

April - May 2010



Open your mind, mental illness is a brain disorder.

# **NAMI Greenville**

National Alliance on Mental Illness

**Special Edition  
Call to Action!**

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## EXECUTIVE DIRECTOR'S REPORT

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*The mission of NAMI Greenville is to improve the quality of life and treatment for those who are affected by mental illness and their family members through support, education, and advocacy.*

NAMI Greenville has the most dedicated volunteers that I have ever seen. Many people are out in our community spreading the word about NAMI classes and support groups, but one area that I know we can improve in is in the advocacy arena. NAMI Greenville has been in the news quite a bit lately and that is wonderful, but not for the reasons I would like us to be.

Thank you so much to Angela Rodriquez, Anchor/ Reporter of News Channel 4 for her coverage on the tragic death of Ryan Emory. He lost his life jumping out of an ambulance while being transported to a psychiatric facility on February 28<sup>th</sup>, 2010.

We also have been in the Greenville News due to the budget cuts that are happening all over our state. Thank you also to Liv Osby, news reporter, for her continued support for people who are affected by mental illness.

I had the opportunity to meet Dan Westbrook, the attorney who has the class action law suit against the Department of Corrections. He gave an overview of the suit which I will try to summarize even more.

In June 2005, Protection and Advocacy joined mentally ill inmates in filing *T.R. v. State of South Carolina*, a class action filed in state court.

1. The plaintiff class consists of all inmates in SC Department of Corrections' custody with serious mental illness.
2. The suit alleges that SCDC's mental health program violates the SC Constitution by both failing to provide adequate health care to mentally ill inmates and by imposing conditions that constitute cruel and unusual punishment.
3. Plaintiffs seek injunctive relief to improve conditions, so as to satisfy SC's constitutional requirements. The suit does not seek monetary compensation to inmates.
4. The case was assigned to the Honorable J. Mike Baxley, who appointed Polly Bekaert (a NAMI member) and Joy Jay (Mental Health America, Executive Director) as guardians for the inmate class. Both of them are well regarded mental health advocates. They have interviewed dozens of mentally ill inmates in prisons around the state.
5. Plaintiffs' discovery to date has focused on prison inspections conducted by Plaintiffs' experts: Dr. Raymond Patterson, the psychiatrist who in February 2000 concluded that the SCDC's mental health system was in a state of "crisis"; Dr. Jeffrey Metzner, a psychiatrist who has investigated and monitored prison systems all over the U.S.; and Steve J. Martin, a corrections expert who has worked on numerous prison interventions for the U.S. Department of Justice.
6. The trial is currently set for November 2010.
7. Plaintiffs' areas of concern are largely the same ones identified 7-10 years ago in the Patterson, Proviso Committee, and DMH reports.

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# OPPORTUNITIES FOR LEARNING

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## NAMI Basics

This course is designed specifically for parents/primary caregivers who have a child with a diagnosis of emotional or behavioral illness or suspect there could be a possibility. It's a six-session course that meets twice weekly beginning Tuesday, April 20 and wrapping up Thursday, May 6. Class meets from 6:30-8:30 p.m at St. Michael Lutheran Church, on Augusta Road, . You will meet other parents/caregivers who understand what you're going through and they can become your best source for services and support. The course is FREE of charge, however, pre-registration is required. Call Cindy at 201-3598 to register.

## Peer-to-Peer Education Course

The all new and improved Peer-to-Peer Education Course third edition is coming to Greenville on June 8. This ten-week course is for adults with a diagnosed mental illness who seek to achieve and maintain wellness. It addresses the topic of recovery through a combination of lecture, interactive exercises, and structured group processes. The course is free, but pre-registration, regular attendance and confidentiality are required.

We will meet on Tuesday nights from 6:30-8:30 p.m. in Greenville from June 8 to August 10. Call us at 331-3300 if you have questions or would like to register.

## April Educational Meeting

At our April 12 Educational Meeting, we will have a special program of interest to consumers, families, mental health professionals, and others - *In Our Own Voice*. Learn from the compelling and personal testimonies of men and women whose lives were interrupted by mental illness, but who are now role models for hope and recovery. Free and open to the public. Special meeting time of 6:15-7:15 p.m., Westminster Presbyterian Church, 2310 Augusta Road, Greenville.

## May & June Educational Meetings

Our May 10 Educational Meeting will explore the soothing effects of Music Therapy. Come prepared to share your choice(s) of music and tell how it helps you. Our June 14 Educational Meeting will be a presentation by Safe Harbor, a local non-profit that offers counseling and shelter for victims of domestic abuse. Needless to say, there are mental health issues at work in all these situations, and we can help by knowing what to watch for and what to do or not do when confronted with an all-too-prevalent problem. Join us from 7:30-8:30 p.m. at Westminster Presbyterian Church.

## NAMI-SC Training Opportunities

NAMI SC will train individuals as presenters for two important programs:

*Parents and Teachers As Allies* is a two hour in-service program for school teachers, staff and administrators. The program includes a team of four presenters: moderator, educator/family member, parent of a child, and consumer that had early onset mental illness.

The *Parents and Teachers As Allies* training will begin at 8:30 a.m .on May 22nd and end that evening at 5:15 p.m., at White Oak Conference Center in Winnsboro, SC.

The *In Our Own Voice* program directly addresses the stigma associated with having a mental illness. Two consumers trained as *In Our Own Voice* speakers share the compelling and personal testimonies of living with and overcoming the challenges posed by mental illness.

The *In Our Own Voice* training will begin at 3:45 p.m. on Friday, May 21st and end at 3:30 p.m. on Sunday, May 23<sup>rd</sup>, also at White Oak Conference Center in Winnsboro, SC.

(Complete program information is available on page 6)



Fletcher Mann  
Program Director, NAMI-Greenville  
(864) 331-3300 for further information.

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# EXECUTIVE DIRECTOR'S REPORT

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*continued from page 1*

8. The class representative of the plaintiff class of inmates is "T.R.," described in the Complaint as follows: T.R. suffers from paranoid schizophrenia. He has a history of bizarre behavior, including drinking his own urine. His illogical thought processes make it difficult for him to converse in a meaningful way. Like most persons with schizophrenia, he suffers from hallucinations and delusions. In 1993, an SCDC mental health administrator concluded that the only facility capable of providing T.R. the level of care needed was the Gilliam Psychiatric Hospital. Instead of being placed in Gilliam, however, T.R. has lived most of the last 16 years in an SCDC lock-up unit, where he was isolated in a small cell 23-24 hours a day. His clothes, blanket, sheets, and mattress are often filthy. Although he is scheduled to receive injections of an antipsychotic medication every three to four weeks, these are often administered several weeks late and, on one occasion, nine weeks late. While in lock-up, T.R. sees a mental health counselor approximately once a month, but takes part in no structured therapeutic counseling activities

Do we live in the United States of America? Why do we have to sue our state to treat people humanely? This is an election year! Get to know your legislators! Write letters, make calls, and visit them face-to-face (see page seven for names and addresses). Let them know that we want equality of treatment for all of our loved ones.

COME TO THE NAMI WALK! We hope at least 1,000 people attend the walk at Furman University on May 1<sup>st</sup> to show our community this injustice matters to us and we will not accept the current conditions any longer! Look in this newsletter for the costs our state incurs for the mentally ill. If it's only about money, then it is cheaper to treat mental illness in our community than to put people to be in jail. More importantly think of the human cost. Then think of Ryan Emory.



Kelly A. Troyer  
*Executive Director*

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## COME TO THE NAMI WALK! SATURDAY, MAY 1, AT FURMAN UNIVERSITY.

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NAMI Greenville encourages everyone to participate in the Walk and send a strong message to our legislators! You can call or visit the office, Monday - Thursday, 9 a.m. - 2 p.m. to pick up a Walk Packet or register your team online at [www.nami.org](http://www.nami.org), then NAMI Walk, then South Carolina.



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# PROVISIONS IN THE SENATE PASSED HEALTH REFORM LEGISLATION (HR 3590) FOR AMERICANS LIVING WITH SERIOUS MENTAL ILLNESS AND THEIR FAMILIES

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## **Insurance Market Reforms**

HR 3590 includes a full range of insurance market reforms that are critically important to people living with serious mental illness that are routinely excluded from coverage on the basis of pre-existing medical conditions. Among these important new protections are:

- Requirements for guaranteed issue and guaranteed renewal of coverage in the individual and small groups markets;
- A prohibition of pre-existing health condition exclusions as well as restrictions to severely limit the use of health status in determining premium rates; and
- Greater accountability for health plans seeking to increase premiums on enrollees.

## **Inclusion and Equitable Coverage of Mental Health and Substance Abuse Benefits**

Congress took a major step forward in improving insurance coverage for people with mental illness and their families in 2008 with passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. This landmark law will ensure that group health plans provide equal coverage for mental illness and substance abuse treatment relative to medical-surgical coverage with respect to durational treatment limits and financial limitations.

Language in HR 3590 will ensure that all health plans offered through health insurance Exchanges authorized in the Senate bill will be required to BOTH offer coverage of mental illness and substance use treatment AND do so in compliance with the new Wellstone-Domenici parity law. It is critical that all plans offered through the Exchange - whether purchased through the individual or small group market - comply with this important new law. New coverage made available to uninsured and underinsured must equitably cover treatment for mental illness.

## **Improvements to Medicare and Medicaid**

The Senate bill includes long overdue improvements to the Medicare and Medicaid programs that are included in HR 3590. Among these are:

- Expansion of Medicaid eligibility to 133% of the federal poverty level (FPL), extending health coverage and security to literally millions of Americans living with serious mental illness, including childless adults not able to qualify for Medicaid in their state;
- Enhancements to the Medicare Part D program including filling the “doughnut hole” coverage gap, expansion of the Lost-Income Subsidy (LIS) program, additional protections for dual eligible beneficiaries and codification of legal authority to ensure inclusion of all medications to treat mental illness on prescription drug plan formularies; and
- Authorization for a Medicaid demonstration program for emergency psychiatric services.

## **Comparative Effectiveness Research (CER)**

Both the House and Senate bills provide important opportunities to expand investment in research and treatment for illnesses such as schizophrenia, bipolar disorder, major depression and severe anxiety disorders. For example, HR 3590 includes Senator Debbie Stabenow’s proposal authorizing new national centers of excellence for research in depression and bipolar disorder, also known as the ENHANCE Act (S 1857). This will help promote the development and dissemination of evidence-based interventions for depression and bipolar illness and help eradicate the stigma associated with these serious illnesses.

In addition, HR 3590 includes provisions on comparative effectiveness research (CER) that offer tremendous promise toward helping us understand which available treatments work best for particular patients. As increased investment is made in CER, it is critical that standards be developed to ensure that research is high quality and takes into account the wide diversity of needs of patients based on race, ethnicity, age, sex and prevalence of medical comorbidities. In addition, the provisions in HR 3590 will help ensure that CER is overseen and implemented by an independent, non-governmental institute that genuinely represents the interests of patients, researchers and providers and reflective of how CER can best be used in real world treatment settings.

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### **Community Living Assistance Services and Supports (CLASS) Act**

HR 3590 includes the late Senator Edward Kennedy's CLASS Act, a new voluntary, public, long-term care insurance program to help support people with significant functional limitations, including serious mental illness. After a contribution period, individuals determined to need assistance as a result of functional limitations would qualify to receive assistance to purchase services to maintain personal and financial independence. CLASS Act assistance would supplement, and not supplant, other long-term assistance such as Medicaid.

### **Immediate Improvements Needed to the Senate Passed Bill**

Immediately following House passage of the Senate bill will be a package of changes and improvements to HR 3590. Among the key improvements to the Senate bill of concern to people with mental illness are:

- Higher federal Medicaid match rates for the new expanded eligibility categories that are equitable for all states,
- Complete closing of the Medicare Part D coverage gap,
- Improvements to the Senate provision on restricting annual and lifetime limits in insurance plans, with greater accountability for "grandfathered" plans (prohibiting caps after 2014 and a requirement for covering preventive services with no cost sharing after 2018), and
- New authority for the HHS Secretary to establish federal standards for Community Mental Health Centers (CMHCs) as proposed by the President - this authority is nearly identical to a proposal drafted by representatives Matsui and Engel for federally Qualified Behavioral Health Centers (FQBHCs).

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## **NAMI LAUNCHES NEW SOCIAL NETWORKING WEBSITE FOR YOUNG ADULTS**

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NAMI has recently launched [StrengthofUs.org](http://StrengthofUs.org), a new online community for young adults living with a mental health condition and those who have a family member or friend affected by a mental health problem.

Developed by young adults, [StrengthofUs.org](http://StrengthofUs.org) is a user-driven social networking community where young adults can connect with peers and share personal stories, creativity and helpful resources by writing and responding to blog entries, engaging in discussion groups and sharing videos, photos and other news and more. The site also includes an online resource center that addresses topics young adults identified as being critically important to them including:

- Healthy relationships
- Family and Friends
- Independent living
- Campus life
- Employment
- Mental health issues
- And much more!



For this project, we conducted a national survey of young people in the 18 to 25 year old age group living with mental health conditions on their social networking

habits, resource preferences and support needs. We received 284 responses from a wonderful cross section of young people and the survey report became the blueprint for this project. We also worked in close consultation with a young Expert Advisory Group who were involved with the project from the very beginning to the end and provided great feedback, thoughts and ideas on all aspects of the site.

There are already over 100 active users, so encourage young adults to join in on the action today! Please visit the site and complete a profile so you can begin accessing the various social networking components and resources.

More can be learned, and marketing materials obtained by emailing NAMI Program Coordinator, Dana Markey at [danac@nami.org](mailto:danac@nami.org).



**Dial 211...**

...for directory of services from medical services to transportation to animal control to recycling pickup. Or you can visit them at <http://cg.servicept.com/sc211>.

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## OPPORTUNITIES FOR LEARNING

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The *In Our Own Voice* program directly addresses the stigma associated with having a mental illness. Two trained *In Our Own Voice* speakers share the compelling and personal testimonies of living with and overcoming the challenges posed by mental illness. Audience participation and discussion is encouraged, and a brief video with a variety of stories accompanies the presentation. By broadening people's knowledge of mental illness we replace misunderstanding, fear and judgment with insight, awareness and acceptance. This effort will help to banish stereotypes of people with mental illness and reduce the stigma associated with being mentally ill.

*In Our Own Voice* is structured in a 60 minute presentation to community audiences. Several examples of a targeted list of groups included health care professionals, law enforcement professionals, human resource departments and corporations. The presentations improve the audiences' understanding of how the over 58 million Americans contending with mental illness cope while also regaining rich and meaningful lives.

The *In Our Own Voice* speakers give the audiences the unique opportunity to learn from men and woman whose lives were interrupted by mental illness, but who are now role models for hope and recovery.

*Parents and Teachers as Allies*, developed by NAMI National, is a presentation to school teachers and personnel in a two-hour in-service education program format. As most schools require school professionals to have in-service training/education this is an opportunity to overcome the general lack and understanding of early onset mental illnesses. The program includes a team of four presenters (moderator, educator/family member, parent of a child, and consumer that had early onset mental illness) and each attendee receives a publication to keep for their future reference. The overwhelming majority of children and adolescents with mental illnesses fail to be identified and linked with services, often with tragic and avoidable consequences.

This in-service helps school staff members to better understand the early warning signs of mental health treatment needs in students and how best to intervene so that youth with treatment needs are linked with services.

It is crucial to keep students with biological brain disorders in school because statistics show that 74% of students who drop out of school and are categorized as seriously emotionally disturbed are arrested within five years of dropping out.

Please call NAMI Greenville at 864-331-3300 if you know of a school willing to sponsor *Parents and Teachers as Allies* or of an organization that would benefit from an *In Our Own Voice* presentation.

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## WHY NAMI SUPPORT GROUPS REALLY WORK!

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NAMI has excellent support groups that are intended as peer support where information and coping skills that are important to recovery can be shared. These meetings are not psychotherapy, and we strongly recommend that consumers and caregivers continue their individual and family psychotherapy.

NAMI support groups are structured around an Agenda, Group Guidelines, Principles of Support, and Stages of Emotional Response to Trauma. These are explained on the four posters displayed at our meetings, and help insure that everyone gets a chance to speak and the group stays focused. The meetings last from one hour to one and half hours depending upon time and location.

Our calendar of meetings is on the back of this newsletter. They are free, and you may attend at any time.

**Agenda:**

- Welcome
- Read Group Guidelines and Principles of Support
- Opening stories (1-3 minute limit)
- Group Discussion
- Closing

**Group Guidelines:**

- Start and stop on time
- Time limit for opening stories
- Absolute confidentiality
- Be respectful
- Keep it in the here and now
- Empathize with each other's situation

**CHECK OUT OUR NEW WEBSITE AT [WWW.NAMIGREENVILLESC.ORG](http://WWW.NAMIGREENVILLESC.ORG).**

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## DISTURBING STATISTICS

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Listed below are bullet-points and talking points comparing the cost of out-patient treatment at DMH's Community Mental Health Centers versus after-treatment care that occurs in South Carolina. Please use these to talk with members of the Senate Finance Committee and do not be afraid to interject your own story as NAMI SC Executive Director, Bill Lindsey did with Sub Committee Chair Thomas Alexander.

Remember we are asking to restore DMH's Budget in order to cut the cost of untreated mental illness later. When the mentally ill are not treated or are forced to receive less than minimal services, other state agencies and private facilities are gravely impacted as the following facts indicate:

- The average cost of *treating* someone in a DMH Community Mental Health Center for a year is \$2400.
- On the other hand, the average cost of imprisonment in the Dept. of Corrections is \$16,312/year.
- The average cost of an ER visit is \$2400.
- The average cost of a private hospital stay is \$850/day.
- The average cost of a DMH hospital stay is \$455/day.
- The average cost of a DJJ bed is \$300/day.
- The average cost of a suicide attempt is \$8,000. South Carolina averages 5 attempts a day and there were 524 completed suicides in 2006.
- These numbers do not include the cost to city and county jails, law enforcement, and the judicial system.
- These numbers do not include the cost of homelessness or shelters for those who go untreated.
- These numbers do not include the impact on the lives of those with mental illness who, if they received the proper treatment, could return to productive life as tax paying citizens in most cases.
- These numbers do not include the impact on the families, friends, and clinicians that bear the fallout of under-treated mental illness.
- Again, the average cost of treatment in a DMH Community Mental Health Center is only \$2400 compared to high-cost alternatives.
- South Carolina cannot afford further cuts to our DMH because it will cost us many more dollars and many more devastated lives.

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## SENATE FINANCE COMMITTEE

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# NAMI Greenville

2320 E. North St., Ste. L, Greenville, SC 29607

## NAMI Monthly Support Groups

### Every Monday at 6:15 p.m.

Connection & Caregivers Support Groups  
Westminster Presbyterian Church  
2310 Augusta Road, Greenville, SC.

### 2nd & 4th Wednesday at 6:30 p.m.

Connection Support Group  
First Presbyterian Church  
200 W. Washington St., Greenville, SC.

Educational Meetings are held on the second Monday of each month, at 7:30 p.m. at Westminster Presbyterian.

## Support Groups/Events

April 5	Connection & Caregivers Groups	6:15 p.m.	Westminster Presbyterian Church
April 12	All Support Groups <b>Educational Meeting, 7:30 p.m. Guest Speaker: In Our Own Voice featuring NAMI members from Greenville and Columbia.</b>	6:15 p.m.	Westminster Presbyterian Church
April 14	Connection Support Group	6:30 p.m.	First Presbyterian Church
April 19	Connection & Caregivers Groups	6:15 p.m.	Westminster Presbyterian Church
April 20	Connection Support Group	6 p.m.	St. Matthew's Episcopal Church Spartanburg
April 20	<b>NAMI Basics</b> (Call Cindy at 201-3598 to pre-register)		St. Michael Lutheran Church
April 26	Connection & Caregivers Groups	6:15 p.m.	Westminster Presbyterian Church
April 26	Connection Support Group	6 p.m.	Tri-City Baptist Church, Easley
April 28	Connection Support Group	6:30 p.m.	First Presbyterian Church
May 1	<b>NAMI Walks 2010</b>	<b>9 a.m.</b>	<b>Furman University</b>
May 3	Connection & Caregivers Groups	6:15 p.m.	Westminster Presbyterian Church
May 10	All Support Groups <b>Educational Meeting, 7:30 p.m. Music Therapy.</b>	6:15 p.m.	Westminster Presbyterian Church
May 12	Connection Support Group	6:30 p.m.	First Presbyterian Church
May 17	Connection & Caregivers Groups	6:15 p.m.	Westminster Presbyterian Church
May 18	Connection Support Group	6 p.m.	St. Matthew's Episcopal Church Spartanburg
May 24	Connection & Caregivers Groups	6:15 p.m.	Westminster Presbyterian Church
May 26	Connection Support Group	6:30 p.m.	First Presbyterian Church
May 31	Connection & Caregivers Groups	6:15 p.m.	Westminster Presbyterian Church
May 31	Connection Support Group	6 p.m.	Tri-City Baptist Church, Easley