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National Alliance on Mental Illness

Walla Walla

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NATIONAL ALLIANCE ON MENTAL ILLNESS

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BOARD OFFICERS & MEMBERS

President Justine Taylor	Vice President Laura Lebowski	Secretary Cathy Carlin	Treasurer Mary Carlin
Charlie Eichler	Angela Gomez	Bobi Womack Goodson	Dale Goodson
Kay Maxfield	Eloise Phillips	Ed Wicher	

COMING EVENTS

NAMI General Meetings

The next General Meeting will be held on the fourth Wednesday of March, which this year is March 28, 2018. It will be held in the SonBridge meeting room, 1200 SE 12th, College Place, WA, at 6:30 pm.

Our speakers will be Ardis Eichler and Tamara Reiley, who will tell us about their successful experience with the mental health treatments provided by Dr. Amen. The general public is welcome, indeed urged to attend.

The April 25, 6:30 pm NAMI General Meeting, also held at the SonBridge site, will feature Celena Veverka of the Walla Walla Veterans Administration Medical Center. She is the Suicide Prevention Coordinator and will tell us about the ways they help veterans who struggle with this issue.

NAMI Board Meeting

The NAMI Board meets on the second Monday of the month at the Rising Sun Clubhouse, 1520 Kelly Place at 6:30 pm. The next Board meeting is on Monday, April 9, 2018.

If you have any interest in being a Board member, we urge you to contact our president Justine Taylor at 509-525-5740. The Board is interested in attracting new members.

NAMI Washington Training Events

NAMI Washington offers training in NAMI Signature programs which allows local affiliates to bring NAMI programs to their communities. Many trainings will be held in Yakima, which makes them more accessible for those who live on the east side of the state.

The trainings are being offered at no cost to participants. All NAMI members or those becoming a member may apply to attend State Training programs. For more information, call Justine Taylor at 509-525-5740.

2018 Training Dates
(Tentative & Subject to Change:)

NAMI Family to Family

August 17 - 19, 2018 in Yakima, WA
Application due by August 3, 2018

NAMI Connection

July 14 – 15, 2018 in Yakima, WA
Application due by June 29, 2018

NAMI Family Support Group

May 19 - 20, 2018 in Kirkland, WA
Application due by May 4, 2018

NAMI In Our Own Voice

April 28, 2018 in Kirkland, WA
Application due by April 13, 2018

July 28, 2018 in Yakima, WA
Application due by July 13, 2018

NAMI Basics

June 8 - 10, 2018 in Yakima, WA
Application due by May 25, 2018

NAMI PTA

June 23, 2018 in Yakima, WA
Application due by June 8, 2018

NAMI Provider

August 25 - 26 in Kirkland, WA
Application due by August 10, 2018

NAMI Peer to Peer

September 7 – 9, 2018 in Kirkland, WA

NAMI Addresses Mass Shootings and Violence

It is important after tragedies happen to remember the tremendous impact they have on our communities—our parents, our children, our school professionals, our first responders—the mental health of our communities and our whole country. It's also vital to recognize that the overwhelming majority of people with mental illness are not violent.

There are certain risk factors for violence including: a history of violence, substance abuse and untreated symptoms of psychosis, some evidence suggests. However, most people with mental illness will never become violent and mental illness does not cause most gun violence.

While we appreciate the heightened interest and conversations about the role of mental health in our society, we need to make sure that we are not painting all people with mental illness as violent. We need to have an honest and productive national conversation about all the factors that play into this type of violence and what we can do to prevent these tragedies. Only then can we find meaningful solutions to protecting our children and communities.

General Statistics and Violence

- One in five people are affected by a mental illness in a given year. One in 17 have a serious mental illness such as schizophrenia, bipolar disorder, major depression or other conditions that may cause significant impairments in daily functioning.
- Most people with mental illness will never become violent, and mental illness does not cause most gun violence. In fact, studies show that mental illness contributes to only about 4% of all violence, and the contribution to gun violence is even lower.ⁱ
- Research shows that a history of violence, including domestic violence; use of alcohol or illegal drugs; being young and male; and/or a personal history of physical or sexual abuse or trauma, increases risk. Mental illness alone is not a predictor of violence.ⁱⁱ
- When coupled with some of the factors listed above, mental illness may increase the risk of violence. And, untreated symptoms of psychosis such as delusions or paranoia, may somewhat increase the risk of violence as well.

Stigma

- During these national tragedies, we often see people make stigmatizing comments about mental illness, or we see people with mental illness being painted with a broad brush of being violent, which simply isn't true. And this comes as a punch in the gut to those that are living with a mental health condition and need to seek help and treatment.
- We need to be careful that the response to these tragedies does not discourage people with mental health conditions from seeking help. Stigma far too often prevents people from getting the help they so desperately need.

Early Intervention and Screening

- Education, early intervention and screening are the key to breaking down barriers, and there are many things we need to do to address mental illness in this country and [in our schools](#).
- Half of all lifetime cases of mental illness begin by age 14 and 75% begin by age 24, so it is critical to engage our youth and have conversations with them about mental health.

Institutionalization and Crisis Beds

- Some have suggested that we re-institutionalize people with serious mental illness. Fifty years ago, people were institutionalized for long periods of time, sometimes for life, and often without legal rights. They were frequently subject to horrific conditions. We do not need to return to the days of institutionalization.
- We do need more acute care and crisis beds. These options are often not available when people experience emergencies or crises and this has contributed to problems like criminalization and emergency room boarding. We also need to focus on improving quality and outcomes to ensure that people get the care and coordination they need.
- While recovery should always be the goal of mental health treatment and services, we know that some people with mental illness may need intensive and ongoing supports for long periods of time. Unfortunately, our mental health system is overburdened.
 - A comprehensive mental health system should include intermediate and long-term support options for those who need them, including residential supports.
 - There are long wait lists for much needed beds. Currently, there are only about 11 beds per 100,000 people when we need somewhere between 40-60 beds.ⁱⁱⁱ
 - Services can be provided in a range of settings including residential treatment programs, group homes and other supportive housing options. The key is the availability, intensity and duration of supportive services.
- Steps in the right direction would be ensuring a well-funded and strong mental health system. We can do this by fully funding the Medicaid program and requiring private health insurance to provide adequate coverage for mental health and substance use treatment.

Guns and Violence

- While the relationship between mental illness and gun violence is very low, we need reasonable options. This includes making it possible for law enforcement to act on credible community and family concerns in circumstances where people are at high-risk.

ⁱ Swanson, J.W., et. al., "Mental Illness and Reduction of Gun Violence and Suicide: Bringing Epidemiologic Research to Policy," *Annals of Epidemiology* 25 (2015) 366-376.

ⁱⁱ D. Webster, et. al., "[Five Myths About Gun Violence](#)," *The Washington Post*, October 6, 2017.

ⁱⁱⁱ E. Fuller Torrey, MD "[A Dearth of Psychiatric Beds](#)"



Exterior Nearly Complete

Comprehensive Healthcare’s new residential mental health treatment facility construction site at 1250 Commercial Dr. in College Place is sunny and full of workmen and trucks carrying supplies on this day. Most of the visible activity was dedicated to forms for concrete in the parking area, where light posts are in place.

Local Mental Health Updates

Local NAMI Support Group

The local Family Support Group is in the process of resuming their meetings. Place, time, and days will be announced soon. This service is available to families whose members have recently been diagnosed or those for whom new problems are being faced. If you have any interest in attending the NAMI Family Support Group, please contact Kay Maxfield at 509-529-4854 for more information.

Suicide Prevention Services

- Walla Walla Crisis Response Unit..... 509-524-2999
- Columbia County Blue Mountain Counseling..... 509-382-1164
- National Suicide Prevention Hotline..... 800-273-TALK(8255)
- Umatilla Co. Crisis Line 541-938-5511
- Or toll free 866-343-4473

Agency Phone Numbers

- Comprehensive Healthcare 509-524-2920
- Blue Mountain Action Council 509-529-4980
- Walla Walla Housing Authority..... 509-527-4542
- Helpline..... 509-529-3377

Check Us Out Online

For useful news and notices about upcoming events, visit our website at www.NAMIwallawalla.org today!

Or you may prefer our Facebook page at www.facebook.com/wallawallaNAMI.

Either way, getting in touch with NAMI online will give you a great source of information about upcoming classes, happenings in the community and a regular dose of inspiration!

Thank You for Your Support

by Justine Taylor
NAMI Walla Walla President

As with any volunteer organization, we rely entirely on the generosity of our wonderful community members. The dues and donations we receive help us with expenses for training presentations, information presentations, materials, and activities that make a difference in the lives of those affected by mental illness. We are deeply appreciative of the generosity of those who support our organization. NAMI of Walla Walla is an affiliate of the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to

building better lives for the millions of Americans affected by mental illness. For over 25 years, NAMI of Walla Walla has continued to advocate for access to services, treatment, support and research, and is steadfast in its commitment to raise awareness and build a community of hope for all those in need. This is only made possible by the contributions from the many wonderful people whose kindness makes the world a better place.

We urge you to send us your e-mail address so we may send you your newsletter via e-mail. Please contact Kay Maxfield at klmaxfield@live.com or give her a call at 509-529-4854.

NAMI Membership Dues and Benefits

When you join NAMI or renew your membership, you are a part of a nationwide effort of Americans who are dedicated to improving the lives of those who are affected by mental illness. Member benefits include Newsletters from NAMI Walla Walla, NAMI Washington, and NAMI National (*The Advocate*). Also, you will receive notices about local meetings, support groups, educational programs and advocacy alerts.

The easiest method is to fill out the form below and send it with a check to:

P.O. Box 401, Walla Walla, WA 99362-0011

or take it to the next NAMI General Meeting and turn it in there.

For more information, or if you have questions, please call Justine Taylor at 509-525-5740.

Membership and Donations:

PLEASE RETURN THIS SLIP WITH YOUR CHECK TO: NAMI Walla Walla P.O. Box 401, Walla Walla, WA 99362-0011

Memberships:

Member \$40.00 Open Door member \$5.00 Household \$60.00

Newsletter is emailed to all members with an email address and mailed to those without.

Donations: Donors will be mailed a tax-deductible receipt at the end of the calendar year.

Agency \$50.00 Sponsor \$100.00 Newsletter only \$10.00

Other..... \$ _____

Name _____

Date _____

Address _____

City/State/ZIP _____

Email _____

Phone # _____