

Support can help fight invisible foe

By Alexa Zoellner Union staff writer | Posted: Friday, July 24, 2015 8:27 am

You don't sign up for it. No one ever does. Why would you?

After all, it can be terrifying, wreaking havoc on your life and the lives of ones you love.

Still, one in four people have to live with it. Half of them have been since before they were 14 years old. Seventy-five percent since before they turned 24.

Mental illness.

Each situation is different, changing an individual's world in it's own way.

But it doesn't have to be painful forever. It can get better. All it takes is the right support.

That support can come from a multitude of different places — family, friends, even strangers.

There also are organizations such as NAMI, the National Alliance on Mental Illness.

“NAMI provides support, advocacy, training resources and education to those that have a mental illness and their families,” Deb Thompson, president of NAMI Jefferson County, said. “We also offer support for people that are in recovery of any kind, whether its for mental illness or dual-diagnosis — usually mental illness and an AODA (alcohol and other drug addiction) issue.”

NAMI originally was formed in Madison in 1979 by a group of mothers who were, at that time, being blamed for their children's mental illnesses.

“The mothers invited people from all around the country to attend,” Thompson said. “Over 300 people showed up at that time from 30 different states. They actually formed NAMI as a national group.”

Today, there are thousands of NAMI members nationwide with state organizations and multiple affiliates within each state, as well as the District of Columbia, the Virgin Islands and Puerto Rico.

NAMI Jefferson County is one of the most recent affiliates in Wisconsin, having been officially recognized on April 24. So far, the organization has about 20 members (see related story below).

“Most people who are part of NAMI, if they're not family or friend, they've been diagnosed with a mental illness themselves,” Thompson explained. “For me, NAMI is important because it gives people a place to talk and have support from others that understand and have been through maybe some of the things they've been through.”

Mental illnesses include, but are not by any means limited to, ADHD, depression, autism, PTSD, OCD, eating disorders, anxiety disorders and schizophrenia. Related conditions include anosognosia, dual diagnosis, psychosis, self-harm, sleep disorders and suicide.



National Alliance on Mental Illness

Find Help. Find Hope.

NAMI

NAMI logo.

“When we think about cancer, heart disease or diabetes, we don’t wait years to treat them,” states an article in the May/June 2015 edition of “The Iris,” NAMI Wisconsin’s newsletter. “We start before Stage four — we begin with prevention. In the first stage of these diseases when symptoms like a persistent cough or high blood pressure begin to show, we immediately try to reverse these symptoms. In fact, we develop a plan of action to reverse and sometimes stop the progression of the disease. So why aren’t we doing the same for individuals who are dealing with potentially serious mental illnesses?”

That, said Thompson, is a big question. She wonders why people with mental illnesses are “put on the back burner,” why mental illness isn’t talked about — why it’s almost taboo.

“We all know somebody. The numbers are just too high,” Thompson pointed out. “Whether they’re admitting it, disclosing it or if they know somebody — the numbers are very, very high.”

The statistics in America alone can be staggering. One in 100 American adults live with schizophrenia, 6.1 million with bipolar disorder, 16 million with major depression and 42 million with anxiety disorders.

Last year, only 41 percent of U.S. adults with a mental health condition received mental health services and 62.9 percent of U.S. adults with a serious mental health illness received mental health services.

And that’s just the adults.

Approximately one in five — 21 percent of — youths age 13-18 experiences a severe mental disorder at some point during his or her life. For children age 8-15, the estimate is 13 percent, and nearly 50 percent didn’t receive mental health services in the past year.

For both adults and youth, 90 percent of those who die by suicide, the 10th leading cause of death in the U.S., have an underlying mental illness.

Possibly the most significant fact is that the average delay between the onset of symptoms of mental illness and intervention is eight to 10 years.

But treatment can be tricky. There is no such thing as a “one-size-fits-all” treatment, even for people with the same diagnosis.

In addition, it usually involves the use of several different tools such as counseling, medication, social support and education, most of which generally require some kind of health insurance.

“NAMI is also trying to advocate for mental health insurance,” Neal Zinda, NAMI Jefferson County vice president, said. “Health insurance doesn’t cover a lot of mental health issues. The state government, it doesn’t pay a lot for some of the issues, so NAMI is standing up and looking for equality between medical and psychological illnesses so that the insurance companies (treat them equally).”

The reality that can be hard to grasp is that treatment doesn’t always mean cure.

Individuals dealing with severe or chronic mental illnesses often find themselves facing a lifetime of treatment and battles they never realized existed.

“It’s not a choice to have a mental illness,” Thompson said. “You don’t go and order it. A lot of times it appears

when you're trying to have what you think will be a normal life and (suddenly) you have all these little battles that you have to deal with every day — getting out of bed, looking at yourself in the mirror, remembering to take your medication.”

Something far too many feel the need to hide, for fear of the stigmas mental illnesses face.

“Whenever you hear on the news something tragic happened, the first thing that comes up usually is, ‘do they have a mental illness?’” Thompson said. “And if a mental illness is brought up, it seems as if they're blaming the mental illness for the tragedy that happens.”

Not every mass tragedy has a mental illness in play, but in the cases where the person does have a mental illness, the fact that he or she has one isn't to blame, she said.

“People don't go out and, for example, shoot people because they're depressed or bipolar or they're schizophrenic,” Thompson continued. “When things like that happen, it's usually because the individual is in crisis, they're off medication and they're not handling their own recovery.”

In fact, according to Thompson and Zinda, 17 percent of people with a mental illness will become a victim of a crime at some point in their lives.

“When people hear one in four have a mental illness, they think ‘oh, a homeless person or somebody that's really down and out,’” Thompson said. “That's not really the case. These are normal, highly functioning people that make a difference in society — lawyers, teachers, people from all walks of life.”

Overcoming that stigma is another reason NAMI exists, said Zinda.

“We want people to have a good quality of life,” Thompson said. “In order to do that, stigma has to be minimized so that people don't feel that they're labeled.”

“Stupid” is one such label, according to Zinda.

“People with mental illness are not stupid,” Zinda explained. “They have a chemical imbalance in their brain, but that does not mean they necessarily have lower cognitive function. Yes, medications can have side effects and people have to live with those, (but that doesn't mean they're less intelligent). People with mental illness contribute to society.”

That contribution is part of what can make the pain those with mental illness face difficult to recognize.

“You're going to look at someone who just broke their arm and they're going to have a cast on,” Zinda said. “You're going to see that they're hurting. But if people with mental illness get into a crisis situation, they don't have time to convalesce. There's no convalescing because others can't physically see that they're hurting inside.”

Spreading the understanding of that internal suffering in Jefferson County is one of their goals, the president and vice president said.

One way they plan on doing so is by utilizing tools offered by NAMI.

NAMI offers several signature programs, including “Ending the Silence,” “Family-to-Family,” “Peer-to-Peer,” “In Our Own Voice” and “Parents and Teachers as Allies.”

In order to use the “brand names” of the signature programs, the NAMI members who will lead the groups must be officially trained for each program.

Thus far, “In Your Own Voice” is the only program NAMI Jefferson County is authorized to perform. It allows those trained to visit different venues such as schools and businesses to share their stories in presentation form.

“NAMI Jefferson County will be able to do support groups for peers and families,” Thompson said. “But they’ll be generic and we’ll be starting those the end of August. Most will be held at the Fort hospital. Anyone is welcome, you don’t have to be a member of NAMI.”

She said they have been receiving calls regarding family support groups, so that will be a big focus.

“NAMI Jefferson County doesn’t have the signature programs right now,” Thompson said. “But we’re going to be adding them as we grow.”

In order to help NAMI Jefferson County grow, more volunteers are needed as well as board members.

“Everyone primarily volunteers at NAMI,” Thompson said. “There’s just a few affiliates that have paid employees.”

There are two types of NAMI memberships.

“There’s a \$35 annual membership fee and what’s called an open-door membership and it’s \$3,” Thompson explained. “It’s the same as the \$35 membership — you get the newsletter, the support, the classes and everything — but it’s for low-income people.”

Anyone is welcome to become a part of NAMI, Thompson said. In Jefferson County specifically, the organization is for anyone, not just people who are part of the Jefferson County mental health services.

NAMI is a tool for anyone that has mental illness, knows someone with mental illness or just wants to learn more and be involved with teaching others about it.

“We want people to realize just because you’re diagnosed with a mental illness doesn’t mean your life ends,” Thompson said. “Sometimes it’s the beginning of a whole new life, a whole new journey and recovery is possible. Their dark days don’t have to be dark days. There are happy days and there is hope.”