



**April 2008**

## **Conference 2008 “Hope In Action” Expecting More and Getting More**

NAMI Michigan’s Conference 2008 will be held in Ann Arbor Michigan on Sunday and Monday, April 13<sup>th</sup> and 14<sup>th</sup> at the Four Points Sheraton, Ann Arbor. The registration brochure can be accessed on the NAMI Michigan Website at <http://mi.nami.org/> I want to mention some highlights of the conference.

On Sunday morning we will have two presentations. Marty Raaymakers, a person who lives with bipolar disorder, has been very active in the NAMI consumer movement, both in Michigan and at NAMI National. She served two terms as chair of NAM National’s Consumer Council and is currently serving as the Consumer Council’s member on the NAMI National Board of Directors. Marty’s talk is “Hope That Rocks.”

Then we will have a presentation, “I Can Dream” by Rose Alberghini. Rose who has a son, who lives with Schizophrenia, is the Executive Director of NAMI PA York County. Her experiences with her son’s illness inspired her to move from Long Term Care administration to the mental health field. She has been very active in NAMI on various committees and as affiliate president. She raised the money that pays her salary as ED. She has worked hard to expand educational programs for and about people who live with psychiatric disorders. And she is a dedicated advocate in the NAMI mold.

We will have the NAMI Annual meeting, which this year includes voting on proposed changes in the NAMI Michigan By-Laws. This will be followed by the NAMI Michigan Annual Consumer Council Meeting, which will run concurrently with a presentation for family members and care givers by Dr. Joann Rieschleger, Assistant Professor, Michigan State University School of Social Work.

Sunday evening begins with a reception for NAMI Michigan's new Executive Director, Sherri Solomon and a silent auction, the proceeds of which will benefit NAMI Michigan. We will have dinner and presentation of NAMI Michigan's awards for outstanding contributions to NAMI Michigan and to the community.

On Monday we start with a plenary by Dr. Gregory Dalack, the interim Chair of the Department of Clinical Psychiatry, University of Michigan Health System. Dr. Dalack, whose clinical interests include schizophrenia and nicotine addiction and treatment response with atypical antipsychotics. Then Dr. Michelle Riba will give a talk at lunch about the University of Michigan's Depression Center.

After lunch there will be a special session on Mental Health Issues of Veterans of the Iraq and Afghanistan Wars. Presenters at this session will include professionals from VA Hospitals in Michigan. Look for more details about this special session in the April edition of the "NAMI Michigan E-NEWS." Two of this years workshop blocks will run concurrently with this session.

So, join us in Ann Arbor for what promises to be an exciting and informative conference. Bring some money to spend at the silent auction, meet Sherri Solomon and visit with NAMI members from all over Michigan. We look forward to seeing you in Ann Arbor.

For the Conference 2008 Committee,  
Bill Feiser, VP Washtenaw County Affiliate

## **Conference 2008 Special Session on Mental Health Issues of Iraq and Afghanistan War Veterans**

On Monday April 14<sup>th</sup> as part of the NAMI Michigan Conference 2008, there will be a special session on mental health issues of veterans of the Iraq and Afghanistan Wars. The featured speakers are Alan Mellow, MD. PhD, Director of Mental Health Services for Veterans Healthcare Network 11, and Associate Professor of Psychiatry at the University of Michigan; and Sheila Rauch, PhD, Clinical Psychologist on the PTSD (post-traumatic stress disorder) Team of the VA Ann Arbor Healthcare System and Assistant Professor at the University of Michigan Medical School.

Dr Mellow will present an overview of the Veterans Administration's programs to help veterans returning from Afghanistan and Iraq, and Dr. Rauch will provide an overview of clinical issues of these veterans. A panel discussion will follow to give more details about treatment issues for various mental health problems the veterans face.

If you have any questions about this session or about any other aspect of the conference contact Bill Feiser at [wfeiser@att.net](mailto:wfeiser@att.net).

## **Board Briefs    March 15, 2008**

The NAMI Michigan Board of Directors met on March 15, 2008 at 10:00 a.m. in Lansing with quite a number of affiliate members attending via phone conference. Reports were presented by the Executive Director and the Office Manager regarding the general operations of the State office. A Conflict of Interest Policy and Form was reviewed, discussed and the Board took action on accepting this policy for use in the State organization. The agenda was made up of Finance, Public Policy and Community Relations, NAMI Walks, Education and the upcoming State Conference.

## **Dingell, Murphy Introduce Legislation to Protect Medicaid from Administrative Cuts**

*Washington, DC* - Reps. John D. Dingell (D-MI ), Chairman of the Committee on Energy and Commerce, and Tim Murphy (R-PA), introduced H.R. 5613, the "Protecting the Medicaid Safety Net Act of 2008." This legislation would place a temporary one-year moratorium on seven Administration-imposed Medicaid regulations that would make significant cuts to the program over the next five years. According to the Congressional Budget Office (CBO), nearly \$20 billion in funding is at stake during this five-year period.

"If the Administration's proposed cuts move forward, those most in need will pay the highest price. The restrictions the Administration is imposing on Medicaid are harmful and will undoubtedly put the health of thousands of our most vulnerable children at unnecessary, indefensible risk," said Dingell.

During the past year, the U.S. Department of Health and Human Services (HHS) has issued a number of regulations that would reverse long-standing Medicaid policies and eliminate federal payments for a variety of critical Medicaid functions. The rules in question would affect payments to: public safety net institutions; coverage of rehabilitation services for people with disabilities; outreach and enrollment in schools as well as specialized medical transportation to school for children covered by Medicaid; graduate medical education payments; coverage of hospital clinic services; case management services that allow people with disabilities to remain in the community; state provider tax laws; and appeals filed through HHS.

"The cuts to Medicaid target those who need help the most: children, and the mentally and physically disabled," said Congressman Tim Murphy. "By eliminating preventative healthcare programs and assistance, there could be a

devastating effect on the long-term healthcare of Medicaid patients. This would only lead to higher costs in the future, and put the health of millions at risk.” In December 2007, Congress enacted temporary moratoria on some, but not all, of these regulations. However, all moratoria would expire before July 2008. The legislation introduced today would prevent the implementation of these regulations for one year to give Congress time to better evaluate and assess their effects.

Reps. Dingell and Murphy will be working to garner broad bipartisan support from their colleagues in the U.S. House of Representatives. The National Governors Association, the National Association of State Medicaid Directors, and the American Public Human Services Association have all written bipartisan letters to HHS in opposition to the regulations. In addition, numerous groups representing beneficiaries, particularly people with disabilities, have also publicly opposed these regulations.

## **Suicide On the Rise**

NEW YORK (Reuters Health) - The rate of suicide among young people is triple what it was 50 years ago, and while it remains exceedingly rare for college students to kill themselves, it is always a tragedy -- and always preventable, according to a New York psychiatrist and authority on suicide.

"I don't think people should panic that this is an epidemic," Dr. David Kahn, who is vice chair for clinical affairs at New York-Presbyterian Hospital/Columbia University Medical Center and on staff at the New York State Psychiatric Institute, told Reuters Health. In fact, Kahn noted in an interview, young people in college are actually less likely to kill themselves than their peers who aren't attending college.

Nevertheless, he added, depression and suicidal thoughts are common among college kids, and must be addressed. About half of young people report experiencing depression severe enough to interfere with their functioning at least one point during their college years, while 1 in 10 report having suicidal thoughts.

The college years are a particularly risky time for several reasons, Kahn pointed out. For one, many young people are away from home, parents and old friends for the first time in their lives. These years are also a key time for experimenting with drugs and alcohol. And finally, the late teens and early 20s are the time when serious psychiatric illnesses such as major depression, bipolar disorder and schizophrenia first appear.

"Certain major mood disorders often begin precisely when people are going off to college," Kahn explained. "Then of course there's the stress of just being in college." Stress won't in itself drive a person to kill himself, he added, but

difficulty managing that stress is related to suicide. So one key element of helping to prevent suicide is to help young people learn to manage stress effectively, Kahn said.

Helping people who feel isolated to connect or reconnect with others is also important, he added. "Connection and a feeling of social belonging is I think the most important initial step in preventing suicide," Kahn said. "Once the person feels that sense of trust in belong to the community, they may be more receptive to suggestions that they seek help, if they haven't sought it already."

Nearly all colleges and universities in the US now have suicide prevention programs in place, he added. Students, parents and other college community members who want more information on warning signs of suicide and prevention strategies can get in touch with the program at their institution.

## **House Passes Mental Health Parity Bill**

**March 6, 2008**

By a vote of 268-148, the US House of Representatives on March 5th passed its version of the mental health insurance parity bill (HR 1424), setting up what is likely to be a difficult negotiation with the Senate, which passed its version (S 558) unanimously this past fall. Both bills require group health plans to cover mental illness and substance abuse disorders on the same terms and conditions as all other illnesses - equity with respect to durational treatment limits (inpatient days and outpatient visits) and financial limitations (cost sharing, deductibles, out-of-pocket limits, etc.). However, there are important differences between the House and Senate bills that must be resolved.

### **ACT NOW!**

Equitable coverage of mental illness treatment has been a top legislative priority for NAMI for nearly 20 years. 2008 represents a historic opportunity to finally pass insurance parity legislation.

<<http://capwiz.com/nami/utr/1/MQXXIEKNQH/CMRHIEKNWU/1793839506>>Send a letter to your member of Congress and tell them that Congress cannot allow this historic opportunity to enact insurance parity to slip away. Now is the time to come to an agreement that can get through the House, the Senate and be signed by President Bush. Congress must act in 2008!

### **Historic Debate in the House**

The debate in the House was remarkable in the level of consensus over long

held principles that NAMI has sought to achieve. While there were differences among members of Congress over the specifics in the House bill, there was unanimous agreement on the need for federal intervention to ensure equitable coverage of mental illness treatment. Democrats and Republicans of all political stripes spoke on the House floor about their personal experience with mental illness, the burden imposed by untreated mental illness and the need for covering and treating these costly disorders just like any other illness.

## **Call for Information**

Feel free to use any of this information for your affiliate newsletters. Many of you are reading and keeping track of important events and information in the field of mental health in Michigan. If you know of a good source or URL please send it along. Send information for the electronic newsletter to [rt@ronteachworth.com](mailto:rt@ronteachworth.com) for our consideration.