



# NAMI Lane County

National Alliance on Mental Illness

...your local voice for mental health

Volume 36, No. 2

Spring 2013

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## NAMIWALK NORTHWEST

Come Be Part of NAMI's Largest Public Event!



### What a Year it Can Be!

*Let's make this another record-breaking Walk! Join us on Sunday, May 19, rain or shine, to make a statement that mental health matters.*



**Downtown Portland: Vera Katz Esplanade**  
May 19, 2013 • Registration: 12:00 • Walk Begins: 1:00

For more information, contact the NAMI Lane County Office.

(more on p.2)

# Why I Walk for NAMI

BY DREW MCWILLIAMS

In 2008, my partner of eleven years committed suicide. He lived with symptoms associated with the label of “bipolar disorder.” He fought bravely making gains, struggling with set backs, making more gains and then, suddenly, plummeting into a final depth of despair.

Stephen was so much more than his diagnosis.

He was sensitive, extremely bright, creative, humorous, sometimes stubborn and incredibly passionate about books, movies, family, friends and me.

Those of us in the Portland/Vancouver metro area still have a long way to go in helping the community understand the invisible inner distress related to the severe bouts of anxiety and depression that Stephen often described as “unbearable physical pain.”

As someone with several family members and friends struggling with mental illness, and as a person who has, myself, struggled with the intense difficulties and emotions related to what our society calls “co-dependency,” I have benefitted from mental health treatment, and the support of Al-Anon and friends of NAMI.

Suicide prevention is an essential focus for the members, volunteers and staff of NAMI and its many partner organizations. Two of the most compelling factors in preventing suicide, as well as living with and treating mental illness and addictions, is showing up for support and learning that you are not alone.

I have been able to get through enormous grief and growth by showing up and taking in the support of so many of you. Please join me and countless others on Sunday, May 19<sup>th</sup> to walk proudly with NAMI Oregon!

Thank you.

**About the Author:** Drew McWilliams is the Chief Operating Officer of Morrison Child and Family Services. Morrison is a non-profit agency that has been providing mental health and substance abuse services for children and their families for over 65 years in the Portland Tri-County Metro region.

More information about NAMIWalk Northwest on May 19 is available at the NAMI Oregon website:  
<http://tinyurl.com/ay43cdc>

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# News & Updates

## APRIL 23: NAMI COMMUNITY PROGRAM

*The Power of Nutrients* presented by author Eva Edelman, Tue., April 23, 6-8, LCBHS, Rm. 198.

## APRIL 26: PIZZA PARTY FOR VETS AND FAMILIES

NAMI hosts a pizza party the last Friday of each month for Veterans and their families at Papa's Pizza on W. 11th & Chambers in Eugene.

## APRIL 30: ANNUAL MEMBERSHIP MEETING

Join us on April 30<sup>th</sup> from 5:30 – 7:00pm in room 198 at the Lane County Behavioral Health Building, 2411 Martin Luther King Jr. Blvd. This is the time to come out and enjoy some together time while learning how the organization is doing and shaping its future. Food provided.

## MAY 2: NAMI FUNDRAISER AT NOODLES & COMPANY

1053 Valley River Way, 4-9 PM! Great food, and 25% of proceeds go to NAMI. See and BRING the enclosed flyer, or print it from the website.

## MAY 19: NAMIWALK NORTHWEST IN PORTLAND

Join us in Portland in May for the annual 5K walk. This important event brings together the NAMI family in important ways: for advocacy, fundraising, and a little exercise. Think about forming a team of walkers! Talk to friends and family about possibly supporting you should you decide to walk. Call the NAMI Lane County Resource Center for information, 541-343-7688.

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# Annual Membership Meeting on April 30<sup>th</sup>

It's hard to believe, but another year has nearly passed since our last annual membership meeting. Join us on April 30<sup>th</sup> from 5:30 – 7:00pm in room 198 at the Lane County Behavioral Health Building, 2411 Martin Luther King Jr. Blvd. We'll have pizza, salad and drinks so you won't have to cook. This is the time to come out and enjoy some together time while learning how the organization is doing and shaping its future.

You'll be voting for the new slate of Board members prepared by our Nominating Committee-- Sheila Sundahl, Chair; Lucy McWortter; Bonnie Olin; Sally Diehl; Susie Caldwell, Tracy Dumas and Christy Peirsol. As we went to press, the nominees included:

- Finance director: Scott Diehl
- Treasurer: Sara Wyant
- Secretary: Elisabeth Goldenberg
- Education chair: Sally Diehl
- Consumer liaison: Susanna Sammis
- At large members: Marie Desmond, Carolyn Mason, and Serena Slape

You may also nominate candidates at the meeting, as long as your nominee has agreed to serve and you are both voting NAMI Lane County members.

Revisions to our organization's Bylaws, which have been mailed to all voting members, will also be on the agenda. These revisions reflect the advice of an attorney experienced with non-profits.

This meeting occurs at a momentous time in our history. The demand for NAMI Lane County's services and programs is high and continues to grow. We offer more courses, support groups, presentations, and trainings than ever. We are readying new programs for veterans, children and youth, and Spanish-speaking communities. We are building productive partnerships with law enforcement, the Johnson Unit, and other mental health agencies throughout the county.

We are proud of this success and the increasing recognition that NAMI improves the quality of life of persons with mental disorders and their families. As growth and demand have increased, so does the need for increased human and financial resources to support them. Come and hear our strategies and plans for these changes amidst Oregon's reorganization into a Coordinated Care Model for medical and mental health treatment. These are challenging times that also provide new opportunities. We hope you will help us make the most of them with your ideas, suggestions, and comments.

—LESLEY REX, VICE PRESIDENT AND SECRETARY

## NAMI Lane County

### Board of Directors

President: Susie Caldwell  
Vice President and Secretary: Lesley Rex  
Finance Director: Scott Diehl  
Treasurer: Sara Wyant  
Program Chair: *Position Open*  
Education Chair: Sally Diehl  
Consumer Liaison: Sue Sammis  
Nominations: Sheila Sundahl  
At large: Serena Slape, Collin Alspach, and Pat McCormick

### Staff

Executive Director: Jose E. Soto, III  
Office Manager: John Wagner

### Volunteers

Book Reviews: Pete Ruby  
Webmaster: Larry Cummings  
Newsletter: Jeff and Diane Magosto  
Foundation Chair: Dave Howard  
Dignity Project: Richard and Eloyce Enloe

...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.*



People live with mental illness everyday

**The best thing you can do is  
Talk About It**

[www.namilane.org](http://www.namilane.org)  
[www.facebook.com/NAMI.LaneCounty](https://www.facebook.com/NAMI.LaneCounty)

**NAMI Lane County**  
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Suite A  
Eugene, OR 97401  
(541) 343-7688



NAMI  
National Alliance on Mental Illness

*If you are never scared,  
embarrassed, or hurt,  
you never take chances.*

—Anonymous

# The Power of Nutrients

by  
Eva  
Edelman

How important can nutrients be? Can they really do much for severe mental health symptoms? Two old illnesses, whose vitamin cures have been used by modern medicine for the past hundred years, will serve to provide an intuitive glimpse into the potency of nutrients in brain function.

Consider first, scurvy, the disease of the ancient pirates, a prolific killer of olden-day sailors on long sea voyages. Symptoms included easy bruising, internal bleeding, roughening skin, and wounds which would not heal. Teeth would loosen and fall out. As if that was not enough, scurvy also caused profound anxiety and depression, overwhelming fatigue, insomnia and, eventually, in some cases, psychosis. Late stage scurvy often resolves into fever, convulsions, and death.

Scurvy has been known for at least 2000 years, and periodically, people have tried various fresh food cures, only to lose that knowledge in subsequent generations. In the twentieth century, treatment with sources of vitamin C caught on more universally. Sufficient C not only stems the physical changes, but also reverses the often-severe mental symptoms.

Note again: Vitamin C, all by itself reverses the psychosis and mood changes of scurvy! Interestingly, many institutionalized psychiatric patients have vitamin C levels close to that found in people with scurvy.

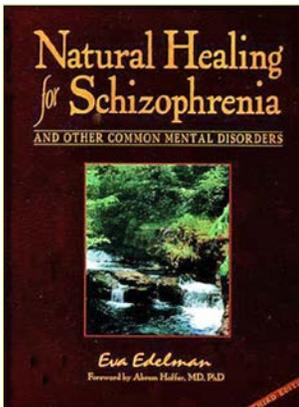
Secondly, let us look at pellagra, an illness characterized classically by the 4Ds: Dermatitis, Diarrhea, Dementia and Death. That is: various skin and gastrointestinal symptoms, along with increasing weakness and depression, mood instability, aggression, insomnia, confusion eventually resolving into dementia and, in some cases, a schizophrenia-like psychosis.

In the early 1900s, liver, and then, its active ingredient, niacin, was found to cure pellagra. A few hundred mg. of vitamin B3, over several weeks, reversed the unstable mood, the irritability and violent disposition, and the pellagra psychosis.

Since then, orthomolecular psychiatrists have found niacin helpful in many cases of schizophrenia and depression, and critical in up to 90% of cases of paranoid schizophrenia.

If such nutrients can cure the severe mental symptoms of scurvy and pellagra, then perhaps they also have the power to address those same symptoms in psychiatric disorders. Come to my talk April 23rd to hear more.

*About the Author:* Eva Edelman is a health researcher and the author of two widely-acclaimed compendiums: *Natural Healing for Bipolar Disorder*, and *Natural Healing for Schizophrenia*. For more info on these books, see <http://www.boragebooks.com>



## UK Perspective: Everyday Anxieties Could Become Targets For Medical Treatment in Updated Psychiatric Manual

BY PETER KINDERMAN

Everyday anxieties could become targets for medical treatment in an updated US psychiatric manual.

The forthcoming edition of the American psychiatric manual (DSM-V) will increase the number of people in the general population diagnosed with a mental illness—but what they need is help and understanding, not labels and medication....

In current mental-health systems, diagnosis is often seen as necessary for accessing services. However, it also sets the scene for the misuse and overuse of medical interventions such as anti-psychotic and anti-depressant drugs, which have worrying long-term side-effects.

Scientific evidence strongly suggests distressing experiences result not from “faulty brains”, but from complex interactions between biological, but more importantly, social and psychological factors.

But diagnosis and the language of biological illness obscure the causal role of factors such as abuse, poverty and social deprivation. The result is often further stigma, discrimination and social exclusion.

### THERAPEUTIC APPROACH

There are humane and effective alternatives to traditional psychiatric diagnoses.

It is relatively straightforward to generate a simple list of problems that can be reliably and validly defined. There is no reason to assume that these phenomena cluster into diagnostic categories or are the consequences of underlying illnesses.

We can then use medical and psychological science to understand how problems might have originated, and recommend therapeutic solutions.

This approach would yield all the benefits of the current diagnosis-and-treatment approach without its many inadequacies and dangers.

*About the Author:* Prof Peter Kinderman is head of the Institute of Psychology, Health and Society at the University of Liverpool. This article comes from the *BBC News Magazine* dated January 17, 2013, where Kinderman was commenting on the upcoming publication of the DSM-V. <http://www.bbc.co.uk/news/health-20986796>

A tip of the bowler hat to longtime NAMI member Allen Sellars, who sent this link along from Italy where he is currently travelling.

## Winter Donations to NAMI

*Thank You!*

- Janet Adams
- Anonymous via United Way (2)
- Vernon Arne
- Patti & Tom Barkin
- Cheryl & William Baugh
- Margaret Bennett
- Kathy Black
- Bolton Family Trust, unacknowledged gifts from prior years
- Jocelyn Bonner, MD
- Susan Crampton
- Nellie Elliker
- Kathy Fitzgerald
- Mack & Vera Follmer
- Leslie Gottshall-Decker
- Pamela Griffin & Jim Poverman
- Paula Jane Guthrie & Mary Scott
- Donald Gwyther
- Bev Hickey & John Hickey, MD
- Corinne Hunt
- Lora Lee Jensen
- Robert & Sue Lewis
- John & Marilyn Lynch
- Jeff & Diane Magoto
- Dan Mcgee
- Sallie & Larry Meng
- Paulette Montplaisir
- National Lawyers Guild, UO Law School, c/o Niva Bennett
- ORCAS
- James Overton
- Pacific Continental Bank
- Alice Parman
- Hap Ponedel & Evlyn Gould
- Marta & Peter Powers
- Kathleen Rex
- Lesley Rex & Brian Taggart
- Marsha & Steven Shankman
- Heidi Snyder
- Jim & Irene A. Spindler
- Megan Sundahl
- Christina Thrasher
- Charles & Mary Ann Tittle
- Robert Trimble
- Sara Wyant & Dennis Ary
- Phillip T. Zoller

### Office Wishlist!

- 5 two to four line phones with caller ID capability
- heavy duty shredder
- heavy duty stapler
- new vacuum cleaner

# Cry for Help:

## *Teenage Mental Illness and Suicide*

EDIE MAGNUS, EXEC. PRODUCER

PBS VIDEO, 2009

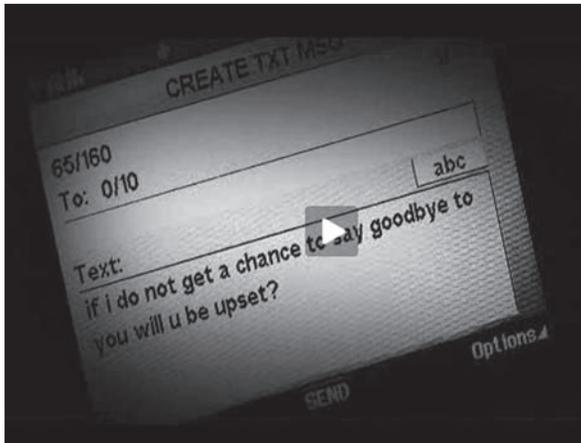
### Film Review

by

*Pete Ruby*

This documentary focuses on two high schools where programs are being utilized to address issues with suicide among students. Some of the work is being done in order to reduce the possibility of future suicide attempts. There are also some measures taken to stimulate the healing for young people who have been exposed to these suicides and suicide attempts with their classmates.

We have heard a lot in the media about teen suicides because the rate of suicides among teens has tripled over the last 60 years. Twenty-eight teens die from suicides daily in our country. Suicide attempts are increasingly occurring among teens. There seems to be substantial stresses and pressures for adolescents with their social, emotional and home situations.



There is an in depth look at a working class high school named Hamilton H.S. near Cincinnati, OH. There have been 5 student suicides there within the last year and a half. Activities, interviews and counseling programs are tracked as Hamilton tries to gain some control in the situation. The video shows some day long mental health sessions being held called “Character Days”. I get the impression that a lot of social and emotional support results from these sessions. Teens are taught how to notice the signs of depression in their classmates.

There is an attempt to overcome the stigma of confiding in others when help is needed. Responsibilities are established where somebody needs to report an individual who is depressed and might be a danger to themselves. Surveys are introduced

for students and for parents to do some evaluations and to increase their awareness of risk factors in their lives. A crisis team was formed at Hamilton. Certain teachers have designated themselves as being always available for drop-in support and counseling. All students were evaluated as to depression and suicidal ideations. Most students with these types of problems could be helped at the school, however, 60 students were referred to professionals in the community. Anger management classes were offered for teens and their parents.

Clarkston High School, near New York City, is an upper middle-class school with a different approach to controlling teen suicides. In a 60 minutes type probe we go inside the school to gain an experience about what measures are in place there. Clarkston H.S. hired a consultant who developed a STEPS program for the school population. This is an interactive computer program which is always accessible for the students, administrators and parents. This program utilizes the constant use of social media that teens take part in. Texting, cell phones, e-mailing, facebook and educational sections of the internet are actually part of the program. Surveys are often completed on line and all are expected to keep up a current profile about their emotional, social, educational and home life stresses. These are not open to all to view but this profile can be an important reflection for students.

*(continued on p.14)*

# Eating Disorders

*A Primer from NAMI.ORG*

Eating disorders are some of the most challenging mental illnesses. Untreated eating disorders can result in severe medical complications and even death in certain cases. As scientific studies suggest that nearly one-in-twenty people will experience symptoms of an eating disorder at some point in their lives, proper diagnosis and treatment of these complex conditions is of critical importance.

Eating disorders are often underdiagnosed which can delay necessary treatment. There is no specific test that can diagnose an eating disorder. Rather, a diagnosis is made by a trained clinician based on the signs and symptoms of these illnesses. While many people may experience unhealthy eating habits and have concerns with their body image, people with eating disorders generally experience severe dysfunction due to their symptoms.

*Eating disorders frequently occur in people with other mental illnesses, including depression, anxiety disorders and substance abuse issues.*

In general, treatment of these challenging mental illnesses involves a multi-disciplinary team of clinicians to help an individual dealing with an eating disorder. This usually includes a primary care doctor (e.g., pediatrician or internist), a nutritionist, a therapist, and a psychiatrist. Working together, members of the treatment team can help to meet the medical, nutritional and psychiatric needs of individuals with an eating disorder. In the vast majority of cases, psychopharmacological medications are not curative treatments for people with eating disorders. In certain cases, some people may find that medications are a helpful part of their treatment.

Eating disorders frequently occur in people with other mental illnesses, including depression, anxiety disorders and substance abuse issues. For people with a co-existing mental illness, effective treatment of this second condition is critically important for proper treatment of their eating disorder. Historically, eating disorders were thought to be conditions that were limited to upper-middle class, teenage Caucasian females. Over the past few decades, it is clear that women of all ages, ethnicities and socioeconomic backgrounds are confronted with the challenges of eating disorders. Males are less likely to have eating disorders than females, but it has been suggested that as awareness grows, more males are being treated for these severe mental illnesses.

## **Anorexia Nervosa**

Anorexia nervosa is a serious and potentially life-threatening mental illness. Anorexia nervosa is an eating disorder defined by an inability to maintain one's body weight within 15 percent of their Ideal Body Weight (IBW). Other essential features of this disorder include an intense fear of gaining weight, a distorted image of one's body, denial of the seriousness of the illness, and—in females—amenorrhea, an absence of at least three consecutive menstrual cycles when they were otherwise expected to occur. [Click here for a more complete review of anorexia nervosa.](#)

## **Bulimia Nervosa**

People with bulimia nervosa are overly concerned with their body's shape and weight—they engage in detrimental behaviors in an attempt to control their body image. Bulimia nervosa is often characterized by a destructive pattern of bingeing (eating too much unhealthy food) and inappropriate, reactionary behaviors (called purging) to

*(continued on p.13)*

# A Day at the Capitol

by  
*Lesley  
Rex*

NAMI Lane County was well represented at “A Day in the Capitol” in Salem on February 27th. I tagged along with our Executive Director, Jose Soto, and President, Susie Caldwell, and with members Sue Archbald, Annie Heron, Diane Holmes, Anne Kern, Tim Wiener, Tom Wilson, and Sara Wyant. We carpoled to Willamette University, where NAMI Oregon had organized an introduction to the day’s events for members from all over Oregon. The focus was on preparing for visits with our legislators, which they had scheduled in advance. I was to see Senator Floyd Prozanski and Representative Paul Holvey.

## Core Issues for Advocacy

As we would only have fifteen minutes with each person, they coached us on how to make the most of them. We were supplied with a list of quick talking tips and templates for jotting down how to efficiently introduce ourselves. It all seemed quite helpful.

Especially useful was NAMI Oregon Director Chris Bouneff’s advice about what to talk about after the introductions. It seems that the Democratic majority’s 2013 legislative priorities do not specify mental health. They include “increasing family wage jobs, providing quality public education, standing up for middle class families, and focusing on the services Oregonians need most.” Among the services Oregonians need most was the category: “Prioritize state dollars to protect and support seniors and Oregon’s most vulnerable.” It seemed clear to me that our job was to emphasize mental health issues as the important demographic in that category.

Director Bouneff and NAMI Oregon were way ahead of me. They already had a platform and an argument for what to ask our legislators to support: “Investments in Community Mental Health Housing and Support Services.” They were aware that the U.S. Department of Justice’s call for Oregon to improve its mental health care system in compliance with the Americans with Disabilities Act had led the governor to propose a 43% increase in general fund spending for mental health treatment and services. Bouneff’s argument was that this positive step to improve community mental health systems was necessary but not sufficient. It could not succeed without increased availability of community-based housing.

Bouneff’s materials explained that:

“NAMI Oregon proposed legislation that creates an incentive pool of funds for development of specialized housing for individuals living with mental illness. While the governor’s recommended budget is encouraging for its new investment in services, it does not provide for the development of new housing, such as supported housing and residential treatment homes.

## Housing

More housing, especially semi-independent housing, is required across the state so that the community mental health system runs more efficiently. Such an investment is more cost-effective and more conducive to quality treatment when compared to utilization of crisis services, such as hospital level services. NAMI Oregon’s proposal, developed through a series of meetings with residential providers, Coordinated Care Organizations, and behavioral health leaders, led to House Bill 3332, sponsored by Representatives Tomei, Olson, and Kruse. The bill calls for the state to create a special fund that:

(continued from p.8)

- will provide up to 20% of construction costs as an incentive for development. Outside funds will come from various sources, such as private financing, federal grants, local funds, and other housing incentives.
- can provide up to 50% of start up costs such as fixtures and training. In a typical 16-bed center, those costs are about \$200,000.
- can include higher-end residential treatment, respite, treatment homes, independent support housing, or other housing projects that are shown to be needed within a region. We envision that local CCOs and Local Mental Health Authorities would partner with providers to apply for funding. The legislation is intended to dovetail with the CCO regional planning underway.
- create an Advisory Group under the Addictions and Mental Health Division that will assist the division with the development of a prioritized list of community mental health projects to be developed and funded during the biennium.

Throughout the day we urged support of this legislation at our meetings. Those legislators who knew someone with a mental illness seemed much more willing to sympathize with its importance. Representative Holvey has a neighbor living with bipolar disorder and realized first hand the limitations of the current crisis-intervention-revolving-door system. Representative John Lively from Springfield, who has a relative who suffers from depression, seemed very sincere to Susie Caldwell. She thought he and his staff appeared sympathetic with our cause and to have a firm knowledge of mental illness.

House Bill 3332 is a long way from a Senate version, but we coaxed Senators who were wary of competing budget demands, to see its advantages. Sue Archbald noted that Senator Chris Edwards listened attentively. “He seemed under-

(more on p.14)

### By the Numbers

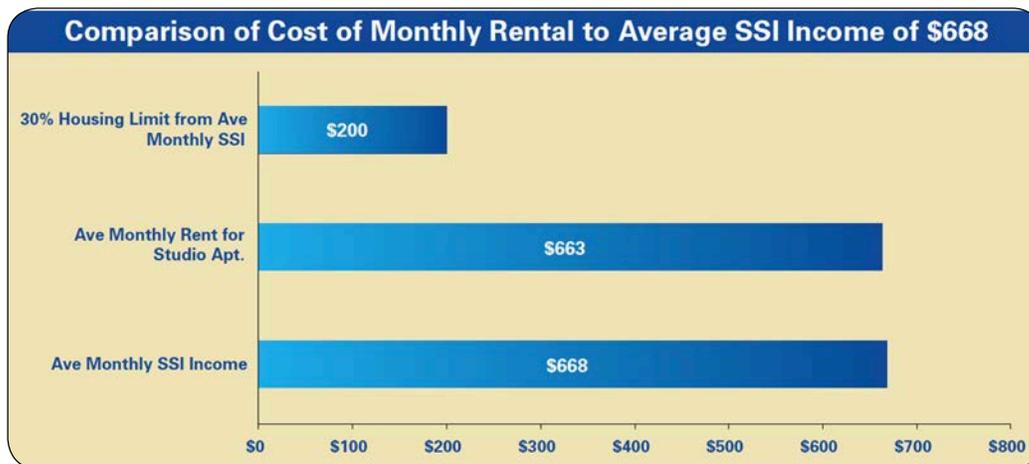
26% of the homeless population lives with severe mental illness—more than four times the rate of serious mental illness in the general population.<sup>5</sup>

About 150,000 to 200,000 chronically homeless individuals nationwide use more than 50% of the services. Individuals who are chronically homeless often have a serious mental illness, a complex medical problem and/or alcohol or drug addiction.<sup>6</sup>

An estimated 131,000 Veterans are homeless on any given night. 45% of these Veterans live with mental illness.<sup>7</sup>

75% of the most frequent users of health and criminal justice services were diagnosed with a mental illness or substance use problem. 54 individuals in a study accounted for an average yearly cost of \$171,292 in criminal justice encounters alone.<sup>8</sup>

[Editors’ Note]: As you can see, our national association’s website, [nami.org](http://nami.org), has useful “talking points” and background information on the relationship of mental illness and affordable housing. Check it out—search for *State Advocacy*.



# NAMI Packs a Wallop!

by  
*Terry  
Barber*

NAMI Lane County fills a need in the medical and clinical service delivery model, providing services between the psychiatrist's couch, hospitalization, and independent living. NAMI Lane County's Resource Center provides free peer-delivered services, support, education, and advocacy for people working through mental health issues, addictions or brain disorders, and similar services for their families. According to Jose E. Soto III, Executive Director, "NAMI's services complement medical and clinical services. They're like AA for mental health."

## Coordinated Care Organizations

In Oregon, Coordinated Care Organizations [CCOs], began forming in 2012. Trillium Community Health Plan operates the CCO in Lane County, and appears to recognize the need and value of NAMI's services. Because NAMI does not bill for services, many members were skeptical of whether Trillium would continue to provide funding. This has been a very big concern for many in our community. NAMI currently expects a \$30,000 deficit in 2012-13, and is exploring ways of closing the gap.

NAMI Lane County's 2012-2013 revenue is practically the same as its 2010 revenue, even though services, support groups, outreach and volunteers have virtually doubled. According to Soto, Trillium itself is looking at a 20% cut in Medicaid funding and is eager to find more cost effective strategies for providing better health outcomes. Because NAMI has 1.5 paid positions and almost 100 volunteers, Trillium is wise to recognize that funding NAMI services and programs is a highly economical method of service delivery—a real win-win.

Describing NAMI's clientele, Soto points out most of the 9,000 people served this past year are uninsured or underinsured. He says, "They may be working and trying to 'keep it together.' But, it's difficult to hold a job while coping with the stress of mental illness." NAMI offers hope and help through its programs staffed by volunteers, many of

*(more on p.11)*



*Downtown Portland provides a lovely setting for the annual walk (May 19). Teams from throughout the state gather to advocate, to remember, and to enjoy the company of 2000 others who understand where they're coming from.*

whom have overcome similar problems and been trained to facilitate groups, addressing the needs of those to whom America's 21<sup>st</sup> century society remains all-but-blind.

### NAMI's Volunteers

Volunteers keep NAMI alive by providing support, education and advocacy. Volunteers work in the Resource Center, answer phones; perform accounting; serve on NAMI's Board of Directors; clean the office and recycle; facilitate support groups; write, edit, and publish the quarterly newsletter; manage NAMI's library and Clothes Closet; teach a variety of educational courses; and present outreach multi-media programs at schools, hospitals, and treatment programs. NAMI-trained volunteer advocates assist individuals and families in accessing community resources, combating the dangers of isolation, and providing support between professional mental health appointments and interventions. According to Soto, NAMI's volunteers "are often not looking for recognition. In fact, many ask not to be recognized. They're humble about the work they do."

### NAMI's Programs

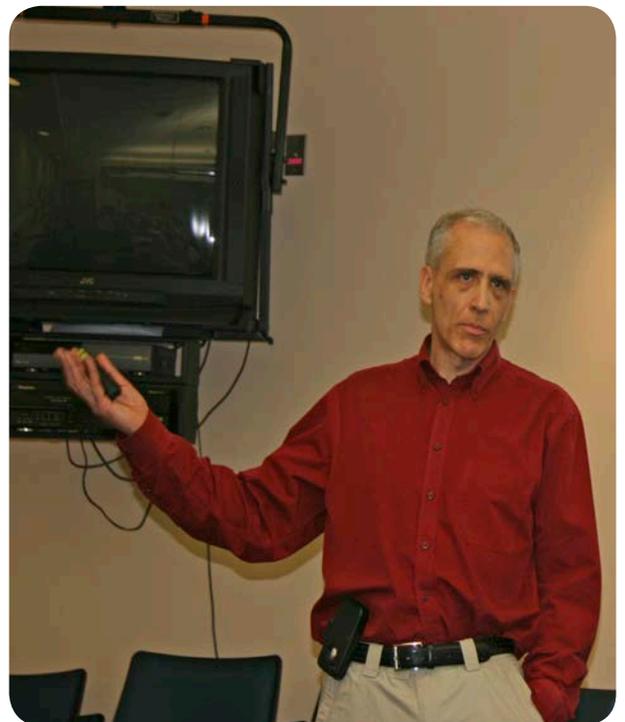
NAMI's many unique contributions to the quality of life for Lane County residents include saving marriages, healing relationships, and helping the community to develop tools that effectively support those impacted by mental health issues, addictions, and brain disorders. Its ASSERT program has sponsored outreach to police departments county-wide through the promotion of crisis intervention training. Attendance of officers from the Eugene Police Department, Springfield Police Department and the Lane County Sheriff were sponsored by NAMI Lane County at the National Crisis Intervention training this past summer. Assisting officers in being prepared for a mental health crisis is very important to the safety of our communities.

33,000 veterans live in Lane Co. (2010 census) and are returning to civilian life. Many have given up on government programs in despair because of the difficult bureaucracies and long waiting periods. NAMI offers a once-a-month Pizza Night at Papa's Pizza, given for "anyone who has served in the military" and their families. Once there, veterans find not only pizza but a "table of opportunities" and low-key advocates who will help them connect to services at the Veterans Administration or Veterans Center. Through non-profits and non-threatening advocates and programs, NAMI helps prevent high rates of divorce among veterans, and alleviates the isolation that contributes to the national suicide rate. According to reports, between 18 and 22 veterans commit suicide daily, approximately one every 80 minutes.

### NAMI's Free Resources

One of the educational DVDs from NAMI's library features testimonials, case studies, and classification of symptoms of PTSD, as well as an array of unique problems and suggested treatments. The program suggests that three

*Consider  
Membership,  
On-going  
Donations,  
or a Bequest*



*Our monthly community program brings in top notch speakers on many different topics related to wellness, mental health support, and life skills management. In March Ron Unger gave an excellent presentation on the Hearing Voices Movement, "ending vicious cycles and creating victorious circles."*

*(more on p.12)*

months constitute a reasonable time period to allow for reintegration and adjustment before becoming concerned that a veteran may suffer from PTSD or related mental health issues. The theme of *Coming Home; Supporting Your Soldier*, produced by NAMI of Minnesota and Twin Cities TV is clear: “Trying to readjust back into the civilian world is difficult.”

Soto amplifies this theme by pointing out not only PTSD but also combat fatigue, brain injuries, and coming home to find that families have grown independent of the absent parent, are all very difficult challenges. He adds, “They need support.” That’s where NAMI’s veterans’ programs fit in—supporting, educating and advocating for both families and veterans.

### Our Education Mission

NAMI’s Family-to-Family class, a 12-week program, teaches communication skills, problem solving—specifically the difference between solvable and unsolvable problems—and helps free participants from guilt, helping families face the fact that life “won’t go back to the way it was before.” Soto says many have told him the program has saved their marriage.

NAMI also bridges the gap for people dealing with mental health issues such as ADD and ADHD—both for parents with mentally ill children and children with a mentally ill parent. The program begins with a two-hour in-service that involves four people: a teacher, parent, student and the NAMI-trained facilitator.

NAMI’s youth programs are divided into those for children age 14 and under and transition age youth, ages 15-24, who are preparing to move away from home, facing adult decisions. In *Our Own Voice*, a multi-media presentation, puts a face on young people’s mental illnesses and diagnosis. The outcome has been that students seeing the program want to start support groups at their local high schools.

*Downside of High*, NAMI’s second multi-media youth program, addresses the dangers of marijuana on the adolescent brain. According to Soto, children who use marijuana before the age of 13 are 6 times more likely to develop schizophrenia. Youth who use marijuana before the age of 18 are twice as likely to develop a mental health issue that someone in their family already has. The 45 minute presentations have been

*(more on p.13)*



*The annual holiday party honors the dedication of NAMI’s volunteers and friends and supporters from throughout Lane County.*

*(continued from p.12)*

popular in high school and middle school health classes and emphasize a proactive approach to mental health. Soto said, “If someone makes the decision to use marijuana, they should at least wait until their brains are done developing.”

Offering free help, NAMI fulfills the state mandate for integrated services. All services are “peer-delivered” by volunteers with similar lived experiences. Success comes, as a 1998-2003 research study has shown, when combined peer and professional treatments are applied. NAMI’s success appears in testimonials and in its statistics, providing service to 9,000 people on a budget of approximately \$120,000 this past year.

In addition to organizing, overseeing, and providing services, the 1.5 employees now need to engage in big-time fund-raising. Soto says, “I’m passionate about what we do. If there’s to be a future for NAMI in Lane County, others will need to provide some financial support as well.”

## Stewardship

Ways to provide financial support, such as memberships, donations, and bequests, can be found at NAMI’s web site, [www.namilane.org](http://www.namilane.org). Donors may designate their passion: veterans with PTSD, families with young children, support groups, crisis intervention training, NAMI’s Clothes Closet or library, or a building fund.

Individuals or families may ensure that NAMI’s mental health services will remain available for immediate and future generations through bequests. Recently, Mack and Vera Follmer designated NAMI in a memorial for their daughter, raising \$2500 in donations. The money has been used to update NAMI’s technology in the Resource Center. Ms. Follmer had served as a NAMI volunteer, helping put out the newsletter and attending meetings. She said, “NAMI helped get things going. We helped each other. Somebody has to do more so the mentally ill can be treated. There’s more mental illness visible today, a story for each one.”

## E-giving Now Available

NAMI Lane County now has two ways for you to donate to our cause electronically:

Our new Monthly Donors program is one of the most effective ways to donate money to NAMI Lane County. Regular monthly donations help you balance your annual giving throughout the year and give us a steady source of continuing support.

For more information and/or to join our Electronic Fund Transfer program, email [treasurer@namilane.org](mailto:treasurer@namilane.org) or call our Treasurer, Sara Wyant (541-343-6788). She is in the office Wednesdays 10 am – 2 pm, but you can leave a message and Wyant will get back to you.

You can make donations to us using your credit card at [JustGive.org](http://JustGive.org). Search for NAMI Lane County and you will have the option to make one-time or recurring donations or to make a memorial donation. JustGive.org takes 4.5% of each donation for processing costs. You can add this to the amount you are charged or have it deducted from your donation.

*(NAMI.org...continued from p.7)*

control one’s weight following these episodes. Purging behaviors are potentially dangerous and can consist of a wide variety of actions “to get rid of everything I ate.” This can include self-induced vomiting and the abuse of laxatives, enemas or diuretics (e.g. diuretics). Other behaviors such as “fasting” or restrictive dieting following binge-eating episodes are also common, as well as excessive exercising.

## Binge Eating Disorder

Binge eating disorder (BED) is not a mental illness that is formally characterized in DSM-IV-TR, however it is a recognized clinical syndrome that has been diagnosed and treated for over 50 years. During this time, BED has been called by other names—compulsive overeating, emotional eating, or food addiction—but the core symptom of dysfunctional binge eating episodes remains the same.

## Support for People with Eating Disorders

With thorough treatment and the support of their loved ones, many people with eating disorders can expect to see a significant decrease in their symptoms and can go on to live healthy lives in absence of serious medical complications. Family members and friends can be most helpful in providing nonjudgmental support of their loved one and by encouraging their loved one to seek treatment for these serious conditions.

*For more information, see*  
<http://tinyurl.com/nami-eating-disorders>

(Ruby...continued from p.6)

Teens can be quite impressionable, socially. A suicide can cause another unstable student to be more likely to make a suicide attempt. Students can feel humiliated, slandered and libeled by their peers via social media postings. These judgments and criticisms can be devastating for some teens and these have contributed to some suicide attempts.

Academic competition, isolation and emotional upheavals are stresses which can continue to cause suicides in the college population. Again, there is a lack of healthy emotional relationships with others due to the constant use of social media gadgets. The video does well in showing that schools can pull together as communities to support and keep a watch on each other.

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(Rex...continued from p.9)

standing of and sympathetic to the mental health issues at hand.”

However, he was clear about the dire restraints on the state budget because revenues are up by a little over 9%, yet spending is up by more than 13%, with state medical benefits being the largest drain. Similarly, Senator Beyer was sympathetic, but spoke about the challenge for legislators to meet all the legislative priorities with the budget.

I left the day at the capitol feeling cautiously optimistic about the campaign ahead. All the legislators we spoke to understood the importance of doing a better job for those living with mental illnesses in Oregon. We have a good bill to push for and a number of representatives who are on our side.

The next step is to write, call, email or fax your representative to appeal for passage of Bill 3332.

## NAMI Spring Calendar

Tues, April 23	• <i>The Power of Nutrients.</i> A community program presented by Eva Edelman, at LCBHS, 2411 Martin Luther King, Jr. Blvd., Rm. 198, 6:00-8:00.
Fri, April 26	• Veterans' Pizza Night for Vets and families. Papa's Pizza on W. 11th & Chambers in Eugene.
April 26-28	• Family Support Group Facilitator Training in Tualitin. See NAMI Oregon website for more information. Applications due April 12.
Tues., April 30	• Annual Membership Meeting. LCBHS, 2411 Martin Luther King, Jr. Blvd., Rm. 198, 5:30-7:00.
Thurs, May 2	• NAMI Fundraiser at Noodles & Company, 1053 Valley River Way, 4-9 PM! Great food, and 25% of proceeds to NAMI. See and BRING the enclosed flyer, or print it from the website.
Wed, May 15	• NAMI Board Meeting Lane Office at LCBHS, 2411 Martin Luther King, Jr. Blvd. 2 <sup>nd</sup> Floor Conference Room, 4:00-6:00.
Sun, May 19	• NAMI Northwest Walk for awareness, fundraising, and fun. Call NAMI Lane County Resource Center for information, 541-343-7688.
Fri, May 31	• Veterans' Pizza Night for Vets and families. Papa's Pizza on W. 11th & Chambers in Eugene.
Wed, June 19	• NAMI Board Meeting Lane Office at LCBHS, 2411 Martin Luther King, Jr. Blvd. 2 <sup>nd</sup> Floor Conference Room, 4:00-6:00.
Wed, June 28-30	• Family-to-Family Teacher Training in Tualitin, OR. See NAMI Oregon website for more information. Applications due June 14.

*Courage is a resistance to fear,  
a mastery of fear—  
not an absence of fear.*

—Anonymous

# Support Group Meetings

## NAMI Groups

### Eugene-Springfield

*NAMI Friends and Family Support Group*  
2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> Thursdays at the NAMI Resource Center, 76 Centennial Loop, Suite A, Eugene, 7:00.

*NAMI Family To Family Support Group*  
1<sup>st</sup> Thursday of every month at LCBHS, 2411 Martin Luther King, Jr. Blvd. 2<sup>nd</sup> Floor Conference Room, Eugene, 7:00. (for graduates of F2F Class)

*NAMI Connection—Peer Facilitated Support Groups*  
Tuesdays, First United Methodist Church (FUMC), 1376 Olive St., Eugene, 3:30-5:00.

*NAMI Connection—Peer Facilitated Support Groups*,  
Wednesdays, NAMI Resource Center, 76 Centennial Loop, Suite A, Eugene, 6:00-7:30.

*NAMI Peer-to-Peer Education Course*  
Saturdays, beginning February 9th (for 10 week) at the Lane Independent Living Alliance (LILA) Peer Support Club, 990 Oak Street, Eugene, 10:00.

*Hearing Voices & Extreme States Support Group*  
1<sup>st</sup> and 3<sup>rd</sup> Thursday every month, Lane Independent Living Alliance (LILA) Peer Support Club, 990 Oak Street, Eugene, 6:00-7:30.

### Cottage Grove

*Consumer Only Friendship Group*  
Thursdays, Fleur de Lis Patisserie, 616 Main St, 10:00 a.m.

*NAMI Connection—Peer Facilitated Support Groups*  
Tuesdays, Healing Matrix, 632 Main St., 6:30; Fridays, Healing Matrix, 632 Main St., 12:00-1:00.

### Florence

*NAMI Florence Support Group*  
4<sup>th</sup> Thursday of every month, Peace Harbor Hospital Cafeteria 6:30-8:00. Facilitator: Monica Kosman.

## Related Community Groups

*DBSA (Depression/Bipolar Support Alliance Group)*  
2<sup>nd</sup> and 4<sup>th</sup> Mondays, First United Methodist Church, 1376 Olive St., Eugene. 7:00-8:30. Contact Dorothea: dbmarcomb@gmail.com

*County Consumer Advocacy Council*  
4<sup>th</sup> Tuesday at LCBHS, 2411 Martin Luther King, Jr. Blvd. Rm. 198, Eugene, 1:00-3:00.

*Eugene Dual Diagnosis Anonymous*  
(Mental illness and drug addiction)  
Tuesdays and Thursdays, Laurel Hill Center (LHC), 2145 Centennial Plaza, Eugene. 2:00-3:00. Call Tina at 541-485-6340.

*Oregon Family Support Network*  
For families with children with emotional, behavioral, or mental health needs. 72A Centennial Loop, Suite 150. Call 541-342-2876.

*Suicide Bereavement Group*  
For those who have lost a loved one. For time, day and location of meetings call Darlene at 541-747-2084.

*Out 'n Abouters—Weekly Bingo for Consumers.*  
Fridays, Shepard Apartments, 938 Jefferson St., Eugene 3:30. Call Linda at 541-485-0509.

*Mobile Book Library*  
Wednesdays at LCBHS, 2411 Martin Luther King, Jr. Blvd. Rm. 198, Eugene, 9:00-12:00.

## Alzheimer's and Dementia Resources

*Know the 10 Signs: Early Detection Matters*  
Adele Tiberius. Wed., April 24, 6-7 pm. Willamalane Adult Activity Center, 215 West C St., Springfield.

*Getting Started*  
Ruth Bichsel, Care Navigator. Fri., May 3, 12-1 pm. PeaceHealth Barger Medical Clinic Conference Room 4010 Aerial Way, Eugene.

*We invite our readers to submit their own articles, photos, stories or anecdotes: Have you read or seen something recently that you'd like to share or respond to? Where do you turn to learn about new therapies or medications? Please send submissions to the NAMI office or by email: office@namilane.org.*

 **NAMI** Lane County  
National Alliance on Mental Illness  
76 Centennial Loop, Suite A  
Eugene, OR 97401

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### NAMI Membership/Donation Information

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

- Membership, \$35.00/year
- Open Door Membership, \$3.00/year
- General Donation, \$ \_\_\_\_\_
- Donation in memory of \_\_\_\_\_
- Anonymous gift, \$ \_\_\_\_\_

(Please make checks payable to: NAMI Lane County • 76 Centennial Loop, Suite A • Eugene, OR 97401)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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