



MEETING SCHEDULE

NAMI Support & Education Meetings, 3rd Thursday each month, 7 PM, Mental Health Board, 620 Dakota, Crystal Lake

Family to Family Education course: NAMI's nationally acclaimed 12-week course for family members; call for location and fall class schedule.

NAMI Board Meeting: 1st Monday each month, 5 PM, Mental Health Board, 620 Dakota, Crystal Lake

For more information call 815-444-9991.

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The Spirit of Volunteerism

A Message from your President, Merna Drewno

From all of us in NAMI, we wish you a holiday season of peace, hope and good health. As we look forward to 2005, we remember the many volunteers, past and present. Their spirit of giving has truly made a difference in the lives of people with mental illness.

The National Alliance for the Mentally Ill (NAMI) of McHenry County is an all-volunteer organization of families, friends, and people with mental illness that has been serving our communities for 17 years. Following are some of the ways that NAMI volunteers have made a difference:

Education

Our Family-to Family education teachers have helped over 400 families throughout McHenry County. NAMI's new course, Visions for Tomorrow, is providing much needed help to families of children and teens.

Support

Each month twenty-to-thirty people attend our education and support groups where they find hope and help from NAMI Support Group Leaders

Volunteers answer phone calls daily and provide much needed empathy and understanding to families in need.

Housing

Our housing board oversees the NAMI group homes: AMI House and Phoenix. These family-style homes, funded by McHenry County Mental Health Board, with mental health services provided by Thresholds, have been helping homeless people with mental illness for over a decade.

Advocacy

NAMI volunteers are busy throughout the year on mental health issues. NAMI advocates are currently working with the community to bring the first Crisis Intervention Training (CIT) for our county's select police forces. CIT will help educate law officers to understand the needs of people suffering with mental illness who come in contact with the law.

Fundraising

Our annual Walkathon, now in its third year, is providing funding for family education, housing and rehabilitation programs, college scholarships, emergency medications, and research.

The spirit of volunteerism within NAMI is alive and well. We feel blessed to have a dedicated group of people who help out with a variety of projects. Each of us represents a link in the chain that connects us in our common bond. Together we can, working through NAMI, achieve the vision of hope shared by all families—to improve the quality of life for all people who are living with mental illness.

If you are interested in finding out more information about volunteer opportunities, call NAMI at 815-444-9991.

NAMI Awards

NAMI McHenry County received the "Excellence in Education and Support Award" at the NAMI Illinois Convention. Teachers past and present were recognized at our November meeting:

Continued on page 4



What is Schizophrenia?

NAMI-MC publishes four issues of **NAMI NEWSLINE** each year. It is distributed without charge to NAMI members and to individuals and organizations interested in Mental Health.

NAMI's mission is to improve the quality of life for all whose lives have been touched by mental illness.

NAMI offers help and hope to families and friends living with mental illness through support, education, and advocacy.

NAMI-MC is affiliated with NAMI (National Alliance for the Mentally Ill) and NAMI Illinois.

If you wish to become a member of NAMI-MC or to receive complimentary copies of NAMI NEWSLINE, see the application on the back cover of this NEWSLINE.

For more information, call 815-444-9991, or consult our web site: www.namimchenry.com

Address Changes:
Call 815-444-9991

By Daniel Weinberger, M.D.

Schizophrenia is a devastating brain disorder that interferes with a person's ability to think clearly, to distinguish reality from fantasy, to manage emotions, make decisions, and relate to others. The symptoms of schizophrenia are generally divided into three categories, including positive, disorganized and negative symptoms. "Positive" as used here does not mean "good." Rather, it refers to having overt symptoms that are abnormal. "Negative" refers not to a person's attitude, but to a lack of certain characteristics that are normal.

◆ Positive Symptoms, or "psychotic" symptoms, include delusions and hallucinations because the patient has lost touch with reality in certain important ways. Delusions cause the patient to believe that people are reading their thoughts or plotting against them, that others are secretly monitoring and threatening them, or that they can control other people's minds. Hallucinations cause people to hear or see things that are not there.

◆ Negative Symptoms include emotional flatness or lack of expression, an inability to start and follow through with activities, speech that is brief and lacks content, and a lack of pleasure or interest in life.

◆ Disorganized Symptoms include confused thinking and speech, and behavior that does not make sense. For example, people with schizophrenia sometimes have trouble communicating in coherent sentences or carrying on conversations with others; move more slowly, repeat rhythmic gestures or make movements such as walking in circles or pacing; and have difficulty making sense of everyday sights, sounds and feelings. Schizophrenia is also associated with changes in cognition. These changes affect the ability to remember and to plan for achieving goals. Also,

attention and motivation are diminished. The cognitive problems of schizophrenia may be important factors in long term outcome.

Schizophrenia also affects mood. Many individuals affected with schizophrenia become depressed, and some individuals also have apparent mood swings and even bipolar-like states. When mood instability is a major feature of the illness, it is called, schizoaffective disorder, meaning that elements of schizophrenia and mood disorders are prominently displayed by the same individual. It is not clear whether schizoaffective disorder is a distinct condition or simply a subtype of schizophrenia.

The World Health Organization has identified schizophrenia as one of the ten most debilitating diseases affecting human beings.

- ◆ A devastating brain disorder that affects approximately 2.2 million American adults, or 1.1 percent of the population age 18 and older
- ◆ A person with schizophrenia does not have a "split personality."
- ◆ Almost all people with schizophrenia are not dangerous or violent towards others when they are receiving treatment.

How is schizophrenia treated?

While there is no cure for schizophrenia, it is a highly treatable and manageable illness. However, people may stop treatment because of medication side effects, disorganized thinking, or because they feel the medication is no longer working. People with schizophrenia who stop taking prescribed medication are at a high risk of relapse into an acute psychotic episode.



What Treatments Help?

WHAT IS SCHIZOPHRENIA? Continued

Hospitalization. People who experience acute symptoms of schizophrenia may require intensive treatment including hospitalization. Hospitalization is necessary to treat severe delusions or hallucinations, serious suicidal thoughts, an inability to care for oneself, or severe problems with drugs or alcohol. It also is important to protect people from hurting themselves or others..

Medication. The primary medications for schizophrenia are called antipsychotics. Antipsychotics help relieve the positive symptoms of schizophrenia by helping to correct an imbalance in the chemicals that enable brain cells to communicate with each other. As with drug treatments for other physical illnesses, many patients with severe mental illnesses may need to try several different antipsychotic medications before they find the one, or the combination of medications, that works best for them.

Psychosocial Rehabilitation

Research shows that people with schizophrenia who attend structured psychosocial rehabilitation programs and continue with their medical treatment manage their illness best. One of the most effective psychosocial approaches for the most severely ill or those with both mental illness and substance abuse, is the Program for Assertive Community Treatment (PACT), an intensive team effort in local communities to help people stay out of the hospital and live independently. Available 24-hours a day, seven-days a week, PACT professionals meet their clients where they live, providing at-home support at whatever level is needed. Professionals work with clients to address problems effectively, to make sure medications are being properly taken, and to meet the routine daily challenges of life, such as grocery shopping and managing money.

Warning Labels on Antidepressants

A response to the FDA announcement on black box warning labels for antidepressants used with children

By Kenneth Duckworth, MD, NAMI Medical Director

Providing both doctors and parents with complete information represents sound clinical practice. Discussion of benefits and risks in prescribing any medication or course of treatment is essential.

Close monitoring is appropriate. So too is the need for a clear warning that depression and other psychiatric disorders can have significant consequences, including suicidality, if not appropriately treated.

The FDA's press release claims that the "new warning language recognizes this need" while advising close monitoring as a way to manage the risk. **However, the FDA's recognition of the risk is NOT included in the actual black box warning language nor clearly stated in other labeling changes. This is a serious omission. Untreated mental illness poses a very real risk of suicide.** We know that 80 percent of children today with mental health problem are not getting any treatment. Suicide in fact is the third leading cause of death among young people ages 15 to 24, constituting an even broader public health crisis.

The new labeling also does not recognize that antidepressants combined with psychotherapy represent the most effective course of treatment.

The risk now is that the FDA's incomplete warning language may simply discourage pediatricians from prescribing antidepressants at all—at a time when there is a severe shortage of child psychiatrists nationwide.

Greater education and training of doctors will be needed, besides greater education and dialogue with parents. Otherwise, the risk of unintended consequences may end up greater than the risks behind the FDA's action.



NAMI Awards *Continued from page 1*

Sara Bryan Gile, one of our founders and first to teach "Family Education in Mental Illness", Journey of Hope teachers, Merna Drewno and Marilyn Hopkins, Family-to-Family (FTF) teachers and FTF support group state trainers Kathy Schacht and Catherine Dalton, FTF teacher/state trainer Judy Baassler, Georgine Berent, our current FTF teachers: Mike Bowen and Bob Wasberg, Melda Pfennig and Visions for tomorrow teachers: Linda Petersen and Susan Ling. Support group leaders: include all of the above and one of our founders and first president, Irene Bauer, Yvette Partipillo and Cheryl Kolbusz.

Congratulations to Kathy Schacht, Vice President of NAM MC. Kathy received the Friend of NAMI Illinois Award for her years of dedication and work in Family Education and support.



NAMI's Changing Minds, One Step at a Time Walk A Big Success!

Many thanks to all of our walkers, volunteers and sponsors who helped make the "Changing Minds, One Step at a Time" walk for mental illness a big success. Everyone had a great time and many prizes were raffled off. The walk raised \$9,500.

Following is a list of our Top Sponsors:

BCU Baxter Credit Union	Northwest Herald
Centegra	Instrumed International
Walter E Smithe	Hollister
Wickham Interiors	
Lakeland Animal Hospital	Steffan's Jewelers
Al N Ann's Collectibles	Panera Bread
Big Apple Bagels, Island Lake	J T's Frames
Grand Rental Station	

The 2005 fundraiser will include a 10K race. The Walkathon committee will start meeting in January and would like your help to make NAMI's 2005 Walk a success. Call 815-444-9991 for more information.





Calendar of Events/ Volunteer Opportunities

NAMI McHenry County Winter Calendar of Events

All meetings are held at the McHenry County Mental Health Board, 620 Dakota St. in Crystal Lake unless otherwise noted.

December 16th , 2004, 7pm

Christmas Party

January 20th, 2005. 7 PM

Speaker: Caroline Zoes, Attorney

Topic: Wills and Trusts, Legal Guardianships

Please join us for an informative evening.

February 17th, 2005 7 PM

2005 Goals for NAMI McHenry County

Please join us for an informal discussion. We would like to hear from our members on what your needs are in NAMI and in our community mental health services. Support group will follow the discussion.

March 17th, 2005 7 PM

Support Group

March 11, 12, & 13

NAMI Support Group

Leader Training

Hampton Inn, Mc Henry.

This class is especially for people who are interested in becoming support group leaders. The class is filled and anyone who is interested should call today to register for the next class or in case of a last minute opening.

Volunteer Opportunities

Our organization is growing and we have many opportunities for people to give their time and talents to help families and people with mental illness. Most volunteer jobs require only an hour or two a month. Call NAMI: 815-444-9991 or email: namimc@ameritech.net

Committee Members needed for:

Fundraising
Legislation and Advocacy
Public Relations
Speakers Bureau
Memberships
Library

The following positions require training:

Support Group Facilitators
Family-to-Family Teachers
Visions for Tomorrow Teachers
NAMI Helpline: Answer phone calls

**NAMI Experience
the Revolution**
★ ★ ★ ★ ★ **JOIN TODAY!**

For more than two decades NAMI has been a leading grassroots organization, promoting research and improved services for persons who suffer from serious brain disorders, increasing public awareness through community education and offering support to families and friends whose lives are affected by mental illness.

NAMI offers hope to us.

Support education, advocacy and research, and receive the NAMI Advocate Magazine, NAMI Illinois Stateline Newsletter, and your local NAMI Newsline.

Use the form on the back page of this newsletter. Become a part of the solution and join NAMI today.

A Tribute to Bill Shogren

By Merna Drevno

I first met Bill and his wife Dorothy at a NAMI Support Group meeting in 1988. This wonderful couple helped NAMI McHenry County grow through their love and devotion to helping families and people with mental illness. Dorothy was my first vice president, much of our time was spent spreading the word about NAMI. From the beginning Bill was the business man of our organization, helping set up the bylaws, overseeing our financials, and helping to ensure that our records and policies were up to speed. Bill served as Vice President for 10 years.

When I think of Bill, I think of a man of honor, strength, and integrity. A loving father of six children, and a retired insurance agent with a sharp mind for detail, he always strived for excellence in whatever he did. Bill and his wife Dorothy played a vital role in starting up NAMI's group homes, AMI and Phoenix House. After 16 years of serving on the Board of Directors Bill retired due to health problems.

On a personal note, over the years Bill was a dear friend and a rock to me in times of need. I will miss seeing him at our board meetings and greeting him on the Northern Woods Trail in Moraine Hills where we often crossed paths while skiing, or just hiking and enjoying the peacefulness of nature.

It would take a book to put into words all that Bill has done for NAMI. He has given endless hours working behind the scenes to help make NAMI what it is today. For those of us who have had the privilege of working with him, there will always be a place in our hearts for Bill.

After a long battle with cancer, Bill passed away on Tuesday, November 30th 2005. His legacy lives on in the hearts of those of us who were touched by his wisdom and thoughtful dedication to improving the lives of people with mental illness.

Garrett Lee Smith Memorial Act New Law Will Help Prevent Suicide

On Thursday, October 21st, President Bush signed the Garrett Lee Smith Memorial Act named in honor of Senator Gordon Smith's son who committed suicide a little over one year ago. This bill will help enable states, Indian tribes, colleges and universities to develop suicide prevention and intervention programs. Though the bill has been passed and signed into law the money has not been authorized yet by Congress for the grants that will be awarded. It is still vital for advocates to keep informed and for us to continue working towards getting the money appropriated for these vital programs.

At NAMI's 25th Anniversary Celebration Convention held in Washington, DC in September, Senator Gordon Smith was awarded the NAMI Legislative Leadership Award.

"Senator and Mrs. Smith have turned personal tragedy into positive public action," said NAMI executive director Michael Fitzpatrick. "They represent profiles of courage and determination born in pain and reflect NAMI's own tradition of advocacy. Our members not only honor them - we embrace and support them as part of the NAMI family."



Annual Election News

The annual election for NAMI McHenry County Board of Directors was held at the November meeting. The slate of officers and directors for 2005 is as follows:

Merna Drewno, President
 Kathy Schacht, Vice President
 Al Drewno, Secretary
 Maureen Harris, Treasurer
 Melda Pfennig
 Yvette Partipillo
 Caroline Zoes, Attorney
 Brandy Dunn
 Mike Bowen
 Judy Baassler, Past President

We wish to thank Bill Shogren and Mary Dwyer for their years of service.

Members also voted to increase NAMI MC Board of Directors from 9 to 11 members

Letters To NAMI

A Special Thanks From Thresholds Members

By Kerry Mitchell

On October 3rd 2004, NAMI held a fundraising walk-a-thon at Moraine Hills state park in McHenry. Memebers from group homes and transition apartments arrived to support and participate in an event that spread hope to so many. "Changing Minds, One Step At A Time" was the vibe that circulated through the crisp air on that particular windy fall day. Members embraced the hard work and devotion in which volunteers put forth to create such a memborable 5k walk. Mounds of fresh bagels,cream cheese, and bottled water were donated, as well asgenerous raffle gifts. Thanks to NAMI's commitment to improve human life, Thresholds members continue to reap the fruits of their labor. On behalf of all thresholds members, we would like to express immense gratitude for our community's efforts and contributions.

Letters To NAMI

Dear Folks at NAMI'

First, thank you for letting our PSR Clubhouse activities be successful. I enjoy the newsletter and Mind Body Spirit. I learned how to become more capable in reality things.

The Camp Duncan is what I dream and wait for: archery, swimming, cafeteria meals and the campfire. The baseball game with the White Sox at old thirty fifth sure brought back memories well sustained. Thanks to Merna and Al, and everyone who helped with the walk this year. My sister one the raffle three times! Cheryl is always reminding us to thank NAMI for the birthday parties, which I will thank you for.

I'm hoping that Thresholds and the Clubhouse PSR will help me get back on my feet so I can still be of some use in our community. Already I am a volunteer at MCC library.

My mother is old, yet thriving. She thanks you too, because I was just too much for her.

Love and Peace,

Joe Adler



Stigma and Violence

Stigma is one of the most important problems encountered by individuals with severe psychiatric disorders. It lowers their self-esteem, contributes to disrupted family relationships, and adversely affects their ability to socialize, obtain housing, and become employed. In December 1999, the Surgeon General's Report on Mental Health called stigma "powerful and pervasive". "Fear and stigma persist, resulting in lost opportunities for individuals to seek treatment and improve or recover."

The public's association of mental illness with violence is a major cause, probably *the* major cause, of stigma against mentally ill individuals.

The cause-and-effect relationship between perceived dangerousness and stigma against mentally ill individuals has also been demonstrated: A study in Germany reported that, following two attempts on the lives of prominent politicians by mentally ill individuals in 1990, "there occurred a marked increase in social distance towards the mentally ill among the public." Although this social distance slowly decreased over the following two years, "it had not yet completely returned to its initial level by the end of 1992". An American study of university students similarly reported that reading a newspaper article reporting a violent crime committed by a mental patient led to increased "negative attitudes toward people with mental illness".

The association of mental illness with violence is very strong and has increased in recent years.

One of the most remarkable findings to emerge from the 1999 Surgeon General's Report on Mental Health was the fact that "the perception of people with psychosis as being dangerous is stronger today." "People with mental illness, especially those with psychosis, are perceived to be more violent than in the past." This finding was based on a study that compared public opinion concerning mental illness and violence in 1950 and 1996 using the same survey instrument. This study found that "the proportion [of respondents] who described a mentally ill person as being violent. The report noted that they had expected to find a significant *decrease* in stigma. During the 46-year period, there had been a marked increase in knowledge of mental illness among the general public, an t increased by nearly 2-1/2 times between 1950 and 1996 increased number of people who themselves utilized mental health professionals, and self-revelations of many public figures, such as William Styron and Mike Wallace, about their own mental illness. However, the Surgeon General's report concluded that "Stigma was expected to abate with increased knowledge

of mental illness, but just the opposite occurred: stigma in some ways intensified over the past 40 years even though understanding improved"

The most likely reason for this increasing stigma is an increasing number of violent crimes committed by individuals with severe psychiatric disorders.

Multiple studies have demonstrated that individuals with severe psychiatric disorders who are being *inadequately treated*, or *not treated at all*, are more likely to be violent than the general population. Those who *are* being treated are *not* more likely to be violent than the general population. Studies by NIMH have reported that approximately 40 percent are not receiving treatment in any given year. It is therefore not surprising that violent crimes committed by individuals with severe psychiatric disorders are increasing in frequency.

A reduction in stigma against mentally ill individuals is unlikely to take place until there has been a reduction in violent crimes committed by them.

It has been clearly demonstrated that assisted treatment both improves treatment compliance and reduces episodes of violence. One form of assisted treatment is conditional release, whereby a patient's discharge from a psychiatric hospital is conditional on compliance with treatment, including the taking of medication when prescribed. In New Hampshire a study of conditional release reported that it increased treatment compliance by more than three-fold and reduced episodes of violence to less than one-third the rate prior to using conditional release. Other studies of conditional release have found it to be similarly effective.

Another form of assisted treatment is outpatient commitment, in which patients are court-ordered to comply with their treatment plans. This has been shown to increase treatment compliance in studies in North Carolina, Arizona, Ohio, and Iowa. Outpatient commitment has also been shown to "lower odds of violence in the community". In a recent study, 262 severely mentally ill patients were randomly assigned to outpatient commitment or to customary community psychiatric care. For those who remained on outpatient commitment for more than six months, the "probability of any violent behavior was cut in half from 47% to 24%, attributable to extended outpatient commitment and regular outpatient services provision".

Seeking Answers, Finding Solutions

In summary, the public's association of mental illness with violence is probably the major cause of stigma against mentally ill individuals. This association is very strong and has apparently increased in recent years. The most likely reason for this increasing stigma is an increasing incidence of violent crimes committed by seriously mentally ill individuals who are not receiving treatment for their psychiatric disorders. Therefore, the most effective way to decrease stigma is to reduce the incidence of such violent crimes; this can be done by utilizing various forms of assisted treatment. If the dangerousness stereotype is to be addressed, we need to confront it directly. Promoting assisted treatment is thus the most effective type of anti-stigma campaign to reduce stigma against mentally ill individuals. *Reprinted from the Treatment and Advocacy Center Website: www.psychlams.org*

Crisis Intervention Training For Police in McHenry County

By Judy Baassler,

NAMI-CIT Coordinator for McHenry County

McHenry County Law Enforcement will take a huge step forward in early 2005 to bring crisis intervention education to officers who volunteer to be trained. Major Sam Cochran, Founder of the CIT spoke of the programs success at the NAMI-Illinois 2003 Convention NAMI-Illinois has taken the lead in identifying communities willing to commit officers to 40 hours of intense training. Most police departments are short officers due to budget difficulties. However, because of a grant from the Illinois Law Enforcement Training and Standards Board, our dream of trained officers responding to family members in crisis will become a reality. Shelley Daunis is the coordinator of the 40-hour program due to take place locally in late March or early April.

What skills can be learned through this training? Police officers will learn to ask the right questions when responding to a crisis call and assess whether the person is in diabetic shock, or has experienced symptoms of traumatic brain injury or serious mental illness. Officers learn how to work closely with

(Continued on page 10)

Bipolar Violence and the Media

By Kathy Zander

Ellen Polivka was a part-time receptionist at Centegra Hospital's Woodstock behavioral health facility when she became the victim of an arson attack on July 16 by Lawrence Hucksteadt, and died of the burns he inflicted. He is expected to be charged with first-degree murder, once he is deemed mentally fit to stand trial by the psychiatrists in whose care he has been put. A woman and her son were the victims of an attack in Crystal Lake on November 17 by her boyfriend Craig Cronyn. Officers called to the scene chased Cronyn and shot and killed him in his truck when he rammed their cars.

In both of these cases, the newspaper consulted with the families of the two men for explanations. Relatives mentioned that the men had been at one time diagnosed with the mental illness of being bipolar or manic depressive. Lawrence Hucksteadt is now deemed to be schizophrenic. We will never know Craig Cronyn's ultimate diagnosis.

The same day that the newspaper ran their interview with Craig Cronyn's mother, they also ran a column that emphasized personal responsibility for one's actions:

Craig Cronyn's death at the hands of Crystal Lake police Tuesday night came down to a series of choices. Cronyn chose to hit his girlfriend. He chose to hit her son. When police approached, he chose to drive his truck at them. After they shot at him once, he continued to drive and was chased. And, in the end, he chose to ram his truck into squad cars... Looking through Cronyn's criminal history, a pattern is clear. He's a guy who would lose his temper and smash things or hit people. In the end, that pattern apparently cost him his life." (Columnist Brian Slupski, *Northwest Herald*, November 18, 2004).

As much as society and order is based upon this principle, the argument begins to unravel when considered logically: Who in their right mind would make such choices? With bipolar mental illness associated with such violence in the news, many are wondering about the realities of this illness that is among us. Are all bipolar people bombs waiting to go off? Can these people be rehabilitated? Are they a real danger to the rest of us? What can be done? The media can be of service when these questions are considered thoughtfully and not sensationall..

Crisis Intervention Training (continued)

(Continued from page 9)

families and individuals to determine what medications they might be on and possible causes for the distress.

CIT training does not stop at the physical assessment; it shares the experience of a schizophrenic re-enactment, where police officers experience auditory voices much like someone suffering from schizophrenia. Through education and direct conversations with families, police officers are better equipped to respond to calls dealing with mental illness.

Law enforcement departments participating in

The McHenry County CIT Task Force include; McHenry County Sheriff's Department, City of McHenry, Crystal Lake, Woodstock, and Algonquin. This first training will be centrally located relative to need and population to make training practical. Commitment (from officers who volunteer) needs to be near 10% of the department to make the CIT program viable

Moving Lives Forward Reintegration Scholarship

The goal of the Moving Lives Forward Reintegration Scholarship is to help people with schizophrenia, related schizophrenia-spectrum disorders, or bipolar disorder acquire the educational and vocational skills necessary to reintegrate into society, secure jobs, and regain their lives.

ELIGIBILITY

In order to be eligible for consideration for the Lilly Reintegration Scholarship, applicants must: Be diagnosed with schizophrenia, schizophreniform, schizoaffective disorder, or bipolar disorder
Be currently receiving medical treatment for the disease, including medications and psychiatric follow-up

Be actively involved in rehabilitative or reintegrative efforts, such as clubhouse membership, part-time work, volunteer efforts or school enrollment

Complete an application package that includes an application form, essay, transcripts (if applicable), recommendation forms from three references and school financial requirements.

EDUCATIONAL OPPORTUNITIES

The Lilly Reintegration Scholarship program is designed to offer financial assistance for a wide range of educational opportunities in which students work to attain a certificate or degree.* Eligible programs include:

- High school equivalency programs
- Trade or vocational school programs

- Associate degrees
- Bachelor degrees
- Graduate degrees

◆ *Please note, noncredit courses are not covered under the scholarship.*

Application Deadline: January 14th

CONTACT INFORMATION

For more information, or to request a copy of the web application via U.S. mail, please contact us via:

- ◆ E-mail: lillyscholarships@reintegration.com
- ◆ Phone: 800-809-8202
- ◆ Mail: Lilly Secretariat, PMB 327, 310 Busse Highway Park Ridge, IL 60068



What is Bipolar Disorder?

Bipolar disorder, or manic depressive illness, is a serious brain disorder that causes extreme shifts in mood, energy, and functioning. It affects 2.3 million adult Americans, which is about 1.2 percent of the population, and can run in families. Bipolar disorder is a chronic and generally life-long condition with recurring episodes that often begin in adolescence or early adulthood, and occasionally even in children. It generally requires lifelong treatment.

The exact cause of bipolar disorder is not known, but most researchers believe it is the result of a chemical imbalance in certain parts of the brain.

While there is no cure for bipolar disorder, it is a treatable and manageable illness once it is correctly diagnosed. Medication is an essential part of successful treatment for people with bipolar disorder. Maintenance treatment with mood stabilizer medications substantially reduces the number and severity of episodes for most people. Changes in medications or doses may be necessary, as well as changes in treatment plans during different stages of the illness.

Child and Adolescent Bipolar Disorder

The emergence of an understanding that bipolar disorder can impact teens and children has helped to increase treatment to severely mood disordered children, who are frequent users of intensive school resources and juvenile justice resources. Children with bipolar disorder are the group of children least likely to graduate from high school among all disability groups in a recent survey.

Is suicide a risk? Yes. Children talking about wanting to die, or asking why they were born or wishing they were never born must be taken very seriously as even quite young children can hang themselves in the shower, shoot themselves or complete suicide by other means.

Decreased functioning affects patients and families Patients with bipolar disorder and their families experience significant losses in functional status and quality of life: Loss of employment, difficulty in regaining employment, days lost from work, and the potential for increased interactions with the criminal justice system all contribute not only to the cost but also to the disability associated with bipolar disorder. The degree of functional impairment may be even greater for patients with bipolar

disorder with other chronic illnesses. One study found that 56 percent of people with bipolar disorders abused or were dependent on illicit drugs, and 44 percent had comorbid (coexisting) alcohol abuse.

Providing close daily contact and care to patients with bipolar disorder exacts a toll on their families and caregivers. Many patients with bipolar disorder divorce or experience marital problems. Not only must caregivers of patients with bipolar disorder deal with the impact of patients' symptoms, caregivers also feel the effects of patients' illnesses on their work and leisure time.

Economic toll is significant Social and economic effects of bipolar disorder include functional impairment, disability or lost work productivity, and increased use of health services. Evidence for these impacts include cross-sectional studies, longitudinal studies, and true experiments (randomized trials of specific treatments or treatment programs).

Bipolar disorder is the most expensive mental health care diagnosis, both for patients with the illness and for their health insurance plans. Bipolar disorder is the 6th leading cause of disability worldwide. For every mental health care dollar spent on outpatient care for patients with bipolar disorder, \$1.80 is spent on inpatient care. This suggests that better disease management could decrease the financial burden of bipolar disorder.

In a prevalence-based cost-of-illness study on bipolar disorder, total annual costs were estimated at \$45.2 billion (1991 values). In one study, the average lifetime cost *per case* ranged from \$11,720 for persons with a single manic episode to \$624,785 for persons with nonresponsive or chronic episodes. In another study, direct costs totaling \$7 billion consisted of expenditures for treatment-related inpatient and outpatient care, as well as non-treatment-related costs, such as the criminal justice system. The \$38 billion in indirect costs from the same study included the lost productivity of wage earners, totaling \$17 billion; homemakers, \$3 billion; and caregivers, \$6 billion, as well as the cost of institutionalization, \$3 billion, and the lost productivity costs for individuals lost to suicide, \$8 billion. The combination of missed work hours and lower productivity caused by stress adds a financial burden on the caregiver, as well as on society as a whole.

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NAMI-MC NEWSLINE

For more than two decades NAMI has been a leading grassroots organization, promoting research and improved services for persons who suffer from serious brain disorders, increasing public awareness through community education and offering support to families and friends whose lives are affected by mental illness. NAMI offers hope to us...

NAMI MEMBERSHIP APPLICATION

Name _____

Address _____

City, State, Zip _____

Phone _____ Email* _____

How did you find NAMI? _____

_____ Please check if you would like to become a NAMI volunteer

Please check the membership of your choice:

_____ Family Member \$35

_____ Special Member \$ 5 (for recovering persons)

_____ Associate Member \$50

I would like to make a donation to NAMI in the amount of \$ _____

*If you want to receive NAMI news updates via e-mail, enter your e-mail address here:

.....

**Make checks payable to:
NAMI McHenry County
PO Box 1391,
Crystal Lake, IL 60039-1391**

Your contribution is tax deductible.

All members receive newsletters from your local, state and national NAMI