure and also serve as terrific fundraisers.

The NAMI Walworth Board has a Public Relations Chairperson who promotes NAMI through Public Service Announcements on several radio stations and newspapers, informing the public about meeting times, locations and guest speakers. The promotions are done at little or no cost.

We also have a quarterly newsletter. In addition to news about affiliate activities, a highlight of each newsletter is a poem written by one of our consumer members, Eddie Grossback. Check the textbox to see one of his latest works.

NAMI Walworth serves a rural county with people scattered over a wide area. As in many rural communities, transportation is a problem. We rely heavily on our members to provide rides for other members who do not drive to be able to attend our meetings and outings.

One goal to provide for a successful future for our affiliate is to set up a Web site. We hope a Web site will enable us to reach out to members of our community that may not other-

wise learn about NAMI Walworth and what we have to offer. This focus addresses a growing need to reach the young adults of our community, key to NAMI Walworth's continued success. 🌱

NAMI Walworth members John Stack, Dan Poulson, Tim Whitmore and Maria Ruby work on one of their community outreach projects.



NAMI National Rolls Out New Peer-to-Peer Curriculum

by Vaunceil Kruse

On Friday, February 19th, NAMI National rolled out a new curriculum for the Peer-to-Peer Recovery Education Program. NAMI Wisconsin affiliates presenting the new 3rd edition Peer-to-Peer curriculum will find the number of paid mentors reduced from three to two, as well as many content-based updates that make the curriculum timely and user-friendly.

The positive responses to the 2nd edition course continue with this updated version. One class member in the 3rd edition pilot group offered, “This course has literally been a life saver. It has opened my eyes to better understanding my illness and methods of recovery I did not know about before taking the course.”

The new curriculum focuses sharply on the Peer-to-Peer Program’s six identified goals:

1. Hope that recovery is possible
2. Education on mental illness
3. Self-recognition and awareness
4. Bonding with peers
5. Concrete coping skills
6. Better acceptance of mental illness

The Peer-to-Peer 3rd Edition curriculum is much more interactive than the 2nd edition. There are many activities that ask participants to respond to what they are hearing, rather than being passive listeners. As challenges present themselves, group brainstorming sessions allow everyone to actively take a role in finding solutions to those challenges. Often the best ideas come from people who might not express those ideas without being given the opportunity to speak.

Mentors who piloted the updated project found the new curriculum manual to be more user-friendly. The manual is designed to be less complicated, giving mentors a clearer understanding of each part of the curriculum—the “hows and whys” of the content and approach.

In the 3rd Edition mentors will find new sections on the biology of mental illness and current scientific research on the brain. A section on suicide prevention has been added, and a section on physical health and how healthy lifestyles can positively impact those with mental illness.

Another important addition to the Peer-to-Peer curriculum is a section presented early

in the course focusing on the cultural impact of mental illness. Individuals identify with particular cultural groups based on race, gender, sexual orientation, religion, even geography. People who live in cities have a different culture than those living in rural areas. These cultural identities are significant parts of not only self-identity and self-acceptance, but also with coming to acceptance of mental illness while being a part of the identified culture.

The Peer-to-Peer Program establishes clear group ground rules at the beginning of the course, and the new curriculum has added ice breakers and activities to make people comfortable. A popular icebreaker with curriculum pilot groups involves tossing a beach ball to learn names. Mentors in the pilot groups for the new curriculum gave other positive reviews, as well. A mentor in California said, “I found the information more updated and liked the fact there is more class participation. I feel the consumers will learn more and get more out of the class. I also liked the fact that not as much time was spent on the Advanced Directive and more time can be spent on more important issues such as suicide prevention, hospital stays, jail issues and others. Overall I liked this issue much better than last and think all participants will too!”

Luann Simpson of NAMI Racine weighed in on the new curriculum. “As a Peer-to-Peer Mentor and NAMI Wisconsin State Trainer for the past seven years, I have eagerly awaited the much anticipated roll out of the newly revised 3rd Edition of NAMI’s Peer-to-Peer Recovery Education Course. I applaud NAMI National’s Sarah O’Brien and her staff for making these much needed revisions of the course while protecting the overall integrity of the course. The revisions have addressed much of the feedback from Participants, Mentors, State Trainers and Coordinators that I have heard over the past seven years.

“After review of the 3rd Edition, I have found it to be more readable, with less Mentor reading and increased Participant reading and interaction. I like the addition of the unscripted Orientation week. I also was pleased to see the addition of sections addressing suicide and prevention and physi-


cal health issues. I also like the new approach to presenting information on Advance Directives. Some exercises have been removed from the course and explanations for both the target and the relapse prevention grid have been made clearer.

“I have always found the material in class 7 (the Linehan stuff) a bit confusing. The 3rd Edition changes the language a bit, making the material easier to understand. I know that change is difficult for many of us, especially those of us who have taught the current edition of Peer-to-Peer many times, including myself. However, I believe that once we get past teaching the 3rd Edition for the first time we will become as attached to it as we have become to the previous edition. Remember, when you are teaching the new edition fidelity to the course material continues to be vital!”

Peer-to-Peer mentors will be updated on how to use the new curriculum through an online training from NAMI National. Affiliate leaders and Peer-to-Peer mentors should contact the NAMI Wisconsin office as soon as a class is scheduled in order to get a one and one half hour training reserved with NAMI National.

When interviewed about the 3rd Edition curriculum, NAMI National Peer-to-Peer Program Director, Sarah O’Brien commented on the impact of the program on her life. “Working with the Peer-to-Peer Program has been very meaningful to me. Mentoring a Peer-to-Peer class was my first introduction to work. To now be in a position where I am helping NAMI bring this same program to people all over the country is a privilege I can’t begin to express.

“I have bipolar disorder and was very sick at one time. If you had seen me six years ago—both my acupuncturist and my doctor told me they would not have thought it possible for me to be where I am today. The Peer-to-Peer Program and my passion for helping others got me from that very dark place to a rebirth. I cannot over-emphasize the feeling of beginning a whole new life through my work with this program.

“I get so much out of working with the Peer-to-Peer Program and with the NAMI family. I want as many of my peers as possible to experience hope for recovery and, perhaps, their own rebirth.” 

NAMI Wisconsin Annual Meeting Will Include Election of New Members of the Board of Directors

Newly elected members of the NAMI Wisconsin Board of Directors will be announced at the Annual Meeting, 6:00 pm Friday, April 30, 2010. The Annual Meeting is held at the close of the first day of the NAMI Wisconsin Annual Conference. The election is held following the guidelines outlined in the NAMI Wisconsin By-Laws. Voting members will be given the opportunity to vote during the opening day of the annual conference. Announcement of the newly elected BOD members will be one item on the Annual Meeting Agenda. NAMI Wisconsin members are encouraged to vote and to attend Friday's meeting.

Dave Delap, MSSW, LCSW

Dave Delap is a Board of Directors nominee from Dane County. He is the Clinical Team Manager of Community Treatment Alternatives. CTA is one of five community support programs operated by the Mental Health Center of Dane County (MHCDC) in Madison, Wisconsin. Mr. Delap has worked with people who have serious mental illnesses since 1977. While he worked towards his Masters Degree in Social Work, he was employed by the Program of Assertive Community Treatment (PACT). Mr. Delap left PACT in 1991 to assist the MHCDC with starting Community Treatment Alternatives. CTA is a community support program (CSP) that works exclusively with a forensic population. From 2002–2009 he supervised the supervisor of the Jail Mental Health Team. In his current role, he also supervises the coordinator of conditional release services for Dane County residents who have been found NGI (not guilty by reason of insanity). Mr. Delap has received both the Unsung Hero Award and Distinguished Service Award from NAMI Dane County.

Mary Dobbs, MSW

Mary Dobbs is a Board of Directors nominee from Milwaukee County. She is a retired school Social Worker who raised a son that is living with Bipolar Disorder. A couple of years ago, Ms. Dobbs asked one of her daughters to look into mental health services and they discovered NAMI Milwaukee. Her experience with both NAMI educational classes and the ASK Program (Access, Support, Knowledge) have been positive. In her spare time, Ms. Dobbs is the volunteer Executive Director for the Mount Zion Missionary Baptist Church Resource Center. She also assists her church community by providing or assisting support groups that address grief, alcohol and drug use and grandparents raising grandchildren.

Diana Drew

Diana Drew is Board of Directors nominee out of Winnebago County. She retired from the Oshkosh Area School District where she was employed as a technology purchasing agent and an account clerk for the Technology and Media Services Departments. In her roles within the District, she purchased all technological equipment and maintained budgets for both the media programs and technology department. Ms. Drew has been a member of NAMI since 2007. She is a trained Family-to-Family Education Program instructor and is currently teaching her fifth consecutive class. She is also a trained NAMI group facilitator. Ms. Drew belongs to the NAMI Oshkosh affiliate where she serves as secretary/treasurer and staffs the office on a weekly basis. She is active on the C.I.T Community Initiative Committee and frequently represents NAMI Oshkosh at community health fairs, community forums and will be attending the second annual Transition Fair held at the Oshkosh State Correctional Institute in April. Ms. Drew volunteers her time in gratitude for the help, education, and support she has and continues to receive through NAMI. She has one son and three grandchildren.

Pat Evers, MSW

Pat Evers is a Board of Directors nominee from Milwaukee County. As a new board member, Ms. Evers would share her experience in the mental health field as a Social Worker as well as her volunteer work in diversity outreach as part of NAMI Milwaukee's ASK Program (Access, Support, Knowledge) focused on Anti-Stigma African American Outreach. She is passionate about mental health and reducing the stigma of mental illness in the African American community, among other diverse cultures. Ms. Evers also brings the perspective of a family member who has had immediate and extended relatives living with diagnosed and undiagnosed mental illness. She is involved in her church and is supporter of Vital Voices for Mental Health, an advocacy organization that conducts consumer satisfaction surveys. Ms. Evers would like to become a NAMI Wisconsin board member because she believes the educational work of NAMI is critical to the reduction of stigma and incidence of suicide.

Teri Witkowski

Teri Witkowski is a Board of Directors nominee from Dane County. She has been a part of NAMI for fifteen years and has a brother living with Bipolar Disorder. Ms. Witkowski has taken the Family to Family Education Course and found the information and support extremely valuable. She has expressed an interest in becoming a board member so that she can give a voice to people who don't have the opportunity to ask for help. Ms. Witkowski is an advocate for individuals living with mental illness. She has volunteered with the Madison Coalition of the Elderly and the Dane County Humane Society. 🌸

Taking the Journey Together: the Art of Living with Serious Mental Illness

NAMI Wisconsin Annual Conference Co-hosted by NAMI Brown County April 30 – May 1, 2010

Workshop schedule subject to change. Check www.namiwisconsin.org for updates.

Friday, April 30 — Morning

- Registration and Continental Breakfast — 7:30 – 8:30 am
- **Keynote Speaker — Pamela S. Hyde, JD, Administrator of SAMHSA**
Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Effective Treatment of Co-occurring Mental Illness and Substance Abuse Disorders
- Promoting Crisis Intervention Team (CIT) in Your Community
- Mental Health Challenges for Older Adults
- Grounding Methods: Reducing Stressors in Times of Crisis
- Specialty Courts in Wisconsin: Focusing on Specific Populations

Friday, April 30 — Afternoon

- Ask the Doctor: Updates on Treatments and Recovery for Schizophrenia and Schizoaffective Disorders
- Navigating the Insurance Waters: Information about the Medigap Helpline, Mental Health Coverage, Medicare, and Medicaid
- Consumer Council Open Meeting
- Planning for the Future
- Crisis Intervention Partners (CIP) — Completing the Circle of Care
- Living Well in Dual Recovery
- Evidence-Based Practices
- Post Traumatic Stress Disorder and Veterans Issues
- Successes in Housing

- Supported Employment: An Evidence-Based Practice with Positive Outcomes
- Ask the Doctor: Understanding and Managing the Symptoms of Depression
- *In Our Own Voice* Sample Session: Signature Education/Anti-Stigma Presentation
- Finding Support in the Faith Community
- Consumer Networking: Sharing Our Resources
- Mental Health Care Among Minority Populations
- NAMI Wisconsin Annual Meeting — 5:00-6:00 pm

Saturday, May 1 — Morning

- Registration and Continental Breakfast — 7:30 - 8:30 am
- Ask the Doctor: Understanding and Managing Anxiety Disorders
- Healing Through Movement
- ACT Model: Uniting Evidence-Based Treatment with Comprehensive Client-Centered Services for Severe Mental Illness
- Ask the Doctor: Treatment Strategies for Children and Adolescents
- NAMI Standards of Excellence: A More Unified NAMI and More Uniform NAMI “Brand”
- **Featured Speaker — Austin Mardon, PhD, CM**
My Personal Journey with Schizophrenia: From Madness to the Queen’s Representative in Canada’s Home Rideau Hall

Saturday, May 1 — Afternoon

- Medications: What’s effective? What’s on the horizon and what monitoring is

required when prescribing?

- Ask the Doctor: Understanding and Managing Bipolar Disorder
- Smoking Cessation: Myths and Facts
- Public Policy and Advocacy Update
- NAMI Basics: An Education Program for Young Families
- Ask the Doctor: Understanding the Complex Diagnosis of Borderline Personality Disorder
- Native American Paths to Healing Ourselves and Our World
- NAMI Signature Programs: How is it Going and How Can We Help?
- Pregnancy and Parenting with Mental Illness
- In Our Own Voice Sample Session: Signature Education/Anti-Stigma Presentation

Be sure to visit the raffle and silent auction tables while at the conference. Here’s a sneak peak:

- 2 tickets for Six Flags Great America
- 2 passes for Noah’s Ark Water Park
- 2 weekend passes for Elkhart Lakes Road America June 24-27
- Koss MP3 headphones
- ULTRAZONE birthday party for 7
- 4 Milwaukee Bucks tickets

Proceeds support NAMI Brown County and the NAMI Wisconsin Consumer Council.

NAMI Wisconsin Annual Conference
Taking the Journey Together: The Art of Living with Serious Mental Illness
April 30 – May 1, 2010

Radisson Hotel & Conference Center ♦ 2040 Airport Drive, Green Bay, WI 54313
 Co-Hosted by NAMI Brown County

REGISTRATION FORM

| PLEASE SEND A SEPARATE REGISTRATION FORM FOR EACH PERSON REGISTERING | | |
|--|-----------------|------|
| Name: | NAMI Affiliate: | |
| Home Address: | | |
| City: | State: | Zip: |
| Phone: | Email: | |

Check the conference day(s) you plan to attend (Required): **Friday, April 30** **Saturday, May 1**

Meal Preference: Regular Vegetarian Other Meal Restrictions: _____

Special Accommodation Needs: _____

| <input checked="" type="checkbox"/> Conference Attendees | 1 Day | 2 Days |
|---|--------------|---------------|
| Members, Consumers, & Family | \$70 | \$115 |
| Professional/Agency Members | \$90 | \$170 |
| Professional/Agency Non-Members | \$105 | \$195 |
| Low Income | \$45 | \$65 |
| <u>Bring a New Friend Discount</u> : Bring a new attendee to the NAMI conference and BOTH receive \$10 off registration. Registrations must be submitted at the same time. Friend's name: _____ | (-\$10) | (-\$10) |
| Subtotal | | |
| <input checked="" type="checkbox"/> Consumer Leadership Summit Attendees | | |
| Consumer Leadership Summit - Thursday, April 29 - 4:30 pm | \$10 | \$10 |
| <input checked="" type="checkbox"/> Support the NAMI Wisconsin Scholarship Fund | | |
| Donate to the NAMI Wisconsin Scholarship Fund | | |
| Total | | |

REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT:

Enclosed is my check for \$ _____, payable to **NAMI Wisconsin**.

Please bill my credit card for \$ _____ Visa MasterCard

Acct# _____ Exp. Date ____/____/____

Signature: _____

Mail this form with payment to:
 NAMI Wisconsin
 4233 W. Beltline Hwy
 Madison, WI 53711

Or FAX to:
 (608) 268-6004
 (Payment by credit card required
 for FAX registrations)

| FOR OFFICE USE ONLY |
|---------------------|
| DATE RCVD: _____ |
| AMOUNT: _____ |
| CHECK #: _____ |
| DB ENTRY: _____ |

Important Conference Information

- The Conference will be held on April 30 – May 1, 2010 at the Radisson Hotel & Conference Center, 2040 Airport Drive, Green Bay, WI.
- Registration opens Friday, April 30 at 7:30 am. The conference begins Friday, April 30 at 8:30 am and ends for the day at 4:45 pm. The NAMI Wisconsin Annual Meeting and the state Board of Directors election announcements follow from 5:00 – 6:00 pm. All NAMI members are welcome to attend the Annual Meeting. Registration re-opens Saturday, May 1 at 7:30 am. The conference starts at 8:30 am Saturday and closes at 3:45 pm.
- **Registration deadline is Friday, April 23.** To cancel or transfer a registration, you must notify NAMI Wisconsin by April 23. No refunds will be provided after this date. No on site registrations will be accepted.
- For hotel reservations, please call the Radisson Hotel & Conference Center at 1-800-333-3333 or 920-494-7300 and ask for the “National Alliance on Mental Illness” room rate of \$99 per night for single and/or double occupancy. Cut-off date for this rate is April 7, 2010.
- A processing fee of \$10 will be assessed for any checks returned due to insufficient funds.
- **Special Accommodation Needs:** If you need an interpreter, materials in alternative format or other reasonable accommodations, please notify the NAMI Wisconsin office at least two weeks prior to the conference.

Questions? Call the NAMI Wisconsin office at 608-268-6000 or 800-236-2988.



2040 Airport Drive
Green Bay, WI 54313
920-494-7300



The Radisson Hotel and Conference Center Green Bay is located across from the Austin Straubel Airport.

From Madison

Take US-151 North. At exit 148, take ramp right for WI-26 North toward Oshkosh/Rosendale. From WI-26, Take ramp left for US-41 North toward Oshkosh/Appleton/Green Bay. At exit 165, take ramp right for WI-172 West toward Austin Straubel Airport. Arrive on the right.

From Milwaukee

Take I-43 North. At exit 180, take ramp right for US-172 West toward Austin Straubel Airport. Arrive on the right.

From La Crosse

Take I-90 East toward Madison. At exit 45, take ramp left for I-90 West toward Eau Claire. Take exit 143, the WI-21 exit, toward US-12. Turn right onto WI-21 East. Continue to follow WI-21 East. Take ramp left for US-41 North toward Appleton. At exit 165, take ramp right for WI-172 West toward Austin Straubel Airport. Arrive on the right.

Check out area events while in Green Bay

C is for Country

April 29, 2010 - May 1, 2010 (8:00 pm)

Location: Meyer Theatre

Phone: 1-800-895-0071

Cup O'Joy presents

April 30, 2010 (6:30 pm)

Location: Cup O'Joy Coffee House

Phone: 920-435-3269

Heritage Hill Spring Celebration

May 2, 2010 (10:00 am - 4:30 pm)

Location: Heritage Hill

Phone: 920-448-5150

For a full calendar of events, visit the Greater Green Bay Convention & Visitors Bureau's Web site at www.greenbay.com.



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In Memory of: _____

In Honor of: _____

I'd like more information about the following: a local NAMI affiliate in my area becoming a NAMI member

Your gift to NAMI Wisconsin will change minds, raise voices, and help many individuals and families affected by mental illness.

"The Peer-to-Peer Program and my passion for helping others got me from a very dark place to a rebirth."

— Sarah O'Brien, Peer-to-Peer Program Director, NAMI National

"I enjoyed the CIT talks, the leadership, and the excellent speakers. They geared their talk to all of us and this is important."

— 2009 NAMI Wisconsin Conference Attendee

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