



Tulsa Alliance News

NAMI-Tulsa (formerly TAMI) is affiliated with
The National Alliance on Mental Illness (NAMI)
and NAMI-Oklahoma
Email: NAMI-Tulsa@sbcglobal.net
Website: tulsa.nami.org



Telephone: 918-587-6264

Volume XXII Number V

The Grassroots Voice on Mental Illness

May 2007

Mental Illness and Violence

By Oscar Kastner

Whenever innocent people are killed by a delusional person, it isn't the ethnicity of the perpetrator which is at fault. And it isn't the fault of the weapon. Commonly it is because a biological brain disorder has caused delusional thinking and a separation from reality. Not all mental illness is associated with violence. It has been widely reported that the vast majority of individuals with serious mental illnesses are not more dangerous than members of the general population. But in 1994, Dr. E. Fuller Torrey published an article in the July issue of *Hospital and Community Psychiatry* which addresses the association between violent behavior and serious mental illness in a small sub-group of those who are mentally ill.

Lack of understanding of mental illness causes stigma. Stigma may cause people to fear being profiled as dangerous, and to avoid treatment when they could be helped to recover from most biological brain disorders. The misuse of confidentiality and ignoring the witness of family and friends, causes professionals to err against the use of involuntary treatment, even when such treatment might prevent tragedy. There should be no more shame connected with the need for mental health treatment than with the need for an antibiotic to facilitate recovery from some other biological disease.

In the wake of the recent tragedy on the Virginia Tech campus, there have been endless discussions on radio and television, and numerous articles written in newspapers and magazines. The good news is that the fact of mental illness has been brought to international public attention, and in many cases knowledgeable professionals have been allowed to make sensible recommendations. But media publicity has also been given to "knee jerk" proposals, which could divert attention from solving the real problem, and into side issues which are the cause of our present "revolving door" inadequate mental health system of treatment.

In September 1990, the Tulsa Alliance (now NAMI-Tulsa) published an 8-point Position Paper in the hope that it might help to promote better understanding and treatment of mental illnesses.

Point number 6 in that Position Paper stated:

"We believe that the legal precedent which requires investigation and consideration of a client's past record of violent behavior, as part of the diagnostic process, should be imple-

May Meeting

Date: Thursday, May 10, 2007

Time: 7:00 p.m.

Place: Fellowship Congregational Church
2900 South Harvard

Our speaker this month is Gloria Dialectic, PhD. The topic will be, "People with Mental Illness at the Day Center for the Homeless."

Dr. Dialectic received her Ph.D. in English from Lehigh University in Bethlehem, Pennsylvania. She has taught in college, served a one-year internship in psychotherapy, supervised a crisis-intervention telephone line, and directed a rape crisis center. She is also a NAMI-Tulsa board member.

mented in Oklahoma."

Point number 8 in the Position Paper stated:

"We believe that the judicial system in Oklahoma should share legal, ethical, and moral responsibility and accountability with the mental health care system for the welfare, safety, and care of those who suffer from the serious mental illnesses. This means that judges and attorneys should have a thorough understanding of mental disability law, and have a knowledge of recent research which is continuing to revolutionize the understanding and treatment of mental illnesses."

An Associated Press article filed with the New York Times on April 20, 2007, quotes a psychologist at Kansas State University as saying that "students' mental health problems are more complex and severe than 20 years ago" and "stress levels among students [are] far higher than a generation ago." The article says that officials on many campuses have set up committees to pool information about students with emotional or behavioral problems and they may resort to a management team or "safety czar" to look at students' overall profiles in the future.

Law enforcement officers on some campuses are armed, and it has been proposed that students be allowed to carry concealed weapons. Armed law enforcement officers are a common sight in America, and they represent authority figures to rely on in time of need. But students with concealed weapons would

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1990 Tulsa Alliance Position Paper

The Position Paper published in the September 1990 issue of the Tulsa Alliance News is proof that advocates have been calling for recognition of violent behavior as a predictor of dangerousness for almost 17 years. It also called for mental health education for judges and attorneys, and for inclusion of family members in the therapeutic process.

Some of the points mentioned in that Position Paper have been realized in the 17 year interim, such as research which led to the development of new medicines, and mobile outreach and assertive community treatment.

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and NAMI Oklahoma

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The Tulsa Alliance News is published monthly. Opinions expressed in articles, news items, editorials, and letters from our readers are those of the authors, and not necessarily those of the Tulsa Alliance on Mental Illness.

Contributions from our readers are encouraged, and are published subject to availability of space. Authors are responsible for the accuracy of their statements.

Contributions may be e-mailed to NAMI-Tulsa@sbcglobal.net or mailed to:

Tulsa Alliance on Mental Illness (NAMI Tulsa)
700 S. Boston, Suite 219
Tulsa, OK 74119

You can access us through our website at tulsa.nami.org or NAMI's website at www.nami.org

Calendar of Events

4th Annual Fashion Show

Mental Health Matters: Runway to Recovery

May 4, 2007 — First United Methodist Church
1115 S. Boulder, Tulsa — Free and open to the public

Unfortunately, the newsletter may not get out to our readers until it has already happened. The fashion show is important to our friends and family members participating in this event.

Northeastern Oklahoma

Psychology Internship Program

Friday, May 11th - Langston University-Tulsa campus--Annual ethics workshop is approved for continuing education ethics credits for LSW, LPC, LMFT, Psychologist, CADC/LADC, and CME. It will feature several well-respected psychologists in Oklahoma, including one keynote speaker and several breakout sessions. Contact the Oklahoma Forensic Center if you have any questions at (918) 256-7841 x 335.

7TH ANNUAL SEGER SEMINAR

Emerging from the Heart of Darkness: Guided Imagery as a Best Practice for Treating Acute Depression, Grief and Traumatic Stress

Friday, May 18, 2007 - 8:30 a.m. to 4:15 p.m — Presented by Belleruth Naparstek, LISW, BCD, a nationally acclaimed master of Guided Imagery.

For more information contact Karen LaPlante at (918) 585-1213



A concert to benefit NAMI,

by

Mr. James Ruggles

with

Chamber Music Concerts of Tulsa,

will be held

May 31st at 7:00 p.m.

at the

Christ Presbyterian Church Fellowship Hall

2700 E 51st St Tulsa, OK.

*Admission will be free and donations will be accepted at
the concert.*



May 19, 2007, Regatta Park on the Oklahoma River,
Oklahoma City, OK. For more information call
405-230-1900 / 800-583-1264

This 5K walk raises funds and community awareness regarding mental illness. Funds raised support NAMI OK programs with a percent coming back to the local affiliate. We urge families, support groups, and mental health workers to form teams and walk for The Mind of America. Please go to www.nami.org/namiwalks and click OK on the map, then follow the registration instructions. At the bottom of NAMI WALKS OK page is a link to FAQ's. It is NOT too early to get started.

Unable to get online? Please call Andi at 405-230-1900 or Judy at 918-587-6264.

Congratulations



April 14, 2007, the first graduates of the Peer-to-Peer course in Tulsa, OK were celebrated with certificates of completion and food for this special event. Each participant took with them a manual full of valuable information and recovery tools to continue on their path of life.

We wish you all the best in your travels forward.

Too Much, Or Not Enough

By John Hair

On March 30th I had the privilege of addressing the Mental Health Parity Field Hearing held by United States Representatives John Sullivan and Patrick Kennedy. The hearing was hosted by the Mental Health Association of Tulsa and NAMI and was held at the Jewish Community Center on 71st Street here in Tulsa. The purpose of the hearing was to gather information on the question of par-

ity in health insurance coverage for mental illnesses. Parity bills from the Senate and House are working their way through Congress in this session. Congressman Kennedy is the chief sponsor of the House bill and Congressman Sullivan is a cosponsor.

I believe this hearing was very beneficial even though it was clear as we made our presentations to the Congressmen that we were "preaching to the choir". Statements in support of parity were made by a wide range of people including not only family members and small business owners such as myself, but also state officials such as Terri White and Kim Holland and doctors such as Gerry Clancy. Hopefully these expressions of support will aid these two Congressmen in their efforts to enact a strong parity bill into federal law.

Although I believe the hearing was beneficial, I came away from the event with an uneasy feeling. As any of you who have followed the parity debate know, the cost of parity is a primary issue. Proponents of parity state that its cost is not significant. In fact, the parity bills now in Congress have a 2% cost increase exemption. That is, if costs rise more than 2% as a result of compliance with the parity requirement, employers or group health plans can seek an exemption. Even with this provision, both bills also exempt businesses with 50 or less employees from the parity requirement. As the owner of a business with less than 50 people, I find this provision particularly vexing.

The implication is that if we cover mental illnesses in our health plans, we might end up spending more money for the treatment of mental illnesses. It is an accepted proposition that this would be a bad thing. I respectfully and strongly disagree. We don't spend too much on the treatment of mental illness, we don't spend enough.

We constantly hear that we must find a way to contain spiraling health care costs. Indeed, holding down health care costs seems like the right thing to do, until you are the one that needs treatment. Dramatic advancements have been made in recent years in understanding the brain and treating mental illnesses. Let's don't quibble about the cost, let's find a way to pay for it. A convincing argument can be made that investments in mental health will pay handsome dividends. But even if this were not the case, we should make the investment anyway. We should chose life, and spend our resources in improving the quality of life for ourselves and our neighbors.

The lesson I think that we as advocates should draw from

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(Mental Illness and Violence — Continued from page 1)

surely be a threat to safety and security rather than a solution to the problem. If dangerousness combined with delusional thinking is the problem, the solution lies with better understanding of mental illnesses, and common sense measures to provide individualized treatment for those who need it, even when that means involuntary treatment.

The Associated Press article says:

“Complicating the overall picture is a web of laws and policies that limit the options for worried staff members. Troubled students generally can’t be forced to obtain treatment, and privacy laws may limit sharing information about them, even to the extent that some parents have sued schools -- including the Massachusetts Institute of Technology and the Oregon Institute of Technology -- for not advising them of their children’s serious disorders.”

Even though a state may have a “need for treatment” criterion in its mental health law, officials have been backward about sentencing people to involuntary treatment. New York state has its Kendra’s Law and the Treatment Advocacy Center of Arlington, Virginia, prepared a “Model Law For Assisted Treatment” in 2000. In my opinion, it is time to concentrate on elimination of stigma, provision of rehabilitative treatment of mental illnesses, and use of involuntary treatment where necessary. The majority of people who have mental illnesses recognize their need for treatment and cooperate with a treatment plan. But for their own health and safety, and the health and safety of the general public, there are some who need involuntary treatment.

ATTENTION!

Late breaking email news! An email was received from Stacie Wilson from the Mental Health Association of Tulsa alerting us to **please contact our House and Senate Leadership to express our concern with Mental Health Appropriations.** As her email reads:

“The Oklahoma Department of Mental Health and Substance Abuse Services may again be under funded this year. We need your assistance in contacting House and Senate Leadership and expressing your concern with under funding mental health in our state.

The Department has requested \$30 million dollars in funding to divert individuals from the criminal justice system and provide community based treatment for individuals with mental health and substance abuse disorders. **The Legislature has countered the \$30 million request with a proposal for \$3 to \$5 million in appropriations for 2007-2008.** It is imperative that you express your concern with this appropriation.

- 26% of Oklahomans have a mental or addictive disorder. Of those 67% are not receiving the treatment they need.

(ATTENTION — Continued in the next column)

(To Much, or Not Enough — Continued from page 3)

this is simple, don’t hesitate to speak up and push back. Our political leaders need guidance from the grassroots. If they don’t get it from us, they will get it from professional lobbyists whose opinions are governed by who signs their paychecks, not by what is in the best interest of our community.

Remember, if it is going to get done, we are going to have to do it.

(ATTENTION — Continued from the previous column)

The Oklahoma Department of Corrections indicates that 8,340 inmates have a serious mental illness. (72% of female inmates and 32% of male inmates)

- The Oklahoma Department of Corrections data show that approximately 33% of inmates were imprisoned for offenses related to drugs or alcohol; and, at least 50% of inmates were incarcerated for a crime related to substance abuse.

- **The cost for an inmate to be detained on a mental health unit is approximately \$175 a day. The cost to provide mental health services to someone in the community to keep them from entering the criminal justice system is approximately \$20 a day. The cost to provide substance abuse services to someone in the community to keep them from entering the criminal justice system is \$15 a day.**

Incarcerating individuals that suffer from a mental or addictive disorder is not an effective use of resources in our state. When these individuals are incarcerated, they do not receive the treatment they so desperately need but also we begin creating a revolving door for many of them. They will find themselves in and out of prison for much of their life instead of receiving appropriate treatment and begin recovery and leading a productive life within the community. Please contact the Legislators listed below through e-mail, phone, or written letter and express your concern.

The tragic events at Virginia Tech last week provide as a sad reminder of why this funding is so very important.

If you have any questions regarding the appropriations please contact Stacie Wilson at swilson@mhat.org or (918) 382-2407. Thank you for your support in this critical time.”

If you need the House and Senate Leadership Contact Information, please contact Stacie Wilson at swilson@mhat.org or (918) 382-2407 or visit their website for more information. <http://www.okhouse.gov>

Due to limited space, the contact information could not be inserted into this newsletter.



Membership Registration Form

Please check the "Membership paid to" date on your mailing label. If it says 00-00-00 or an expired date, would you consider sending us your membership? If your membership is current, then we **thank you!** New memberships or renewals are valid for one year and expire at the end of the same month in which your check is dated.

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP CODE: _____
 HOME: _____ WORK: _____
 E-MAIL: _____

Your participation will help NAMI-Tulsa and NAMI-Oklahoma in our efforts to improve the quality of life for persons with mental illnesses and for their families. Please indicate the appropriate area(s) of interest if you are able to take an active part:

Legislative Issues (Grassroots Leaders) Anti-Stigma Efforts
 Local Advocacy Program Committee
 Newsletter Children/Adolescent Network
 Hospitality Family-to-Family Teacher
 Fund-Raising Family-to-Family Course Participant
 Office Volunteer Support Group Leader
 Other: _____

Your dues entitles you to membership in NAMI-Tulsa, NAMI-Oklahoma and NAMI (the National Alliance). You will receive informative newsletters from all three organizations. Together, we can make a difference. Thank you for your support!

Please choose your membership category below:

Family 35.00
 Consumer/Open Door 3.00
 Sponsoring 50.00
 Corporate 100.00
 Sustaining 500.00
 Extra Contribution _____

TOTAL \$

Renewal New Member

Please mail this form with your payment to:

NAMI Tulsa
 700 S. Boston, Suite 219
 Tulsa, OK 74119

NAMI Tulsa is a non-profit organization. Your contributions are tax-deductible.

NAMI requests the following optional information:

Relationship to Consumer:

Parent of Adult Child Consumer
 Parent of Child Under 18 Sibling
 Offspring/Adult Child Spouse
 Friend Professional
 Other: _____

Ethnicity:

White Hispanic Native American
 African American Asian

Other: _____



NAMI-Tulsa Education Programs

Family-to-Family is a free 12-week course for family members of adult individuals with severe brain disorders (mental illnesses). The course is taught by trained family members. All instruction and course materials are free for class participants.

The curriculum focuses on bipolar disorder (manic depression), major depression, borderline personality disorder, schizophrenia & schizoaffective disorder, panic disorder, obsessive compulsive disorder, co-occurring brain disorders and addictive disorders. The course discusses the clinical treatment of these illnesses and teaches the knowledge and skills that family members need to cope more effectively.

Visions For Tomorrow is a free program that addresses the needs of younger families who have a child or adolescent with a mental illness. It can be taught in an 8, 10 or 12-week format and taught by primary caregivers.

The VFT classes provide information on specific brain disorders such as AD/HD, depressive disorder, schizophrenia, Tourette's disorder, conduct disorder, eating disorders, obsessive compulsive disorder, bipolar and anxiety disorders,

autism and others. In the curriculum, we help build skills and knowledge in Brain Biology, Problem Management Organization/Record Keeping, Communication, Coping & Self-Care, Advocacy & Stigma, and Juvenile Judicial System.

There is also a Professional In-Service which is designed to address the needs of those who work with children such as teachers, counselors, mental health care workers, juvenile center employees and other professionals. The goal in this in-service program is not to just educate professionals about the symptoms and treatment in children but to also show the impact these brain disorders have on families.

Peer-to-Peer is a unique learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery. This program is a free 9 week program and participants will receive a binder with materials covering an advance directive, a relapse prevention plan, a plan to identify an impending relapse, and many other topics relevant to the recovery process.

For more information on upcoming classes, contact the NAMI-Tulsa office at 918-587-6264.

NAMI Tulsa
700 S. Boston, Suite 219
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NAMI'S FAMILY-TO-FAMILY SUPPORT GROUPS

Asbury United Methodist Church Support Groups (for family members only) meets in church parlor on 4th Tuesday of each month 1:30 to 3:00 p.m. - 6767 S. Mingo. Use south door to enter.

South Tulsa/Bixby Support Group - Home of Bob and Jo Ann Flake - Meets the first Monday from 7:00 to 8:30 p.m. at the home of Bob and JoAnn Flake. For information and directions, call 369-2371.

Owasso Support Group - Westport Mennonite Church — Old 169 & Hwy 20 - (German Corner) — Meets the second Monday evening of the month from 7:00 to 8:30 p.m. Call Joan Stuckey at 272-9290 for more information.

Saturday Support Group - Crossroads, 1888 East 15th St. Meets the second Saturday of each month from 9:30 to 11:00 a.m. Call Mary Ellen Jones (743-9124) for information.

NAMI-Washington County Support Group - Torrey Place I Meets 2nd Thursday of each month at Torrey Place I, 901 SE 3rd Street in Bartlesville. This is a support group for family members and other caregivers. It is not a therapy group. For information call Toni Smith (918) 336-1288 or Charles (918) 337-8080, ext. 2202.

NAMI-Creek County Support Group - Sapulpa 1st Christian Church - Meets the 3rd Monday of each month at 7:00 pm. Located at the corner of Lee & Elm (Annex on Lee Street - 1st door nearest the street). Contact Jean Coll at (918) 227-2016.

OTHER ADULT MEETINGS

Depression and Bipolar Support Alliance (DBSA) — Meets every Monday evening at 7:00 p.m. at the Fellowship Congregational Church, 2900 South Harvard. For information, call 451-8929 or Laurie at 836-0701.

Bipolar/Depression Support Group - Asbury United Methodist Church, 2nd & 4th Thursdays, 7:00 p.m., room 2821. For information call William Camp 640-1272.

Bipolar/Depression Bible Study Support Group - Call Pastor Tim Reside 744-5761 for information and address.

Postpartum Depression Support Group
First Monday each month 7:00 to 8:30 p.m. Boston Avenue United Methodist Church—call Anita Campbell 865-7824 or EvaMarie Campbell 699-0120. Free child care 699-0140.

Parkside Family Support Group
Meets every other Tuesday 6:00 pm to 7:00 pm at Parkside Outpatient Clinic, 2nd floor, 1620 East 12th Street, in Tulsa, 582-2131.

FOR PARENTS OF CHILDREN

Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) meets on the 2nd Saturday morning of each month at 9:30 a.m. at the Hardesty Library off 93rd Place & Memorial. For additional information, call Jody at 918-523-5197 or jodyjbc@aol.com

Talk To Me Support Alliance Group - for parents who have children with mental & behavioral problems. Meets every Monday night at the Kendall-Whittier School Cafeteria from 6-8 p.m. Call Grace at 850-7185.

Hands to Success Support Group for children -- meets every Monday night at the Kendall-Whittier School. Call Luke Handley at 948-5050 for more information.

MENTAL HEALTH ASSOCIATION OF TULSA

1870 South Boulder 585-1213

Bipolar Support Group 1st & 3rd Tuesday 6:30 p.m.

Depression Support Group 1st & 3rd Thursday 6:00 p.m.

Anxiety Support Group 2nd & 4th Tuesday 5:30 p.m.

Survivors of Suicide 1st & 3rd Thursday 7:00 p.m.

T-3 Support Group (Teens Talking Amongst Teens)
1st & 3rd Wednesday 6:00 p.m.

Families in Touch Support Group (Caregivers of Family Members) 2nd & 4th Wednesday 6:00 p.m.