



NAMI NEWSLINE

National Alliance on Mental Illness . Cook County North Suburban

DEDICATED TO IMPROVING THE LIVES OF INDIVIDUALS AND FAMILIES AFFECTED BY MENTAL ILLNESS

We Did It! Mental Health Reform Is Headed to the President's Desk

Today NAMI celebrates a milestone in mental health history. After more than three years of advocating on behalf of mental health reform at the local, state and federal level, our hard-fought battle is over. Mental health reform is finally a reality.

The Senate passed H.R. 34, *the 21st Century Cures Act*, with a 94 to 5 vote on December 7. This landmark victory came after the House passed the same bill 392 to 26 on Nov. 30.

"This is a new era of healthcare, and the next generation of hope for Americans that really transcends boundaries," said

Rep. Tim Murphy (R-PA), author of H.R. 2646. "To all the families who brought their stories out of the shadows, today is a day of joy."

The mental health benefits of H.R. 34 span far and wide. The bill incorporates measures and funding to help Americans with mental illness get the care they need. See page 8 for "Summary of Key Mental Health Provisions."



NAMI CCNS Annual Meeting

NAMI CCNS Cordially Invites You to Our Annual Meeting on Monday, January 23, 2017

- Annual Review and Business Meeting at 6:30 p.m. – All are welcome
- Education Program 7:30–9:00 p.m.



"Ask the Psychiatrist Your Questions About Mental Illness"

Meet John Zajecka, MD, Professor of Psychiatry and Director of the Depression Treatment and Research Center at Rush University Medical Center.

Dr. Zajecka has conducted research and authored numerous publications about these illnesses. He has published extensively on diagnosis, novel treatment approaches, and long-term outcomes in affective disorders, with a special interest in treatment resistant illness.

Come prepared to ask him questions about mental illness.

This program is free and open to the public at Journey Care (formerly Midwest Care Center), Administration Building, 2050 Claire Ct, Glenview 60025.

Directions: Take Willow Rd to Ravine Way, which is west of Waukegan Rd. and east of Patriot. Ravine Way is at the entrance of North Shore Corporate Park. Turn south onto Ravine and then left onto Claire Court. Journey Care is at the very end of Claire Court, which is a winding road.

In This Issue

- 3 2017 Gala — Heroes of Mental Health
- 4 Cook County Clinic
- 5 Breathing-based Yoga to Treat Depression
- 7 NAMI Reads
- 8 Summary of Provisions in H.R. 34
- 9 Automated Speech Analysis to Predict Psychosis
- 10 Person-First Language to Fight Stigma

Co-President's Letter



My term as NAMI Cook County North Suburban Co-President ends at the Annual Meeting in January 2017. It was a wonderful four years, two with Sandra Shovers, and two with Pat Rodbro as my partners. We all accomplished so much during this period, and had a lot of fun and sense of accomplishment in the process. Thank you for letting me serve.

NAMI is a grassroots organization, and I am still learning to appreciate what that means. Davemanuel.com says "A grassroots movement is a movement that develops organically at a local level before spreading throughout the state and the country. A true grassroots movement isn't organized by

political forces – instead, a grassroots movement springs up spontaneously due to some pressing issue that a community feels needs to be changed or enhanced." That certainly sounds like NAMI, doesn't it?

Managing a grassroots organization from the top down, as NAMI National and NAMI Illinois do, is a real challenge. The real power exists at the bottom, where the services are performed. To ensure NAMI can be effective top to bottom, NAMI National has implemented a program called "Re-Affiliation" designed to establish "best practices" throughout. I am proud that NAMI Cook County North Suburban was the first affiliate in Illinois to be approved by NAMI National as having met this high standard.

As we participate in NAMI we form commitments to each other to further the cause of supporting our loved ones living with a mental illness. It is these commitments that energize us. As a team we can do so much more than we could as individuals. Over time the shared mission and experiences pull us together – look how many of us at NAMI CCNS have developed deep friendships with one another. When I looked at the Board Slate for this year, I wasn't surprised to see so many of us have been involved for more than ten years.

Now as I have transitioned to the NAMI Illinois Board, I find that same sense of commitment exists – although the mission and focus is a little different. Those of us at NAMI Illinois have a commitment to one another for our unique mission, as well as to the affiliates like NAMI CCNS, wanting to help the affiliates get stronger and able to do more.

As we start a new year, take a moment to reflect on how much you have benefited from being part of this NAMI team, and how much you have helped others improve the quality of their lives. I know I will end my term on a high – I always find the short talks at the Annual Meeting on the accomplishments of each committee/program group/fundraiser group exhilarating, especially when they are covered back-to-back for an hour. It is an amazing experience I hope you don't miss.

John Schladweiler
Co-President

We Want You!

Are you a young professional looking to make a difference or know someone who is? **Join us Thursday January 12 at 7pm** for a meeting to make change happen.

New members are always welcome! Email Matt Defano matt@defano.com or Sue Ockerlund susanockerlund.namiccns@gmail.com for more information on joining the Associate Board.



NAMI CCNS

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Heroes of Mental Health 2017

Please join us for Gala 2017 on Saturday, April 22, 2017, at the Glen View Club. Keynote speaker this year will be former Olympian, Suzy Favor Hamilton and her story featured on ABC's 20/20 and *People Magazine*. She found herself racing to stay ahead of trouble and to find grace in her life. Ms Hamilton's story is more than a race for a medal, but for her mental health.

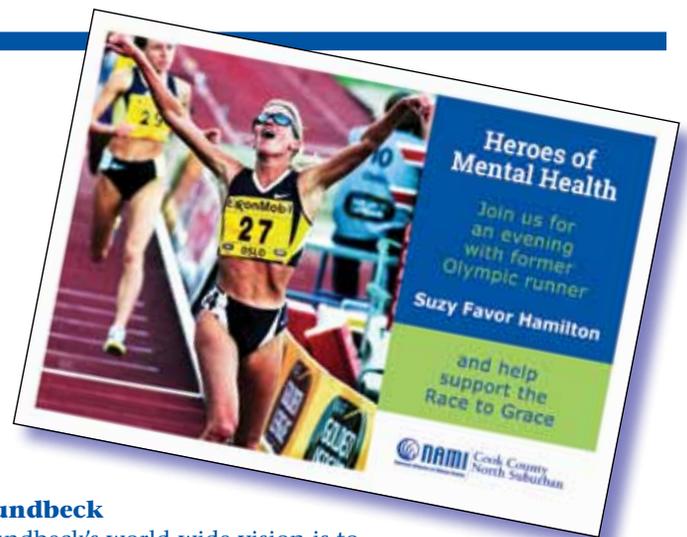
Also this year we are pleased to announce the 2017 recipients of our Heroes of Mental Health awards:

Virginia and Thomas Neukranz

After their daughter Erika lost her life to the illness of depression, Virginia and Thomas founded Erika's Lighthouse to be a beacon of hope for the many other young people who struggle with depression, empowering them with the knowledge and skills to understand and cope with this illness.

The Benevolence Committee of the Winnetka Congregational Church

Their mission statement is, "We fund agencies in the Chicagoland area that provide prevention, crisis, and recovery services to underserved people."



Lundbeck

Lundbeck's world-wide vision is to become a world leader in psychiatry and neurology and their mission is to improve the quality of life of people suffering from psychiatric and neurological disorders. They have been a national walk sponsor for the NAMI WALKS program.

Dinner, live, silent, and fund-to-cause auctions. Tickets (\$250 each) are available on our website, www.namiccns.org, or call our office at 847-716-2252.

Epilepsy and Depression

By Brian Rootberg, NAMI CCNS Peer Program Coordinator

After being diagnosed with epilepsy in 1996, I was put on medication after medication to try and control my seizures. I was trying to finish college, but my focus was being taken away by so many anticonvulsants. After finally graduating, I was put onto a newer medication with a nickname having to do with drowsiness. After being on it for only a few days, I dropped into a severe state of depression. I had never personally dealt with mental illness before. All I had to go on was the research and studies I had done as a psychology major looking to become a psychologist. It didn't make any sense that I was having a depressive breakdown. I fortunately had good friends who helped me reach the doctor, and I was immediately pulled off of the new anticonvulsant that I had started. Within a few days my depression slowly lifted, but I was pushed to see a psychiatrist and start an anti-depressant, even though it had clearly been a side effect from the previous anticonvulsant.

After a year of what I felt was a waste of money, they took me off of the antidepressant and freed me from what, I learned later, was the worst therapy I ever encountered. I appeared to be, "Back to Normal" and started slowly back into moving on with my education. However, shortly thereafter I started to feel, what I was learning in the first person, depressed. I couldn't bring myself to understand my new classes. I had never needed help as an undergraduate and suddenly was becoming a regular at the TA's office asking for help. After a few weeks, having been accepted into the education program, I began to give up and dropped out of the new program.

It didn't last long, but every time I tried to move on with life, the depression seemed to crawl back.

Anxiety slowly crept in with the depression and even though my epilepsy had started to be more controlled, the opposite was true for my mental health. Antidepressants seemed to work for short periods but would begin to lapse after relatively short amounts of time. I seemed to get more help from my epileptologist, who had an MD in Child Psychiatry on the side. For years this continued until the bottom dropped out, and, as far as I was concerned was unfixable.

Fortunately, even though I was close to the bottom, my family did not give up and I was finally led to a Neuro Psychiatrist. Not only did he have a strong understanding of Psychiatry, he specialized in the ways it manipulated the neurological system and vice versa. One of the first things that popped out as he learned my history was the story about that anticonvulsant given to me years before that brought on my first depressive episode. He immediately filled me in that the answer to the question, "Where did this begin?", may have been answered. What I learned was the following: It is not unusual at all for epileptic seizures and anticonvulsants to manipulate certain neurotransmitters in the brain towards the realm of imbalance, or in specifics, mental illness. Depression, being the result of an imbalance or misdirection of certain neurotransmitters in the brain, made perfect sense. What had happened, and continued to get worse, was very likely the result of an effect that my epileptic seizures and/or an anticonvulsant caused in my brain. I finally had an answer.

Supplement Shows Promise for Preventing Schizophrenia

According to a new study by a research team that includes NARSAD Grantees Robert Freedman, M.D., Randal G. Ross, M.D., Sherry Leonard, Ph.D. and Karen E. Stevens, Ph.D., choline, an essential nutrient, shows promise for lowering the physiological risk of developing **schizophrenia**. The team at the **University of Colorado Denver** administered prenatal dietary supplements of choline to pregnant mothers in the last two trimesters of pregnancy and postnatal supplements to their infants.

The team measured response inhibition to a clicking sound by measuring brain activity with EEG (electroencephalography) sensors placed on the baby's head. While the healthy brain will inhibit a response to a second clicking sound following an initial clicking sound, this response has been shown to not be inhibited in patients with schizophrenia. Eighty-six percent of babies in this study who received the choline supplement were found to inhibit the second sound ("healthy" brain response) as opposed to only 43% of unexposed babies.

The hypothesis is that effectively correcting the difficulty in sensory filtering in infancy may promote healthy brain development, thus preventing the onset of schizophrenia.

"Genes associated with schizophrenia are common, so prevention has to be applied to the entire population, and it has to be safe," says senior study author **Dr. Freedman**, Professor and Chairman, Department of Psychiatry and Pharmacology, University of Colorado and Editor of *The American Journal of Psychiatry*. "Basic research indicates that choline supplementation during pregnancy facilitates cognitive functioning in offspring. Our finding that it ameliorates some of the pathophysiology associated with risk for schizophrenia now requires longer-term follow-up to assess whether it decreases risk for the later development of illness as well."

The study was published online by *The American Journal of Psychiatry* (AJP) at **AJP in Advance**, its online-ahead-of-print website.

New Cook County Clinic Aims to Keep Mentally Ill Out of Jail

by Lisa Schencker, Contact Reporter, Chicago Tribune, November 1, 2016

One young woman, who is delusional, frequently ends up in Cook County Jail for trespassing. Another man often is arrested when he becomes agitated at home, throwing and breaking things.

They're among a number of people with mental health issues who too often end up in jail when they should receive appropriate care elsewhere, said Dr. Kenya Key, chief of psychology at Cermak Health Services, a division of the Cook County Health and Hospitals System that provides health care at the jail. A new county clinic on the city's South Side aims to address that.

The Community Triage Center, which opened in recent weeks, is meant to keep more people with mental illnesses and substance abuse problems out of jail and the hospital. The idea is that people with those issues can visit the walk-in center for assessments, support and referrals. Police also can bring people to the center if they believe they'd be better served there than in the hospital or behind bars. The center, modeled after similar programs in Phoenix, Las Vegas and San Antonio, Texas, is believed to be the first of its kind in Chicago.

"There's a huge unmet need in the community," said Dr. Jay Shannon, the health system's CEO, noting that reductions in state and federal funding have led to fewer resources for people with such problems. "We think that jails and emergency rooms are not the appropriate places for people to get treatment if there's a better option."

It's estimated that about 20 percent of detainees at the county jail have a behavioral health issue that may have led to their detention, according to the county health system. Cook County Sheriff Tom Dart, whose office runs the jail, has complained

that the jail has become a dumping ground for those with mental illness.

Cermak Health Services provides a full continuum of mental health services at the jail, Key said. But it's still not the best place for those with mental illness to get care. "The jail is not a therapeutic environment," Key said. "A jail is not where the average mentally ill person should be getting services."

The center will be open 24 hours a day, seven days a week. The county health system put \$3 million toward opening and running the clinic this year and used a \$348,000 planning grant from Otho SA Sprague Memorial Institute to help develop the clinic. Shannon said he expects the clinic could save the county money at the jail and at its hospitals.

The facility's opening follows a number of high-profile incidents involving police and people with mental illness. Earlier this year, the City Council approved a nearly \$5 million settlement with the family of Philip Coleman. The 38-year-old University of Chicago graduate was arrested in 2012 after attacking his mother amid a mental breakdown, the city's top attorney told aldermen. Coleman was taken to a South Side police station, where police used a Taser on him, and then to a hospital where he died after having a reaction to an anti-psychotic drug.

Also, in 2006, 21-year-old Christina Eilman was left severely disabled after falling from the seventh story of a South Side building. Police, who had arrested Eilman after a disturbance at Midway Airport, released her into a high-crime area while she was having a bipolar episode. In 2013, the city settled a lawsuit filed by Eilman's family for \$22.5 million.

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Breathing-based Yoga May Help Treat Major Depression

Written by Honor Whiteman, Published: November 23, 2016, Medical News Today

Antidepressant medication is considered a primary treatment for major depression, but the drugs fail to fully work for more than half of Americans who use them. Now, researchers suggest a way to boost their effectiveness: breathing-based yoga.

Sudarshan Kriya yoga (SK yoga) may be an effective add-on therapy for patients with major depression who fail to respond to antidepressants, say researchers.

In a pilot study published in the *Journal of Clinical Psychiatry*, researchers reveal how 8 weeks of SK yoga improved symptoms of anxiety and depression in patients with major depressive disorder (MDD) who were not responding to antidepressants.

According to the Anxiety and Depression Association of America, depression is the most common mental illness in the United States. In 2014, around 15.7 million adults experienced at least one major depressive episode in the past 12 months. Symptoms of depression may include persistent sadness, feelings of hopelessness, pessimism, guilt or worthlessness, fatigue, loss of interest in activities, reduced appetite, weight loss, and insomnia.

An individual is usually diagnosed with MDD if they experience at least five of these symptoms for at least 2 weeks, and such depressive episodes may commonly occur after a traumatic event, such as the death of a loved one or a medical illness.

Antidepressants – such as selective serotonin reuptake inhibitors (SSRIs) – are often the first port of call when it comes to treatment for MDD, but patients do not always respond to the drugs. While additional medication may be offered, this can lead to unpleasant side effects that cause patients to stop treatment completely, making relapses more likely.

Now, Dr. Anup Sharma, a neuropsychiatry research fellow at the Department of Psychiatry at the University of Pennsylvania's Perelman School of Medicine, and team suggest SK yoga may be an effective, low-cost, non-drug approach to help patients who do not respond to antidepressants.

Investigating how yoga might benefit patients with MDD

SK yoga is a meditation technique that focuses on rhythmic breathing exercises, with the aim of placing the mind into a deep, restful state. "SK yoga gives people an active method to experience a deep meditative state that's easy to learn and incorporate in diverse settings," notes Dr. Sharma.

While previous research has suggested SK yoga to be beneficial for patients with MDD, Dr. Sharma and colleagues say there have been no clinical studies assessing whether the practice is beneficial in outpatient settings. What is more, the researchers note that there has been a lack of well-designed studies investigating the possible benefits of yoga for depression, despite a significant rise in the number of Americans taking up the practice.

For their study, the team enrolled 25 adults who had been diagnosed with MDD. All patients had been taking antidepressants for at least 8 weeks but had seen no significant improvement in symptoms. Patients were randomized to one of two groups for 8 weeks: a SK yoga group or a "waitlist" group.

Subjects in the yoga group were required to take part in a six-session program in the first week, which incorporated SK yoga exercises, yoga postures, sitting meditation, and stress education. For the remaining 7 weeks, participants were asked to attend a once-weekly SK yoga follow-up session, as well as complete a practice session at home.

Subjects in the waitlist group - acting as the control group - were offered the yoga intervention at the end of the 8 weeks. Both groups continued with their antidepressant therapy during the study period.

Yoga improved symptoms of anxiety, depression

At study baseline and after the 8 weeks, participants' symptoms of anxiety and depression were measured using the 17-item Hamilton Depression Rating Scale (HDRS-17). Subjects' mean score at baseline was 22.0, representing severe depression.

After the 8-week study period, participants in the SK yoga group saw their HDRS-17 score improve by an average of 10.27 points, while the control group showed no significant improvement.

As a secondary measure, the researchers monitored participants' anxiety and depression symptoms using the Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI). Again, the control group showed no major improvement over the 8 weeks, while the SK yoga group showed an average 15.48-point improvement in BDI score and a 5.19-point improvement in BAI score.

Based on their results, Dr. Sharma and team say SK yoga may be a promising add-on therapy for patients with MDD for whom antidepressants are ineffective.

"With such a large portion of patients who do not fully respond to antidepressants, it's important we find new avenues that work best for each person to beat their depression. Here, we have a promising, lower-cost therapy that could potentially serve as an effective, non-drug approach for patients battling this disease."

The researchers now plan to assess the effects of Sudarshan Kriya yoga in a larger group of patients with depression, with a particular focus on how the practice affects brain structure and function.

References

Additional information

A breathing-based meditation intervention for patients with major depressive disorder following inadequate response to antidepressants: A randomized pilot study, Anup Sharma et al., *Journal of Clinical Psychiatry*, doi: 10.4088/JCP.16m10819, published online November 2016, abstract.

Additional source: Anxiety and Depression Association of America, Depression, accessed 23 November 2016.

CLASSES: Family to Family & Basics for Parents

Basics for Parents is a six week class for parents/caregivers of school age children, age 18 and under, with mental health issues. Learn about the biology of mental illness, getting an accurate diagnosis, treatment options, handling challenging behaviors, crisis preparation, dealing with schools and juvenile justice.

Please call our office for more information and to register for the class.

- **Wednesday evenings, Feb 15–March 22, 7:00–9:30 p.m.**, at New Trier Northfield High School. Teachers are Sherry Murrens and Sally Thompson.

Family to Family is a twelve week class designed to help family members and friends understand and support their adult loved ones with mental disorders. Learn about symptoms, medications, side effects, communication tech-

niques, problem-solving, and community resources.

Meet with other family members just like you and learn what you need to know about serious mental illnesses in a supportive and confidential setting, free of stigma.

- **Wednesday evenings, Mar 22–June 7, 7:00–9:30 p.m.**, at Holy Family Convent, 310 N. River Rd., Des Plaines.

Family Refresher Workshop is a four-week review for graduates of the Family to Family 12-week class. Review useful information, dealing with crises, improving communication, problem solving, and enjoy the support of being with other F2F graduates.

- **Saturday mornings, March 4–25, 9:00–11:30 a.m.**, at the Evanston Civic Center.

CALL 847-716-2252 TO REGISTER FOR ALL CLASSES ■ *Commitment to attend the entire course is required.*

Support Groups and Meetings: January, February, March 2017

Parent Support Groups for parents of children and adolescents (preschool through high school) with mental health issues. Free, no registration.

- **Every 2nd Thursday**, 7:00–8:30 p.m. at Highland Park Hospital, (main entrance) Meeting Room 1B, basement, 777 Park Avenue West. Free parking in front of the hospital.
January 12 • February 9 • March 9

For Support Group in SPANISH, see next page

Balance for Success Support Group

To balance recovery from mental illness with life at college or work. For individuals from college age to any age who are seeking to balance, or get back into, school or career.

- **First and 3rd Tuesday** from 7:00–8:30 p.m. at the Winnetka Congregational Church, 725 Pine St. Park in church lot on Prospect and use that building entrance.
January 3 & 17 • February 7 & 21 • March 7 & 21

Connection Recovery Support Groups

Weekly recovery support group for adults with mental illnesses, all diagnoses. Share experiences, coping strategies, encouragement, and support with one another. Free, confidential, no registration.

Two groups, both meet at 4:00–5:30 p.m.

- **Mondays, at Beth Emet Synagogue**, 1224 Dempster, Evanston, just west of Ridge at Asbury. Enter the Education Building, next to the parking lot. Please ring the bell outside for entry. Meeting is in Room 103, first floor, second room on the right.
January 9, 23, 30 –
off Jan 2, New Year's & Jan 16 MLK Day
February 6, 13, 27— **off Feb 20 (Presidents' Day)**
March 6, 13, 20, 27
- **Saturdays, at Lutheran General Hospital**, 1775 Dempster St., Park Ridge, 10th Floor, Room 1062. Take the East "B" elevators.
January 7, 14, 24, 31— **off Jan 3 (New Year weekend)**
February 4, 11, 18, 25
March 4, 11, 18, 25
- **First and third Wednesdays at Trilogy**, 10:00–11:30 a.m., Beacon Drop-In Center, 1400 W. Greenleaf, Chicago.
January 4 & 18 • February 1 & 15 • March 1 & 15

Support Groups and Meetings, continued

Family Support Groups for family members and friends of adults coping with mental illness. Share problems you are facing and hear ideas that may help you take care of yourself and your family. Free, confidential, no registration.

- **Skokie Hospital**, 9600 Gross Pt. Rd., East parking lot, Abamson Conference Room, main entrance, behind the Info Desk, **2nd and 4th Monday of each month, 7-8:30 p.m.**
January 9 & 23 • February 13 & 27 • March 13 & 27
- **Lutheran General Hospital**, 1775 Dempster, Park Ridge, Sasser Conference Room, 10th floor, east side of cafeteria. Use either A or C elevators. Free parking in garage in front of hospital. **1st and 3rd Tuesday of each month, 7:00-8:30 pm**
January 3 & 17 • February 7 & 21 • March 7 & 21
- **Highland Park Hospital**, (main entrance) 777 Park Ave. West, Meeting Room 1A basement, Free parking in front of hospital. **2nd Thursday of each month, 7:00-8:30 p.m.**
January 12 • February 9 • March 9
- **St. Francis Hospital**, 355 Ridge Ave., Glass House room in the Cafeteria, Evanston, **2nd & 4th Saturday mornings of each month, 9:00-10:30 a.m.** Cafeteria doors are locked from 10-11 a.m. If you're late, find a security guard to let you in.
January 14 & 28 • February 11 & 25 • March 11 & 25
- **IN SPANISH — both Family & Parent Support**, 7020 Lawndale Ave, Lincolnwood, **1st & 3rd Tuesday evenings of each month, 7-8:30 p.m.**
January 13 & 27 • February 7 & 21 • March 7 & 21

Sundays at One is a social group for young adults and adults who are young at heart, who live with mental illness—to mingle in a safe and positive environment. Basic expenses covered.

January 29 – Bowling & Pizza at Deerbrook Lanes

February 26 – Paint & Party & Lunch at Golf Mill

March 26 – Lunch and Service Project – Food Pantry

Call our office, 847-716-2252 for information and to RSVP.

MEETINGS & EVENTS:

Public Education Meetings

- **“Ask the Psychiatrist Your Questions About Mental Illness”** with John Zajecka, MD, Professor of Psychiatry and Director of the Depression Treatment and Research Center at Rush University Medical Center.

Dr. Zajecka has conducted research and authored numerous publications about these illnesses. He has published extensively on diagnosis, novel treatment approaches, and long-term outcomes.

Monday, January 23, 7:30-9:00 pm, at the Journey Care Administration Building, 2050 Claire Ct, Glenview 60025.

Please check our website for directions — www.namiccns.org

Annual Meeting — See front page

- **March Meeting** — Monday, March 13, Speaker and Topic to be announced. Please check our website for update www.namiccns.org.

■ NAMI CCNS Board Meetings

Members and visitors are welcome.

NAMI CCNS office, 8324 Skokie Blvd, Skokie

- March 1 — Wednesday at 7:00 p.m.

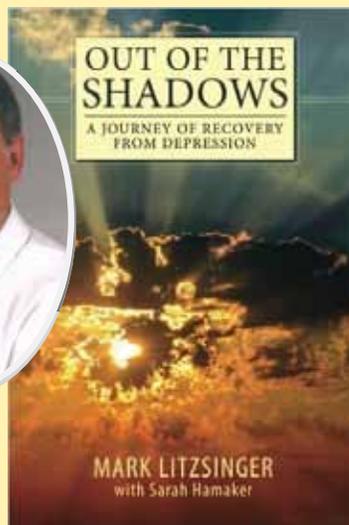
NAMIReads – February 8, 7pm

Wednesday, February 8, 7:00 pm

Evanston Public Library, 170 Orrington Avenue, Evanston, Parking at lot on 525 Church St.
For information, call NAMI 847-716-2252

Meet Mark Litzsinger, author of *Out of the Shadows, A Journey of Recovery from Depression*.

Depression affects millions of people each year. *Out of the Shadows* provides patients, families, friends, and doctors a guide to overcoming this illness. Includes a brief history of depression and its treatments, as well as suggestions for patients and medical professionals, plus how families and friends can best help loved ones suffering from depression.



All proceeds from this book will go to help patients and depression research at Rush University Medical Center's Department of Psychiatry in Chicago.

Co-sponsored by NAMI CCNS and the Evanston Public Library

Summary of Key Mental Health and Criminal Justice Provisions in H.R. 34

Federal Government

- Raises stature of mental health and substance use disorder services at the federal level by creating an Assistant Secretary for Mental Health and Substance Use. The Assistant Secretary will assume the authority of the current SAMHSA Administrator. The current role of SAMHSA will not be changed.
- Establishes a Chief Medical Officer within SAMHSA (for much of its history, SAMHSA has not had a medical officer on staff).
- Creates an Inter-Departmental Serious Mental Illness Coordinating Committee of federal agencies to make recommendations to Congress for better coordination of services for adults with serious mental illness or youth with serious emotional disturbance.
- Establishes the National Mental Health and Substance Use Policy Laboratory to promote evidence-based practices and service delivery models.
- Requires states to spend at least 10% of their annual mental health service block grant allocations on programs that address the needs of individuals with serious mental illness, including psychotic disorders.

Medicaid

- Clarifies that the federal Medicaid statute permits same-day billing for the provision of mental health and primary care services.
- Directs the Center for Medicare and Medicaid Services (CMS) to provide guidance to states on opportunities for designing innovative service delivery systems to improve care for individuals with serious mental illness or serious emotional disturbance.
- Specifies that, effective January 1, 2019, children receiving Medicaid-covered inpatient psychiatric hospital services are eligible for the full range of early and periodic screening, diagnostic and treatment (EPSDT) services.
- Directs CMS to report on the impact of the new federal rule permitting federal reimbursement for inpatient care in Institutions for Mental Diseases (IMDs) for individuals in Medicaid Managed Care plans.

Mental Health Parity

- Requires the release of new federal guidance on compliance with mental health and substance use disorder parity requirements.
- Requires HHS to convene a public meeting to produce an action plan to improve federal and state coordination related to the enforcement of parity.
- Requires CMS to release an annual report for five years summarizing the results of all closed federal investigations of alleged parity violations.
- Requires the Government Accountability Office (independent federal watchdog agency) to conduct a study on enforcement of the federal parity law, including compliance with non-quantifiable treatment limits, and recommendations improving enforcement.
- Requires the development of new resources on how parity applies to eating disorders as well as educating health professionals about eating disorders and effective treatment.

Assertive Community Treatment (ACT)

- Establishes a new grant program to establish, maintain, or expand ACT programs for adults with serious mental illness.

Crisis Response

- Creates a new program of grants to state, local and tribal governments to strengthen community-based crisis response systems or for databases of beds at inpatient psychiatric facilities, crisis stabilization units, and residential community mental health and substance use disorder treatment facilities.

Assisted Outpatient Treatment (AOT)

- Increases and extends existing authorization for AOT grant programs.

HIPAA/Confidentiality

- Authorizes funding for the development of model training and educational programs to educate health providers, regulatory compliance staff, individuals and families regarding the permitted use and disclosure of health information under HIPAA.
- Directs the Secretary of HHS to clarify the circumstances when a health care provider or covered entity may use or disclose protected health information related to the treatment of an adult with a mental health or substance use disorder.

Strengthening the Mental Health and Substance Use Disorders Workforce

New demonstration program within Health Resources and Services Administration (HRSA) to award five year minimum grants for:

- Medical residents and fellows to practice psychiatry and addiction medicine in underserved, community based settings;
- Nurse practitioners, physician's assistants, health service psychologists and social workers to provide MH/SUD services in underserved communities.
- Minority Fellowship Program to increase the numbers of professionals who provide MH/SUUD prevention and treatment for ethnic minorities.

Pediatric Mental Health Care

- Authorizes grants through the Health Resources Services Agency (HRSA) for behavioral health integration in pediatric primary care, including resources for statewide or regional pediatric mental health telehealth programs.

Suicide Prevention

- Reauthorizes Garrett Lee Smith Memorial Act, including grants to states for suicide prevention and suicide prevention technical assistance center.
- Establishes a new adult suicide prevention and intervention program for individuals aged 25 years or older.

Criminal Justice/Mental Health Programs

- Authorizes grants for CIT programs and MH/SUD deescalation training for law enforcement and other first responders.
- Creates a pilot federal mental health court program.
- Reauthorizes the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) and expands eligibility

Continued on next page

Automated Speech Analysis May Prove Useful to Predict Psychosis

Margaret Winker Cook, MD, NAMI CCNS Board member

In a preliminary study published in the *Nature* journal *Schizophrenia* (<http://www.nature.com/articles/npjzschz201530>), Gillinder Bedi from Columbia University Department of Psychiatry, Facundo Carrillo from Universidad de Buenos Aires Department of Computer Science, and Guillermo Cecchi from IBM Watson Research Center, and their coinvestigators, used automated speech analysis to determine whether they could predict which patients would subsequently develop schizophrenia.

The investigators enrolled 34 patients (11 females) aged 14–27 (excluding one patient without sufficient follow up) who were at clinical high risk of psychosis but who did not have a major psychiatric diagnosis or psychosis. Trained interviewers interviewed the patients for about an hour. The researchers analyzed the resulting interview transcripts using automated speech analysis, building on methods previously developed to analyze speech in schizophrenia. The patients were followed up for development of psychosis for up to 2.5 years.

The researchers developed a model to predict which patients would develop schizophrenia. They found that the model accurately identified the 5 individuals who eventually developed psychosis. The model was more accurate in predicting psychosis correctly than were standard clinical ratings (which misclassified 3 of the 5 patients who developed psychosis and 4 of the 29 patients who did not, with an accuracy rate of 79%). The authors note that the small sample size means that the study will need to be repeated in a new sample of patients to be confident of the results.

According to the authors, the computer program used to analyze speech was able to identify subtle disordered speech that can signal future psychosis. If the results can be repeated in new research, the ability to identify individuals who are very likely to develop schizophrenia could help clinicians and families target early interventions for them. Automated speech assessment may also help clinicians evaluate the effectiveness of treatment for psychosis.

Turning Point Starts New “Open Access” Program

This new program has streamlined the intake process so that anyone who is interested in getting help can walk in during Open Access hours and meet with a therapist or case manager the same day.

Current hours for Open Access are...

- Mondays 1–4 pm
- Tuesdays 10 am–2 pm
- Wednesdays 3–6 pm
- Thursdays 10 am–1 pm.

Medicaid recipients may come any of the times listed above. If you have private insurance, please come Monday or Tuesday. Bring insurance info, proof of current income, list of current medications, and contact info for current physicians.



Turning Point is not accepting new referrals for psychiatric services.

Turning Point Behavioral Health Care Center

8324 Skokie Blvd, Skokie, IL 60077

www.tpoint.org ■ Intake Department 847-9333-0051 x424

H.R. 34 Summary *Continued from page 10*

- for MIOTCRA funded programs to include individuals charged or convicted of non-violent felonies (was previously limited to misdemeanors).
- Allows MIOTCRA funds to be used for Forensic Assertive Community Treatment (F-ACT) programs.
 - Creates a National Criminal Justice and Mental Health Training and Technical Assistance Center.
 - Permits reentry demonstration project funds under the Second Chance Act to be used for mental health treatment and transitional services (including housing) for individuals with SMI/SUD reentering communities.
 - Amends the federal Drug Court program to allow state and local governments to use grant funds for individuals with co-occurring mental illness and substance use disorders.
 - Requires mental health and crisis de-escalation training for federal uniformed services officers.
 - Allows federal Mental Health Courts grant funds to be used

- for AOT programs to prevent escalation of mental health issues and criminal justice involvement.
- Expands the Federal Fire Prevention and Control Act to allow funds to be used for training first responders and paramedics on best practices for responding to mental health emergencies and crisis de-escalation.

Criminal Justice/Mental Health Data Collection

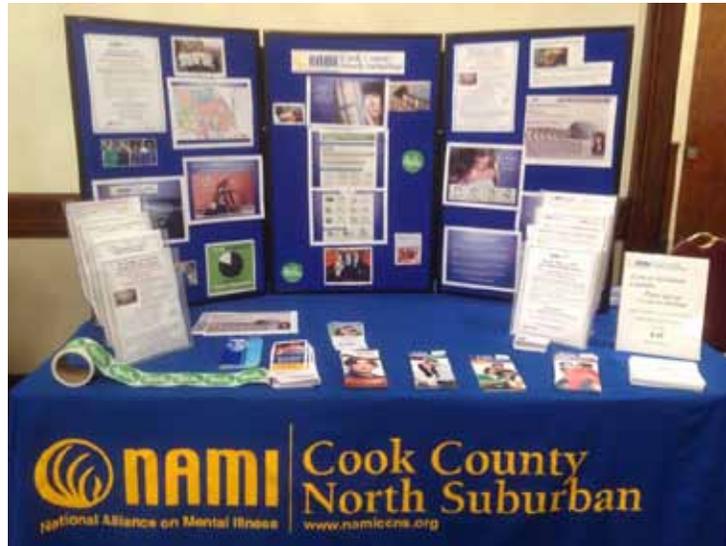
- Requires improvements in U.S. Department of Justice data collection on the involvement of mental illness in homicides, including deaths or serious injuries involving law enforcement officers.
- Requires the federal government to report on the federal, state and local costs of imprisoning individuals with serious mental illness, including the number and types of crimes committed.

On December 13, President Obama signed the bill.

Outreach

The implications of latest research on Neurobiological Brain disorders are clear. Early intervention can significantly affect long-term prognosis of those affected by severe mental illness. NAMI CCNS is using this evidence to further expand programs for youth. With several signature programs to educate teens and parents, we are prioritizing prevention and bringing awareness education to the schools.

Recently the parent's organization (PASS) of School District 39 in Wilmette invited NAMI CCNS to make a presentation on the Mental Health Spectrum. The topics discussed included warning signs,



resources, and recovery. Those in attendance found this information to be very beneficial and have requested two additional presentations for teachers at their February in-service meeting. We're changing perceptions of mental illness one school district at a time.

NAMI CCNS was once again invited to participate in the Illinois Psychological Association annual conference in Oak Brook November 10–12. Our exhibit featured the latest data on Mental Illness and upcoming programs. Visitors

were engaged with the information and availed themselves of the many materials we offered.

Fighting Stigma by Changing Our Language Use Person-First Language

From Illinois DHS/Division of Mental Health Document

INSTEAD OF:	FOR EXAMPLE SAY:
She is bipolar	She has bipolar illness
He is schizophrenic	He has schizophrenia
She is emotionally disturbed	She has a mental health condition
He is mentally ill	He has a mental illness
The mentally ill	People with mental illnesses

General Rules to Speak, Write, Respect and Empower by using "Having" instead of "Being" Language

To HAVE an illness, is notably different that to BE that illness.

When I "have bipolar illness," I recognize that aspect of myself, much as I recognize that I "have brown eyes." When I "AM bipolar," I take on the identity of BEING bipolar. It becomes me, and I become it.

When we talk about an individual as separate from their mental health condition, we recognize the person first, and we acknowledge that person's power to overcome that condition and live a full life separate from it.

I often tell people, "I may have it, but it doesn't have me!"

NAMI Illinois Trains Illinois Department of Corrections Staff



Mary Colleran with IDOC Staff Trainers Laura Myers & Dr. Patrick Horn at IDOC training in Aurora, Illinois

By Mary Colleran, NAMI Illinois Executive Director

As you are probably aware, many people with mental illness end up in prisons due to the lack of treatment and housing options available. As a result, NAMI Illinois developed a two day training curriculum for the staff of the Illinois Department of Corrections (IDOC).

This training provides

a basic understanding of the signs and symptoms of mental illness and de-escalation techniques which include role plays and concrete scenarios that help participants translate content into action.

Train-the-Trainers sessions were held in January, 2016, involving 150 IDOC staff trainers. We are excited to report that in this past year more than 13,000 IDOC staff have received the training.

Illinois Department of Corrections Director John Baldwin says that prior to this year, corrections workers had not received any training on how to work with inmates who are mentally ill. "People said you couldn't train that many people in a year and the answer is 'yes we can,' because mental health is a huge issue facing every corrections system in America. It is the source of a lot of issues between staff and offenders. And we need to make sure that staff are fully trained."

Thanks to Our Donors

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This is a listing of donations received through December 15. All donors will be listed, unless you specify otherwise. We apologize for any donors inadvertently omitted. There are many ways to support the work of NAMI CCNS. Monetary and in-kind donations are appreciated. To learn more, to volunteer or renew your membership, call our office at 847-716-2252. Also, you may make a donation or renew your membership now on the website at namiccns.org.
Thank You!

NOTE: OUR ANNUAL APPEAL DONORS WILL BE LISTED IN THE NEXT NEWSLINE

Mindfulness: the Swiss Army Knife for Enhancing Mental Wellness

By Samarth Mathapathi

At our December educational meeting, we had the pleasure of having Mrs. Robin Lake, LCSW, a clinical therapist at the Family Services Center in Wilmette, speak to us about the numerous benefits of mindfulness based practice in our everyday lives. Mindfulness based practice, as she defines it, is the “practice of paying attention to the present moment, on purpose, and without judgment.” In other words, mindfulness is a simple yet elegant method of meditation that exercises our ability to be present and not be distracted by negative thoughts or volitions.

We took part in a few mindfulness exercises. First, we observed a “mind jar.” The mind jar was a device instrumented by Vietnamese monk Thich Nhat Hanh to help calm children, but similar effects can be observed in adults. This exercise was simple: we shook the jar and watched as the glitter settled while we concentrated on our breath. If our minds started to wander with intrusive thoughts, we simply observed it wander and gently pulled it back to our breath. The breath was the central metronome that carried us through the exercise.

This concept of observing our wandering thoughts as an outsider of our own mind is fairly unique to mindfulness and lends to its effectiveness. An analogy that's been discussed is it's as if you're a bystander on a platform watching a train, or your thoughts, chugging by. We can observe and acknowledge

that the train is there but we can also maintain our distance and simply observe it go by. This is a central idea in mindfulness meditation that's also often expressed in more ways compared to traditional meditation. It can be done whenever convenient during activities like eating or walking with the main objective being to simply observe.

In our second exercise, we engaged in an eating exercise. We observed our smells and tastes and textures as we took a bite of an orange slice. The goal was to again be aware of our senses and use them as an anchor to be in the present. For our final exercise, we practiced traditional mindfulness based practice by sitting comfortably with our eyes closed and focused on our breaths as our thoughts were permitted to wander.

Mindfulness based stress reduction was popularized into evidence based practice by the research conducted by the University of Massachusetts. It showed several benefits from improved mental well-being to physical health by helping regulate blood pressure and the immune system. Bearing all the benefits, mindfulness-based practice can truly make a difference in our lives and we were again thankful for having Mrs. Lake demonstrate these exercises.

More information about mindfulness based practice can be found online on the University of Massachusetts's Center for Mindfulness website.



NAMI CCNS
8324 Skokie Blvd
Skokie, IL 60077

NAMI CCNS EDUCATION CLASSES, SUPPORT GROUPS AND OTHER SERVICES

NAMI educational classes and programs. All are free.
**Registration required. Call 847-716-2252 for information.*

***Family to Family** A 12-week class for family members/close friends of adults with mental illnesses. Schizophrenia, depression, bipolar disorder are addressed, also borderline personality disorder, panic disorder, obsessive-compulsive disorder, co-occurring addictive disorders, medications, coping skills, and advocacy.

Family Support Group Family members and close friends of adults coping with mental illness. *(See calendar for five locations and dates.)*

***Basics** A 6-week course for parents of children/adolescents with mental disorders. Bipolar disorder, schizophrenia, anxiety disorders, eating disorders, ADHD, as well as brain biology, treatments, medications, communication, and coping skills are addressed.

Parent Support Group for parents of school-age children and adolescents with mental health issues. *(See Calendar for dates.)*

Connection Recovery Support Group A weekly recovery support group for adults with mental illness, all diagnoses. Led by trained individuals also in recovery. Mondays at Beth Emet Synagogue, Evanston. Saturdays at Lutheran General Hospital, Park Ridge. Both 4–5:30 pm. Call Brian at NAMI CCNS 847-716-2252.

Balance for Success Support Group to balance recovery from mental illness with life at college or work. For college age up to any age individual seeking to get back into school or career. 1st and 3rd Tuesday, 7–8:30 pm. *(See Calendar for location and dates.)*

Sundays at One A social meeting group for adults, ages 20 and up, coping with mental disorders. Call Chris at 847-220-0199 for information. *(See Calendar for dates)*

Public Education Program Topical presentations by speakers with expertise in the mental health field. *(See Calendar)*

Response Team A “warm line” (not a crisis hot line) for resources, referrals, or support about dealing with mental disorders. Call the NAMI CCNS office and leave a message at 847-716-2252.

OTHER ORGANIZATIONS

ADHD – Chicago North Shore CHADD, See website for meeting info. www.nsadhd.org. www.nsadhd.org

Balanced Mind Foundation (children with mood disorders) is now part of the Depression & Bipolar Support Alliance. See below.

Beyond OCD For info and to find a support group for obsessive compulsive disorder, go to www.beyondocd.org or 773-661-9530.

Depression & Bipolar Support Alliance of Greater Chicago Meet with groups in Evanston, Kenilworth, northern Chicago, Gurnee, Arlington Hts. Call 773-465-3280 or www.dbsa-gc.org.

Faith, Hope, & Recovery Group, a support group that uses spiritual practices to build hope and deepen faith. All affected by mental health issues are welcome, those with lived experience, family, and friends, people with faith and people with no faith. Meets third Tuesdays from 7–8:30 pm at Winnetka Presbyterian Church, 1255 Willow Rd, Winnetka. Questions? Call Rev. Kathy Dale McNair, 847-989-1989.

Recovery, Inc. Self-help group for people with mental disorders. Places and times: www.recoveryinternational.org or 312-337-5661.

Turning Point Behavioral Health Care Out-patient mental health center in Skokie, psychosocial services, drop-in center. For info call 847-933-0051 or go to Website www.tpoint.org.