



NAMI lane county

National Alliance on Mental Illness

...your local voice on mental illness

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September 19-25 is Nat'l Wellness Week!

Wellness means overall well-being. It incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Each aspect of wellness can affect overall quality of life, so it is important to consider all aspects of health. This is especially important for people with mental and substance use disorders because wellness directly relates to the quality and longevity of your life.

National Wellness Week is sponsored by the US Department of Health and Human Services and its aim is to "to promote the importance of addressing all parts of a person's life in hopes of increasing life expectancy for persons with mental and substance use disorders by 10 years in 10 years."

NAMI Lane County will be focusing on both the private and public dimensions of wellness throughout the month. On August 30 we will be hosting an educational forum regarding the proposed state hospital in Junction City. During Wellness Week there will be a rally on Tuesday, Sept. 20 from 1-4 p.m. at LCBHS. And finally, our public lecture of the month is by the staff at Shelter Care on the timely topic of *supported employment*: Wednesday, Sept. 21 from 6 -7: 30 at LCBHS.

The path to wellness starts with simple steps—take a couple with us this month.

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The Annual NAMI picnic drew more than 150 festive people for a relaxing evening of summer fun and food.

Sorting things out: *Illness or Disorder?*

by
Lesley Rex

As I learn more about mental illness, I spend time trying to sort out what it all means for my family and me. Sometimes information doesn't inform as much as confuse me. That's especially true when some bit of it gets stuck in my mind. It's usually the stuff without a definite right way to think that doesn't require immediate action. I can safely roll it around in my mind, easing it into some kind of sense I can rationalize.

I've been doing a bit of thinking about the distinction between "illness" and "disorder" this past week, though it's not the first time. On this occasion my pondering was triggered by a meeting at my church. A number of us had gathered to talk about what we could do to support fellow church members who are dealing with serious mental disorders. We determined we should concentrate on increasing awareness and decreasing stigma, while working to increase accommodations and support for visitors, friends and members dealing with their own or loved ones' mental disorders.

As we sorted out what that would mean in terms of concrete actions, the issue of language came up. How were we to represent the issues we were dealing with in terms that did not reinforce stigmatized ways of viewing mental illness and the people living with them? Which language should we advocate for and use ourselves?

I find it interesting that our group, in wanting to serve our congregation, replicated a difference in language among much larger and more influential groups invested in mental health: those who advocate for the people who suffer—such as NAMI—and those who treat them. I've learned that those in the latter group, such as psychiatrists and therapists, have opted for the term "disorders" to describe neurological or brain functions that interfere with standard social and cultural behavior. They rely upon a classification system that defines mental disorders by using "opera-

tional" definitions. That means they establish the presence and degree of a disorder by following particular professionally agreed upon markers and procedures. Of course, I'm making diagnosis sound much more straightforward than we all know it actually is.

Whether you agree or disagree with the efficacy of naming distressing psychological states and behaviors this way, it's significant that mental health professionals consistently use the word "disorder" to name them. That NAMI, on the other hand, labels them under the catchall term mental "illnesses" leads me to wonder why, and does it matter? In describing its mission NAMI uses the term this way:

At the heart of NAMI's mission is our grassroots and the sharing of information with people with mental illness, their families, friends, mental health professionals, and the general public.

NAMI strives to offer hope, reform and health to our American community through support, education, and advocacy efforts. Research is constantly providing us with new information about the brain and the nature of mental illnesses and, consequently, more effective treatments.
[http://www.nami.org/Template.cfm?Section=By_Illness]

My church group decided that we thought it important to use the phrase "people dealing with mental disorders."

We wanted to emphasize that our members are first and foremost people, who also happen to be dealing with distressing neurological challenges. I suppose, though we didn't discuss it, that we were replicating to some degree the reasoning used by people dealing with physical impairments, who have also been vigilant about the language others use to describe them. They were aware that labels are based on beliefs and values that create their social identities and reinforce

points of view about what they are able to do. If, for example, I call someone blind, even without seeming to, I am suggesting that lack of visual sight is their dominant, controlling and therefore limiting feature. They are less than the rest of us normal folks. If I refer to that same person as someone with impaired sight, they are portrayed more as a whole person with a challenging feature. They seem to belong with the rest of us who also have challenges though of different kinds.

Following this logic of “deserving to belong,” those with hearing, sight, and physical challenges have argued successfully for “accommodations,” for society to make environments amenable for them

The more I think about it, the more it seems to me that dealing with disorder seems much closer to describing what my family and I experience.

as they do for the larger population. So I suppose that embedded in our church group’s concern to lift the mantle of stigma

was our belief in the rights of those dealing with mental challenges to be a part of society. Also, by using “people dealing with mental disorders” we were expanding our reach to include their families and friends. We too are “dealing,” continually. Our lives are shaped by our attention to “disorder.”

The more I think about it, the more it seems to me that dealing with disorder seems much closer to describing what my family and I experience. I assume that families without a member with a mental disorder can establish reliable routines and patterns. They can rely upon consistency and feel comfort in the familiar. That trust in the integrity of each day is upended for those of us caring for someone with a severe disorder. Disruption is the norm. Our comfort comes from dealing with the unexpected so often that it too becomes familiar. We are still family. We still belong in the social web as families with disorder in our lives.

So why doesn’t the word “illness” seem to fit what I experience in the same way? Illness conjures up medical associations. Whether acute or chronic, physical illnesses are treated based upon an individualistic biological model of disease. Individuals get sick because bacteria or viruses attack their systems, or because their systems attack themselves as in the cases, for example, of cancer or auto-immune disease.

People dealing with mental disorders don’t have diseases in this sense. When ill people are treated with drugs, those pharmaceuticals are designed to cure the patient by attacking the cause of the disease. While drugs can play an important role in recovery for people with mental disorders, everything I’ve read and experienced tells me that using the concept of “cure” for people with serious mental disorders is wrong headed. No matter how effective the treatment, they don’t return to “life as usual.”

Rather, it seems that “accommodation” is a more accurate description of what happens when disorders are dealt with successfully. The environment—the family, the living community, the work site—adapts to accommodate the person with the disorder; and, the person, through drugs and therapy, adapts to accommodate a social culture that is not set up for them.

Thanks for listening. . .

Thank you to these NAMI donors...

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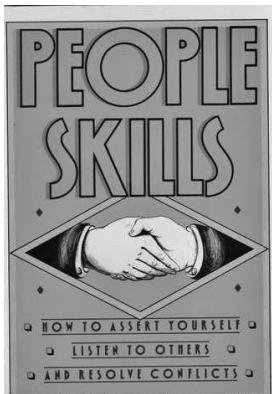
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People Skills: How to Assert Yourself, Listen to Others, and Resolve Conflicts

by Robert Bolton, Ph.D

Book Review by *Pete Ruby*



Some people may glance at this book in NAM's library and think "Oh, another self- help book" Yes, it has some of those qualities, however it seems to be more of a refresher and reminder about ourselves and about our essential social skills which make us human. A reader may want to focus on specific chapters, of the twelve in this manual, versus reading the entire book.

I'd like to express some details and reminders that I got from reading *People Skills*. Part of the wellness of a person who has a mental illness depends a lot on their ability to effectively communicate in social settings. Some people with a mental illness may have reduced self- esteem and self- confidence and thus an excessive isolation may develop. These factors can be improved so that their social life becomes more satisfying. For example, the isolation can lead to unhappiness and depression. Counseling and support groups such as in NAMI, and DBSA, along with supportive friends, can all contribute to reducing this problem.

Consumers may be concerned about themselves due to the emotional pain and failure which can occur when attempts with friendships do not turn out the way they want them to. Some methods, described in the book, suggest gradually taking more risks, under a supportive environment, to alleviate these fears. These techniques can aid one in the all too important formation of friendships.

An intimate relationship can be quite stressful for a consumer when conflicts occur. Some consumers have had a lot of attention paid to them over the years. This self- focus, due to medical treatment and the resulting self- awareness of their problems could hinder a relationship with others. Wellness in a relationship, requires give and take, good listening skills and increased control of stress.

Through a supportive system, a consumer can limit their dependency on others, such as care givers, allowing them to take more positive and assertive actions with their social lives.

ULHORN AWARD CALL FOR NOMINATIONS

Nominations are being sought for NAMI's annual Bill Uhlhorn Award, presented in recognition of service to people with mental disorders. Please call or email the office with yours.

NAMI Public Presentation

ShelterCare's Supported Employment Program

with

Deb Holloway, ShelterCare Program Manager, and the team of the Inside Program and Supported Employment Program

Day: Wednesday, September 21st

Time: 6:00 - 7:30

Place: Lane County Behavioral Health Systems Building

The presentation will spotlight ShelterCare's *Supported Employment Program*, who it serves, its successes and challenges, and where it's headed. We'll end with a Q & A and a discussion of how we can collaborate with NAMI and its partners.

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FAMILY-TO-FAMILY CLASS STARTING IN SEPT

The Fall Family-to-Family class begins Tuesday, Sept. 6th. F2F is an education program which teaches about the wide range of mental disorders, offers support and encourages positive coping skills. Call the NAMI office at 541-343-7688 to reserve your place. The class is free, and open to anyone with a family member or friend suffering from a brain disorder, 6:30-9:00.

NAMI CONNECTION TRAINING SEPT. 17-18

A NAMI Connection Group facilitator training course will be held in Eugene on Sept. 17-18 at the NAMI Lane County office. Connection is NAMI's peer support group for consumers in recovery. The deadline for applying for the training is Friday, Sept. 2.

SUICIDE PREVENTION CONFERENCE

This conference (Preventing Suicide in the Northwest) will take place at OHSU in Portland on Sept. 23. Members interested in attending should contact the NAMI office.

PICNIC ATTRACTS 150+

Two hundred balloons, one hundred pounds of ice, and more hamburgers, hot dogs, sodas, and pieces of cake than could be counted made the annual picnic on August 6th at Morse Ranch an evening to remember.

The weather was warm and sunny, and the Ranch's spacious grounds made it easy for our crowd of more than 150 to eat, play, and relax.

The balloon toss and raffle both attracted a lot of interest and participation. Three (mostly dry) pairs remained standing even when the water-filled toss reached 25+ feet.

We wish a speedy recovery to longtime member, Margie Blankenship, who took an unfortunate fall. We heartily thank all the volunteers who made the special evening possible.

PEER-TO-PEER CLASS STARTS OCT. 1

Peer to Peer Class will begin at LILA (Lane Independent Living Alliance) on October 1, 2011. Classes are on Saturdays 10am-12.

Peer to Peer is a free, 10-week, peer led, recovery education course open to any person with serious mental health issues. Peer to Peer emphasizes recovery from mental illness as a feasible, supportable goal and challenges the stigmas often wrongly associated with mental health challenges.

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...and many others

The mission of NAMI Lane County is to improve the quality of life of persons with mental disorders and of their families through support, education and advocacy.

September Calendar

Monday	Tuesday	Wednesday	Thursday	Friday
August 29 NAMI Connection, 3:30-5:00, Eugene. Reminder: NAMI Educational Forum on the Junction City State Hospital Proposal, 4-5 @ LCBHS on Aug. 30	30 Dual Diagnosis Anonymous, 2-3, LHC. ----- Dual Diagnosis Anonymous, 6-7, Florence.	31 NAMI Connection, 3:30-5:00, Springfield.	September 1 NAMI Family-to-Family Support Group (for graduates of F2F Class), 7:00-8:30, LCBHS. ----- Dual Diagnosis Anonymous, 2-3, LHC. ----- NAMI Connection (Young Adults) 5-6:30, Eugene.	2 Office Closed
5  Office Closed for Labor Day Holiday Reminder: Family-to-Family Class Begins Sept. 6, 6:30, LCBHS	6 Dual Diagnosis Anonymous, 2-3, LHC. ----- Dual Diagnosis Anonymous, 6-7, Florence.	7 NAMI Connection, 3:30-5:00, Springfield. Open House in honor of Jose E. Soto, III, 4:00-5:30, NAMI Office at LCBHS.	8 NAMI Friends and Family Support Group, 7:00-8:30, LCBHS. ----- Dual Diagnosis Anonymous, 2-3, LHC. ----- NAMI Connection (Young Adults) 5-6:30, Eugene.	9 Office Closed
12 NAMI Connection, 3:30-5:00, Eugene. ----- DBSA, 7:00-8:30, First United Methodist, Eugene.	13 Dual Diagnosis Anonymous, 2:00-3:00, LHC ----- Dual Diagnosis Anonymous, 6-7, Florence.	14 NAMI Connection, 3:30-5:00, Springfield. ----- NAMI Oregon Annual Awards Dinner Honoring Sen. Peter Courtney, 6:00, Portland.	15 NAMI Friends and Family Support Group, 7:00-8:30, LCBHS. ----- Dual Diagnosis Anonymous, 2-3, LHC. ----- NAMI Connection (Young Adults) 5-6:30, Eugene.	16 Office Closed
19 NAMI Connection, 3:30-5:00, Eugene. National Wellness Week, Sept 19-25	20 Dual Diagnosis Anonymous, 2:00-3:00, LHC ----- Dual Diagnosis Anonymous, 6-7, Florence. ----- Wellness Week Kick-Off Event, 1-4, LCBHS.	21 NAMI Connection, 3:30-5:00, Springfield. ----- NAMI Board Meeting, 4:00-6:00, LCBHS. ----- Presentation: Shelter-Care's Supported Education Program, 6-7:30, LCBHS	22 NAMI Friends and Family Support Group, 7:00-8:30, LCBHS. ----- Dual Diagnosis Anonymous, 2-3, LHC. ----- NAMI Connection (Young Adults) 5-6:30, Eugene.	23 Office Closed Suicide Prevention Conference in Portland at OHSU, 8-5.
26 NAMI Connection, 3:30-5:00, Eugene. ----- DBSA, 7:00-8:30, First United Methodist, Eugene.	27 Dual Diagnosis Anonymous, 2:00-3:00, LHC ----- Dual Diagnosis Anonymous, 6-7, Florence.	28 NAMI Connection, 3:30-5:00, Springfield.	29 NAMI Friends and Family Support Group, 7:00-8:30, LCBHS. ----- Dual Diagnosis Anonymous, 2-3, LHC. ----- NAMI Connection (Young Adults) 5-6:30, Eugene. ----- NAMI Friends and Family Support Group, 7:00, CG	30 Office Closed

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advantage of my community resources. I get massages and acupuncture as often as I can. I am also using my voice when working with my doctor on medication.

The best tool I use to help me cope with my mental illness is to be an activist. I do a lot of volunteering. I volunteer with many nonprofits and grassroots organizations. If I can show my community that I am a

strong, independent, successful woman then I can feel like I am a strong, independent, successful woman. I find great health and happiness in having courage and a strong voice that I can give to others who have not yet found their own. In fact, that is what I do now. I help other youth and young adults find their voice and move to a life that is more stable, successful and independent. Within this, I find my passion and my health.

In Our Own Voice: Finding a Healthy Life

by Chrissy Peirsol, NAMI Lane County Youth Leader

I have this theory that anyone can be born with a pre-existing susceptibility to developing a mental illness, but that really does not mean much. In my opinion, if a child is raised in a loving and supportive home where coping skills are initiated at a young age, this child will have a greater chance of becoming an adult who does not live with mental illness.

On the other hand, if that child has his or her early years filled with abuse and trauma, I believe they are more likely to encounter life-altering mental illness. I experienced abuse throughout my childhood. The traumas were great and many. As a little girl, I would fall asleep dreaming of Mr. Right to hold me tight and love me deeply. Now as an adult, I am my own Mr. Right and I hold myself tight and love myself deeply.

The first emotional breakdown that I can remember having was when I was 4 or 5 years old. I was begging my sister to help me clean our room so that we could eat dinner. She would not help me at all; I freaked out. I backed myself into a corner with my arms wrapped around my knees and started to rock myself, screaming and hyperventilating.

I was such a different child. I guess what I am saying is that I can remember so many ways that I was different from other kids I have known. I had a vivid imagination. I had an imaginary friend who was a ghost from the cemetery up the street from my house.

He used to tell me stories about angels and how children were saved just in time from evil creatures that came in the dead of night and the brightest of days. The summer before I started seventh grade, my mother put me into the mental health system. It was the first time that she had private health insurance. She scheduled an appointment for me with a psychiatrist, which did not last very long. I left with a couple labels and a prescription for medications.

By the age of 16, I was taking about 24 pills a day. My psychiatrist said that I was so out of control that to be an acceptable member of society I needed to be medically sedated. I hated being on so many different pills. I would sleep all the time or not at all. I could never eat because my stomach always hurt. The side effects were so painful and life altering. I also remember the event that led me to get off my medication. My mother handed me my pills then left the room like always. I could feel the weight of them in my hand. I told my hand to rise to take the pills, but my hand would not move. I tried over and over again to make my hand move to my mouth, but it was frozen. Then my hand tilted to the side, the pills falling to the ground. This was when my body took over. It said, "no more," and I stopped.

As a young adult I still struggle with my mental health. I am now battling depression. I use many different forms of therapy to treat it. I really like taking

(continued on p.6)

NAMI Groups Eugene- Springfield

NAMI Friends and Family Support Group: 2nd, 3rd, 4th and 5th Thursday at Lane County Behavioral Services (LCBHS), 7:00.

NAMI Family To Family Support Group: (for graduates of F2F Class) at LCBHS, 1st Thursday, 7:00.

NAMI Connection: Mondays in Eugene, 938 Jefferson St.; Wednesdays, in Springfield, 532 C Street, 3:30-5:00.

NAMI Connection for Young Adults (18-24): Thursdays in Eugene, 126 W. Broadway, 5:00. Snacks provided.

Cottage Grove
NAMI Friends and Family Support Group: Our Lady

of Perpetual Help Church at 19th & Harvey. 4th Thursday, 7:00.

Community Groups

DBSA (Depression/Bipolar Support Alliance Group): First United Methodist Church (FUMC), 1376 Olive Street. 2nd and 4th Mondays, 7-8:30. Call Lola Mitchell at 541-344-4341 for details.

Eugene Dual Diagnosis Anonymous: (Mental illness and drug addiction), Laurel Hill Center (LHC), 2145 Centennial Plaza. Call Stacey Paulsen at 541-485-6340.

Florence Dual Diagnosis Group: Apostolic Pentecostal Church, 1525 12th Street, Suite 28. Call David Holopoff at 541-997-9289 for information.

Oregon Family Support Network - For families with children with emotional, behavioral, or mental health needs. Call (541) 342-2876 or 800-323-8521.

Suicide Bereavement Group - For those who have lost a loved one. Meets once a month on Wednesdays. Call Darlene at (541) 747-2084 or check website:

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Annual membership benefits include:

- Local, informative monthly newsletter
- State and national membership magazine
- A voice on vital advocacy issues
- Representation on state and local boards
- Tax deductions

- Voting Membership, \$35.00/year
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(Available only for members of NAMI Affiliates outside of Lane County)
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PUBLIC EVENTS

August 30th. Educational Forum on the proposed state hospital in Junction City with key representatives from all sides, 4-6 p.m.

September 20th. Kick-off to National Wellness Week, 1-4, p.m.

September 21st. Public lecture on the supported employment program at Shelter Care, 6-7:30 p.m.