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New Family-to-Family Class

A free Family-to-Family class started on Sept. 17th, 2010 at the James A. Haley VA Hospital. It will be on Friday evenings for 2 ½ hours for 12 weeks.

The next class will be in the spring of 2011.

NAMI HILLSBOROUGH CELEBRATES MENTAL ILLNESS AWARENESS WEEK AND SUICIDE PREVENTION DAY

NAMI Hillsborough held its second annual downtown observance of Mental Illness Awareness Week on Wednesday, October 6 at 12:00 noon, in Joe Chillura Courthouse Park (corner of Kennedy, Madison, Pierce, and Morgan). Hillsborough County and the city of Tampa presented proclamations declaring Mental Illness Awareness Week and there were brief presentations by NAMI Hillsborough and other mental health providers. This year's theme was *Changing Attitudes Changing Lives*.

In 1990, Congress established the first full week of October as Mental Illness Awareness Week across the nation in recognition of NAMI's efforts to raise awareness of mental illness. During this week, NAMI chapters throughout the country celebrate *Mental Illness Awareness Week* by sponsoring events in the community to increase awareness of mental illness, promote early detection, and reduce stigma.

NAMI Hillsborough was one of 6 organizations that sponsored the local observance of *World Suicide Prevention Day*. This event was held Wednesday, September 29 at University Community Hospital in the Wallace Conference Center in the Pepin Heart Institute. There were personal stories of hope and healing and a discussion of the warning signs of suicide, supporting a loved one's struggle, and surviving and building a future.

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Become a NAMI Hillsborough
Mentor/Speaker/Facilitator

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2010 Annual NAMI Hillsborough Membership Meeting

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At our Annual Membership Meeting on June 22, 2010, NAMI Hillsborough elected four new board members, re-elected a fifth, and made two changes in our bylaws. Gary Stall was re-elected after being forced to step down temporarily for health reasons. The four new board members are Julie Aldrich, Marlo Bryant, Theresa Hays, and Diana Perez. They will serve a one-year term and then have a chance to run for a three-year term. A complete list of our board members and the newly elected officers appears on the left.

New Board Member Theresa Hays describes her interest in NAMI Hillsborough.

I recently participated in Hillsborough's NAMI Family-to-Family 12 week course. During the 12 weeks, not only did my understanding of mental illness increase exponentially, but I saw a way for me to participate in getting the word out to the community as an advocate for those who cannot speak for themselves and are in need of help. I want to spend my time this year speaking in public venues about the many ways NAMI can be of assistance as individuals and families search for information and guidance.

There will be more information about our board members in future issues of the newsletter.

The bylaws changes redefined the term of office for both board members and officers and reaffirmed our commitment to serve individuals and families affected by severe mental illness. Board members may serve three terms of different lengths: a one-year first term, a three-year second term, and a two-year third term. They must be off the board for at least a year before running for another term. Officers may serve 2 consecutive years.

To reaffirm its commitment to serve everyone NAMI Hillsborough added sexual orientation and gender identity to the equal opportunity section of the bylaws. The section now reads:

The Corporation shall not discriminate against any person or group of persons on the basis of race, ethnic origin, disability, sex, creed, religion, *sexual orientation*, *gender identity* or age in the requirements for membership or the board of directors, its policies, or actions.

ABOUT THE NAMI HILLSBOROUGH NEWSLETTER

Recovering from serious mental illness requires developing a deeply personal understanding of the illness (e.g., warning signs, symptoms, things about you that you don't see as symptoms but other people might). Recognizing this, the NAMI Hillsborough Newsletter often expresses the individual experiences, perspectives and views of its members and/or readers. Please think carefully about what will or won't work for you. Although there is almost always common ground, no two people will follow exactly the same path to recovery.

Why Don't They Believe They Are Sick? Anosognosia!

By Susan Pierce, MA, NAMI-Hillsborough Board Member NAMI Member Since 1994

Anosognosia is the impaired awareness of one's own illness. The word 'anosognosia' is often used synonymously with 'lack of insight' and 'lack of awareness'. Anosognosia is a significant problem for individuals with brain disorders such as mental illness, as well as strokes, Alzheimer's Disease, brain injury, and many other disorders affecting the brain.

Individuals with mental illness most affected by anosognosia are those who suffer from psychoses, which often occur in bipolar disorder and schizophrenia. Impaired awareness of one's own illness is extremely difficult for others to comprehend. Yet, almost seventy percent of individuals with psychosis are affected by anosognosia and consequently do not believe they are ill. Should we be surprised? Not really..... the organ in the body that is affected is the brain. The brain is the source for everything we do and say, it is everything that we think about ourselves and others.

What occurs in the brain of ill persons to make them believe they are not ill? Anosognosia is a lack of conscious awareness of a neuropsychological dysfunction due to neural network disruptions. Lack of insight is such a complex concept that many researchers believe it may actually be caused by an array of dysfunctions. Several theories have emerged in an attempt to better understand anosognosia. There is research suggesting anosognosia is possibly due to right hemispheric damage. Some models indicate there is a dysfunction in perceptual and attention systems, while lack of awareness or insight is attributed to higher-level processing failures. Other models have expanded to include social and interpersonal process too. Presently, there is not a universally accepted theory.

A significant characteristic of anosognosia is the 'discounting' of any objective evidence of a loss of functional capacity by the ill person. Anosognosia or impaired insight places the affected individual at risk for a multitude of difficulties. These individuals do not recognize that they have a mental illness and thus are noncompliant with treatments. For those that do seek treatment, often they will eventually stop taking their medication. There is also a lack of ability to recognize abnormal events and or behaviors. Impaired insight in individuals with mental illness is associated with an increased risk of suicide.

To navigate through life efficiently, we depend on our ability for insight into our own mental world and that of others. When someone lacks insight, it creates all types of difficulties for the person which thus expands to a societal issue. You can help raise awareness in several ways. Encourage timely and effective treatment for individuals with mental illness. You can also do your part to help those with mental illness by fighting the stigma that surrounds mental illness, which are brain disorders.

Editor's note. For more information about anosognosia, read *I Am Not Sick. I Don't need help!* by Xavier Amador. Dr. Amador emphasizes finding common ground with the person instead of trying to convince them that they are ill.

Peer Programs

By: David S. Harkins AA BA CRPS-A

NAMI HILLSBOROUGH PROVIDES...

- Support groups for consumers, people living with mental illness, and support groups for their friends and families.
- Education courses for people living with mental illness such as *Peer-to-Peer* and education courses for friends and families such as *Family-to-Family*.
- Information through our web site, newsletter, phone line, and community education meetings.
- Advocacy for better local mental health care services and federal and state legislation to improve the lives of people living with mental illness.

For the latest information about these services, visit our website or call our voice mail.

www.namihillsborough.org

813-273-8104

The Peer Support Movement has been around for a good while now. Peers are persons with a mental illness. Many states have certified recovery peer specialist and peer assistants and other certifications and job titles and positions for peers to serve.

Support groups in general have been around for quite some time, going back to groups led by professionals and counselors and therapists in more traditional settings. Many of these groups were integrated with family members and peers along side of each other. While there is some efficacy in this model and room for it to exist, NAMI and other organizations have gone to peer-run and peer-designed programs.

With NAMI there has been a progression from peers presenting about their situations and illnesses to peers taking an active role in design, implementation and leadership in the programs. There are three main peer Programs that are currently in use.

The first program is the *In Our Own Voice* presentation. In this program, peers using an interactive video presentation and self-disclosing anecdotal and informational presentations tell their stories along with the stories of the peers on the video. The IOOV presentation is a very forceful and enlightening way to introduce concepts like anti stigma and empowerment and to end the fear and misunderstanding that go along with having a mental illness for a lot of people. A well done IOOV will enlighten and persuade and educate the audience about our experiences and what is faced by us on a daily basis. One of the Segments is entitled *Dark Days* and explains some aspects that we all face dealing with our illnesses and emphasizes that everyone has bad days and our illnesses have given us Dark Days and the last segment of the video talks about HOPE for the future and the reality that we all can fulfill our hopes, dreams and expectations.

The second program is *Peer-to-Peer*, a nine week mentoring program designed by and for peers and run and given to peers by peers. Two or three trained peer mentors read from the manual and each week there is a different topic to be presented and discussed. *Peer-to-Peer* assists peers to identify strengths and to have a working understanding of basic terminology. Each week a different topic is mentored by the mentors and there is a Mindfulness Exercise each week. Some of the goals of this program are to help the mentees bond, interact with each other, learn about their illnesses, learn to take time to get in touch with the world better, learn how to

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Peer Support (Continued from Page 4)

advocate for themselves and other peers and to learn basic leadership skills. Many peers go onto to become trained as Peer-to-Peer Mentors and carry the program on.

The third program is the NAMI Connections Support Group Model. *Connections* is a structured support group also designed and carried out by peers. Normally there is a facilitator and co-facilitator who are trained by NAMI to use the guidelines and suggestions to implement and carry on a Peer run Support Group. Many times Peers will be introduced to NAMI by *In Our Own Voice* and *Peer-to-Peer* and then seek out a NAMI Connections Group. Connections Groups normally meet once a week and are open to all peers who want to attend with the hope of becoming more stable while recovering from their illness and coping with it on a day to day basis. Again bonding and camaraderie and a sense of inclusion are sought for. *Connections* provides a safe place for Consumers to talk about problems, situations and solutions.

It is being documented that peer-run programs and support groups are very successful and are working quite well. NAMI Hillsborough has and continues to provide these programs and trainings for peers who wish to participate, present, mentor and/or facilitate.

The Ambassador Program at Project Return by Leslie Pandolfo

I enjoy my position as an ambassador at Project Return because I am able to be a voice for the mentally ill. This position is made possible from a grant from the Department of Children and Families (DCF), while being housed at Project Return. In this position, I attend monthly Recovery and Resiliency meetings at the DCF building, which has put me in touch with networking with a variety of persons in the field of mental health; professionals and consumers, alike. As an ambassador, I also conduct presentations to consumers at diverse locations such as at inpatient hospitals, mental health support groups, and supportive housing apartments.

It is my hope at these presentations, that my audience will walk away with a better understanding of what it means to recover and manage mental illness. I especially enjoy presenting a lecture on suicide prevention since there is so much interest in this topic, with many consumers wanting to share “their story”. My audience consists of many consumers, who are currently or have at one time been a high risk for suicide. If just one life is saved by this information, it will have made this job more than worthwhile.

The Recovery and Resiliency meetings that I attend are held on the second Friday of each month from 10:00 am – 12:00 noon at the DCF building on the corner of Florida Avenue and Busch Boulevard, in Tampa. These meetings are open to professionals in the mental health field and consumers of mental health services. We are always looking for new members and those who would like to visit one of our meetings are welcome. The Recovery and Resiliency Task Force meetings are interesting and informative and provide excellent networking with peers and professionals alike. Members of the Recovery and Resiliency Task Force recently teamed up with the Homeless Coalition of Tampa to plan the “Stand Down” Health and Wellness Fair.

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Ambassador Program (Continued from Page 5)

I have been an active volunteer in the Depression, Bipolar Support Alliance (DBSA), for over 7 years and with the NAMI Hillsborough for the last year. My position allows me to gain more contact with these two great mental health organizations, where I can work on the communications committee for NAMI and conduct presentations at the DBSA support groups.

Another benefit to being an ambassador is that I have gained further education on mental illness, prevention, and peer support. Just recently, I completed a Peer Specialist training class. Another class, the Wellness and Recovery Action Plan (WRAP), conveyed information on the prevention of mental illness and offered plans of action and recovery. The ambassador program is based on a one-year grant which I hope will continue, in order to keep mental illness in the forefront in our community. My position ends after a one-year term, but I hope the grant continues to someone else who can help carry the torch of this important information and education in the field of mental illness.

ONLINE

There is a wealth of information, and sometimes disinformation, about mental illness online. Even the best sites sometimes report findings that need to be verified by additional research before the long process of turning the findings into treatment recommendations and protocols can begin. Here are a few websites that readers might find interesting.

The Charlie Rose Brain Series. The series is a ten-part roundtable discussion with the most knowledgeable scientists and researchers who present the latest scientific advances and technology in the study of the human brain. Eric Kandel, M.D., who is a psychiatrist, neuroscientist, Nobel laureate, and professor at Columbia University, is the co-host for the series. Each discussion has a single topic, including the mentally ill brain, the emotional and vulnerable brain, the disordered brain, and the anxious brain. Each session is 60 minutes and can be viewed on line at charlierose.com. One of our members highly recommends this series, especially episode nine which focuses on the mentally ill brain.

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Online (Continued from Page 6)

Science Daily (http://www.sciencedaily.com/news/mind_brain/schizophrenia/). This website provides brief updates about some of the latest studies in schizophrenia and other severe mental illnesses. Many of the

reports focus on biological factors in the etiology and treatment of the illness. The Related Stories Panel of each report provides additional information. Here are a few examples of reports that are currently (as of 9/19/10) on the website.

1. *Brain Estrogen in the Treatment of Schizophrenia.* This article describes how a synthetic estrogen developed to treat osteoporosis help postmenopausal women.

2. *Doctors Fear Asking the Mentally Ill to Quit Smoking.* According to this article, doctors are often reluctant to ask patients with anxiety or depression to quit smoking for fear that doing so will worsen their psychiatric symptoms, an outcome that 13 different studies suggest is unlikely.
3. *Antipsychotic Drugs Associated with High Blood Sugar in Older Adults with Diabetes.* Older adults with diabetes who have just started antipsychotic medication are at greater risk for hyperglycemia.

Becoming a NAMI Hillsborough Mentor/Speaker/Facilitator

NAMI Florida is training NAMI members to lead the following NAMI Program:

Peer –to- Peer - November, 5 - 7, 2010

Family- to- Family - January 28 - 30, 2011

Provider Education - February 25 - 27, 2011

Basics - April 1 - 3, 2011

If you are interested in applying to attend one of these trainings, leave a message on our voice mail at 813-273-8104. You must be a NAMI member or be willing to join NAMI Hillsborough. Please let NAMI Hillsborough know if you are interested as soon as possible. All expenses are paid by NAMI Florida so there is no cost to you. The meetings are held near Orlando, in Maitland.



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NAMI Hillsborough, Inc. is a non-profit, 501(c)(3) charitable organization and all contributions are tax-deductible. Annual dues include membership in NAMI Hillsborough, NAMI Florida, and NAMI National.

- | | | | |
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Note: Membership Valid for One Year

Although you can send us a check for your membership, NAMI Hillsborough encourages everyone to "e-join" by visiting nami.org. When you join online, your membership becomes active immediately.

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