



## Medication Update

### Canada Stops Adderall Sales, Citing Deaths

Citing “safety information concerning the association of sudden deaths, heart-related deaths and strokes in children and adults taking recommended doses of Adderall and Adderall XR,” Health Canada—the Canadian regulatory agency—stopped all sales of Adderall (manufactured by Shire Pharmaceuticals) on February 9.

Shire says there have been 20 reports of sudden death on Adderall’s once-daily formulation (Adderall XR) since 1994—12 of them American children. While the Canadian regulators admit they could not pinpoint the factors leading to the deaths, they argue that the risk of serious adverse reactions leading to death was higher with Adderall than with comparable drugs. An official at the FDA, reviewing the same data, claims the data are not “strong enough at the moment to merit an immediate change to the labeling or marketing status here in the United States.” Referencing the 12 pediatric deaths associated with Adderall, the FDA issued a statement asserting: “When one considers the rate of sudden death in pediatric patients treated with Adderall products based on approximately 30 million prescriptions written between 1999 and 2003 (the period of time in which these deaths occurred), it does not appear that the number of deaths reported is greater than the number of sudden deaths that would be

expected to occur in this population without treatment.” Last June, the FDA, acknowledging reports of sudden deaths in children with structural cardiac abnormalities or serious heart problems, added the WARNING: “Adderall XR generally should not be used in children or adults with structural cardiac abnormalities.”

According to the National Institute of Mental Health, an estimated 3% to 5% of all children (about 2 million in the U.S.) has Attention Deficit Hyperactivity Disorder (ADHD). Many are treated with Adderall and other central nervous system stimulants, such as methylphenidate products (Ritalin, Focalin, Concerta), Dexedrine, etc. Recently, Strattera, a non-stimulant drug for ADHD, has been linked to serious liver side effects.

If you or your child takes Adderall XR, do not stop taking without speaking to your doctor about alternatives. Some doctors here are planning to screen their patients for cardiac abnormalities, i.e., having their Adderall patients get electrocardiograms to rule out any possible cardiac anomaly. As with many medication decisions, a careful risk-benefit analysis must be done by the patient and doctor working thoughtfully together.

Sources: Geeta Anand and Anna Wilde Mathews, Canada Halts Adderall Sales, Citing Deaths, *Wall Street Journal*, February 10, 2005, p. B1; Anna Wilde Mathews, Geeta Anand and Paul Davies, Why U.S., Canada Differ on Safety Of Attention-Deficit Drug, *Wall Street Journal*, February 11, 2005, p. B1.

## From the Co-Presidents

Dear Members,

We are writing as the Co-Presidents for NAMI-CCNS for this calendar year. Each of us brings our own experiences, interests, and goals regarding the impact of mental illness on people's lives. Working together, we believe that we will be able to help NAMI-CCNS continue to grow as the voice for individuals and families coping with mental illness who live in our geographical membership area.

We are delighted to report that the NAMI-CCNS Board of Directors has expanded to include twenty-three members, 8 of whom were newly elected at the January 26th Annual Meeting. As co-presidents, we hope to increase both the scope and effectiveness of NAMI-CCNS as well as the efficiency of its operations.

Our initial step was our first board-training event where we listened to board members share their reasons for wishing to serve the organization as volunteer leaders. We also reviewed key functions and activities of NAMI-CCNS. We are very fortunate to have such highly energized, dedicated individuals who have agreed to help NAMI-CCNS fulfill its mission of education, support, advocacy, and research. Each board member has agreed to assume responsibility and/or oversight for a specific function of NAMI. However, it must be stressed that all board members serve as volunteers and have other work and family roles that require their time and attention. More than ever, additional people are needed to volunteer for the various committees of this organization.

At the February board meeting, it was agreed that clerical support was needed to make NAMI-CCNS more efficient in its operations. We are delighted to introduce our new part-time administrative assistant, Judy Oyaro Aching, who will be working to help with the various typing and other office-related tasks that are part of the operations of NAMI-CCNS.

A frequently voiced concern is that NAMI-CCNS sadly tends to be a well-kept secret from people who need and could benefit from what the organization has to offer. We wish to change this so that NAMI-CCNS becomes a well-known organization that has much to offer to individuals and families who are at any stage of coping with mental illness. To this end, the Community Outreach committee, led by Ellen Roth, is preparing to distribute information packages to service organizations and other institutions in each of the sixteen communities in our geographical membership area. Our goal is to make all organizations who serve individuals and families aware of the mission of NAMI-CCNS to educate, support, and advocate for those whose lives are impacted by mental illness. Volunteers from the various membership communities are needed to help Ellen reach this goal. Please contact Ellen at (SuperMo16@aol.com or 847-480-0264) if you would like to help with this very important committee.

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### 2005 Board of Directors

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Candice Hughes & Ann George

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Please e-mail: [ldatlarge@comcast.net](mailto:ldatlarge@comcast.net)

Visit our website:

[www.namiccns.org](http://www.namiccns.org)

Website maintained by Tom Maier

**March April 2005**



Closely linked to the work of the Community Outreach committee is our newly established Speakers' Bureau. We are seeking members who are willing to volunteer to serve as speakers about mental illness for organizations such as religious institutions, businesses, and schools. In addition to sharing experiences about coping with mental illness, either as a consumer or as a family member, we also want our speakers to share critical, factual information that will inform others about mental illness and the legislative, educative, policy, and other types of advocacy efforts that are needed. Please contact our committee chair, Jill Friedberg Rubin, at (livart4@comcast.net) or the NAMI-CCNS telephone number (847-724-1460) if you are interested in volunteering for the Speakers' Bureau.

Finally, we would like to remind you to renew your membership if you have not already done so. You can do so by returning the renewal materials you received in November 2004 or online at our website ([www.namiccns.org](http://www.namiccns.org)). When you send your renewal, please also consider volunteering for one of the many committees that makes this organization effective. Just send us an e-mail or call to indicate your interest.

Board meetings are open to all members. We encourage you to attend. This is a good way to learn about what NAMI-CCNS is doing. The next meetings will be held at 7:30 p.m. at Wilpower, 444 N. Frontage Road, Northfield on March 2,, April 6, and May 4. If you would like to contact us directly, please do so by email: [CHughesNamiCCNS@aol.com](mailto:CHughesNamiCCNS@aol.com) or [anngeorge@comcast.net](mailto:anngeorge@comcast.net), or call the NAMI-CCNS telephone number: 847-724-1460.

Best regards,  
Candice Hughes & Ann George  
NAMI-CCNS Co-Presidents

## **Vagus Nerve Stimulator Given Green Light By FDA**

**I**n a complete turn around, the FDA has granted Cybertronics, maker of the vagus nerve stimulator, a medical device to be used in the treatment of refractory depression, permission to market its product. Similar to a pace-maker, the VNS is implanted into the chest and has a wire that sends an electrical pulse to the vagus nerve and into the brain. Cybertronics must satisfy FDA requirements about usage, dosing and monitoring criteria before receiving final approval. If all goes well, Cybertronics plans to launch the device in late May 2005. ■

Source: *McMan's Depression and Bipolar Weekly* 7 #3, February 10, 2005, p.2. Available at: [www.mcmanweb.com/newsletter1.htm](http://www.mcmanweb.com/newsletter1.htm)

## **NIMH: Breaking News**

Rat Brain's Executive Hub Quells Alarm Center if Stress is Controllable

**T**reatments for mood and anxiety disorders are thought to work by helping patients control the stresses in their lives. A new study in rats provides insight into the brain mechanisms likely involved. When it deems a stressor controllable, an executive hub in the front of the brain quells an alarm center deep in the brainstem, preventing the adverse behavioral and physiological effects of uncontrollable stress. Although activation of the brainstem has been implicated in such reactions, researchers believe the brainstem lacks the proper sensory inputs to judge whether a stressor is controllable. Researchers found many brainstem inputs come from the mid-prefrontal cortex area, the seat of higher order functions (e.g., problem-solving, learning from experience) and the same area implicated as the source of an "all clear" signal that quells fear in rats. Previously, it was assumed that when stressors are uncontrollable, a neural cascade is tripped. However, the rat study suggests it is control—detected by the cortex—that is the active ingredient. ■

Source: Reprinted with permission from NIMH. Unedited version available at: [www.nimh.nih.gov/press/ratstress.cfm](http://www.nimh.nih.gov/press/ratstress.cfm)

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# Legislative Update

## 2005 Advocacy Issues

By Sally Mann

**A**dvocacy is the act of pleading a cause. For NAMI-CCNS, it means pushing for legislation at the local, state, and national level; educating the public about the nature of mental illness; and the need to gain acceptance for those affected by this disorder.

### Legislative Issues

**Insurance Parity** – Insurance parity means health insurance for mental illness should be covered in the same way diabetes, heart disease and other illnesses are. There is much work to be done to bring this about. Currently, states have varying degrees of coverage. In Illinois there is some provision for parity, but it is due to expire at the end of this year. Because of the disparity of the state laws, there is a need for insurance parity at the national level. The Senator Paul Wellstone Mental Health Equitable Treatment Act was passed in the Senate with bi-partisan support; however, it has been blocked in the House of Representatives.

**Decriminalization of the Mentally Ill** – According to a report by the U.S. Surgeon General, 16% of the prison population is mentally ill. Cook County Jail and the Los Angeles County Jail are the largest *de facto* mental institutions in the country. A few Mental Health Courts, which provide jail diversion programs for non-violent mentally ill offenders, have been established across the country. Jail diversion programs not only help to insure that the mentally ill receive treatment they wouldn't necessarily get while incarcerated (thus reducing the rate of recidivism), but they relieve overcrowding at the jails and prisons and save money. Although a Mental Health Court has recently been established in Cook County, there is a very strong need to educate the legal community – judges, states attorneys and defense lawyers—about this alternative. (One judge recently remarked, “Mental health courts are a lot of liberal B.S.”) We must work to ensure there is adequate funding for this program.

**Community Based Services** - The success of jail diversion programs is highly dependent upon the provision of community-based services, including treatment and housing. Community-based services are also vitally needed for the mentally ill, many of whom were released into the community with the assumption that services would be provided when many of the state mental hospitals were closed. Many of these people are homeless.

**Housing** – There is a tremendous need for supportive housing for those who suffer from mental illness. Section 8 funding is inadequate and is being threatened with further cuts because of budgetary constraints.

**Medicaid** – Medicaid programs that provide services to the mentally ill are being threatened with funding cuts and changes in eligibility at the federal and state levels.

**Funding** - In an era of huge deficits both at the state and national levels, the biggest challenge is to provide adequate funding for all these vitally needed programs. In addition there will be an increased demand for mental health services for many of the veterans of the Iraq war who may suffer from post-traumatic stress disorder.

### Education

Educating the community at large about mental illness is one of the major goals of NAMI.

**Schools** – NAMI-CCNS has been working with other community organizations, such as the Mental Health Association to educate teachers, administrators, and students. We will continue to strengthen this program.

**Community Organizations** – NAMI-CCNS needs to establish a speaker's bureau with trained volunteers to go out to the churches, synagogues and civic organizations, such as the League of Women Voters and Rotary.

**Businesses** – Through the speaker's bureau, our organization needs to go out to the human resources departments of the business community.

### Bush Threatens Medicaid, Social Security

The Bush Administration is considering drastic changes to Medicaid and Social Security, programs that are critical to millions of Americans with disabilities. Let your lawmakers know you oppose any “reform” that comes at the expense of people with mental illnesses and other disabilities. Please note:

- Most offices do not respond to e-mail from people outside their districts; direct your communications to your Representatives and Senators and identify yourself as a constituent.
- Your message will be more effective if you personalize it and tell lawmakers why this issue is important to you. [See sample letter, below]

Dear \_\_\_\_\_:

*As a constituent, I am deeply concerned about the proposed changes to the Social Security and Medicaid*

*Continued on page 5*

*Programs. These programs provide essential support for millions of Americans with mental disabilities.*

*In his State of the Union address, President Bush proposed allowing younger workers to divert some of their Social Security taxes to private accounts. As you may know, roughly 3.4 million people with mental disabilities rely on Social Security Disability Income (SSDI) to help make ends meet. Diverting funds to private accounts will reduce the Social Security Trust Fund and force reductions in benefits or other offsetting savings to make up the difference. SSDI and old-age retirement programs are intertwined. Fundamental changes to Social Security will likely mean fundamental changes to disability benefits as well.*

*I am also concerned about the Administration's proposals for the Medicaid program, which is the single most important public funder of mental health services. Without strong protections for adults with mental illnesses and others in Medicaid's so-called optional eligibility categories, many Americans will be denied access to the services they desperately need.*

*I strongly urge you to reject any reform proposal that would divert funding from Social Security or reduce benefits to adults with mental illnesses on Medicaid.*  
*Sincerely,*

To find your legislators, go to a search engine (Yahoo! Google, etc.) type in: *Illinois State Legislature*. Click on "Select Official Search by District or Official." When you reach this screen you can click on any one of the following to retrieve the names and district number: 1. Search by District; 2. Search by Official; 3. Search by Address. You can also check on the status of a particular bill when you go to the web site of the Illinois State Legislature. ■

### **Tag Day 2005**

This year NAMI-CCNS will be holding the annual Tag Day on May 13 and 14 in Glenview. Volunteers will be handing out NAMI information, candy and soliciting donations. This is a great chance for family and friends to bring the NAMI message to our community. Volunteers to organize and participate are needed. Please Contact Julie Savastio, at 847-825-1835 or leave a message at 827-724-1460.

## **National Magazine Seeks Juvenile Justice "Warehousing" Stories**

A national magazine is seeking personal stories in which children and adolescents are being (or have been) "warehoused" in juvenile justice facilities solely to await placement for treatment. They also are interested in talking with parents or young people who have become advocates for children generally because of such experiences.

If you know of a person who fits this profiles, please send names, phone number and email address, city or town, and relevant background details, including ages, to [story@nami.org](mailto:story@nami.org). Please mark the subject line as Kids Warehousing.

For more information about the issue, see NAMI's testimony before Congress in July 2004: [www.nami.org/kidsjails](http://www.nami.org/kidsjails). Thank you for your assistance in our media advocacy. We will not disclose identities to the magazine without further consultation. ■

## **Genetic Study of Schizophrenia**

Researchers at the Evanston Northwestern Healthcare Research Institute and Northwestern University are searching for the genes that cause schizophrenia. If we can identify these genes, we hope we will be able to develop better treatments for this important brain disease.

We are seeking individuals with schizophrenia and their families to help us with our research. Participants are asked to give a blood sample and undergo a clinical interview. Participants will be reimbursed for time and any expenses.

Principal Investigator, Pablo V. Gejman, M.D.

For more information, contact Martha L. Sanders, Coordinator, toll-free 866-636-8228 ■

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# Calendar

**March 2** Board of Directors meeting 7:30 p.m. at Wilpower, Inc. 444 West Frontage Road, Northfield.

**March 5** “The Titans’ Fire: Integrated Care and Empowerment for People in the Bipolar Spectrum,” in Lisle. For mental health professionals. Others interested should call 800-258-8411.

**March 8** Care and Share is a support group for people with brain disorders, and their caregivers, friends and family. Rush North Shore Medical Center, 9600 Gross Point Rd., Skokie, in the Sharfstein Room, 7:30-9:00 p.m. No charge; no registration required. For information, call Maun Dee at NAMI CCNS 847-724-1460.

**March 9** “The Reauthorization of IDEA and Your Child,” a lecture by Charlie Fox, J.D. Special Education Attorney, JCYS Northwest Family Center, 1700 Weiland Road (at Aptakisic), Buffalo Grove, 7:00-9:00 p.m. Registration required; seating is limited. Call Susan Bauer at 847-913-1978 or Lourdes Romano 847-913-8983 for information.

**March 10** Visions for Tomorrow is a support group for parents of children, adolescents, and young adults with mental disorders. Kenilworth Union Church, 211 Kenilworth Ave., 7:30-9:00 p.m. Call Barb Maier for information 847-446-8416.

**March 11** Ohadi Conference at the Josselyn Center, Northbrook. Call 847-441-5600 x 142, or email [jaimen@josselyn.org](mailto:jaimen@josselyn.org) for information.

**March 13** “Challenging Behavior and Young Children with Autism,” a presentation by Alice Belgrade. Ms. Belgrade will discuss managing challenging behavior in the context of competing priorities (e.g., assisting siblings with homework, grocery shopping, etc). Jewish Children’s Bureau, Elaine Kersten Children’s Center, 255 Revere Drive, Suite 200, Northbrook, 10:00 a.m.-12:00 p.m. For information, call Rebecca Rice, 847-412-4378.

**March 14** “Understanding Self-Harming Behaviors,” New Trier High School Northfield Campus. For mental health professionals. Others interested, contact: [golebiet@newtrier.k12.il.us](mailto:golebiet@newtrier.k12.il.us) for information.

**March 15** “Siblings: The Special Challenges,” sponsored by NSSSED at New Trier High School Northfield Campus. Contact: Karen Noonan, 847-831-5100 ext. 210.

**March 27** Sundays at One is a social group for young adults who want to do things together. 1:00-3:00 p.m. in Borders Bookstore, 49 S. Waukegan Road, Northbrook (corner of Waukegan and Lake Cook Roads). For information and registration, call Candice Savastio at 847-835-1835 or Nathan Maier at 847-446-8416.

**April 2** “The IDEA Reauthorization Workshop,” with featured speaker Matt Cohen, a nationally renowned attorney and expert on the IDEA. State of Illinois Thompson Center, 100 W. Randolph, Chicago. 9:30 a.m.-3:30 p.m. Contact: Family Resource Center on Disabilities at 312-939-3513.

**April 6** Board of Directors Meeting (*see March 2*)

**April 12** NAMI-CCNS Educational Program, Rush North Shore Medical Center, 9600 Gross Point Rd., Skokie, in the Sharfstein Room, 7:30-9:00 p.m. Topic – TBA. Call Julie Savastio for information, 847-825-1835.

**April 14** Visions for Tomorrow support group (*see March 10*).

**April 17** “From Helplessness to Helpfulness: Parents’ Roles in Helping Children Recover from a Trauma,” Womenscare in Evanston. Call 847-475-7003 for information.

**April 24** Sundays at One (*see March 27*).

**May 4** Board of Directors meeting (*see March 2*).

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# A Guide to Homelessness and the Mentally Ill

By Linda Logan

I recently had the opportunity to participate in a Department of Housing and Urban Development (HUD)-mandated homeless count. The morning of our count we encountered several men and one woman who spend their nights in a shelter or on the streets and their days in the library of a northwest suburb. Homeless in the suburbs? Isn't that like saying, "Mental illness in *our* family?" Both statements, unfortunately, can be accurate. Sadder still, both facts often co-exist: homeless *and* mentally ill.

Figures on homelessness in America are elusive, contradictory and wide-ranging. U.S. census-taking of stable households is problematic enough. Counting the homeless can be like trying to count grains of sand in a shifting wind. Homeless figures can be greatly underestimated, as well as overestimated. To be of value, homeless counts must be systematic and consistent. Outcomes depend heavily on the methodology employed in the counts (e.g., point-in-time counts versus period prevalence counts). As a result, figures on the homeless in this country range from 600,000 to 3.5 million. Statistics on how many of the homeless are also mentally ill are even more confounding. Depending on operational definitions (such as, are substance use disorders to be included among the mental disorders?), figures for the mentally ill homeless range from 22% to 66%.

Suffice it to say, at least for the point of this article, that there are more homeless than there ought to be and many of them are mentally ill. As the National Coalition for the Homeless argues, "More important than knowing the precise number of people who experience homelessness is our progress in ending it."

## What is homelessness?

Homelessness is a static term for a fluid condition. Not every homeless person has been homeless for a long time or will continue to be. As their personal circumstances vary, so do their living conditions. Options range from "couch-surfing" with friends and relatives, to sleeping in cars, inexpensive motels, and shelters.

Under the law, the Stewart B. McKinney Act, 42 U.S.C. § 11301, *et seq.* (1994), defines a homeless person as someone

who "lacks a fixed, regular, and adequate night-time residence and; ...has a primary night time residency that is (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations.... (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings."

## Who are the homeless?

### Age

- 25.3% of the urban homeless are under the age of 18
- An estimated 1.35 million homeless are children living with their families
- Families with children are among the fastest growing segments of the homeless population
- 51% of the homeless are between the ages of 31 and 50.

### Gender

- 40% of the urban homeless are single men
- 14% of the urban homeless are single women (rural homeless figures are higher).

### Race

- 50% of the urban homeless are African-American
- 35% of the urban homeless are white
- 12% of the urban homeless are Latino
- 2% of the urban homeless are Native American
- 1% of the urban homeless are Asian.

## How did they get that way?

Contrary to popular belief, homelessness is not the direct result of the closings of the state hospitals during the late 1960's and 1970's. Instead, researchers attribute the dramatic rise of homelessness to two primary factors: 1. The lack of affordable housing. 2. The rise of poverty. According to the National Low Income Housing Coalition, "In every state, more than the minimum wage is required to afford a one- to two-bedroom apartment at Fair Market Rent." Moreover, the average rent for a one-bedroom apartment was equal to 105% of federal SSI benefit amounts in 2002 (up 98% from 2000). In Illinois the figure for rent represented 122.1% of SSI benefits.

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## **A Guide to Homelessness and the Mentally Ill**

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Other important factors include:

- Eroding work opportunities
- Decline in public assistance
- Loss of SRO housing
- Shelters that are at capacity (37% of all requests for emergency shelter were unmet due to lack of resources).

People at a higher risk for homelessness are:

- Discharged mental patients
- Veterans
- Runaways
- Released prisoners
- Victims of domestic violence
- Problems with substance abuse.

### **What helps?**

#### **Outreach**

Before housing, treatment and support services can commence, the homeless must be found; this is where outreach services come in. Outreach workers characteristically go where the people are: in the streets, in parks, under viaducts, in shelters. Outreach is “the initial, most critical step in connecting or reconnecting a person who is homeless to needed health, mental health, substance abuse, social services and housing.” Street outreach helps identify and locate homeless people who may be interested in being linked to shelters and support services.

#### **Housing**

Housing for the homeless mentally ill can take many guises. Options include Safe Havens, emergency, transitional, short-term, and permanent supportive housing.

#### **Support services**

For housing to be most effective, it should be accompanied by support services. Research indicates “providing supportive services to people in housing is effective in achieving residential stability, improving mental health and recovery from substance abuse, and reducing the costs of homelessness to the community.” Support can include a complement of services, from providing access to primary health care (many homeless have, or are at-risk for, Hepatitis B and C and HIV/AIDS), medication management,

### **For More Information**

Thresholds Psychiatric Rehabilitation Center  
4101 N. Ravenswood Ave, Chicago 60613  
773-880-6260

Housing Options for the Mentally Ill in Evanston  
1132 Florence Ave., Evanston 60202  
847-866-6144

Wilpower, Inc.  
444 W. Frontage Road, Northfield 60093  
847-501-2939

Connections for the Homeless  
2010 Dewey Street, Evanston 847-475-7070 ext. 100  
Hilda’s Place (Connections for the Homeless)  
847-424-0945 Ext. 11

income support, and entitlement assistance, as well as counseling.

#### **Multidisciplinary Treatment Teams and Intensive Case Management**

Many agencies successfully implement support services through treatment teams that focus on intensive case management. Typically, five or six people will work together to help the people in their caseloads. Some agencies alternate the employees who meet with people needing services; others assign employees one-on-one to specific individuals. Using a team approach, intensive case management can be delivered, with different members of the team focusing on specific aspects of care (e.g., medications, financial counseling). The SAMHSA (Substance Abuse and Mental Health Services Administration) Collaborative Demonstration Program for Homeless Individuals showed that supportive mental health treatment was most effective “when treatment was combined with other services such as housing, legal services and income support.” Moreover, since many of the mentally ill homeless also have substance abuse issues, evidence-based research shows the best way to treat both problems is in an integrated way (rather than sequentially or in a parallel manner).

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## **A Guide to Homelessness and the Mentally Ill**

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### **Re-entry strategies and assistance**

Services such as psychosocial rehabilitation, education, and vocational training are important aids in re-integrating the person into the society. The best practice for facilitating re-entry of the mentally ill released from jail or prison is the APIC model:

- A**ssess the inmates' clinical and social needs and safety risks
- P**lan for the treatment and services required to address the inmates' needs
- I**dentify community and correctional programs responsible for post-release services
- C**oordinate the transition plan to ensure implementation and avoid gaps in care with community-based services.

Recently, the Illinois Office of Mental Health of the Department of Human Services coordinated the ACCESS program (Access to Community Care and Effective Services and Supports), working with Chicago Health Outreach and Thresholds to serve nearly 800 homeless participants. After one year of service, results were:

- Greater number of days spent living in stable housing situations
- Fewer number of days living in the street
- Decreased psychiatric symptoms
- Increased monthly incomes
- Improved quality of life. ■

Sources: U.S. Department of Health and Human Services, SAMHSA, Center for Mental Health Services, *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorders*; UIC, MHSRP Website, *ACCESS*; National Coalition for the Homeless, Fact Sheet #2, "How Many People Experience Homelessness?"; Fact Sheet #3, "Who Is Homeless?"; Fact Sheet #5, "Mental Illness and Homelessness"; The Technical Assistance Collaborative, Inc. and the Consortium for Citizens with Disabilities Housing Task Force, *Priced Out in 2002*; Department of Housing and Urban Development, "Homeless Management Information Systems Data..." *Federal Register*, July 22, 2003.

## **"Case Study"**

A documentary film funded in part by the Federation of Families for Children's Mental Health

### *Seeking Talented, Bipolar Youth*

*Case Study* is a feature-length documentary about bipolar disorder and creativity in youth being produced by Rachel Davis (bipolar II), a youth advocate and independent filmmaker. Much of the documentary will be produced by bipolar youth. These original videos will range from experimental narratives to personal diary-style documentaries. If you are interested in submitting a video about an experience related to having bipolar disorder, please email Rachel Davis at [realdealpictures@hotmail.com](mailto:realdealpictures@hotmail.com) for more information, including project goals and filmmaker background. Please include a brief note of introduction in your email. Some suggestions for submissions are: to take a poem you have written and put images to it; create a music video for an original song; or turn your artwork into a moving image.

#### Requirements:

- Must be between 14-19 years old
- Must have an established interest in any art form/creative activity
- Must be diagnosed as bipolar (any form)
- Must be willing to do an on-camera interview.

No video experience necessary. ■

### **Mental Health Professionals**

Do you have a topic you'd like to discuss with our members? The NAMI CCNS General Meeting Speaker Series invites mental health professionals (or others in related fields) to submit ideas for mental health presentations to Julie Savastio at [JSavastCPA@aol.com](mailto:JSavastCPA@aol.com)

### **Visit the NAMI CCCNS Web Site**

For resources, calendar, back issues of *Newsline*, useful links, membership information, and our new chat room...and more  
[www.namiccns.org](http://www.namiccns.org)



NAMI CCNS  
Box 612  
Winnetka, IL 60093

Place  
Stamp  
Here

## NAMI CCNS EDUCATION CLASSES, SUPPORT GROUPS AND OTHER SERVICES

### **\*NAMI CCNS offers two psychoeducational classes each year in the fall and winter**

**\*Visions for Tomorrow** An 8-week course designed for primary care givers of children with mental disorders. The class covers bipolar disorder, schizophrenia, anxiety disorders, eating disorders, ADHD, as well as brain biology, treatments, medications, communication and coping skills. Class is free of charge. Call Barb Maier for information 847-446-8416.

**\*Family to Family** A 12-week class designed for family members (and close friends) of individuals with mental illnesses. The course covers schizophrenia, major depression, bipolar disorder, borderline personality disorder, panic disorder, obsessive compulsive disorder, co-occurring addictive disorders, as well as medications, coping skills, and advocacy. Class is free of charge. To register, call Joyce at 847-853-6191.

**General Meeting** is an educational program featuring speakers with expertise in the mental-health field. (*See Calendar for details*)

**Care and Share** is a support group for people with brain disorders, as well as friends and family. (*See Calendar for details*)

**Visions for Tomorrow Support Group** This group is for parents of children, adolescents, and young adults with mental disorders. Call Barb Maier for information 847-446-8416. (*See Calendar for details*)

**Response Team** A "warm line" (*not* a crisis hot line) for anyone looking for resources, referrals (or just a chance to connect to others) about dealing with mental disorders. Call the NAMI CCNS office and leave a message at 847-724-1460 (messages are picked up three times a week by our response team members).

**Sundays at One** is a social meeting group for young adults (ages 18-35) coping with mental disorders. Run by Alan Carlile and Nathan Maier (who also struggle with chemical imbalance). Call Nate 847-446-8416. (*See Calendar for details*)

### **OTHER ORGANIZATIONS**

**Anorexia Nervosa and Associated Disorders (ANAD)** offers information on referrals, information and local support groups for eating disorders. Call Dawn 847-831-3438.

**The Depression Support Group** meets the fourth Monday of every month at the Kenilworth Union Church, 211 Kenilworth Avenue, Kenilworth, 7:30 p.m. Individuals and families interested in learning more about depression and bipolar disorder are invited to attend. Call 847-251-4272 for more information.

**The Child and Adolescent Bipolar Foundation** is a national, parent-led organization of families raising children diagnosed with (or at risk for) bipolar disorder. For information on support groups, visit [www.bpkids.org](http://www.bpkids.org) or call 847-256-8525.

**Depression and Bipolar Support Alliance of Metropolitan Chicago** offers support for persons affected by depressive or bipolar disorders. Call 773-275-3230 for information.

**Depression and Bipolar Support Alliance** meets the second and fourth Mondays of each month at the Devon Bank, 6445 N. Western Ave., Chicago, 7:30 p.m. Call Chet for details 773- 465-3280.

**Obsessive Compulsive Disorder Support Group** meets Thursday evenings at Resurrection Hospital, 7435 W. Talcott, Chicago, 7:30-9:00 p.m. Call Carol Miller for information 773-774-3019.

**Obsessive-Compulsive support group** Professionally-led group for adults (and their support persons) with OCD. Meets the first Monday of each month at Anxiety and Agoraphobia Treatment Center in Northbrook, 7:30-9:00 p.m. \$25 per session. Call Alona Ramati, M.S. 847-559-0001 ext. 8 before attending first meeting for information ■