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**Grading the States Report 2009:
Illinois Received a D Grade**

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In 2006, Illinois' mental health care system received an F grade. Three years later, it has advanced slightly to a D—progress, yes...but it is still not much to be proud of.

How Illinois' grade was calculated:

Health Promotion and Measurement

Illinois received a D in this category. This includes basic measures, such as the number of programs delivering evidence-based practices, emergency room wait-times, and the quantity of psychiatric beds by setting. Illinois leads the nation in numbers of people with serious mental illnesses warehoused in nursing homes. Housing individuals in nursing homes makes no monetary sense. No federal Medicaid dollars are available to pay for these expensive placements, so the state bears 100% of the costs. Access to mental health care is very uneven, particularly in the southern, rural parts of the state. Due to low salaries and low morale, there are several shortages of qualified mental health workers—a problem that is especially serious in the state psychiatric hospitals.

Financing & Core Treatment/Recovery Services

Illinois received a C in this category. This category includes a variety of financing measures, such as whether Medicaid reimburses providers for all, or part of evidence-based practices; and more. DMH recently converted from a grants-based system of financing mental health services to a fee-for-service system. The conversation has not been smooth. Providers report long delays in payment for services that threaten their ability to stay in operation. If programs are forced to close down due to lack of operating capital, vulnerable individuals with mental illness will suffer.

Consumer & Family Empowerment

Illinois received a C in this category. This includes measures such as consumer and family access to essential information from the state, promotion of consumer-run programs, and family and peer education and support. DMH has developed certification standards for peer recovery support specialists, with the goal of integrating them into the mental health workforce.

Community Integration and Social Inclusion

Illinois received a D in this category. This includes activities that require collaboration among state mental health agencies and other state agencies and systems. Illinois has made good progress on law enforcement training and jail diversion. Police Crisis Intervention Team (CIT) programs have been established in several cities. Mental health courts exist in nine counties and mental health providers have worked closely with the courts to link individuals to services.

Innovations in Mental Health Care in Illinois noted:

- CIT and jail diversion programs
- Peer education and peer supports
- Community education and awareness efforts

Urgent Needs in Mental Health Care in Illinois include:

- Investment in services that meet evidence-based fidelity standards
- End warehousing in nursing homes
- Address problems with the new fee-for-services system

Almost prophetically, in the final paragraph of the state report card, NAMI National noted: "Although Illinois' grade has improved slightly from an F to a D, the state faces fundamental structural problems in its mental health service system. Further budget cuts will only compound them. If these challenges are not addressed quickly, even the slightest momentum for reform may be lost. " **For more information on the Grading the States 2009 report, go to www.nami.org and click on the Grading the States box on the left hand side.**

Moe Armstrong speaks at the Illiana VA Health Care System Medical Center

NAMI Illinois Affiliates

- NAMI Barrington Area
- NAMI Champaign
- NAMI Cook County North Suburban
- NAMI DeKalb, Kane South, & Kendall Counties
- NAMI of DuPage County
- NAMI East St. Louis
- NAMI Elk Grove/Schaumburg
- NAMI Greater Belleville
- NAMI Greater Chicago
- NAMI Greater Decatur
- NAMI Grundy County
- NAMI Hanover Township
- NAMI Jackson County
- NAMI Kane County
- NAMI Kankakee County
- NAMI Lake County
- NAMI Livingston/McLean Counties
- NAMI Macomb West Central IL
- NAMI Madison County
- NAMI McHenry County
- NAMI Metro Suburban
- NAMI Metropolitan/Southernmost IL
- NAMI Morgan/Scott Counties
- NAMI Mt. Vernon
- NAMI Northern IL
- NAMI North Central IL
- NAMI Northwestern Memorial
- NAMI Northwest Suburban
- NAMI Quincy
- NAMI Rock Island/Mercer Counties
- NAMI Sauk Valley
- NAMI Southeastern IL
- NAMI South Suburbs of Chicago
- NAMI Southwest
- NAMI Springfield
- NAMI Stark County
- NAMI Tri County
- NAMI UIUC
- NAMI Vermilion County
- NAMI Will County



On March 27, 2009, Moe Armstrong delivered a powerful message to veterans and their families, introducing, supporting and training them in bringing the Vet-to-Vet Program to the Illiana VA Medical Center.

Moe Armstrong came back from the Vietnam War a changed man. Diagnosed with complex post-traumatic stress disorder (PTSD) and schizophrenia, he considered himself doomed.

Upon reading the novel "One Flew Over the Cuckoo's Nest," about the horrors of a VA psychiatric ward, he abandoned any hope of receiving adequate medical care from the government-especially when he learned that he was being transferred to the very same institution described in the book.

From 1966 to 1984 Armstrong, a former high school football captain, wandered the West coast, addicted to alcohol and drugs. At a New Mexico social services center, he started sharing his history with other people who had mental illness. By disclosing his experiences to his peers, Armstrong realized that he felt better. He also imagined a more hopeful future.

Today, Armstrong, 61, crisscrosses the country in support of an organization called Vet-to-Vet. His goal is to give veterans an independent forum where they can talk together about their mental and emotional scars. Because no social workers or doctors attend the veteran-run meetings, Armstrong's Vet-to-Vet is unique.

Working with Dr. Robert Rosenheck, director of the VA Northeast Program Evaluation Center, whose published papers demonstrate the advantages of receiving peer support, Armstrong has become a national figure in the mental health field. Despite speaking engagements and network news coverage of his efforts to de-stigmatize mental illness, Armstrong sees himself first and foremost as a war survivor.

"I refuse to forget that part of myself," said Armstrong. "I'm nuts. It's part of who I am, and what makes me good at what I do."

As a new generation of veterans return from a new war, the psychological traumas incurred from military service present a major obstacle for those re-entering civilian life. In the hope that overburdened VA hospitals will begin referring veterans to Vet-to-Vet, centers have been established, from Albuquerque, N.M. to Madison, Wisconsin. "There is going to be a boomerang effect," said Armstrong of the coming wave of Iraq war vets. "The aggression, hyper-vigilance and de-sensitivity that helped them survive the war will become liabilities," Armstrong said. "Vet-to-Vet can be the balm for their trauma."

Vet-to-Vet Basics

Vet-to-Vet groups are peer-to-peer in orientation and are therefore led and guided by Veterans themselves

Vet-to-Vet is based on a partnership with the mental health system

Vet-to-Vet has an educational focus, utilizing established materials recognized by the field of psychosocial rehabilitation.

The principal focus of Vet-to-Vet is on the unique experience of Veterans, and how Veterans can learn to live with problems posed by mental illness and/or addiction

The program operates on a voluntary basis

The role of the Veteran group leaders is independent of their role as receivers of treatment

Vet-to-Vet consists of semi-structured meetings scheduled 2 to 5 times a week

Thanks to Tim Wills this valuable program has been started at the Illiana Health Care System at the Danville Medical Center. For more information you can contact Tim Wills at 217.280.7275.

Congratulations to Carol Hall, Vice President of NAMI Elk Grove/Schaumburg for being recognized as the "Adult Volunteer of 2009" at the Schaumburg Volunteers of the Year luncheon.

Irene C. Hayes passed away Wednesday, May 20, 2009. Irene was one of the founding board members of NAMI Illinois and served over 20 years for the Northwest Suburban Alliance for the Mentally Ill. She touched the hearts and lives of many families who were burdened with the challenges and sadness of mental illness.

2009 NAMI Illinois Partners

- Adapt of Illinois
- Chestnut Health Systems
- Community Behavioral Health Association
- Community Counseling Centers of Chicago
- Heartland Health Outreach
- Heritage Behavioral Health Center
- Janet Wattles Center
- Lutheran Social Services of Illinois
- Pioneer Center for Human Services
- Sertoma Centre, Inc.
- Southern Illinois Regional Social Services, Inc.

Upcoming NAMI Illinois Trainings

NAMI Connection Recovery Support Group Training and Family Support Group Training
August 21-23, 2009
Call NAMI Illinois for application.
800-346-4572

The President's Corner—Verla Demopoulos

While new faces dot the legislative landscapes, offering a long overdue semblance of hope, so too do the voluminous requests for support and funding. Legislators continue to battle for position while hope for change is being slowly and painfully chiseled away by a devastating economic climate. Perhaps never before, in the history of NAMI, has there been a greater need to be focused and united in our mission and vision. The NAMI IL Board built this into our new strategic plan by focusing on affiliate development, systems advocacy and fundraising.

We will strive to enhance our line of communication with each other, affiliates, and our Partners. We will continue to explore ways to be inclusive and respectful of the talent we know we have at each level of NAMI. By increasing the line of communication with affiliates we recognize that one size does not fit all but that all are vital to the growth and mission of NAMI IL. Board members will become affiliate ambassadors and be reaching out to each affiliate in the months ahead. We want also to utilize the expertise available to us through our Partners.

Several Board members met with our Partners in December to learn more about the decline in mental health services in the state of Illinois. What we learned was stunning and mobilizing but not surprising. That meeting resulted in a plan that has guided our legislative platform. We MUST prepare to share our stories with legislators to impact change in what remains a fractured and, according to the 2009 NAMI Grading the States report, a failing system. We are committed to systems advocacy as never before and will work with each affiliate to help this become a focus and something legislators know as a force to be reckoned with from NAMI members.

At every level NAMI consists of an army of volunteers. Each affiliate struggles with this issue and that of funding. Partners share the same concern as their Executive Directors seek out funding to continue to offer the evidence based practices needed and espoused by DMH but barely, if at all, funded by the state. NAMI IL has a small office and small staff that share these common problems. Year after year they continue to make great strides with limited resources. If NAMI IL is going to lead the dialog to build affiliates and advocate for positive changes to a broken system, they will need each of us to graciously support that effort.

Join us in a renewed and focused vision. Mental health care is in crisis. WE know how to save lives and money. Our shared experiences MUST give voice to a cry that is louder than ever before if we are going to be heard. Unity is vital to our success. It is time to gather all affiliates, family, friends, professionals, providers, and faith-based and like minded organizations to stand shoulder to shoulder. Together, we can move beyond our circumstances to the change we know to be possible.

From the Executive Director – Lora Thomas

May 2009 certainly ended with a frenzied feel! I hope that all of you heard from us often – and even more importantly that you responded by making phone calls to your legislators.

The NAMI Illinois Board of Directors made the hard call in March that NAMI Illinois would recommend – and support – increased taxes to try to head off cuts to mental health programs and services. We knew in our hearts that to ask for no cuts – without offering or supporting a revenue solution – was irresponsible. So when we asked for your help in calling your legislators, it was to pass that message along, that NAMI supported tax increases to preserve mental health services.

I don't know how much you knew about mental illnesses before the diagnosis hit you and your family personally, but I believe that most would say "not much" – or "certainly not enough!" I think we have to step back and assume that most people do not know about mental illnesses; that assumption then provides a great opportunity for us to educate them!

Advocacy is a cornerstone of NAMI philosophy and mission. Who could possibly better address our needs? We know treatment works – and we know that the success of many individuals who have mental illnesses depends on the support of our community leaders. Remember "summer homework?" I urge you to do two things this summer!

Your legislators will be home, so educate those leaders. Make an appointment to see them in their district office. You put a face and a story to the issue of mental illness – they can't help but gain a better understanding of the challenges and needs of individuals and families alike. And, Write a letter. Letters to the editors are among the most widely read sections of most papers. They provide an opportunity to educate a wide range of people throughout your community.

Mental health services make a big difference in the lives of those affected by mental illnesses. It's time to help consumers build healthier, happier lives, and it's time to strengthen and empower individuals and families alike.

And one final "to do": If you're not yet a part of NAMI Illinois' e-mail advocacy alerts, add your e-mail address to the "ballot" on page 6 and mail it back to us! You'll be linked in to (sometimes fast-breaking) opportunities to add your voice to others who care about people with mental illnesses. Through collaborative efforts, we, our friends, families and neighbors can work together so all can live healthier, successful lives while making communities stronger.

Thanks... have a great summer!

Suicide Prevention

WHAT IS SUICIDE

Suicide occurs when a person ends their life. It is the 11th leading cause of death among Americans, but suicide deaths are only part of the problem. More people survive suicide attempts than actually die. They are often seriously injured and need medical care.

Suicide is recognized as a chronic epidemic. Despite the overwhelming numbers, the tragedy of suicide is hidden by stigma, myth and shame. The stigma surrounding suicide serves to restrict prevention and intervention. Additionally, many people have the mistaken notion that talking about suicide causes it to happen. Today, experts agree that suicide is preventable.

WARNING SIGNS

While some suicides do occur without warning signs or typical suicidal behaviors, eight out of 10 suicidal individuals give some signs of their intention.

These warning signs can include:

- Suicide threats
- Increased alcohol and substance use
- Statements revealing a desire to die
- Sudden changes in behavior
- Depression
- Expressions of hopelessness, helplessness and desperation
- Expressing no reason for living; no sense of purpose in life
- Exhibiting new and unexpected impulsiveness or taking unnecessary risks
- Making final arrangements
- Giving away prized possessions

HELP FOR OTHERS

For people facing depression and suicidal thoughts, asking for help is not as easy as it sounds. It can be frightening and embarrassing. Individuals often do not seek help because of the stigma associated with asking for help, limited access to treatment, the shame they feel about having these thoughts and/or no one recognizes their call for help.

If someone comes to you asking for help, the most important thing you can do is just be there to listen and encourage them to seek help. You can help prevent suicide by learning to recognize the warning signs of someone at risk, taking those signs seriously and knowing how to respond to them. If you cannot ask if they are contemplating suicide, find someone who can, another friend, family member, clergy or health professionals

For people exhibiting these signs, you can help by:

- Saying "I want you to live"
- Encouraging them to get help
- Asking direct questions without being judgmental.
 - Determining if the person has a specific plan to carry out the suicide. The more detailed the plan, the greater the risk
- Being willing to listen, allowing them to express their feelings and accepting their feelings
- Getting involved, becoming available and showing interest and support
- Staying in contact
- Being aware and learn the warning signs

HELP FOR YOURSELF

Suicide is preventable; you do not have to feel this way. Asking for help means you are strong and are not helpless against thoughts of suicide.

Help is available in many different ways:

- Tell a trusted friend or family member what you are feeling.
- Talk with your minister, priest, rabbi or other faith leader.
- Seek help from a qualified health professional.
- Calling the National Help Line at 800-273-TALK (8255).

HELP FOR SURVIVORS

A survivor is someone who has lost a loved one to suicide. As a survivor of suicide, it is important to know that there is no one way to grieve and cope with the suicide of your loved one. The thing to keep in mind is to allow yourself time to grieve and do not allow yourself to get caught up with "If Only, I'd..."

- Take care of yourself (physically, mentally and spiritually) and consider the following as you begin to cope with your loss:
 - Set your own pace to grieve and cope.
 - Rely on the support of family, friends and others.
 - Join a support group for survivors of suicide.
 - Share your personal story, as you see fit, with others.
 - Talk with your minister, priest, rabbi or other faith leader.
 - Ask for professional help if you feel you are beginning to experience signs of depression and/or suicidal thoughts.
 - Become involved with suicide prevention initiatives in your community.

NAMI Illinois Awards of Excellence

Be sure to honor those in your community for their outstanding contributions in the field of mental health by nominating them for NAMI Illinois' Awards of Excellence. The awards will be presented at the NAMI Illinois Educational Conference on Saturday October 17th at the Lisle Hilton.

Advocate of the Year: A NAMI Illinois member who has gone above and beyond the call of duty in their advocacy efforts on a state or local level.

Most Innovative Mental Health Program: An Outstanding Program, either public or private, which has significantly contributed to improving the lives of those with mental illness.

Psychiatrist of the Year: A Physician who either, through direct care to consumers or their involvement with, and support of, a NAMI Illinois affiliate, have contributed to the lives of NAMI Illinois members.

Lawmaker of the Year: A member of the Illinois General Assembly or the Illinois Congressional Delegation, who has supported and promoted legislation, which contributes to the NAMI Illinois mission.

John Rowley Excellence in Journalism: A member of the print or electronic media who through their efforts, have contributed to the fight against stigma or raised awareness of mental health issues. **Limited to professional journalists only.**

Friend of NAMI Illinois: Non-NAMI Illinois member who does not fit into one of the above categories but has contributed to NAMI Illinois' or a local affiliate's mission in an exemplary manner.

Katie Petray Excellence in Education: A NAMI Illinois member who has made an outstanding contribution to further education in serious mental illness by providing education through one or more of NAMI Illinois' education programs.

Pastor Paul-Gerhard Braune: A law enforcement representative who places the protection and rights of persons with mental illness above their own.

*Please contact NAMI Illinois' office by phone or email to receive the nominating form.
(800)346-4572 or namiil@sbcglobal.net*

Older Americans' Mental Health

One in four American adults has a diagnosable mental illness, but less than one-quarter of older adults with mental illness receive any type of mental health attention. Older Americans' Mental Health Week is an opportunity to educate the American public and policy makers about mental illness. To learn more, www.mentalhealthweek.org.

July is Minority Mental Health Awareness Month

Throughout the month of July, NAMI states and affiliates are encouraged to join efforts across the country to increase public awareness of mental illness among diverse communities. Minority Mental Health Awareness Month was established by the U.S. House of Representatives in 2008 in honor of Bebe Moore Campbell, distinguished author and NAMI advocate of mental health education and support.

Start planning now! Just as Mental Illness Awareness Week offers NAMI an opportunity to increase public awareness of mental illness, NAMI leaders can create powerful collective awareness of mental illness, treatment, and research in diverse communities in July by hosting special events and partnering with local businesses and organizations. The NAMI Multicultural Action Center has developed a helpful list of suggested activities for July to help get you started in your planning.

Visit www.nami.org for a list of suggested activities and for more information on Bebe Moore Campbell Minority Mental Health Awareness Month.

NAMI Business Cards, Stationary, and More!

The NAMI Store, in partnership with 3dASAP, offers an array of "NAMI Company Store" items, including business cards, stationary, banners, hats, pens, and more. Visit the 3dASAP section of the NAMI Store at www.nami.org to learn more.