Mercy Maricopa Integrated Care takes over as RBHA

Mercy Maricopa Press Release

On April 1, Mercy Maricopa launched the state’s newest Regional Behavioral Health Authority (RBHA), and one of the nation’s largest public integrated behavioral health systems. Arizona is leading a national movement toward integrating physical and behavioral health care, backed by a mountain of research that confirms the benefits of treating mind and body together.

Now entering the third month of operations, the RBHA is eager to hear from NAMI members and others about how things are going. What’s working and where can we improve? What ideas do you have for involving the community and making sure everyone’s voices are heard? How can we get the word out about events and other happenings in the Phoenix metro area?

To that end, we’ve been holding a series of community forums at clinics and peer-run organizations around the Valley, and we’ve been grateful to have NAMI in attendance to distribute information.

Additional events are in the planning stages, so be sure to follow us on Facebook and Twitter (@Mercy-Maricopa). You can also reach our communications director, Mary K. Reinhart, at ReinhartM@MercyMaricopa.org, or community relations director Alex Zavala, at ZavalaA@MercyMaricopa.org, if you have an event or story you’d like to share.

Mercy Maricopa’s quarterly member newsletter can be found inside the Together AZ newspaper. Look for our first newsletter to arrive in the July edition, which will be distributed, as usual, at Valley clinics, provider offices, peer-run organizations, advocacy agencies, state offices and other places that people gather.

Mercy Maricopa also will be hosting a series of Youth Mental Health First Aid trainings. You can learn more at www.MentalHealthFirstAidAZ.org.

Higher Doses of Antidepressants; Higher Suicide Risk

from LATimes.com

About a decade after the Food and Drug Administration first warned that antidepressant medications increase the risk of suicidal thoughts and behaviors in children, new research has found that kids and young adults who start on high doses of antidepressants are at especially high risk, especially in the first three months of treatment.

Among patients 24 and younger, those who started treatment for depression or anxiety with a higher-than-usual dose of selective serotonin reuptake inhibitor (SSRI) were more than twice as likely to harm themselves intentionally than those whose treatment began at the customary dose and increased slowly, the study found.

For every 150 such patients treated with high initial doses of SSRIs -- antidepressants marketed under such commercial names as Zoloft, Paxil, Prozac, Celexa and Lexapro -- the study suggests one additional suicide would be attempted.

Given that antidepressants appear to be less effective in young people than in older patients, and that higher doses do not appear to bring more or faster relief, the author of an invited commentary in Journal of the American Medical Association Internal Medicine suggested that prescribing physicians should abide by the well-worn maxim "start low, go slow," and monitor patients closely during their first several months of treatment.

On the other hand, it might also be that those started on high-dose SSRIs are more likely to discontinue their therapy and to suffer from discontinuation syndrome, which can bring physical symptoms of anxiety and is sometimes linked to unpredictable behavior.
Digital Games Help with Anxiety & Depression from WSJ.com

Digital games are gaining notice from some researchers who think they're a novel way to address mental health issues like depression and anxiety. The game, SuperBetter, is currently the subject of two scientific trials, including a National Institutes of Health-funded experiment that will begin this summer. A paper by the creator of Personal Zen, published in the March edition of Clinical Psychological Science, shows the mobile game can decrease anxiety in some users after 25 minutes of use.

The Department of Veterans Affairs is internally testing whether more gamelike elements will make its PTSDCoach app, released in 2011, more effective for veterans with post-traumatic stress disorder.

It might seem surprising that digital games are being investigated to treat serious mental conditions. But "gamification" tools like SuperBetter and Personal Zen can increase access to mental health treatment, says Carol Landau, a professor of psychiatry at the Alpert Medical School at Brown University, who specializes in depression treatment. "But here's the caveat: Nothing replaces face-to-face psychotherapy."

New Support Group Facilitators

NAMI Valley of the Sun congratulates our newest trained support group leaders for completing their training.

From L to R:

Louise DeWald  Sheryl Bateman  Trish Stevens
Sheryl Bateman  Elyce Yunowich  Marie Martin
Elyce Yunowich  Robert Koth  Helen Bradford
Robert Koth  Carla Ferris  Mark Stevens
Carla Ferris  Pat Lacey  Tom Lacey

Tom Lacey  Ron McMenimen  Craig Sparrazza  Carol McDermott

Need Help?

Want to learn more about articles you read in this newsletter? Click on the by-lines of the article or other links embedded in this newsletter.

Emergencies, call 911.
24-hour crisis line, call 602.222.9444 (Maricopa Crisis Recovery Network)

For support groups, education classes, special events, volunteering, membership inquiries contact

NAMI Valley of the Sun: 602.374.7439 - information@NamiPhoenix.org

Caring and Sharing is published every 3 months.

FREE e-mail subscription
You can sign up for an e-mail subscription to the Caring and Sharing newsletter. You do not have to be a NAMI member for this free service.

E-mail your request to:
webmaster@NamiPhoenix.org

NAMI represents families and friends affected by serious mental illnesses. NAMI Valley of the Sun is an affiliate of NAMI (National Alliance on Mental Illness) and NAMI Arizona (the Arizona Alliance on Mental Illness). NAMI is a grassroots, self-help, support, education, research and advocacy organization dedicated to improving the lives of adults and children with severe brain disorders.
The NAMI Family Education and Family Support programs has had an incredible start since January 2014. The year began with two Family-to-Family classes, one in Scottsdale, at Mountain-view Presbyterian Church, a constant supporter of NAMI Programs, and one in Chandler at the Chandler Police Department. In the past, we've always experienced some challenges in securing a facility to use in the Chandler area, however, the Chandler Police Department opened their doors to NAMI and allowed us to use their Community Room for our very first Family-to-Family class in that area. The class was so successful that we are hosting another one at the same location in June, and the class is almost filled.

In March we started a class in East Mesa at the MARC Center, East Village, another committed supporter of NAMI programs, and we formed a new partnership with Valley Presbyterian in Paradise Valley area whose first class started in April.

The consistency in providing these educational programs in the same location, with the commitment of NAMI Family-to-Family teachers keeps these classes filled. Many thanks to the teachers for their dedication in keeping these classes ongoing for the community. Many thanks also go to the organizations that allow us to continue to host these classes at their facilities.

We also had a great start for the NAMI BASICS program as well. We completed one class in Glendale at Arrowhead Hospital and we are currently finishing up another one at Paradise Valley Hospital. We are starting to notice a growth in this program as people become aware of what is offered through NAMI BASICS. We have another class scheduled at Arrowhead in August. Valley Presbyterian Church in Paradise Valley is offering their facility to do a BASICS class starting in October. We will probably offer a few more before the end of the year. If you are a NAMI BASICS teacher, interested in teaching, would you please let me know and we can start working on setting up another class in your area of choice.

Another great success in late February of this year was the Family Support Group Facilitator training held at Desert Banner Hospital. This was an excellent training conducted by Helen Bradford and Marie Martin. The twelve participants learned so much about facilitating a support group, and as a result of this training, we have started four new support groups in different parts of the Valley. The new groups have started in the following areas; downtown Phoenix, Mesa, Tempe and Anthem. Please look at our calendar listing for days and times these groups meet if you are interested in attending one of them.

In late April, Denise Alvarez and Susan Junck conducted a Family-to-Family teacher training. We had a group of very enthusiastic and dedicated people who want to be able to help their communities by providing the Family-to-Family class. The new teachers will be able to serve the West Valley, the Southeast Valley, the East Valley, Northeast Valley and the Payson area. The exciting news is that we had two individuals who live in the Payson area who want to bring this program up to the Mogollon Rim Area after attending a Family-to-Family class here in the Valley. Currently, there is no affiliate in Payson, so these two individuals joined NAMI East Valley, went to the Family-to-Family teacher training and are ready to get to work educating families in Payson. It was a very inspiring and exciting day, and we are in the process of scheduling and setting up classes so all of these teachers can utilize the knowledge they gained in the classroom.

We will be gearing up for some of the presentation programs we set up for schools such as "Parents and Teachers as Allies." We will start looking for additional presenters for the program, "Ending the Silence," to start some presentation programs in the Fall. Tempe School District has two very large presentations set up in August and October. Currently we will be working on preliminary activities in preparation for these very important presentations for our schools and communities.

There is so much great work being conducted by our NAMI volunteers. For those who have been helping and supporting these programs, we thank you very much for your commitment and dedication.

Classes coming this summer:
June: Chandler
August: Glendale, Scottsdale & East Mesa
Pre-registration is required!
Contact Debbie: 602.759.8177

Once a week
for 12 weeks
6:30 - 9:00 pm

National Alliance on Mental Illness
Maricopa County Education Coordinator’s Corner

by Debbie Martinez
NAMI Arizona Holds Annual Meeting

by Jim Dunn

Thank you to all who participated in the 2014 Annual Meeting and Celebration "Crankin' Up The Collaboration." On May 10 we saluted Governor Brewer and the bipartisan group that supported Expansion/Restoration last session further strengthening our public health and safety net in the most economically sensible manner.

Governor Brewer's keynote address invigorated the crowd who joined in awarding 2014 Collaborative Community Champion awards to Governor Brewer and House Representatives Heather Carter, Victoria Steele, Doug Coleman, Bob Robson, Jeff Dial, Eric Meyer, and Lela Alston, along with Senators John McComish and Lynne Pancrazi.

Extra Special Thanks to House Health Committee Champs and Bipartisan SuperStars Representatives Heather Carter and Victoria Steele who stayed throughout the day to help panel our statewide conversation on inten-
tional partnering to efficiently improve health care outcomes.

Joined by representatives from each of the four Regional Behavioral Health Authorities who helped fund this event and Individual, Family, Affiliate, Government and Community Leaders from across the State, powerful relationships and determined commitments were made throughout the day.

Please share your pictures, videos, and comments with me at JimDunnAZ@msn.com and I will be sure to include them in our website updates at www.NamiAz.org. I will also send out the pictures from the Governor's Office upon receipt.

Don't forget to mark your calendars for next year's annual meeting and celebration scheduled Saturday January 31, 2015, at the same location in the Disability Empowerment Center.

Churches Team Up with NAMI

from NYTimes.com

Easter is a time of new beginnings. It is the answer, the pastor Rick Warren remarks, to loss and despair. This Spring, one year after his son took his life while struggling with depression, Mr. Warren, the founding pastor of Saddleback Church, one of the nation's largest evangelical churches, teamed up with his local Roman Catholic Diocese and NAMI for an event that announced a new initiative to involve the church in the care of serious mental illness.

Their goal is not only to reduce stigma for people with schizophrenia, bipolar disorder, depression and the like, though that is an important part of it. “We are all broken,” Mr. Warren said in his remarks a phrase Christians often use to describe the many imperfections of the human world. “We’re all a little bit mentally ill.”

The larger goal is to get the church directly involved with the care of people with serious psychiatric illness by training administrators and pastors to handle psychiatric crises, to set up groups within the church for people with serious mental illness and to establish services within the church for people who need them...
Deinstitutionalization shifted mentally ill patients from mental institutions into local communities, but failed to ensure that patients continued receiving treatment. The result is an influx of mental health patients now navigating the criminal justice system, especially in limited jurisdiction (LJ) courts, which deal with minor offenses.

LJ courts process all cases in the same manner; there is no separate set of laws or procedures designed to ensure treatment and reduce recidivism for the mentally ill. Rule 11 governs incompetency and mental examinations.

This study investigates LJ courts and found:

• Attorneys and LJ courts are generally aware of the concept of SMI, but LJ courts are less familiar than practicing attorneys.
• Larger jurisdictions are more likely than smaller jurisdictions to implement mental health courts.
• Of LJ courts with no mental health court, half have no mental health policy at all.
• In most LJ courts, SMI defendants represent a small minority (<10%) of the total caseload.
• LJ court practices vary in how they identify individuals who may suffer from a mental illness.
• Many cases against SMI defendants are dismissed without a Rule 11 evaluation on a motion by the prosecutor.

Conclusions and Recommendations

Conclusion: The LJ courts struggle to identify SMI offenders. In addition, they lack authority to force treatment or commit an offender against his will.

Recommendation: Court personnel should be trained to identify and take appropriate action related to offenders with mental health issues. Training should, at a minimum, include an in depth analysis of the following areas:

• What is SMI and what disorders it encompasses
• How a person receives an SMI designation
• Identifying potentially SMI individuals/offenders
• How to effectively deal with, and communicate with SMI individuals/offenders
• Local resources available to SMI patients and their families
• Alternative sentences for SMI offenders in an effort to reduce recidivism
• Rule 11 process in LJ Courts

Conclusion: Arizona Rule 11 provide procedures related to competency, but these procedures are costly and do not address all mental health issues.

Recommendation: Mental health courts are an effective solution to the problem. While courts are generally not subject to regulations requiring them to ensure that SMI offenders receive treatment, they do have a responsibility to take reasonable measures to reduce the likelihood that SMI offenders will continue committing new crimes.

Proper treatment improves the ability of a person suffering from mental illness to function in society. Beyond ordering treatment for the offenders who appear before them, courts can take steps to ensure that these offenders are placed in environments where they can benefit from proven methods such as those utilized in the Assetive Community Treatment model, including home visits by case workers, periods of observation to identify when medications should be adjusted, the active involvement of family members, and the assistance of trained and dedicated treatment staff. Mental health courts are an ideal venue for ensuring that offenders receive the support they need.

Conclusion: Mental health courts are often prohibitively expensive in LJ courts that rely on local funding.

Recommendation: Regional mental health courts are an ideal solution for limited jurisdiction courts with scarce resources.

Read the full report at www.NamiPhoenix.org
# Calendar of Events & Activities
## June - August 2014

### Family Support Groups

| Families Giving Hope | First United Methodist Church | 331 S. Cooper, Suite 142  
Gilbert, AZ | 6:30 - 8:30 pm  
2nd & 4th Thursdays |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| Caring Connection    | Risen Savior Lutheran Church | 23914 S. Alma School Rd.  
Sun Lakes, AZ | 10:00 am - noon  
1st Wednesdays |
| Family Support Group | Desert Banner | 1400 S. Dobson, Rosati Ed Bldg  
Mesquite Conference Room  
Mesa AZ | 7:00 - 9:00 pm  
2nd & 4th Tuesdays |
| Family Support Group | Tempe Friends Meeting | 318 E. 15th St.  
Tempe, AZ | 4:00 - 5:30 pm  
1st & 3rd Wednesdays |
| Family Support Group | Shepherd of the Hills Church | 13658 Meeker Blvd.  
Sun City West, AZ | 1:00 - 2:30 pm  
3rd Fridays |
| Family Support Group | Arrowhead Hospital | 18699 N. 67th Ave.  
Suite 105B  
Glendale, AZ | 6:00 - 7:30 pm  
2nd & 4th Thursday |
| Family Support Group | Devonshire Senior Center | 28th St. & Devonshire  
(North of Indian School),  
Phoenix, AZ | 6:00 - 7:30 pm  
1st & 3rd Wednesdays |
| Family Support Group | Fire Station #52 | 21650 N. Tatum Blvd,  
Phoenix, AZ | 6:00 - 7:30 pm  
1st & 3rd Thursday |
| Family Support Group | Mountain View Presbyterian Church | 9832 N. Hayden Road  
Scottsdale, AZ | 6:00 - 7:30 pm  
1st & 3rd Tuesdays |
| Family Support Group | First Cong. United Church of Christ | 1407 N. 2nd St.  
Room 5  
Phoenix, AZ | 7:00 - 8:30 pm  
2nd Fridays |
| Family Support Group | Anthem Civic Bldg. | 3701 W. Anthem Way  
Meeting Room #1  
New River, AZ | 7:00 - 8:30 pm  
3rd Tuesdays |

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**Peer Support Training**

| Marc Community Resources  
Building 1  
2nd Floor Training Room 924  
N. Country Club Drive  
Mesa, AZ |
| Information or to apply contact Paula  
480.969.3800 x339  
Paula.Fernandez@marccr.com |
| Arizona Department of Health Services certified curriculum! |

**Caring and Sharing**
## Education Classes

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<th>Speaker(s)</th>
<th>Location</th>
<th>Time</th>
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<tr>
<td>Education Meeting (See ad on page 4)</td>
<td>Christy Dye CEO, Darwin Chern MD., CMO</td>
<td>Scottsdale Senior Center 1700 Granite Reef Road Scottsdale, AZ</td>
<td>7:00 - 8:30 pm Tuesday</td>
<td>June 3, 2014</td>
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<td>Jill Hogan</td>
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<td>Gaye L. Tolman CEO</td>
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<td>Recovery Empowerment Network</td>
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## Peer Support & Misc Events

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<td>Family &amp; Consumer Social Evening</td>
<td>The New Church of Phoenix, 602.953.0478</td>
<td>7:00 - 9:00 pm 3rd Monday</td>
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<td>Connection Recovery Support Group</td>
<td>Support group for people living with mental disorders. 602.374.7439</td>
<td>3:00 - 4:30 pm Every Tuesday</td>
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<tr>
<td>NAMI Family-to-Family</td>
<td>A comprehensive 12-week course on mental illness. Debbie: 602.759.8177</td>
<td>Call for dates, times and location</td>
<td>Free Registration is required.</td>
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<tr>
<td>NAMI Basics (focusing on children and adolescents)</td>
<td>A series of six (6) once-per-week classes for parents / caregivers of children and adolescents living with mental illness. Debbie: 602.759.8177</td>
<td>Call for dates, times and location</td>
<td>Free Registration is required.</td>
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## NAMI Walks 2014

Oct. 18, 2014 - 9:00 am

Arizona State Capitol Grounds 1700 W. Washington St. Phoenix, AZ

Information or to volunteer contact Gloria info@NamiValleyWalk.org

Volunteer Orientation Sept. 2014

## Need Help? Contact Mercy Maricopa. 24 hours a day, 7 days a week!

www.CrisisNetwork.org

Behavioral Health Crisis Line 800.631.1314

Member Services: 800.564.5465

Report Provider Fraud: 602.417.4045

Report Member Fraud: 602.417.4193

A shout out to: Mountain View Presbyterian Church in Scottsdale

for providing free classroom space for Family to Family classes and Family Support Groups.
NAMI Valley of the Sun Elects a New Board

NAMI Valley of the Sun has formed its first board of directors. The board represents members from the previous four NAMI affiliates that recently merged into one affiliate that serves people in the Phoenix metropolitan area.

Terry McDermott
Terry served in Air Force ROTC, US Navy, Naval Reserve, and the Army National Guard. He facilitated support groups, presented IOOV, participated in Health Fairs and served as the NAMI resource person for the SAFE program at the VA.
Support groups have been an important part of his recovery, and as a facilitator of two groups, he works hard to help others with their recovery experience.

Tad D. Gary, MEd, MA, CRC, LPC
Tad Gary serves as Chief Clinical Officer (CCO) of Mercy Maricopa Integrated Care.
Tad has worked in public behavioral health for over 15 years and has held multiple leadership roles, as well as directly providing counseling and psychosocial rehabilitation services. Most recently, Tad was Vice President of Integrated Care Management with Mercy Care Plan, overseeing a large department comprised of multiple case management and behavioral health teams.

Craig Sparrazza
Craig has been working in healthcare since the early 70’s, starting as an ambulance EMT which eventually led him to obtaining his nursing degree in ’78. His nursing practice provided him the opportunity to practice in a variety of setting, including ER shift supervisor. Craig joined NAMI three years ago with a son who has a dual diagnosis of bipolar/co-occurring substance abuse. Craig trained as a facilitator for F2F, Parents and Teachers as Allies, and Family Support Group. Served on the NAMI South East Valley board for the past 2 years.

Jodi Peary, J.D., PhD
Jodi is a research psychologist, who takes a developmental psychopathology perspective to understanding resilience versus vulnerability from infancy through emerging adulthood. Her research projects are aimed at learning what makes a difference for resilience and how to strategically target and time interventions or policies to promote success in disadvantaged children and young people whose lives are threatened by adversity.

Bev Carling
Bev brings over 15 years experience in Finance/Accounting and Operations Management to NAMI, since 2002. She served on Affiliate and State boards for 10+ years in various capacities (President, Treasurer Secretary and Membership Chair). She served on the Walk Committee and as a Walk Team Leader.

Belinda Escalante
Belinda has over 15 years of experience working in the human services, education field and business ownership. Currently, her work assists those with disabilities to overcome barriers to employment. In 2013 and 2014, she served on the NAMI SEV Board, Southeast Valley Outreach Committee, and the National Alliance on Mental Illness Valley Walk Committee.

Larry Clausen
Larry has worked with diverse populations including the elderly, intellectually and physically disabled as well as persons with severe mental illness. His current position as the Executive Director of the Arizona Developmental Disabilities Planning Council is a great opportunity to create new and innovative approaches to addressing the key issues posing barriers for persons with developmental disabilities in Arizona.

Jessie Libfeld
Jessie is a peer who presents for In Our Own Voice and participated in peer-to-peer and connections groups. She earned an undergraduate degree in Journalism and Communications. Jesse works as a Clinical Program Specialist at Cenpatico, specializing in Peer and Family Run Organizations.

Gaye Tolman
Gaye has been active in the behavioral health arena for over 25 years as well as being CEO of two other non-profits. She is the CEO for Recovery Empowerment Network and is very excited about the new programs that will be starting at that agency. She has always been an advocate for those in need.

A baby is born with a need to be loved, and never outgrows it.
-- Frank A. Cark
Local Family-to-Family Program Gets $10K Grant

NAMI Southeast Valley is pleased to announce the receipt of a grant for $10,000 for the Family to Family program. This grant was the generous award from Chaz Buzan through the Ray of Light Art for Freedom program.

This program supports the entertainer Madonna's Art for Freedom initiative, which encourages creative expression that brings awareness about human rights violations.

Each month, Madonna and a guest curator select an artist who best embodies the mission of Art for Freedom.

Ray of Light then gives a grant to the nonprofit organization of that artist's choice.

Chaz Buzan was the winner in January of this honor. Chaz awarded this grant to support our efforts in educating and supporting families.

N A M I w o u l d e n c o u r a g e you to see C h a z ' s winning video.

Thanks to Chaz and Madonna for supporting mental health in our community!

See Chaz’s award winning performance on:

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Ketamine Tested for Treating Severe Depression

from theGuardian.com

The first UK study to give ketamine to severely depressed patients has found that it had dramatic positive effects on some long-standing sufferers who had not responded to other treatments.

Researchers at Oxford Health NHS Foundation Trust and the University of Oxford observed that 29% of patients in a study, some of whom had suffered from depression for more than 20 years, experienced significant improvement in mood four to seven days after their final dose of the drug, with four of the 28 subjects them completely free from depression at that point. It works rapidly compared with some antidepressants, which can take 10 or more days to take effect.

Ketamine is seen by the researchers as a substitute for electroconvulsive therapy (ECT), which is sometimes used for people with treatment-resistant depression but carries risk of memory loss.

One of the reasons the drug is thought to work is that it has a direct impact on the subgenual anterior cingulate, the part of the brain where overactivity is seen in people with depression.

However, the British government announced in February that ketamine would be upgraded to a Class B banned substance in the face of evidence that it has caused physical and psychological harm to recreational users.

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Mental Health & Congress

from SunshineStateNews.com & NYTimes.com

Republicans in the US House are sponsoring the “Helping Families in Mental Health Crisis Act.” The bill provides money for suicide prevention programs and for remote video therapy, which is seen as especially crucial in rural areas.

Widely backed provisions of the bill include streamlining payment for services under the Medicaid program, and providing funds for clinics that meet standards for rigorous, scientifically supported care.

Provisions calling for increased training for police officers and emergency medical workers in how to identify and treat people with mental disorders are also widely approved.

Democrats in the House, led by U.S. Rep. Ron Barber, D-AZ., have their own legislation which they’ve dubbed the “Strengthening Mental Health in Our Communities Act of 2014.”

This proposal would launch a White House Office for Mental Health Policy, improve mental health services under Medicaid and Medicare, fund community and school mental health grants and increase funds to Substance Abuse and Mental Health Services Administration (SAMHSA) programs.
**Depression Linked to Risk of Heart Failure**

*from WebMD.com*

Depression may increase the risk of heart failure, a new study suggests.

Researchers looked at nearly 63,000 people in Norway who underwent physical and mental health assessments.

Over 11 years, close to 1,500 of the participants developed heart failure. Compared to people with no symptoms of depression, those with mild symptoms were 5 percent more likely to develop heart failure, and those with moderate to severe symptoms had a 40% increased risk.

"Depression triggers stress hormones. If you're stressed, you feel your pulse going up and your breath speeding up, which is the result of hormones being released. Those stress hormones also induce inflammation and [plaque buildup in arteries], which may accelerate heart diseases," Gustad explained.

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**Books on Mental Health**

**Anatomy of an Epidemic**

Award-winning science and history writer Robert Whitaker investigates the merits of psychiatric medications through the prism of long-term results. Are long-term recovery rates higher for medicated or unmedicated schizophrenia patients? Does taking an antidepressant decrease or increase the risk that a depressed person will become disabled by the disorder? Do bipolar patients fare better today than they did forty years ago, or much worse?

**Crazy: A Father’s Search Through America’s Mental Health Madness**

Former *Washington Post* reporter Pete Earley had written extensively about the criminal justice system. But it was only when his own son-in the throes of a manic episode-broke into a neighbor's house that he learned what happens to mentally ill people who break a law.

This is the Earley family's compelling story, a troubling look at bureaucratic apathy and the countless thousands who suffer confinement instead of care, brutal conditions instead of treatment, in the "revolving doors" between hospital and jail. With mass deinstitutionalization, large numbers of state mental patients are homeless or in jail-an experience little better than the horrors of a century ago.

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**Diagnosing Psychosis: The Importance of Testing**

*from WashingtonPost.com*

It looked like the teen was having her first psychotic break, but actually it was another disorder.

Mia was admitted to the psychiatry service and doctors began tests: A screen for Lyme disease and HIV was negative. An MRI scan of her brain was clear, which ruled out a brain tumor. The diagnosis was atypical psychosis and Mia was started on high doses of antipsychotic drugs.

However, Mia’s electroencephalogram (EEG), a test that measures electrical signals in the brain, showed what her doctor said was “a very subtle finding:” a slight slowing in the right frontal and temporal lobes of her brain.

This finding led doctors to believe Mia had limbic encephalitis, an inflammation of the brain; the disease can be triggered by an infection or an autoimmune reaction in which the body attacks itself. (The disorder is also called anti-NMDA receptorencephalitis or antibody-mediated encephalitis.)

“Time is critical to this prognosis: The sooner treatment is started, the less likely it is that damage will occur. A study published last year found that treatment started within four weeks of symptoms was a predictor of a good outcome.”
The Cost of Doing Nothing

from USA Today.com

A Mental Health System Drowning in Neglect

Nearly 40% of adults with "severe" mental illness, such as schizophrenia or bipolar disorder, received no treatment in the previous year, according to the 2012 National Survey on Drug Use and Health. Among adults with any mental illness, 60% were untreated.

The result is that, all too often, people with mental illness get no care at all.

Patients Re-Institutionalized in Jails and Homeless Shelters

The USA treats people with mental illness as second-class citizens. They're neglected not just by friends and neighbors, but by lawmakers, who slash cost-effective services and discriminate against them through federal policies that block access to care.

Patients Wait Days or Weeks for Hospital Beds

From 2009 to 2012, the country eliminated at least 4,500 public psychiatric hospital beds, nearly 10% of the total supply. In March, a Vermont psychotic patient spent two weeks in the same ER, waiting for a psychiatric bed to open up. For many people with mental illness, the ER can be a kind of purgatory.

Mental health bed shortages are a national, man-made disaster that people rarely notice until it affects them.

Mental Health Programs are often the First to be Cut

States cut $5 billion in mental health services from 2009 to 2012.

As states have cut mental health funding, many have increased spending on prisons and jails. MentalIllnessPolicy.org, shows that investing up front in mental health can yield big dividends.

A Georgia study found that providing comprehensive mental health services to mentally ill people involved in the criminal justice system cut the number of days that participants spent in the hospital by 89%, and the number of days spent in jail by 78%. In all, the program saved more than $1 million in its first year.

Jump-starting neurons reverses stress susceptibility

from EurekaAlert.org

Scientists traced vulnerability to depression-like behaviors in mice to out-of-balance electrical activity inside neurons of the brain's reward circuit.

"To our surprise, neurons in this circuit harbor their own self-tuning, homeostatic mechanism of natural resilience," explained Dr. Ming-Hu Han. Dr. Han and colleagues reported on their discovery April 18, 2014 in the journal Science.

The abnormally high excitatory current that develops in response to social stress, if driven high enough for a sustained period, triggers its own compensatory adaptation, the inhibitory currents that corrects out-of-balance electrical activity and produces resilience. So at least in the brain's reward circuit, exaggerating an abnormality, for a time, proved to be the curative secret, say the researchers.

Whether by drugs (in this study lamotrigine) or by the application of light, further stimulating an already abnormally high current in the brain produced a compensatory response on a different brain pathway. The overall effect meant that the mice were more able to cope with stressful situations.

The drug lamotrigine is used as a mood stabilizer for people with the depressive symptoms of bipolar disorder, but until now the reasons why it works have been a mystery. Optogenetic (use of light) techniques to stimulate neuronal activity in the reward circuit had the same positive effect on mice behavior.
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<th>$3 - Open Door</th>
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