



# NAMI Indiana

National Alliance on Mental Illness

## Featured Topic: On Suicide

Studies have consistently found that the overwhelming majority of people who die by suicide-90% or more-had a mental disorder at the time of their deaths.<sup>1</sup> The most common disorders among people who die by suicide are major depression and other mood disorders, substance use disorders, schizophrenia and personality disorders. Often, however, these disorders had not been recognized, diagnosed, or adequately treated. Psychological autopsy studies have shown that about one-third of people who took their lives did not communicate their suicide intent to anyone. This highlights the importance of teaching laypeople to recognize the symptoms of mental disorders in those they are close to, so that they can support them to get help.

Among people who die by suicide, depression is more common than any other disorder. Research has shown that certain symptoms in the context of depression raise the risk of suicide. These include intense anxiety, panic attacks, desperation, hopelessness, feeling that one is a burden, loss of interest and pleasure, and delusional thinking.

About 20% of people who die by suicide have made a prior suicide attempt, and clinical studies have confirmed that such prior attempts increase a person's risk for subsequent suicide death. Suicide risk appears to be especially elevated during the days and weeks following hospitalization for a suicide attempt, especially in people with diagnoses of major depression, bipolar disorder, and schizophrenia.

Research has shown that the risk of suicide can be inherited. Although studies show that depression and other psychopathology also runs in families, the heritability of suicide appears to exist even independent from inherited depression.

Patients with serious medical conditions such as cancer, HIV, lupus, and traumatic brain injury may be at increased risk of suicide. This is primarily due to psychological states such as hopelessness, helplessness, and desire for control over death. Chronic pain, insomnia and adverse effects of medications have also been cited as contributing factors. These findings point to a critical need for increased screening for mental disorders and suicidal ideation and behavior in general medical settings.

*continued on page 4*

### Support Groups in Your Community

All NAMI support groups are offered at no cost to participants and are open to the public.

Participants must be at least 18 yrs. of age.

No registration or referral is necessary.

For a complete listing see [www.namiindiana.org](http://www.namiindiana.org)

## 2015 Spring Newsletter

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### NAMI Indiana Calendar of Events

<b>May 13:</b> 6:30am Affiliate Support Call	6:30 pm Re-affiliation Call
<b>May 20:</b> 10:30am Public Policy Committee Meeting 6:30pm Re-affiliation Call	<b>June 20:</b> Leadership Conference
<b>June 10:</b> 6:30 pm Affiliate Support Call	<b>July 6-9:</b> NAMI National Convention (San Francisco)
<b>June 13:</b> 10:00am NAMI Indiana Board Meeting	<b>July 8:</b> 6:30 pm Affiliate Support Call
<b>June 17:</b> 10:30am Public Policy Committee Meeting	<b>July 15:</b> 10:30 am Public Policy Committee Meeting 6:30 pm Re-affiliation Call

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NAMI Indiana • NAMI Indiana Criminal Justice



## Policy News: HIP 2.0

You have likely heard that Indiana is now participating in the Medicaid expansion under the Affordable Care Act (sometimes referred to as Obamacare). This expansion is built off of the previous Healthy Indiana Plan (HIP 1.0); and is called HIP 2.0. This expansion opens the door for 350,000 Hoosiers, previously ineligible for traditional Medicaid, to access affordable health insurance. (Most people who are already on traditional Medicaid will not be moved to HIP 2.0. Please see below for more information\*)

Those generally eligible for HIP 2.0 coverage are lower-income Hoosiers, ages 19-64 with incomes up to \$16,436.81 annually for an individual, \$22,246.25 for a couple, or \$33,865.13 for a family of four.

In Indiana, the Medicaid expansion or HIP 2.0 looks different from other states because HIP 2.0 requires everyone enrolled to pay for a small part of their health needs – other states do not have this shared cost model. How much people will pay is based on income. Those insured with HIP 2.0 are expected to contribute 2% percent of their monthly income. The minimum contribution for the lowest income individuals is \$1 per month.

The 2% of income contribution will go into an individual account that the state has named a POWER Account. The insured person's POWER Account is similar to a Health Saving Account (HSA) and is used to pay for qualified medical expenses. POWER Accounts will be funded mostly by the state with the rest of the funds coming from the insured person's contributions.

The POWER Account, like an HSA, will be fully funded on the first day of enrollment. The insured person will be able to use the money to pay for their health expenses right away. The monthly contribution is essentially paying the POWER Account back. (If your medical expenses exceed the money in your POWER Account, your HIP 2.0 insurance will cover the additional health expenses.)

For people living with a mental illness, one of the most important aspects of HIP 2.0 insurance is being designated as “medically frail”. Yes, this term is outdated but it is

an important distinction that offers protections. Federal guidelines define “medically frail” as including “individuals with disabling mental disorders, individuals with serious and complex medical conditions, and individuals with physical and/or mental disabilities that significantly impair their ability to perform one or more activities of daily living.”

People designated as “medically frail” are protected from being locked out, or kicked off of, HIP 2.0 insurance coverage due to a lack of payment into the POWER Account. Being designated “medically frail” also gives the insured person access to dental and vision coverage; and non-emergency medical transportation.

You can get the “medically frail” designation by filling out the HIP 2.0 application, either online at [HIP.IN.GOV](http://HIP.IN.GOV) or by calling 1-800-GET-HIP. The application includes a Health History Questionnaire, it is very important to report any history of mental illness and/or substance abuse when filling out this section of the application. The “medically frail” designation will be verified through the application process.

NAMI anticipates that many of our members (or the family members of our members) who have applied for and been denied disability insurance benefits in the past will be designated as “medically frail” due to history of mental illness. The enhanced benefits and exemption from the six-month lock-out will be a great protection to these members.

We are including more detailed information about eligibility, costs, and additional benefits on our website, [www.namiindiana.org](http://www.namiindiana.org).

*\* Note: Medicaid coverage for low income parents and 19-20 year olds was transitioned to HIP 2.0 on February 1. Disabled individuals (such as those receiving Supplemental Security Disability Income) will be enrolled in Hoosier Care Connect for the Aged, Blind, and Disabled, not HIP 2.0 coverage. Hoosier Care Connect members should have received a notice by mail requesting them to select one of three health plans (Anthem, MHS, or MDWise) by June 15, 2015. Speak to your health provider(s) and pharmacy to find out which health plans they will work with. For more information about Hoosier Care Connect, visit: <http://www.in.gov/fssa/4913.htm>.*



## Education and Programs News

This spring offers an array of new training and learning opportunities. NAMI Indiana strives to continue working to end stigma and educate the community about mental illness. We know that, through education and training, recovery from mental illness is possible and NAMI Indiana programs will continue this work.

Currently, NAMI Indiana is looking to train people who are ready to work in the child mental health services system-of-care. Participants who pass the application qualifications and one-week training will be paid an \$800 stipend. This is the first major step to becoming an Indiana Certified Parent Support Provider.

The ideal candidate for the role is an individual who has parented or cared for a child with complex mental health and/or substance use disorders and has experience with navigating the necessary mental health and child-care systems. If you are interested in the 40-hour training, there are five classes being held through the middle of June. Contact the Program Director, **Joanne Abbott**, at 800-677-6442 or [jabbott@namiindiana.org](mailto:jabbott@namiindiana.org).

The program team is also looking forward to begin training for Ending the Silence, our newest educational program. Ending the Silence is a mental health awareness presentation given to middle and high school students, right in the classroom. This program will give young people an opportunity to connect with another young adult living in recovery with a mental illness. Students will also learn about early warning signs, resources, and tools. In the fall, there will be more information on how you can participate.

Once a year, NAMI Indiana provides a Family-to-Family Teacher Training Workshop. This year the training will be held on Friday, August 7 through Sunday, August 9, 2015 in the Indianapolis area. Did you take a Family-to-Family class? Are you interested in teaching a class? NAMI education classes rely on dedicated volunteers to keep the programs running. If you are interested, please contact **Linda Williams** at [lwilliams@namiindiana.org](mailto:lwilliams@namiindiana.org) or 800-677-6442 to begin the application process.



### Leadership Conference

Theme: Supporting Our Network

Saturday, June 20, 2015 • 10 am – 4 pm

Sign-in begins at 9:30 am

The leadership conference will help our affiliate leaders access the many tools and resources available to them.

This conference is designed for affiliate leaders, boards of directors, program leaders, consumer leaders and future leaders.

There is no charge for registration and lunch will be served.

Larue Carter Memorial Hospital  
2601 Cold Spring Road  
Indianapolis, IN 46222

Check for updates at [www.namiindiana.org](http://www.namiindiana.org)

For more Information please call 1-800-677-6442 or email [Barbara Thompson bthompson@namiindiana.org](mailto:Barbara.Thompson@namiindiana.org)



## Science Digest

### Being out at school: The implications for school victimization and young adult adjustment.

Russell, Stephen T.; Toomey, Russell B.; Ryan, Caitlin; Diaz, Rafael M.

American Journal of Orthopsychiatry, Vol 84(6), Nov 2014, 635-643. <http://dx.doi.org/10.1037/ort0000037>

LGBT teens who come out at school have better self-esteem, study finds. Gay, lesbian, bisexual and transgender adolescents who come out at school have higher self-esteem and lower levels of depression as young adults, compared to LGBT youth who don't disclose their sexual orientation or gender identity at school, according to a new study led by University of Arizona researcher Stephen Russell.

Published in the *American Journal of Orthopsychiatry*, it is the first-known study to document the benefits of being out during adolescence, despite the fact that teens may experience bullying when they openly identify as LGBT.

### CBT for Kids' Anxiety Can Have Lasting Benefits

By Rick Nauert PhD, Senior News Editor

Reviewed by John M. Grohol, Psy.D. on March 4, 2015

In a new study, Penn Medicine researchers found that patients who did not respond to cognitive-behavioral therapy (CBT) for anxiety in childhood had more chronic and enduring patterns of suicidal ideation at seven to 19 years after treatment. This study adds to the literature that suggests that successful CBT for childhood anxiety confers longterm benefits. The complete study is available in the *Journal of the American Academy of Child & Adolescent Psychiatry*.

"This study suggests the importance of ongoing monitoring of anxious youth who are not successfully treated for later suicidal ideation," says senior author, Rinad Beidas, Ph.D., assistant professor at the Center for Mental Health Policy and Services Research at the Perelman School of Medicine.

It is the first study to demonstrate the protective function of successful evidence-based treatment for childhood anxiety disorders on suicidal ideation in late adolescence and adulthood.

Source: University of Pennsylvania Health System

### Family based interpersonal psychotherapy for depressed preadolescents is more effective than child-centered therapy

Date: March 3, 2015

Source: Elsevier. "Family based interpersonal psychotherapy for depressed preadolescents is more effective than child-centered therapy." *ScienceDaily*. *ScienceDaily*, 3 March 2015. [www.sciencedaily.com/releases/2015/03/150303075141.htm](http://www.sciencedaily.com/releases/2015/03/150303075141.htm).

#### Summary:

Family Based Interpersonal Psychotherapy (FB-IPT) is more effective in treating preadolescent children with depression compared to child-centered therapy (CCT), a recent study has found. Preadolescents with depressive disorders may be under-diagnosed and go untreated because those presenting for outpatient treatment with clinically significant depressive symptoms often do not meet full diagnostic criteria for Major Depressive Disorder (MDD). However, preadolescents with depressive symptoms are at increased risk of experiencing MDD in adolescence.

*continued from page 1*

A growing number of psychiatrists are arguing that suicidal behavior should be considered as a disease in its own right, rather than as a behavior resulting from a mood disorder.<sup>2</sup>

Research suggests that some people are at higher risk of suicide due a difference in their brain structure or chemistry. Mihran Bakalian of the New York State Psychiatric Institute thinks that the difference is most likely to lie in the systems that modulate aggression.<sup>3</sup> Psychiatric studies have frequently linked aggression with suicide, and it may be that people who take their own lives are unable to reign in aggressive urges towards themselves.

In a study, Bakalian found that suicide victims had a lower density of serotonin receptors in their amygdala, a

brain region involved in controlled aggression and other emotions, than those who died by other means.

Bakalian says that psychiatrists should be made more aware of these results. But he adds that there is little they could do at present, because there is as yet no better way to focus treatment.

<sup>1</sup> <https://www.afsp.org/understanding-suicide/key-research-findings>

<sup>2</sup> [http://www.newscientist.com/article/dn23566-suicidal-behaviour-is-a-disease-psychiatrists-argue.html#.VQB1k\\_ldVVI](http://www.newscientist.com/article/dn23566-suicidal-behaviour-is-a-disease-psychiatrists-argue.html#.VQB1k_ldVVI)

<sup>3</sup> Published online 16 October 2006 | *Nature* | doi:10.1038/news061016-1

## MAY is Mental Health Month

### Calling all NAMI FaithNet Advocates!

May Mental Health Month is a perfect time to educate, raise awareness and dispel myths and fears surrounding serious mental illnesses. NAMI members have the knowledge and passion to speak up. As mental health advocates, we need only use a little time and effort to end stigma. We've made it easier for those of you who are reticent.

Here's how to help your affiliate use the materials in this year's Awareness Toolkit. Simply choose one or two items and offer them to a few of the local congregations, ministers or congregational leaders with whom you've built a relationship. The Toolkit contains an Awareness Bulletin Insert, a Congregational Recommended Reading List, Inspirational Quotes, Famous People, and What You Can Do. Call one or two clergy or congregational contacts and offer to help them adapt one of the documents for a bulletin board, a small group discussion or a newsletter article. The contents of each piece will help you step out, speak up and align yourself with those who cannot speak for themselves. Offer your NAMI Affiliate brochures as well. The resources themselves will shatter the silence, challenge stigma and replace fear about mental illnesses with knowledge, understanding and empathy. Download your Awareness Toolkit now from [www.namiindiana.org/nami-faithnet](http://www.namiindiana.org/nami-faithnet)



## Latest Research from the National Institute of Mental Health

### Genome-wide findings add to evidence blurring traditional psychiatric categories

*January 29, 2015 • Science Update*

Risk genes for different mental disorders affect the same biological pathways, a new and powerful analysis of genome-wide data has found. People with schizophrenia, bipolar disorder and depression shared genetic risk affecting pathways for a key gene expression regulation mechanism, the immune system, and neuronal communication.

### PUBLIC RELEASE: 5-MAR-2015 Abnormal brain rhythms tied to problems with thinking in schizophrenia

*Study of unique mouse model shows cognitive deficits may be reversible*

*UNIVERSITY OF CALIFORNIA - SAN FRANCISCO*

By studying specially bred mice with specific developmental and cognitive traits resembling those seen in schizophrenia, UC San Francisco researchers have provided new evidence that abnormal rhythmic activity in particular brain cells contributes to problems with learning, attention, and decision-making in individuals with that disorder.

As reported in the March 5, 2015 online edition of *Neuron*, when the researchers corrected these cells' faulty rhythm, either by directly stimulating the cells or by administering low doses of a commonly used drug, cognitive deficits in the mice were reversed, results that point the way to possible therapies to address cognitive symptoms in individuals with schizophrenia.

### PUBLIC RELEASE: 5-MAR-2015 No link between psychedelics and mental health problems

*SAGE PUBLICATIONS*

The use of psychedelics, such as LSD and magic mushrooms, does not increase a person's risk of developing mental health problems, according to an analysis of information from more than 135,000 randomly chosen people, including 19,000 people who had used psychedelics. The results are published today in *Journal of Psychopharmacology*.

Johansen and Krebs found that, on a number of measures, the use of psychedelic drugs is correlated with fewer mental health problems. "Many people report deeply meaningful experiences and lasting beneficial effects from using psychedelics," says Krebs. However, "Given the design of our study, we cannot exclude the possibility that use of psychedelics might have a negative effect on mental health for some individuals or groups, perhaps counterbalanced at a population level by a positive effect on mental health in others," adds Johansen.



## Meet a Board Member Mary Bedel

Vice President, Presidents Council Chair



I have been asked to share a bit about myself and so here is my story. I was born in Gary, Indiana, and moved to Muncie, Indiana, in 1971 to become a Ball State University student. I had always wanted to teach Special Education and was hired by Muncie Community Schools. I worked in three elementary schools in Muncie and retired last spring, after 39 years.

My husband and I have been married thirty-three years and we adopted two children who are both 28. No, they are not twins, just adopted six months apart. It is a great irony that while I chose not to license myself in Serious Mental Illness, my oldest son developed some serious issues in middle and high school. While educating myself, I learned about National Alliance on Mental Illness. I joined the support group and took a Family-to-Family class with my husband where we learned so much. When I was asked to lead the support group, I realized I hardly felt qualified to do so, which led to my agreeing to join the state board. I must confess, I joined as much to learn from the board as I did to help them.

Both the local and the state boards have been a great education. At the local level, I am most excited about the development of our local crisis intervention teams. Our Muncie board has members who have taught and inspired me so much. I don't know where I would be without their guidance and support! We are truly a great team!

I am now one of the most experienced on the NAMI Indiana board and have taken on the vice-president role. I am involved with the re-affiliation project for the affiliates of Indiana. I am excited to work shoulder-to-shoulder with the other affiliates to improve ourselves. Through working with so many, I have discovered a great appreciation of the commitment and quality of people working throughout Indiana. I feel privileged to be among you all.

We once traveled to Florida and had some problems with my son. I came home pretty shaken and asked Pam McConey, the executive director of NAMI Indiana at that time, what I should have done. She asked why I had not contacted the NAMI there. She reminded me that we are family and no matter where we are, there will always be a bond between all members. I am so grateful to have learned that lesson and so grateful to be a member of this family!

## Ask a Psychiatrist or Psychologist

### What does one do if a family member or friend wants to die by suicide?

Unfortunately, people can often find themselves in this frightening situation. Suicidal thoughts are not confined to depressive mood disorders but can also frequently occur in other types of psychiatric disorders including but not limited to bipolar mood disorders, thought disorders (such as schizophrenia), severe anxiety disorders (such as post-traumatic stress disorder), substance use disorders, and during times of significant stress in personality disorders (such as borderline personality disorder). With an estimated 20% to 25% of the population suffering from a major psychiatric disorder at some point in their lives, you are likely to find yourself in this very situation. Knowing what to do can make the experience much less frightening and potentially save a life:

1. Be aware. Expressing thoughts of death/suicide, social withdrawal, changes to personality or routine, giving away personal items, increasing risk-taking behaviors or substance use, and obtaining means (gun, pills, rope, etc.) can all be warning signs of both psychiatric illness and suicide.
2. Be empathetic & accepting. Wanting to die tends to arise from feelings of defectiveness, loneliness, and suffering. Offering the person a chance to discuss these feelings as this can reduce the risk of suicide.
3. Get help from a trained professional as soon as possible! Call your local crisis/emergency line, suicide hotline, or 911, but do not leave the person alone. Tell another family member or friend what's going on, allowing for that person to help and for you to be attentive, listen, and try to learn if the person has ingested any medications or drugs and any relevant information for the health professional.

*Alexander J. Radnovich, MD, PhD  
Indiana University School of  
Medicine, Assistant Professor of  
Clinical Psychiatry*

*Larue D. Carter Memorial Hospital  
Attending Psychiatrist & Director  
of Medical Student Education*

*Eskenazi Midtown Crisis Intervention Unit (CIU) &  
Prevention and Recovery Center for Early Psychosis  
(PARC) Staff Psychiatrist*



## Local News

### Hospitals expanding mental health care

#### In the face of a growing mental health care shortage, IU Health Arnett and St. Elizabeth hospitals are boosting mental health care.

March 9, 2015

LAFAYETTE, Ind. - Both Indiana University Health Arnett and St. Elizabeth East hospitals are expanding their mental health services to grapple with an ongoing shortage of psychiatrists in Tippecanoe and surrounding counties.

Tippecanoe County and the surrounding area are designated a mental health shortage area by the U.S. Department of Health and Human Services.

The Centers for Medicare and Medicaid Services recommend at least one psychiatrist for every 10,000 people. But in the nine-county Tippecanoe shortage area, there was just one psychiatrist for every 57,585 residents last year, leaving patients waiting up to three months to see a psychiatrist, sometimes lapsing or unable to obtain their medication.

Now the two hospital systems are stepping up, hiring more psychiatrists and making a push to see more patients more quickly.

IU Health announced Monday it is expanding its behavioral health services — opening an outpatient clinic with two soon-to-be-hired psychiatrists and a new team of behavioral health specialists. Those two psychiatrists will be the first psychiatrists IU Health Arnett has employed, said CEO Al Gatmaitan.

“We hope to be open and seeing patients in third quarter of 2015,” Gatmaitan said.

Meanwhile, Franciscan St. Elizabeth Health has added two psychiatrist positions in addition to the one psychiatrist the hospital already employed. One of those positions is overseeing inpatient psychiatric hospital services while the other oversees outpatient behavioral health. Both are assisted by teams of newly hired specialists.

“It’s a big problem, a big challenge for the community,” said Dennis Schnepf, administrative director of behavioral health and rehabilitation for Franciscan St. Elizabeth Health. “It’s going to take a collaborative effort of everyone working

together to meet the needs of these people that, in my opinion, have been neglected for years.”

The expansions are targeted efforts following the hospitals’ community health needs assessments — an evaluation process hospitals are required to undergo every three years to identify gaps in local services.

“The lack of inpatient facilities is especially burdensome because residents, including children, needing inpatient mental healthcare are forced toward northern Indiana or southern Indiana, making guest visits, costs and continuous support difficult,” reads IU Health’s 2012 assessment. “Exacerbating the problem is that primary care physicians are not usually comfortable addressing even mild to moderate cases of mental health concerns.”

It is estimated that one fourth of adults in the U.S. has or will suffer from a mental illness, according to the Centers for Disease Control and Prevention.

“I think it’s wonderful,” said Pattie Wollenburg, executive director of the West Central Indiana chapter of the National Alliance on Mental Illness. “Everyone knows there is a shortage area and any agency that’s going to bring in more psychiatrists and more therapy for people living with mental illness is wonderful for the community.”

Jennifer Flora, executive director of Mental Health America of Tippecanoe, likewise applauded the move.

“We are quite pleased that these larger health care providers are recognizing both the need for mental health services in our community as well as using their resources to bring these services to us,” Flora said.

But, Flora cautioned, even the addition of a few psychiatrists won’t solve the shortage.

“We’ll still need more,” Flora said.

Gatmaitan said the expansions are the first step toward a larger community conversation about solving the mental health shortage.

“We really couldn’t do that until we opened our own practice,” Gatmaitan said. “We felt we couldn’t participate because we didn’t have anything to add. Now (the clinic) can join the others and come up with some additional ways to enhance other efforts.”

<http://www.jconline.com/story/news/2015/03/09/iu-health-expansion-means-mental-health-care/24644831/>

*“The bravest thing I ever did was continuing my life when I wanted to die.”*

— Juliette Lewis

## Gaining a Sense of Hope through Community

NAMI Indiana staff, volunteers and members were excited to attend the grand-opening celebration for the newest clubhouse in Indiana. Circle City Clubhouse, located on the northwest side of Indianapolis, is now open from 9 a.m. until 5 p.m., Monday through Friday. During the March 4th celebration, clubhouse members shared their mission and values of recovery from mental illness through building relationships and providing a safe community for people living with mental illness.

Circle City Clubhouse is the latest of at least eight clubhouses throughout the state. Indiana clubhouses are modeled after the award winning Fountain House in New York. This non-residential clubhouse model assists members in meeting their individual goals of gaining work, pursuing education, living independently, or finding support. Each member sets his/her own goals and is empowered to meet those goals through the support of their clubhouse community.

NAMI affiliates and volunteers have been instrumental in the founding of many clubhouses in our state. These clubhouses are joined together through a coalition called Clubhouse Indiana ([clubhouseindiana.org](http://clubhouseindiana.org)). Most are accredited or working toward accreditation through Clubhouse International ([iccd.org](http://iccd.org)).

Clubhouses are financially supported through donations and community partners. Membership is open to adults with a history of mental illness. You can learn more by contacting the clubhouse closest to you.

### Accredited

Elkhart County Clubhouse, Goshen, IN  
[www.eclubhouse.org](http://www.eclubhouse.org)  
574-971-5210

The Carriage House, Fort Wayne, IN  
[www.fortwayneclubhouse.org](http://www.fortwayneclubhouse.org)  
260-423-4301

### Working toward accreditation

Circle City Clubhouse, Indianapolis, IN  
[www.centralindianaclubhouse.org](http://www.centralindianaclubhouse.org)  
317-260-8058

New Hope Clubhouse, Kendallville, IN  
260-347-2454

Leading Edge Clubhouse, Merrillville, IN  
219-794-1004

### Other Programs

Sunshine Clubhouse, South Bend, IN  
Elizabeth Adey  
[mebaadey@msn.com](mailto:mebaadey@msn.com)  
574-210-0086

Forge Ahead Clubhouse, Indianapolis, IN  
317-355-3104

Centerstone Clubhouse, Columbus, IN  
(Not affiliated with Clubhouse Indiana)

## IU Clinical & Cognitive Neuroscience Center: Driving Mental Health Discoveries

The Indiana University Clinical and Cognitive Neuroscience Center (CCNC), with locations in Bloomington and Indianapolis, conducts basic research on behavioral, cognitive, neurobiological, and genetic factors associated with schizophrenia, autism, and related illnesses. A major priority of the Center is to foster research that will lead to improvements in the lives of persons living with serious mental illnesses, and of their family members and friends. Accordingly, the Center's mission follows the National Institute of Mental Health's priority of encouraging research that is translational in nature; that is, the Center aims to conduct basic research, whose findings can be translated to clinical care.

The ongoing work at the CCNC is dedicated to understanding the symptoms and neurobiological basis of mental illness. The Center specifically focuses on schizophrenia, autism, and related conditions that affect the lives of millions of people in the United States alone. The symptoms of these disorders include well-known disturbances in mood, thinking, memory, concentration, social connectedness, and the way the world is perceived.

In addition, these disorders can disrupt performance at work and school, social functioning, and relationships with family and friends.

Research at the CCNC is supported by prestigious grants from organizations such as the National Institutes of Health (NIH). Schizophrenia research at the CCNC focuses on persons with this diagnosis and their families. While genetic components of schizophrenia are unclear, research shows that schizophrenia is more common in the families of someone with this disorder. Studies of relatives of schizophrenia patients may prove informative in determining the different roles that genetics and the environment play in the development of the disorder. The same holds true for autism.

All CCNC studies are non-invasive and do not involve changes in medication or other treatment regimens. No injections or blood collection are required. Participants are tested using state-of-the-art systems to monitor brain function, including brainwave recordings and MRI

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## Criminal Justice Update

We are excited to announce the passage of Indiana Senate Bill 380. Once this new law is signed by Governor Pence, SB 380 will create a technical assistance center that will assist communities in bringing crisis intervention teams (CIT) to their area. CIT brings together police, mental health providers and advocates who work together on local-level strategies and training that assist in diverting people experiencing a mental health crisis away from jail. CIT consists of training police officers on recognizing signs and symptoms of a mental health crisis and using verbal de-escalation techniques. CIT also includes hospitals and other mental health providers who create policies that assist officers and provide support for the person in crisis.

Thank you to everyone who contacted your legislators about the importance of this bill. The grassroots efforts of NAMI members play a huge role in pushing forward this type of meaningful change.

SB 380 received bi-partisan support and we are very thankful to the bill's authors: Senators Mark Stoops, Michael Crider, James Merritt, R. Michael Young, Carlin Yoder, Lonnie Randolph, James Arnold, Patricia Miller, and Ron Alting; as well as the bill's sponsors: Representatives Hal Slager, Linda Lawson, Dan Forestal, Dennis Zent, and Martin Carbaugh.

During this legislative process, several CIT professionals helped to educate law-makers and propel the bill forward, including Lt. Tony Maze of the Fort Wayne Police Department, Detective Nicole Flynn of the Indianapolis Metropolitan Police Department, and Kimble Richardson of Community Health Network. They were able to provide invaluable testimony about the value of CIT to committees in both the Senate and the House.

Additionally, SB 380 received strong organizational support from the Indiana Division of Mental Health and Addiction, Mental Health America of Indiana, The Indiana Criminal Justice Institute, and the Children's Policy and Law Initiative. We also want to recognize the NAMI Indiana Public Policy Committee chaired by Harriet Rosen, Board Member and President Emeritus, NAMI Indiana's Criminal Justice Director Marianne Halbert, and the entire NAMI Indiana team for their steadfast efforts.

CIT is already working in Indiana cities including Fort Wayne, Muncie, Lafayette, Evansville and Indianapolis.

The Fort Wayne Police Department reports that in 2014, CIT-trained officers responded to more than 1,500 calls involving individuals in mental health crisis. Of those calls, fewer than 1% resulted in arrest, and the majority of individuals were taken to a local hospital or mental health center for evaluation and treatment.

On March 20, we held our 12th annual Mental Health and Criminal Justice Summit. With more than 250 guests, speakers and volunteers, NAMI Indiana was able to ignite changes in the criminal justice system that will touch many lives. The morning keynote speaker, Sheriff Thomas Dart of Cook County, Illinois, shared the troubling statistics that have turned jails into de-facto mental health facilities. Sheriff Dart oversees what could be considered the largest mental health treatment center in the country, the Cook County Jail. He shared his reforms to help end the cycle of mentally ill inmates continuously falling through the cracks and into the justice system.

In February, Fort Wayne hosted its first crisis intervention teams for youth training. Just like CIT, CIT-Y aims to divert young people experiencing a mental health crisis away from the juvenile justice system and into treatment. CIT-Y focuses on the unique needs of children and adolescents. School resource officers, school administrators and educators, and other child-serving community professionals (including law enforcement) went through an extensive 40-hour training that included training on mental illness and child and adolescent brain development, de-escalation and active listening techniques, and the various resources available to youth in the Fort Wayne community.

Research indicates that 60 percent of male and 70 percent of female juvenile detainees meet diagnostic criteria for one or more psychiatric disorders (Teplin et al, 2006). Many people living with a mental illness begin having symptoms by the age of 14. Instead of labeling these children as 'bad kids', CIT-Y aims to identify mental health problems early, increasing the chances of recovery.

NAMI Indiana, affiliates and volunteers are continuing to expand CIT-Y into other Indiana counties.

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(magnetic resonance imaging) brain scans. In addition, participants complete questionnaires about mood, personality, and perceptions of the world around them. The CCNC is very willing to work with potential participants to accommodate their schedules as well as arrange taxis transportation to one of our two locations. Participants are also compensated for their time with cash payment.

Please feel free to contact us with any questions or share CCNC contact information with anyone you know who may be interested in participating in these research experiments.

Clinical and Cognitive Neuroscience Center  
Larue Carter Memorial Hospital  
2601 Cold Spring Road Indianapolis, IN 46222  
Phone: (317)941-4502 Email: eeglab@indiana.edu

## In Our Own Voice

Submitted by Dawn Davis

About thirteen years ago I tried to kill myself by attempting to jump off of an overpass onto a highway. I don't remember much as I look back on that day. I don't remember what time of day it was, what prompted me to try to take my life, or even the officer who pulled me to safety. I do remember the desperation I felt. That's because it was the same desperation I had felt so many times before.

At the age of 15 I was hospitalized for bulimia and depression. At the age of 17 I was diagnosed with bipolar disorder and at the age of 18 with borderline personality disorder.

The best way to describe my life before recovery was chaotic. It was a non-stop roller coaster that consisted of extreme highs of mania and lows of depression. Insomnia, lack of appetite and constant crying were the hallmarks of my dark days. I also suffered with intense feelings of emptiness that threatened to consume me, as well as an unreasonable fear of abandonment that wreaked havoc on my relationships. The desperation that haunted me was expressed through self-mutilation and quick fixes that only made me feel worse in the long run.

While some of the clinicians I came into contact with were empathetic and worked to help me recover, many clinicians chose to see my condition as hopeless. There was talk of managing my symptoms and lowering my life expectations rather than a recovery that included entering the workforce and living an independent existence.

Eventually, I learned to accept my mental illness and the fact that it was my responsibility to find ways of living a healthy life. The hard work truly began after that. At age 28 I asked to be sent to a state mental hospital that had a specialized program for patients with uncontrolled Borderline Personality Disorder. I spent nine months learning dialectical behavioral therapy (DBT).

As there was more and more time in between hospitalizations, the possibility of living a relatively symptom-free life became more and more possible. My yearning to be a productive and independent member of society was overwhelming at times. That's when I discovered NAMI. I learned about a program where I could share my story and help others by reducing the stigma associated with mental illness. Rather than being surrounded by people suffering from acute illness, unable to live independently, at NAMI I began interacting with

people who had mental illness but were still productive and appeared "normal". NAMI showed me people with mental illness who were contributing to society, independent and living a life of their choosing.

Since that meaningful day, on the ledge of I-70, I have had many successes. I gradually learned to navigate the complexities of my symptoms. Because of my early inability to live a healthy life, I had been put on Social Security Disability at the age of 18. After 12 years, with the help of many clinicians and healthy friends, I was able to get off of SSDI and rely on my own resources in order to exist. My relationships also improved. Others can depend on me as much as I can depend on them. The positive sense of self-worth that comes from being in healthy relationships has bolstered my self-confidence and given me the impetus to make changes for my physical well-being.

Of course, recovery doesn't mean I will never have to be hospitalized again. It doesn't mean I won't relapse and revert back to old, unhealthy and ineffective coping skills. Recovery means that I won't stay in that dark place. I am now equipped with the skills that keep me from reverting back to old and unhealthy behaviors permanently. With the help of many close friends, including those at NAMI and many clinicians, I can now live a life of my choosing. A life full of hope for continued recovery; a life free from guilt or shame over having a mental illness; a life capable of change.

### Where Does My Donation Go?

- ▶ \$40-materials for 1 person to take a 12 week Family-to-Family class or a 10 week Peer-to-Peer class at no cost to participant
- ▶ \$1,000-materials for a class of 25 to receive Family-to-Family at no cost to participant
- ▶ \$2,000-provides teacher stipends AND materials for a class of 25 to receive the Peer-to-Peer training at no cost to participant
- ▶ **AND** charitable donations support all advocacy initiatives at the Indiana State House and help make possible critical public policy work.

## Join or Contribute to NAMI Indiana TODAY!

### NAMI Indiana Membership and Contribution Form

#### As a member, you receive:

- ▶ Membership in the local affiliate, state organization, and NAMI national organizations
- ▶ Eligibility to vote in NAMI elections
- ▶ A subscription to *The Advocate*-NAMI National's quarterly magazine, and state/local publications
- ▶ Member discounts on brochures, videos, promotional items, and registration at the NAMI National annual convention
- ▶ Satisfaction knowing that you are an official part of the largest grassroots mental health organization in the country!

Individual/Family ..... \$ 35.00  
 Additional tax-deductible contribution ..... \$ \_\_\_\_\_  
 Total Enclosed ..... \$ \_\_\_\_\_

\_\_\_\_\_  
 Name (First, Last)

\_\_\_\_\_  
 Mailing Address (city, state,zip)

\_\_\_\_\_  
 Phone

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

Check Enclosed (make payable to "NAMI Indiana")

Credit Card Number (Mastercard or Visa Only)

\_\_\_\_\_  
 3-digit security code(CVV)

\_\_\_\_\_  
 Expiration Date (mo/year)

\_\_\_\_\_  
 Signature

#### Return to:

NAMI Indiana: P.O. Box 22697; Indianapolis, Indiana 46222. Fax: (317) 925-9398

Open Door Memberships: if you wish to join as an official member of NAMI but would rather pay a lower rate to better meet your needs, please contact your local affiliate or our office to join for a significantly-reduced rate.

#### Going Green Saves Paper and Postage!

Do your part for the budget (and the environment) by receiving your copy of the newsletter electronically. Just send your email address to: [info@namiindiana.org](mailto:info@namiindiana.org)

## Affiliate News

**NAMI West Central Indiana** - Officers from nine West Central police and sheriff's departments will attend a CIT program in mid-April in West Lafayette. This year's training, a refresher course for past CIT graduates, will provide updated information about mental health crisis services and procedures at local hospitals and facilities. NAMI West Central Indiana provides CIT training in partnership with Wabash Valley Alliance, area law enforcement agencies, mental health professionals, and individuals and families affected by mental illness. The standard full-length CIT training will return in 2016.

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**NAMI West Central Indiana** - The Fire & Iron Motorcycle Club, Station 123, will donate proceeds from its annual Chappy Ride to NAMI West Central Indiana. Participants will ride on Saturday, June 6, 2015, from the Sheffield Fire Department in Dayton, Indiana, to PowerSports of Lebanon. The ride honors fellow member Michael J. Chapman, who died in 2012. The public is invited to join in; contact Mike Davis at 765-412-2762 or msdavis9599@yahoo.com.

**NAMI Southeast** - Join advocates in southeast Indiana as they walk to change minds about mental illness, one step at a time. This annual 5K NAMI Walks campaign will take place Saturday, May 9, 2015 at 10 a.m. at Sawyer Point. Enjoy a walk along the Ohio River as you raise funds and awareness about mental health. To join or donate visit: <http://namiwalks.nami.org/teamsein> or call 812-667-5429.

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**NAMI Southeast** - On March 25, 2015, the Southeast affiliate had an excellent In Our Own Voice presentation from two people recovering from co-occurring disorders: mental illness and substance use disorders. The crowd of over 50 people listened to a difficult, yet hopeful description of the experience of severe mental illness and struggles with substance use. The speakers acknowledged the support of mental health services and NAMI groups, including NAMI Connections and NAMI Peer-to-Peer. While still presented with life's challenges, both speakers have recovered to a much happier, hopeful place.

*We want to hear from you. Please send affiliate news to: [bthompson@namiindiana.org](mailto:bthompson@namiindiana.org)*

