NAMI National Alliance on Mental Illness

PITTSBURGH SOUTH

January 2012

Meeting Information:

Please join us for our January meeting on Wednesday, January 18th at 7:30 p.m. for a Care and Share meeting. NAMI recognizes the importance for families who are learning to cope with a diagnosis of mental illness to seek support from others who have first-hand experience of what they are going through.

NAMI Pittsburgh South meetings are held on the third Wednesday of each month (excluding the month of August) at 7:30 p.m. at Southminster House. Southminster House is at 801 Washington Road, Mt. Lebanon, directly across the drive from the Mt. Lebanon Public Library.
Email contact: nami.south@yahoo.com

President: Carole Berman
Vice-President: Gerry Dugan

Have something to add to the newsletter? Contact Lora Dziemiela at 412-366-3788 or email at ldziemiela@namiswpa.org to have your piece added to the next newsletter.

For local support groups contact NAMI Southwestern Pennsylvania:
412-366-3788 or 1-888-AMI-SWPA
Web: www.namiswpa.org
Email: info@namiswpa.org

NAMI Southwestern PA Board Meetings — These meetings are held bimonthly in the odd months (February, April, etc). on Saturdays from 9am–11am in the NAMI office which is located at 105 Braunlich Drive, McKnight Plaza, Suite 200, Pgh, PA 15237. Although space is limited, the meetings are open to all members. If you wish to attend, please call the offices of NAMI Southwestern PA at 412-366-3788.

Upcoming Meeting Information:

February: Roger Haskett, M.D. ,“Ask the Doctor”
Dr. Haskett will take questions from audience.

March: Janice Meinert, PHLP (PA Health Law Project)
“Medicare/Medicaid Updates”

April: James Kindler – “A Conversation with a Consumer”
James talks candidly about consumer issues and answers questions.

May: Care and Share

Email Information!

Want to get in touch with NAMI Pittsburgh South? Email us at NAMI.SOUTH@yahoo.com.

Inclement Weather Guidelines

In the event of blustery weather please follow the Pittsburgh school district guidelines. If school is cancelled for Pittsburgh schools then the NAMI Pittsburgh South meeting will be cancelled. When school is delayed then the meeting will be held. If evening events are cancelled in Mt. Lebanon then the meeting will be cancelled. Your personal safety is important! Do not travel if the local roads are hazardous!

YOU ARE NOT ALONE!

If you need assistance dealing with any type of mental illness, the following organizations are available.

National NAMI Help Line
1-800-950-NAMI/ Web: www.nami.org

NAMI Pennsylvania
Web: www.namipa.nami.org

SUPPORT

ALANON 412-572-5141

Allegheny County Peer Support & Warmline 1-866-661-WARM (9276)
10 am – Midnight daily

Bipolar and Manic Depressive Support Group — Meets in Washington, PA at Rochester Methodist Church, 341 Jefferson Street every 2nd Thursday of the month at 7:30 pm. Please contact Ann at 724-775-6304 for information.

St. Clair Hospital Depression Support Group— A support group for those struggling with depression as well as their family members. Meetings are held on the first Thursday of every month from 7:30-9:00 p.m. at Christ United Methodist Church, Room F101, 44 Highland Road (across from Village Square). Look for the Youth Center on the outside of the building to locate the entrance. Please call 412-942-4800 for more information.

Chartiers MH/MR Center's Family Support — Meetings are held at 250 Mt. Lebanon. Contact: Terry Whalen at 412-221-3302 x 124

NAMI McKeesport Support Group meetings are held on the second Thursday of each month at the Main Building located on Penn State University's McKeesport Campus. Contact: Patrice Hlad 412-326-5374

Article Link: http://www.msnbc.msn.com/id/45790987/ns/health-mental_health/#.TvygdtSviKI

Mentally Ill Flood ERs as States Cut Services

By Julie Steenhuysen and Jilian Mincer

Copyright 2011 Thomson Reuters; updated 12/26/2011

CHICAGO/NEW YORK — On a recent shift at a Chicago emergency department, Dr. William Sullivan treated a newly homeless patient who was threatening to kill himself.

"He had been homeless for about two weeks. He hadn't showered or eaten a lot. He asked if we had a meal tray," said Sullivan, a physician at the University of Illinois Medical Center at Chicago and a past president of the Illinois College of Emergency Physicians.

Sullivan said the man kept repeating that he wanted to kill himself. "It seemed almost as if he was interested in being admitted."

Across the country, doctors like Sullivan are facing a spike in psychiatric emergencies--attempted suicide, severe depression, psychosis--as states slash mental health services and the country's worst economic crisis since the Great Depression takes its toll.

This trend is taxing emergency rooms already overburdened by uninsured patients who wait until ailments become acute before seeking treatment.

"These are people without a previous psychiatric history who are coming in and telling us they've lost their jobs, they've lost sometimes their homes, they can't provide for their families, and they are becoming severely depressed," said Dr. Felicia Smith, director of the acute psychiatric service at Massachusetts General Hospital in Boston.

Visits to the hospital's psychiatric emergency department have climbed 20 percent in the past three years.

"We've seen actually more very serious suicide attempts in that population than we had in the past as well," she said.

Compounding the problem are patients with chronic mental illness who have been hurt by a squeeze on mental health services and find themselves with nowhere to go.

On top of that, doctors are seeing some cases where the patient's most critical need is a warm bed.

"The more I see these patients, the more I realize that if it's sleeting and raining outside, the emergency room is the only place they have," said Dr. R. Corey Waller, director of the Spectrum Health Medical Group Center for Integrative Medicine in Grand Rapids, Michigan.

Government agencies such as the National Institutes of Mental Health, the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration could not provide fresh data on use of psychiatric services in recent years.

Obsessive Compulsive Support Groups
412-363-6231 or www.ocfwpa.org

Survivors of Suicide WPIC, Contact:
Sue Wesner 412-246-5633

Well Spouse Support Group — Meets the first Wednesday of each month in Churchill. Contact: Mim Schwartz 412-731-4855

Trichotillomania Support Groups
412-363-6231 or 412-END-OCD1
www.ocfwpa.org

ALLEGHENY COUNTY PEER-SUPPORT/ DROP-IN CENTERS

The drop-in centers welcome all individuals diagnosed with a mental illness. These centers are located throughout Allegheny County and provide a safe and comfortable environment where people can go to have fun, eat a warm meal, interact and socialize with their peers. There are also many trained professionals on site who are available for those in crisis or those who just want to talk!

Chain of Hope – 710 Wood Street, Pittsburgh, PA 15521, 412-247-5018.

Maverick – 1005 Fifth Avenue, New Kensington, PA 15068, 724-334-2386.

New Horizons – 616 Lincoln Center, Bellevue, PA 15202, 412-766-8060.

Olive Branch – 215 Corbet Street, Tarentum, PA 15084, 412-224-1600.

Peoples Oakland — 3433 Bates Street, Pittsburgh, PA 15213, 412-683-7140.

Wellsprings – 903 Watson Avenue, Pittsburgh, PA 15219, 412-263-2545.

Interested in Peer support?

Looking to use your story to inspire recovery? The Pennsylvania Peer Support Coalition offers information on statewide peer support initiatives, job openings, training opportunities and much more! Visit http://www.papeersupportcoalition.org/index.html for more information.

But doctors from more than a dozen hospitals nationwide, mental health advocacy groups and state-funded agencies told Reuters they are all seeing a marked increase in psychiatric emergencies.

The National Association of State Mental Health Program Directors (NASMHPD), an organization of state mental health directors, estimates that in the last three years states have cut $3.4 billion in mental health services, while an additional 400,000 people sought help at public mental health facilities.

In that same time frame, demand for community-based services climbed 56 percent, and demand for emergency room, state hospital and emergency psychiatric care climbed 18 percent, the organization said.

“This wasn’t one round of cuts,” says Ted Lutterman, director of research analysis at NASMHPD Research Institute. “It was three or four for many states, and multiple cuts during the year.”

If the economy doesn’t improve, next year could be worse because many community mental health agencies are cutting programs and using up reserve funds, says Linda Rosenberg, president of the National Council for Community Behavioral Healthcare.

“It’s been horrible,” she said. “Those that need it the most--the unemployed, those with tremendous family stress--have no insurance.”

In the emergency room, this increased demand has meant doctors and social workers are spending hours and sometimes days trying to arrange care for psychiatric patients languishing in the emergency department, taking up beds that could be used for traditional types of trauma.

More than 70 percent of emergency department administrators said they have kept patients waiting in the emergency department for 24 hours, according to a 2010 survey of 600 hospital emergency department administrators by the Schumacher Group, which manages emergency departments across the country.

Ten percent said they had “boarded” patients for a week or more.

And many hospitals are not prepared for the increased caseload of psychiatric patients, says Randall Hagar, director of government affairs for the California Psychiatric Association.

California cut $587 million in state-funded mental health services in the past two years, the most of any state, according to the National Alliance on Mental Illness, a patient advocacy group.

“They don’t have secure holding rooms. They don’t have quiet spaces. They don’t have a lot of things you need to help calm down a person in an acute psychiatric crisis,” Hagar said.

“Often you have a patient strapped to a gurney in a hallway outside of the emergency department where social workers are desperately trying to find an inpatient bed,” he said.

ASSISTANCE

Physical Health Plans
Member Services Gateway
1-800-392-1147

UPMC Health Plan, Inc. /UPMC for You 1-800-286-4242

MedPlus 1-800-414-9025

PA Health Law Project 1-800-274-3258 or 1-866-236-6310 TTY.

The PennFree Program is a twelvemonth rental subsidy program designed to empower recovering men and women to regain their independence. Participants in PennFree are homeless, recovering, single men and women, single men and women with children and families. Please go to http://www.familylinks.or g/pennFree/ for more information!

Refer the Uninsured Project
The PA Health Law Project is presently asking for uninsured persons to call their Helpline at (800) 274-3258 or TTY line (866) 236-6310. All callers will be screened for any possible insurance or free health care services currently available to them.

Squirrel Hill Health Center — For uninsured individuals, the co-pay is $15 if the individual is above 200% of the poverty level. Hours are M-TH 9am-5pm, Fri 8 am – 4 pm. Tuesday evening and Sunday morning hours are also available. They provide primary care and have a number of specialists working with them. Please contact Rebecca LaBovick, Director of Therapeutic Homeless Services at the Community Human Services Corporation at 412-621-6513 x 101 for more information.

Community Care Behavioral Health Member Services 1-800-553-7499

COMPASS is a website that allows individuals and community-based organizations access to screen for, apply for, and renew a broad range of social programs. It is a single access point for:

In North Carolina, the state has cut its inpatient psychiatric capacity by half since 2005, says Dr. Bret Nicks, an emergency physician at Wake Forest Baptist Medical Center in Winston-Salem and a spokesman for the American College of Emergency Physicians.

The Forgotten Patient Population

Nicks points to a report from the Institute of Medicine released in 2006 that found U.S. emergency departments were already overtaxed and overcrowded.

“Now you are adding in patients who are unsafe to leave but yet have nowhere to go,” he said. “I consider patients with acute psychiatric needs as really the forgotten patient population in the U.S. right now.”

Dr. Stephen Anderson is an emergency department doctor at Auburn Regional Medical Center, a mid-size suburban hospital outside of Seattle.

“When the economy is hurt they are some of the first to drop off the healthcare rolls,” he said of local residents in the largely blue-collar community.

Anderson, who heads the Washington Chapter of the American College of Emergency Physicians, said the state has lost a third of its inpatient psychiatric beds in the past decade.

Lately he is seeing a marked escalation in patients with psychiatric problems turning up in the emergency department. In early December, a third of its beds were occupied with people in a psychiatric crisis who were not safe to return to the community.

The Problem Extends Out to Small Towns

Sullivan splits his time between the big emergency department at the University of Illinois Medical Center at Chicago and St. Margaret’s Hospital, a tiny facility in Spring Valley, Illinois, about 100 miles southwest of the city.

On a recent shift, a young woman with schizophrenia arrived at the hospital. She had just lost her job and apartment and was living with relatives. She could not afford the medications that were keeping her illness in check.

The woman asked Sullivan to switch her prescriptions to drugs that could be found on the $4 discount list at Wal-Mart and other discount stores.

“I didn’t feel comfortable doing that,” Sullivan said, noting that emergency physicians are being asked to deliver specialized care that should be handled by a psychiatrist.

He found a healthcare facility about 25 miles away with a psychiatrist who could help, but even that presented a problem for the woman, who had no way of getting to the appointment.

“It’s almost akin to having a cardiac patient come in and say, ‘I need someone to adjust my defibrillator.’ In the emergency department, we can do a lot, but there are some things we have to leave with the specialists,” he said.

- Health Care Coverage
- Food Stamp Benefits
- Cash Assistance
- Long Term Care
- Home and Community Based Services for individuals with mental retardation
- Low-Income Home Energy Assistance Program
- Free or Reduced Price School Meals
- SelectPlan for Women (Family Planning Services)
- Child Care Works

COMPASS also provides screening for the programs above, which allows a user to provide basic information to determine if they potentially qualify for a service. For more information, visit https://www.humanservices.state.pa.us/compass.web/CMHOM.aspx

RESOURCES

Allegheny County MH Emergency Line
412-350-4457 (24 Hour Service)

Allegheny County Jail Forensic Service
412-350-4273

Allegheny County Ombudsman
1-877-787-2424

Re:solve Crisis Network
1-888-796-8226. Call before a crisis becomes a crisis.

Depression & Anxiety
1-800-888-9383

Research Into the Causes of Schizophrenia 412-624-0823

Research Brain Tissue Donation Information 412-624-0331

NAMI Veterans Resource Center
NAMI launched this online portal to mental health resources for American veterans, active duty service members and their families. To check out this resource visit www.nami.org

Women's Center and Shelter of Greater Pittsburgh Hotline
412-687-8005

Article Link: http://www.msnbc.msn.com/id/45555069/ns/health-mental_health/#.TvyjUtSviKI

Child Abuse Changes the Brain, Study Finds

Copyright 2011 Thomson Reuters; updated 12/5/2011

LONDON — Children exposed to family violence show the same pattern of activity in their brains as soldiers exposed to combat, scientists said on Monday.

In a study in the journal Current Biology, researchers used brain scans to explore the impact of physical abuse or domestic violence on children's emotional development and found that exposure to it was linked to increased activity in two brain areas when children were shown pictures of angry faces.

Previous studies that scanned the brains of soldiers exposed to violent combat situations showed the same pattern of heightened activity in these two brain areas --the anterior insula and the amygdala--which experts say are associated with detecting potential threats.

This suggests that both maltreated children and soldiers may have adapted to become "hyper-aware" of danger in their environment, the researchers said.

"Enhanced reactivity to a...threat cue such as anger may represent an adaptive response for these children in the short term, helping keep them out of danger," said Eamon McCrory of Britain's University College London, who led the study.

But he added that such responses may also be underlying neurobiological risk factor which increases the children's susceptibility to later mental illness like depression.

Depression is already a major cause of mortality, disability, and economic burden worldwide and the World Health Organization predicts that by 2020, it will be the second leading contributor to the global burden of disease across all ages.

Childhood maltreatment is known to be one of the most potent environmental risk factors linked to later mental health problems such as anxiety disorders and depression.

A study published in August found that found that people who suffered maltreatment as children were twice as likely as those who had normal childhoods to develop persistent and recurrent depression, and less likely to respond well or quickly to treatment for their mental illness.

McCrory said still relatively little is known about how such early adversity "gets under the skin and increases a child's later vulnerability, even into adulthood."

In the study, 43 children had their brains scanned using functional magnetic resonance imaging (fMRI). Twenty of the children who were known to have been exposed to violence at home were compared with 23 who had not experienced family violence.

The average age of the maltreated children was 12 years and they had all been referred to local social services in London.

Seasonal Affective Disorder Facts

Reviewed by Michael Terman, Ph.D., Director, Winter Depression Program, New York State Psychiatric Institute at Columbia University Medical Center. New York City (February, 2004).

Article Link: http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23051

If you notice periods of depression that seem to accompany seasonal changes during the year, you may suffer from seasonal affective disorder (SAD). This condition is characterized by recurrent episodes of depression – usually in late fall and winter – alternating with periods of normal or high mood the rest of the year.

Most people with SAD are women whose illness typically begins in their twenties, although men also report SAD of similar severity and have increasingly sought treatment. SAD can also occur in children and adolescents, in which case the syndrome is first suspected by parents and teachers. Many people with SAD report at least one close relative with a psychiatric condition, most frequently a severe depressive disorder (55 percent) or alcohol abuse (34 percent).

What are the patterns of SAD?

Symptoms of winter SAD usually begin in October or November and subside in March or April. Some patients begin to slump as early as August, while others remain well until January. Regardless of the time of onset, most patients don't feel fully back to normal until early May. Depressions are usually mild to moderate, but they can be severe. Very few patients with SAD have required hospitalization, and even fewer have been treated with electroconvulsive therapy.

When the children were in the scanner they were shown pictures of male and female faces showing sad, calm or angry expressions. The researchers found that those who had been exposed to violence showed increased brain activity in the anterior insula and amygdala in response to the angry faces.

"We are only now beginning to understand how child abuse influences functioning of the brain's emotional systems," McCrory said. "This research...provides our first clues as to how regions in the child's brain may adapt to early experiences of abuse."

Article Link: http://vitals.msnbc.msn.com/_news/2011/12/12/9393412-working-moms-are-healthier-happier-study-finds

Working Moms are Healthier, Happier, Study Finds

By MyHealthNewsDaily

December 12, 2011

Mothers who have jobs are healthier than those who are not employed, at least when their children are very young, a new study finds.

Working mothers in the study were less depressed and reported better overall health than moms who stayed at home with their young children, though this benefit of working did not extend into children's school years.

There was no difference between the health of mothers who worked part time and those who worked full time, the researchers said.

Stay-at-home moms may be more socially isolated than working moms, which might increase their chances of being depressed, the researchers said. Stay-at-home moms might also be under more stress as a result of being at home with their children all day. This stress may be relieved somewhat when their children start school, which may explain why the link disappeared when children entered preschool.

The study is published in the December issue of the Journal of Family Psychology. The results are based on interviews, starting in 1991, with 1,364 mothers from Arkansas, California, Kansas, Massachusetts, North Carolina, Pennsylvania, Virginia, Washington and Wisconsin. Researchers interviewed women throughout their children's infancy, preschool years and into elementary school.

The researchers defined working part time as working one-to-32 hours per week. About 25 percent of mothers were employed part time during the study period, although mothers moved in and out of part-time work. Mothers reported whether they experienced symptoms of depression and rated their overall health as "poor," "fair," "good" or "excellent."

The mothers also answered questions about conflicts between their work and family lives, and how involved they were in their child's schooling.

Working moms reported fewer symptoms of depression and were more likely to rate their health "excellent," compared with nonemployed mothers, according to the study.

Seasonal Affective Disorder
continued

Light therapy, described below, is now considered the first-line treatment intervention, and if properly dosed can produce relief within days. Antidepressants may also help, and if necessary can be used in conjunction with light.

In about 1/10th of cases, annual relapse occurs in the summer rather than winter, possibly in response to high heat and humidity. During that period, the depression is more likely to be characterized by insomnia, decreased appetite, weight loss, and agitation or anxiety. Patients with such "reverse SAD" often find relief with summer trips to cooler climates in the north. Generally, normal air conditioning is not sufficient to relieve this depression, and an antidepressant may be needed.

In still fewer cases, a patient may experience both winter and summer depressions, while feeling fine each fall and spring, around the equinoxes.

The most common characteristic of people with winter SAD is their reaction to changes in environmental light. Patients living at different latitudes note that their winter depressions are longer and more profound the farther north they live. Patients with SAD also report that their depression worsens or reappears whenever the weather is overcast at any time of the year, or if their indoor lighting is decreased.

SAD is often misdiagnosed as hypothyroidism, hypoglycemia, infectious mononucleosis, and other viral infections.

For more information, visit the NAMI Seasonal Affective Disorder fact page: http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23051

Mothers working part time tended to report less conflict between work and family than those working full time, the researchers said.

Mothers employed part time reported being just as involved in their child's schooling as stay-at-home moms, and more involved than moms who worked full time. In addition, mothers working part time provided more learning opportunities for their toddlers than stay-at-home moms and moms working full time, the researchers said.

Couples' emotional intimacy did not appear to be affected by the mothers' employment status: the level of emotional understanding between partners was similar for working moms and stay-at-home moms.

The findings in the study held even after the researchers took into account factors that could have influenced the results, including the mother's education and certain personality traits.

The researchers noted they examined the mother's well-being in relation to one child only, and additional siblings should be considered in future studies.

FREE FAMILY EDUCATION

Family-to-Family (F2F) is a series of 12 classes, held one evening per week. The program is designed to help family members understand and support a relative who is diagnosed with a serious mental illness while maintaining their own well-being. The course is taught by trained volunteer family members who know what it's like to have a loved one with a serious mental illness.

Classes will begin in February and March throughout Allegheny and Washington county. Check the NAMI Southwestern Pennsylvania website (http://www.namiswpa.org/content/inform_yourself/nami_education/family_to_family_education_program.php) as new starting dates and locations for upcoming classes will be added this month. If you have questions or would like to register for the classes, please contact the NAMI Southwestern Pennsylvania office at (412) 366-3788 or by email at info@namiswpa.org

SAVE THE DATE

NAMI Southwestern Pennsylvania's will hold its 12th Annual Education Conference on Saturday, April 21, 2012 at the Pittsburgh Airport Marriott. Details regarding the conference will be posted soon on the NAMI Southwestern Pennsylvania website at www.namiswpa.org

FIRST CLASS

NAMI Pittsburgh South
5005 Oak Point Drive
McKees Rocks, PA 15136

NAMI Pittsburgh South Membership Form 2012

Make checks payable to NAMI Pittsburgh South. Mail checks to: Eva Bednar, 5005 Oak Point Drive, McKees Rocks, PA 15136. Questions contact Eva at (412) 771-1728 or bednarem@comcast.net

Our United Way Contributor Choice number is # 802088.

___ Enclosed is my check for $35 for family membership in NAMI Pittsburgh South, NAMI, NAMI PA & NAMI Southwestern PA and their respective publications.

___ Enclosed is my check for $10.00 for the NAMI Pittsburgh South newsletter only.

___ Enclosed is my check for $7.00. I have limited income.

___ Enclosed is my check for a donation of $_____. I am interested in helping with the work of your organization.

NAME____

ADDRESS____

CITY __________________________________STATE _____ ZIP __________

PHONE __________________________ EMAIL ADDRESS________________

Would you like to receive the newsletter via email? ________________________