



National Alliance on Mental Illness

# NAMI Madison County

\* SUPPORT \* EDUCATION \* ADVOCACY \* RESEARCH \*

Website: <http://madisoncty.nami.org>

NAMI Office Phone: 618-798-9788

**January 2008**

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## Holiday Party

Approximately 60 people attended the NAMI Madison County Holiday party which was held at The Bridge in Glen Carbon on December 11th.

A lot of attendees brought gifts/checks to be distributed to consumers at Chestnut Clubhouse, Community Counseling Center, the Madison County Shelter Home and Alton Mental Health Center. The giving and caring feeling was phenomenal that night.

The Holiday Party Committee consisted of Pat Rudloff, AJ French and Sandy Giger.

Pat provided the games and led the music for caroling. Prizes were donated for the winners of the games, although each person did have a chance to receive a prize before the night was over! Everyone had a great time by joining with the festivities. Another member, Ruth Maskow, helped Pat lead some of the Christmas songs.

AJ secured the location of The Bridge which was beautifully decorated and was a gorgeous setting for the party. She also provided the decorated boxes for the gifts to the four different mental health providers agencies. Thanks to Reverend Tolly for allowing NAMI to hold our party at his beautiful church.

Sandy booked the caterer, Cygan-Delaney, and they provided a delicious meal. The desserts were provided by our own Board of Directors-- we have some very good bakers amongst our leadership!!

Thanks to the committee, to those that helped set up and clean up afterward, to those who drove consumers to the party, to all who brought gifts & prizes to the party, to all who came to the party and to all who helped in any way to make the party a success.

We will need planners for next year's party and if you think you'd like to help in any way, please contact the NAMI Office at (618) 798-9788.

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Greetings, Everyone,

I hope your 2007 Holidays were wonderful. Are you thinking about making the New Year a fresh start?! Some say New Year's resolutions are a waste of time as they are nothing more than a long list of "shoulds" that we don't take to heart. Make this year different. Take time to plan your New Year's resolutions carefully and avoid the post New Year let-down. Here are some tips from Dr. Tara Kuther to help you plan your New Year's resolutions carefully and choose realistic goals that you can keep:

**“Choose Carefully:** A long list of resolutions will set you up for failure. Think carefully about what you'd like to change. Choose only one or two goals as your resolutions. Be honest with yourself. Your goals should be achievable and realistic.

Use writing as a tool to help you identify and decide upon your goals. First, review your year. What were the high points and low points? What were your successes? What made you proud? Now think about where you can improve. Are any of these areas ripe for a resolution?

As you consider possible changes, think carefully about each one. Is it realistic? Is it achievable? Why do you want to make the change? Will it improve your life? What are your reasons for making this change?

**Make a Plan:** You've got a goal. Now how do you get there? Break your goal into sub-goals or small steps. Think about how to make each small step. Rather than emphasize the long term goal, consider daily goals. What daily changes must you make to achieve your long term goal? What action steps must you take?

Again, write to clarify your thoughts and help yourself identify the steps needed to achieve your goals. Are these steps small? Achievable?

**Monitor and Reward Progress:** Keep track of your progress and reward your achievements. We tend to assume that success is its own reward, but change is difficult and often uncomfortable. Additional rewards will help you to make change effective and last over the long haul. Rewards can include treats like a massage, facial, or afternoon at the movies. Or they can include less tangible rewards, such as simply taking time to yourself to do whatever pleases you.

**Change for Life:** Once you have achieved your goal, maintain your success by continuing the small daily changes that helped you to achieve your goal. For long term success, make those small changes part of your lifestyle.”

As President of NAMI Madison County I have some goals of my own for 2008. I'd like to boost membership, increase participation in NAMI activities, and educate others by having more Family-to-Family, NAMI Basics, and Peer-to-Peer Classes which would result in reducing stigma also. Other 2008 goals of mine are having another successful Walk for Mental Health in September 2008 and finding another great speaker for our NAMI/PsiChi Event in October 2008, but more importantly increase attendance in both events. If you have extra time on your hands, you can help NAMI Madison County meet one of the above goals by becoming a volunteer by calling our office at (618) 798-9788 and speak to one of our office staff. We need volunteers in the office as well as for other activities. Don't be shy; we hope to hear from you soon.

Look inside the newsletter for the fourth article of a five part series on the different types of Bipolar.

We are having our sharing and caring support group meeting on the regular day in January (the first Tuesday of the month) which happens to fall on New Year's Day. So if the holidays have you down and you need NAMI, we are here to help. Just come by the Chestnut Clubhouse on January 1, 2008 at 7:00PM. Light refreshments will be served.

Last, but not least, I wish you a very healthy and happy New Year!

*Diane Pisko*



**NAMI Madison County Office**

Gateway Regional Medical Center  
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Granite City, IL 62040

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E-mail: [namimadisoncty@sbcglobal.net](mailto:namimadisoncty@sbcglobal.net)

Office Hours: Phone: 618-798-9788  
Noon to 4:30PM Fax: 866-332-5338  
Monday thru Thursday

Website: <http://madisoncty.nami.org>



Applications are being accepted for HUD rent-assisted apartments at Community Court, Hempel House and Yakubian Apartments in Alton. To qualify, you must be between the ages of 18-62 with a maximum income of \$23,050 and have a chronic mental illness. Please call (618) 465-0120 to arrange pick up of an application or for more information.

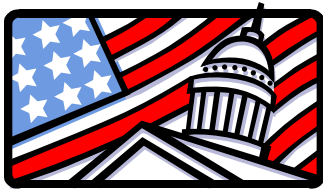


### NAMI/PsiChi SIUE Event

The first planning session for the October 2008 NAMI/PsiChi event will take place Wednesday, January 23<sup>rd</sup>, 7:00PM at Starbucks

in the SIUE Morris University Center. Tom and Jim Giger, Diane Pisko and Pat Rudloff have served on this committee for several years with Prof. Mike Dudley and retired Prof. Anthony Traxler. The committee would like at least one more NAMI member to help us plan our event for 2008.

Hey members, here's another chance to volunteer and help your organization. Please call the office at 798-9788 TODAY!



### Best Wishes for the New Year! by Congressman Jerry Costello

I would like to extend my best wishes and good health for you in the New Year. I hope that you were able to enjoy the company of family and friends during the holidays.

2007 was a busy year in Congress as new leadership took the reigns and new directions were charted. While much has been accomplished, there is still much more to do and I will continue to work hard to represent you in Congress.

I appreciate the opportunity to communicate with you through this newsletter and look forward to sharing information and updates on issues that are important to you in 2008.

### Don't Forget to Register to Vote!

The last day to register to vote for the February 5th general primary election is January 8, 2008.

You can register to vote at the County Clerk's office,

city and village offices, some schools, public libraries, labor groups, civic groups, corporations and military recruitment offices.

Two forms of identification with one showing your current residence address are needed when you register. If you register by mail, you must vote in person the first time you vote. You only need to re-register if you have moved or have changed your name.

As soon as you receive a voter ID card in the mail, you can consider yourself registered. If you do not receive an ID within 3 weeks after you registered, call your election authority or the Illinois State Board of Election.

### Before Foreclosure, get HOPE NOW

by Congressman John Shimkus

Foreclosures on homes are a very serious issue facing some families. A public-private partnership has been established called HOPE NOW to help homeowners find more affordable solutions before foreclosure occurs. The U.S. Departments of Housing and Urban Development and Treasury have joined with mortgage servicers and lenders, counselors, investors, such as Fannie Mae and Freddie Mac, and trade associations to combat this financial struggle.

The HOPE NOW alliance explains that foreclosure is time consuming and expensive for both lenders and borrowers. Often lenders would rather find a way to help homeowners than to repossess their home.

HOPE NOW advises citizens that remaining silent about their struggle to make their payments could be very costly. However, solutions cannot be made until the homeowner speaks up about their financial troubles.

Homeowners with financial difficulties are urged to contact HOPE NOW, even if they do not want to call their lenders. The organization can make available counselors to help create affordable solutions. Within the next week at-risk borrowers will be receiving letters from HOPE NOW to explain services available to them.

If you or someone you know is facing foreclosure or is in need of credit counseling services, call 1-800-995-HOPE or log onto [www.hopenow.com](http://www.hopenow.com) or [www.hud.gov](http://www.hud.gov).

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Glen Carbon and Granite City



## SAVE THESE DATES!!

Support Meeting, Clubhouse, Granite City.....Jan 1, 2008  
 NAMI Basics, St. Clare's Hospital, Alton.....Jan 7, 2008  
 Business Meeting, Granite City.....Jan 8, 2008  
 Last Day to Register to Vote.....Jan 8, 2008  
 NAMI Connection Group, Gateway, Granite City.....Jan 15, 2008  
 Support Meeting, Litchfield.....Jan 15, 2008  
 NAMI Connection Group, Gateway, Granite City....Jan 22, 2008  
 NAMI/PsiChi Planning Meeting, SIUE.....Jan 23, 2008  
 Family-to-Family Courses Begin.....Feb 2008  
 General Primary Election.....Feb 5, 2008  
 PIAT Children's Conference, SIUE.....Mar 7 & 8, 2008  
 5th Annual Walk for Mental Health.....Sep 2008

### NAMI Madison County Project Leaders

Dianne Crawford..... Housing  
 Mary Gauen..... Webmaster  
 Matt Gauen.....NAMA Llama Artist  
 Barb Giesecking & Diane Pisko..... Newsletter  
 Sandy Giger..... Editor & Walk Chairperson  
 Tom Johnson.....CIT Coordinator  
 Kevin Niebur.....Multi-Cultural Chairperson  
 Jane Roennigke..... Education & PIAT Coordinator  
 Mary Rottmann.....C.A.R.E. Trainer, Office Coordinator

*If you need information on, have any questions about, or would like to help with any of the above projects, please call the NAMI Madison County Office at 798-9788.*

## OTHER LOCAL MEETINGS

**NAMI GREATER BELLEVILLE:** 3rd Thursday of each month, 7:00PM at the Hilltop Emporium (rear entrance), 207 East Main St., Belleville. For more information contact Ron Szewczuk at 618-476-1771.

**NAMI CUPFUL:** 4th Saturday of each month, 2:00-4:00PM, 1505 Market Ave., East St. Louis. Call Pamela Perry, Central Comprehensive Mental Health, at 618-274-0881 (work) or 314-868-8031 (home) for more information.

**ST. LOUIS OBSESSIVE COMPULSIVE DISORDER SUPPORT GROUP:** 3rd Saturday of each month, 10:00AM, St. John's Mercy Medical Center, McAuley Room South, 615 S. New Ballas Rd., Von Gontard Conference Center. Speakers start at 10:00AM and support groups meet from 11:00AM till noon. For more information, call 314-842-7228, ext. 3.

**DBSA (Depression and Bipolar Support Alliance) MEETING:** Every Monday 7:00-8:30PM, O.C. Anderson Hospital, Maryville, IL, next to the cafeteria on Lower Level B.

**DBSA Contact:** Diane at 618-667-8781 or by e-mail at [dbsamc@yahoo.com](mailto:dbsamc@yahoo.com) for more information.

### ATTN: Potentials Advertisers!

Place your business-card size ad here for \$50.00 per year. The ad will run monthly in the newsletter which is received by 250 people. The e-newsletter is sent to approximately an additional 100 more recipients. The newsletter is posted to our website and therefore can also be seen **worldwide**.

For more information on advertising with us, call the NAMI Madison County Office at 618-798-9788.

### DEADLINE for the February 2008 issue

of newsletter is **January 15th**. Please e-mail your article to Sandy at [skgiger@hotmail.com](mailto:skgiger@hotmail.com) **on** or **before** due date.

This newsletter is published monthly and printed alternately each month as a service to NAMI Madison County by **Chestnut Health Systems** and **Community Counseling Center**.  
 Thank You!



Hey Friends,

I can sure use some help in 2008. Here's my time and talent request...Can you help me in the NAMI Office for a few hours just one day a week or month answering phones? Can you help me with the Walk for Mental Health? How about help teaching any of the educational programs? Our Webmaster

needs someone just to read the website info to catch things that may need to be updated. Can you serve on the NAMI/PsiChi Committee? Can you lend a hand at the PIAT Conference? What about manning the NAMI booth at just one event during the year?

These are just some of the ways you can help our organization. Call the NAMI Office at 798-9788 to see where your time and talent would fit best for you and NAMI.

The moral of the story... many hands make light work.

Thank you and have a great 2008!!

**Your Friend, NAMI Llama**

## Alton Memorial Hospital Opens Inpatient Geriatric Behavioral Health Unit

Alton Memorial Hospital's (AMH) Center for Senior Renewal has been a great success since its 2000 opening, so now it's time for the next step. AMH is aiming at a mid-December opening for its 20-bed inpatient geriatric behavioral health unit.

Teresa Berck, RN, is the program director for the unit. Berck was the manager of Christian Hospital's similar unit for eight years until coming to AMH this summer.

We found a real need in this community for a service like this," Berck says. "The outpatient program has been very successful, so we feel like we can ride its coattails."

The new inpatient unit will be located adjacent to the Center for Senior Renewal outpatient program on the second floor of the hospital's Olin Wing. The unit has been under construction for close to a year.

The unit will be restricted to the care of senior adults with mental illness, which can manifest itself in various forms and has multiple causes.

"There are many seniors with grief and loss issues, and that doesn't necessarily always mean death," Berck says. "They can be going through the loss of their independence, their ability to drive, or loneliness because most or all of their old friends have passed away."

The 8,000 square-foot unit will have limited access coming and going. It includes 10 patient rooms, a dining room and other common spaces.

"We will have 20 people working in this unit, including a recreational therapist, social worker, intake nurses on each shift and mental health techs," Berck says.

AMH's unit will be the only inpatient mental health unit in northern Madison County and the only unit in the region dedicated to the mental health needs of older adults.

"As the baby boomer generation began to age about 10 to 15 years ago, we saw a boom in the need for this," Berck says. "The side effects from some of the earlier drugs for many of these conditions were just horrendous."

Berck said the unit will adopt a "Care Partner" system, in which each patient will designate one other person who will have all the rights of the patient, including direct access to caregivers and involvement in treatment planning sessions.

"It saves the staff time since they won't be answering the same questions from several different people," Berck says. "If other family members call, they'll be referred to the care partner. And it can be more comfortable for the patient, too, having someone they know and trust being involved – because that patient doesn't know me at all when he first arrives."

It's estimated that more than 15 percent of senior adults experience some form of mental illness that necessitates treatment. People over the age of 65 experience the highest suicide rate and account for 20 percent of all suicides in the United States.

Seth Tilzer, MD, a psychiatrist, will be the unit's medical director. For more information about AMH's Center for Senior Renewal Behavioral Health Unit, call Berck, 618-463-7221.

(Source: *BJC Today*, Nov. 26, 2007 by Dave Whaley)

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## Illinois FamilyCare

FamilyCare offers healthcare coverage to parents who are living with their children 18 years old or younger. FamilyCare also covers relatives who are caring for children in place of their parents.

FamilyCare covers doctor visits, limited dental care, hospital services, prescription drugs, durable medical equipment and more.

For more information on FamilyCare and to see if you qualify, visit: [www.FamilyCareIllinois.com](http://www.FamilyCareIllinois.com) or contact Marsie Frawley at Health & Disability Advocates, 205 Wezt Monroe Street, Suite 300, Chicago, IL 60606, or by telephone at (312) 265-9069 or by e-mail at [mfrawley@hdadvocates.org](mailto:mfrawley@hdadvocates.org).

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## Titan Reports FDA Acceptance Of Iloperidone NDA

Titan Pharmaceuticals, Inc. announced that the U.S. Food and Drug Administration (FDA) officially accepted a New Drug Application (NDA) submitted for iloperidone, an investigational atypical antipsychotic for the treatment of schizophrenia. The NDA was submitted by Vanda Pharmaceuticals Inc. The NDA includes data from 35 clinical trials and more than 3,000 patients treated with iloperidone. Acceptance of the NDA confirms that the application is sufficiently complete for FDA review.

In Phase III clinical testing, iloperidone has been demonstrated to be potentially safe and effective in the treatment of schizophrenia in both the acute and the chronic setting. In addition, iloperidone demonstrated a potentially favorable side effect profile, with low potential for weight gain and induction of diabetes, low extrapyramidal symptoms including akathisia, and low incidence of sleepiness and effects on cognition.

"We are very pleased with the acceptance of the iloperidone NDA for review by the FDA. This represents further progress towards potentially providing schizophrenia patients with a meaningful therapeutic option," stated Dr. Marc Rubin, President and CEO of Titan Pharmaceuticals, Inc.

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## Changes In the New Mental Health Services in Illinois

On Nov. 28<sup>th</sup>, Debbie Dyle, LCSW and Cindy Mayhew, CRSS, Region V Metro East DHS/DMH, hosted a workshop sponsored by the Consumer Leadership Council at Alton Mental Health Center for mental healthcare provider employees, consumers and other interested parties. The goal of this workshop was to explain what services the Division of Mental Health (DMH) will purchase from mental healthcare providers under a revised State of Illinois Rule 132.

Rule 132 has been changed to be in alignment with federal regulations because services which comply with federal regulations qualify for 50% federal money and 50% state money. To be in compliance services rendered must be “medically necessary” (functional impairment present) and “must support recovery and rehabilitation.”

**Recovery must be self-directed** with the consumer defining his/her treatment goals. It encompasses an individual’s whole life, including mind, body, spirit and community and embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, addictions treatment, spirituality, creativity, social networks, community participation and family supports. Families, providers, organizations, systems, communities, and society are all important in creating and maintaining opportunities for consumers to access these supports.

**Recovery is recognized as a process based on continual growth**, occasional setbacks, and learning from experience. It focuses on an individual’s strengths, talents, and coping abilities.

**Peer support** --- encouragement from and engagement with other consumers who are moving ahead in their own recoveries—is viewed as a necessary component in recovery.

**Consumers must have the respect and acceptance of their communities** to achieve recovery. Their rights must be protected; stigma must be eliminated!

Under the “recovery” model **consumers must be willing to take personal responsibility** for their own self-care, their journey to recovery and for promoting their own wellness.

*Rehabilitation* looks at what is needed to facilitate recovery and resiliency. It involves skill-building and recognizes that skills are best learned in a natural environment rather than within the walls of a mental healthcare provider. It emphasizes developing natural supports where people live, work and recreate. These supports include, but are not limited to, church, family, friends, community offerings such as community colleges, libraries, etc., and support organizations such as NAMI, DBSA, AA and GROW.

Case management which “does for” the consumer as opposed to having the consumer “do for himself/herself”

will still be around under revised Rule 132. Some case management services, however, will now be offered by “Community Support Teams” which will help people do things for themselves.

Call the NAMI office, 618-798-9788 for your free copy of “A Guide to the Transition to the New Mental Health Services” and a chart of services offered by agencies in the Metro East Network.

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## Depression and Anxiety: Exercise Eases Symptoms

If you have depression or anxiety, you might find your doctor or mental health provider prescribing a regular dose of exercise in addition to medication or psychotherapy. Exercise isn't a cure for depression or anxiety. But its psychological and physical benefits can improve your symptoms.

"It's not a magic bullet, but increasing physical activity is a positive and active strategy to help manage depression and anxiety," says Kristin Vickers-Douglas, Ph.D., a psychologist at Mayo Clinic, Rochester, Minn.

When you have depression or anxiety, exercising may be the last thing you think you can do. But you can overcome the inertia.

Exercise has long been touted as a way to maintain physical fitness and help prevent high blood pressure, diabetes and other diseases. A growing volume of research shows that exercise can also help improve symptoms of certain mental health conditions, including depression and anxiety. Exercise may also help prevent a relapse after treatment for depression or anxiety.

Research suggests that it may take at least 30 minutes of exercise a day for at least three to five days a week to significantly improve depression symptoms. But smaller amounts of activity — as little as 10 to 15 minutes at a time — can improve mood in the short term. "Small bouts of exercise may be a great way to get started if it's initially too hard to do more," Dr. Vickers-Douglas says.

Just how exercise reduces symptoms of depression and anxiety isn't fully understood. Some evidence suggests that exercise raises the levels of certain mood-enhancing neurotransmitters in the brain. Exercise may also boost feel-good endorphins, release muscle tension, help you sleep better, and reduce levels of the stress hormone cortisol. It also increases body temperature, which may have calming effects. All of these changes in your mind and body can improve such symptoms as sadness, anxiety, irritability, stress, fatigue, anger, self-doubt and hopelessness.

If you exercise regularly but depression or anxiety symptoms still interfere with your daily living, seek professional help. Exercise isn't meant to replace medical treatment of depression or anxiety.

(Source: Mayo Health Clinic)

## The Many Faces and Facets of Bipolar (BP) Series 4 of 5

**Manic Episode:** A manic episode isn't "official" unless it lasts for at least one week or requires hospitalization. The episode also must be characterized by an "abnormally and persistently elevated, expansive, or irritable mood." In order to qualify as a bona fide manic episode, the mania must be severe enough to cause harm to some aspect of a person's life, such as their interpersonal relationships, job, or physical functioning. The mania also must not be substance-induced. Three of the following symptoms must also be present during the week; four if a person's mood is irritable rather than euphoric.

- Euphoric mood, feeling "high," or excessively optimistic
- Inflated self-importance or grandiosity
- Extreme irritability, exhibiting behavior that is aggressive, provocative, or intrusive
- Decreased need for sleep (feeling well-rested after just a few hours of sleep)
- Extremely talkative and sociable, pressure to keep talking
- Increased activity
- Racing thoughts
- Inability to concentrate
- Easily distracted by insignificant external stimuli
- Significant increase in goal-directed activity or significant speeding up of thoughts and physical movement (such as planning to remodel the kitchen in less than a week, or moving on a whim to Nashville to become a country singer)
- Excessive involvement in risky, potentially self-destructive activities, including sexual indiscretions, gambling, unrestrained shopping sprees, and investments in pyramid schemes
- Impaired judgment, i.e., no perception that the mood and behaviors are abnormal.

Dr. Ghaemi notes that about 25 percent of patients with manic episodes have classic impulsive sexual or spending behaviors. Thus, the absence of those behaviors does not rule out bipolar disorder. Further, only about 25 percent of patients with manic episodes have euphoric mood; the majority have depressed or irritable mood. Thus, the absence of euphoria also does not rule out mania.

**Hypomanic Episode:** Hypomania is a less-intense mania that doesn't last as long as a full-blown mania and doesn't cause significant problems with interpersonal relationships or one's job. Hypomania may feel good to the person who experiences it and may even be associated with good functioning and enhanced productivity. A person's mood must be elevated above his or her normal state and display characteristics that others believe are slightly out of character for the person. The episode must last at least four

days. Hypomania presents in two forms—euphoric and dysphoric—and can last for a few hours or several weeks. According to Jim Phelps, MD, an Oregon-based psychiatrist and author of *Why Am I Still Depressed? Recognizing and Managing the Ups and Downs of Bipolar II and Soft Bipolar Disorder*, euphoric hypomania feels good and is sometimes productive, but dysphoric hypomania produces irritability, impulsiveness, uncontrollable temper, and impaired judgment. The hypomania frequently alternates with episodes of depression; it almost always accompanies mood instability.

**Mixed Manic Episode:** Mixed states are found in Bipolar I, Bipolar II, and Bipolar spectrum disorders. They are more common in women and are often associated with thyroid abnormalities, lack of response to lithium (the standard treatment for Bipolar I disorder), and antidepressant-induced worsening of symptoms. To qualify, an episode must simultaneously meet the requirements stipulated for a major depressive episode and a manic episode. A person's symptoms must occur nearly every day for a week straight.

Diagnosis of mixed states is most likely to be made after a patient fails to respond to outpatient treatment, or becomes worse on antidepressant medications and is subsequently admitted to the hospital for closer observation. Misdiagnosis of these conditions is common, leading to delays in effective treatment and a higher risk of suicide. Thus, any depressed patient should be carefully assessed for manic symptoms too: they could be suffering from a mixed episode in disguise.

*The February newsletter will have the 5th and final series of "The Many Faces and Facets of Bipolar". Stay tuned..*

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### Two Family-to-Family (FTF) Classes Starting in February!

NAMI Madison County is currently accepting registrations for two Family to Family 12-week courses, one to be held on successive Mondays beginning in February, 6:30 - 9:00 PM at a location in Madison County and the other to be held on successive Wednesdays, 7:00 - 9:30 PM in Edwardsville.

Family-to-Family is structured to help family members, and significant others understand and support their ill relatives while maintaining their own well being. The major mental illnesses -- schizophrenia, bipolar disorder, major depression, schizoaffective disorder, panic disorder and obsessive compulsive disorder -- will be covered. The course has been designated a "Best Practice Program" following research through the University of Maryland.

For more information and registration regarding the Monday or Wednesday evening courses can be obtained by calling 618-798-9788.



## Illinois Co-Occurring Center for Excellence (ICOCE)

The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DHS/DASA) is pleased to announce the establishment of the “Illinois Co-Occurring Center for Excellence” (ICOCE).

The ICOCE will merge with and replace the Illinois MISA Institute in name and in function.

The Illinois Co-Occurring Center for Excellence is funded by DHS/DASA and serves as a statewide resource for publicly funded substance abuse treatment organizations. ICOCE provides consultation, research, technical assistance, and training throughout the State of Illinois. The central role of ICOCE is to foster the use of evidence-based best practice models for the treatment of co-occurring substance use and mental health disorders. This is accomplished by maintaining a staff of expert trainers who serve as a source of information on the latest research in the area of dual diagnosis treatment and recovery.

The Illinois Co-Occurring Center for Excellence is involved in several collaborative efforts in the State of Illinois and will continue to be a leader in statewide training.

ICOCE is pleased to collaborate with the following:

- Illinois Department of Human Services: Division of Mental Health (DMH)
- Illinois Department of Corrections
- Dartmouth Psychiatric Research Center
- Federal Bureau of Prisons
- Illinois Alcohol and Other Drug Abuse Professional Association

The Illinois Co-Occurring Center for Excellence contact information is: Illinois Co-Occurring Center for Excellence, 1415 N. Dayton St. Suite 3M, Chicago, IL 60622, phone: 312-660-1860. Their website is: [www.illinoiscoce.org](http://www.illinoiscoce.org)

Any requests for information, consultation, research, training, or technical assistance should be directed to the ICOCE.

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### SAMHSA Releases 2006 Data

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released findings from the 2006 National Survey of Substance Abuse Treatment Services (N-SSATS).

N-SSATS is an annual census of substance abuse treatment facilities that provides data on the location and characteristics of alcohol and drug abuse treatment services throughout the United States. It also provides information on how widely these facilities and programs are used.

Nearly 13,800 facilities participated in the survey, reporting more than 1.1 million clients in treatment on March 31,

2006. Facilities operated by private non-profit organizations made up the bulk of treatment facilities (59%). Private for-profit facilities made up 28% of these services in 2006, with the remaining facilities operated by local governments (7%), state governments (3%), the Federal government (2 percent) and tribal governments (1%).

The 2006 N-SSATS shows that a growing proportion of patients are being treated in private for-profit facilities (from 26% in 2002 to 29% on March 31, 2006).

The report’s other major findings include:

- Eighty-nine percent of clients in treatment on March 31, 2006 were in outpatient treatment programs, 10% were in non-hospital residential treatment programs and 1% were in hospital inpatient treatment settings. These proportions are nearly the same as they were in 2002.
- Nearly 92,000 clients in treatment on March 31, 2006 were under age 18 – roughly 8% of all clients in treatment that year. This proportion was consistent with data going back to 2002.
- Nearly half (46%) of all clients were in treatment for both alcohol and drug abuse on March 31, 2006. Approximately one third (35%) of clients were in treatment for drug abuse only, and 18% were in treatment for abuse of alcohol only.
- Ninety-one percent of all non-hospital residential beds and 90% of all hospital inpatient beds designated for substance abuse treatment were in use on March 31, 2006.
- The majority of treatment facilities (59%) received Federal, state, or local government funds for the provision of substance abuse treatment services.

Copies of this report and all its detailed findings are available on the Web at <http://oas.samhsa.gov/DASIS/2k6nssats.cfm>. They may also be ordered free of charge by calling SAMHSA’s Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Request inventory number SMA06-4296. For related publications and information visit the SAMHSA Web site at <http://www.samhsa.gov/>.

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### 5<sup>th</sup> Annual “Walk for Mental Health”

The 5<sup>th</sup> Annual “Walk for Mental Health” will be held in Sep 2008 (date to be announced in Feb newsletter) at the Tri-Township Park. That sounds a long way off but the ball will get rolling in about four months with letters going out to sponsors, making up the registration forms, flyers, etc. Sandy Giger has been chairperson for all the previous walks and would like to encourage other members to get involved. If you think you can help Sandy for the 2008 walk, please contact her by phone at (618)644-5705 or by e-mail at [skgiger@hotmail.com](mailto:skgiger@hotmail.com). (Here’s an other opportunity to volunteer.)

**NAMI Madison County  
Meeting Dates & Locations**



**Family Members and Consumer Sharing and Caring Meeting:** 1st Tuesday of each month, separate meeting rooms for consumers and family members, 7:00-9:00PM, Chestnut Clubhouse, 2054 Edison Street in Granite City.

**Family Members and Consumer Sharing and Caring Meeting:** 3rd Tuesday of each month, 7:00-9:00PM, St. Timothy United Methodist Church, 219 East Union, Litchfield, park/enter rear of church.

**Business Meeting for All Members and Advocates:** 2nd Tuesday of each month, 7:00-8:30PM, Gateway Regional Medical Center, 1st floor Conference Room in Granite City.

**Consumer Sharing & Caring Meetings--NAMI Connection:** 3rd & 4th Tuesday of each month, 7:00-9:00PM, NAMI Madison County Office in Gateway Regional Medical Center, 4<sup>th</sup> Floor, North Wing in Granite City.

**See "Save the Date" on Page 4 for actual dates.**

**For questions about any of these meetings, call the NAMI Office at (618) 798-9788.**

**BHA  
BEHAVIORAL HEALTH**

*Alternatives, Inc.*

337 E. Ferguson Ave.  
Wood River, IL 62095  
Phone (618) 251-4073  
Fax (618) 251-6246  
TDD (618) 254-5524

Behavioral Health Alternatives provides Mental Health Case Management Services, which includes but is not limited to: Individual Therapy; Group Therapy; Medication Monitoring and Training; and Representative Payee Services.  
For more information, please call (618) 251-4073.



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**HAPPY NEW YEAR!!!!**



**NAMI Madison County  
Gateway Regional Medical Center  
2100 Madison Ave, 4th Floor  
Granite City, IL 62040**

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