



*SUPPORT: **NAMI** members support one another by listening, empathizing and sharing information. Monthly meetings are held to offer **HELP** and **HOPE** for individuals, families, and friends.*

NATIONAL ALLIANCE ON MENTAL ILLNESS
Supporting, Educating, & Advocating

NAMI of Clallam County Newsletter

April - May 2015 Issue

Board of Directors

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Hotlines Available 24 hours a day / 7 days a week

Peninsula Behavioral Health Crisis Line: **360-457-0431**

- Crisis Counselors on call 24 hours a day

East Clallam County Crisis Line: **360-452-4500**

National Suicide Prevention Lifeline: **1-800-273-8255**

What's Going On

Calendar of Events

NAMI Affiliate Meetings

Free

Olympic Medical Center (Hospital)
Linkletter Hall, Basement
All Consumers, NAMI members, and Friends of NAMI are Welcome!

The April 16 Affiliate Meeting will be at 7:00 pm, rather than 6:30 pm.

The Agenda for the April 16 meeting is as follows:

- 1- Open Floor Discussion – Does NAMI of Clallam County fit your needs? What would you like for us to do? How are you willing to help?**
- 2- Election of Officers**

The Board Meeting will immediately follow the Affiliate Meeting. Members are welcome to stay as observers of the Board Meeting.

At our May 21 Affiliate Meeting, we are pleased to welcome Morningside, a private, non-profit community rehabilitation program, which serves the employment needs of the disabled. Look for more details in our next newsletter.

BINGO

Free

Horizon Center - Port Angeles
Corner of 5th and Lincoln
(Last Tuesday day of each month 2:00 – 3:15)
April 28

Support Groups

Free

Family Members

Peninsula Behavioral Health
Port Angeles
(Every Thursday Noon – 1:30)
April 02, 09, 16, 23, 30
May 07, 14, 21, 28
For more info call 681-7414

Family Members

Sequim Community Church
Sequim
(2nd and 4th Monday 7:00 pm)
April 13, 27
May 11, 25
For more info call 457-0330

Adults Living with Mental Illness

Connections

Church of God
Corner of 5th and Race, Port Angeles
(Every Saturday 1:30 – 3:00)
April 04, 11, 18, 25
May 02, 09, 16, 23, 30

All Adults with mental illness, regardless of diagnosis, are welcome!

For more info call 360-452-5244



Tell us about your experience with Washington's Community Mental Health Organizations

Sent From NAMI Washington on March 23, 2015

*Please take this **ANONYMOUS** survey which consists of ten questions about your experience dealing with the county mental health organizations and ten questions about your experience dealing with the mental health service providers.*

[To take the survey, go to the following link:]

[NAMI Washington would like to know about your experiences and satisfaction levels with Washington's community mental health services.](#)

The value of this survey is that it is "independent," it is not controlled by the state system and its employees. The results of the survey will be used to help bring about positive changes in our public mental health system.

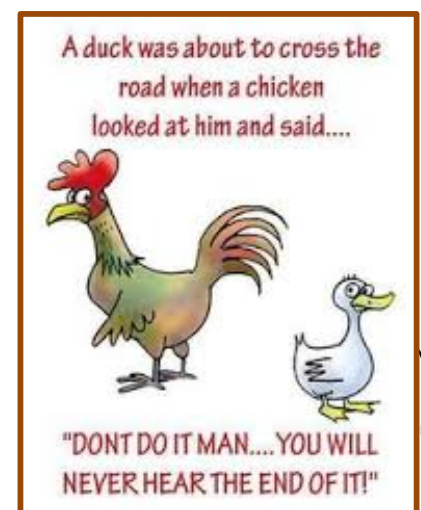
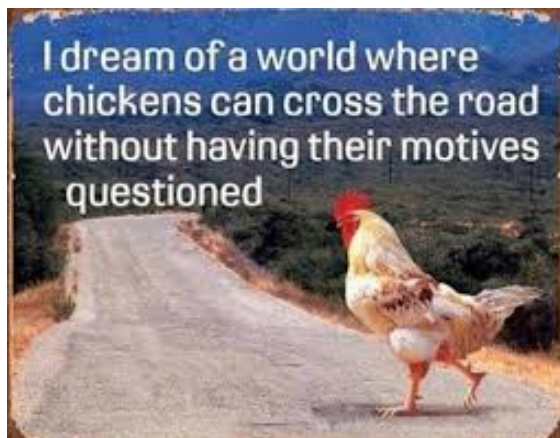
Please share the link to this survey with others you know who have used the public mental health system at either the State or community level.

Thank you for participating and helping NAMI work towards building a comprehensive, supportive and integrated mental healthcare system in our state.

Sincerely,

Lauren B. Simonds, MSW

Executive Director



The Germanwings Tragedy

Statement of Mary Giliberti Executive Director, National Alliance on Mental Illness

NAMI shares the grief of the rest of the world over the crash of Germanwings Flight 9525. We extend our condolences to the families of those who lost their lives in this senseless tragedy.

As often happens in tragedies, information emerges first through an immediate frenzy of reporting in news media and then through more careful analysis. It is always best not to speculate on causes, but to wait until all facts are confirmed and assessed.

In this case, as news cycles have progressed, we've been told that the co-pilot who crashed the plane had some history of depression. Most recently, a German prosecutor has reported that he had "received psychotherapy for an extended period of time, during which suicidal tendencies had been noted," while the airline has reported in 2009 he had disclosed to them a previous episode of severe depression. Treatment apparently occurred before he received his pilot's license. He also apparently was being seen for one or more other medical issues. How relevant those factors actually are remains to be seen.

We know that by crashing the plane, the co-pilot killed himself, along with 149 other people.

We know that most suicides involve mental illness. In the United States, approximately 40,000 people die from suicide each year. Obviously, we are falling far too short in suicide prevention.

Typically, suicide involves a struggle between a person and his or her own psychological problem. Murder-suicides are very rare. Murder-suicides conducted by commercial airline pilots are even rarer—extremely rare—although that of course is no consolation to the victims of Flight 9525, their families and friends.

People living with mental illness are rarely violent. Usually, mental illness is only one factor, among several, if not many, that set the stage for violent tragedies.

In the case of Flight 9525's co-pilot, the fact is that we don't know his full history yet. We may never know every relevant fact. His precise history of depression, whatever it may have been, may ultimately be seen as unimportant compared to other issues in his life.

The Germanwings Tragedy continued from the previous page

Please keep that point in mind as the global conversation now turns to whether anyone who experiences mental illness should be allowed to serve in certain occupations or professions. Mental illness is treatable. People do recover.

Senseless tragedies must not be allowed to resurrect or perpetuate stigmatizing stereotypes that associate anyone with a history of mental illness with a propensity to violence. It will be an additional tragedy if the crash of Flight 9525 leads to “witch hunts” in which people who have sought help for mental illness become unfairly discriminated against.

Sixteen million American adults—almost 7 percent of the population—had at least one major depressive episode in the past year. When depressive symptoms occur, people need to see a doctor for a comprehensive examination. Underlying medical issues that can mimic a depressive episode, side effects from medications or any other medical causes must first be ruled out, before a treatment plan is chosen.

As a society, we need to create a cultural environment in which people are encouraged to seek help when they need it—regardless of whether it is a mental illness or any other illness. No one should have to hide out of fear of negative consequences or reprisals such as loss of employment or social ridicule.

We want a society that affirms the worth of every individual—the same kind of affirmation that causes us to mourn the loss of so many precious lives on Flight 9525.



A big *“Thank You”* to
Cathy Martineau
and **Donna Dewey**
our *Family-to-Family*
Teachers

What's Going on in NAMI When and Where



NAMI Walks Washington Kick-Off Luncheon - Join Us!

April 22, 2015 11:30 AM - 1:00 PM

Sponsored by Navos Mental Health

Revelle Hall, Navos Mental Health

1210 SW 136th St., Burien, WA 98166

[To register, e-mail:]

tlane@NAMIWA.org

SAVE THE DATE

NAMI Washington's State Conference

Mental Health in Sync:

Working Together to Improve Lives

August 21 - 23, 2015

Shilo Inn Hotel, Richland, Washington

50 Comstock Street, Richland

Hosted by NAMI Tri-Cities with NAMI Washington

Registration information coming soon!

SAVE THE DATE

NAMI National Convention

July 6 - 9, 2015

San Francisco, CA

Early bird registration through May 31!

[To register, go to:] <http://www.nami.org/Get-Involved/NAMI-National-Convention>



NAMI WA 2015 Legislative Update

From The Voice - NAMI Washington's E-news March 27, 2015

We are now at the halfway point in the 2015 Legislative Session and you are making a difference!

This year the number of mental health bills being filed has skyrocketed. Thanks to all of you who have visited, written, and called your legislators we have some great news about some of our most important issues. Here are just a few highlights.

1. We will almost certainly have Assisted Outpatient Treatment (HB 1450/SB 5649), one of our legislative priorities for the session. NAMI Washington members testified very effectively to both House and Senate committees to make this happen and impressively filled the room in the Senate Human Services, Mental Health, and Housing Committee hearing. So many NAMI members signed in that there was not even time for all of us to testify at the Senate hearing! We are looking forward the final bill and will be working to ensure that proper funding is allocated in the budget process.
2. The language of our fiscal note bill has been pulled into ESSB 5915, which passed the Senate unanimously due, in no small part, to your contacts with your Senators telling them that this very important "good governance" measure is necessary to help legislators make better decisions about future mental health legislation.
3. The Doug Ostling Act (2SSB 5311), which requires crisis intervention training for new full-time law enforcement officers employed after July 1, 2017 is still alive. In addition, the Proposed House Budget includes funding for CIT training.

You are the most valuable assets in the fight to improve our mental health system. Please congratulate yourselves on a job well done thus far and resolve to continue doing all the things you are doing to help mend this broken system

The Benefits of Integrating Behavioral Health into Primary Care

By Simone McKitterick | Mar. 06, 2015



From the 2015 Clinton Foundation's Health Matters Summit.

Adults in the U.S. living with serious mental health conditions die on average 25 years earlier than others, largely due to treatable medical conditions. It's clear that mental and physical health are intertwined, and care for both should be linked together within health care delivery systems.

Fortunately, health experts are starting to recognize this, and implement strategies to combine mental and physical healthcare.

At the end of January, the Clinton Foundation held its annual Health Matters Summit in Indian Wells, Calif. The summit is an annual event that showcases what the Clinton Foundation's Health Matters Initiative and its strategic partners are doing to create systemic health improvement throughout the U.S.

This year included a panel hosted by Dr. Gail Saltz, M.D., and included insights from Mohini Venkatesh of the National Council for Behavioral Health, John MacPhee of the Jed Foundation and William Emmet of the Kennedy Forum. The focus was on integrating mental health services into primary care: in effect, turning local healthcare offices into a one-stop shopping experience:

"When you talk about mental health, we really are talking about people with cardiovascular disease, diabetes, COPD, with asthma," said Saltz at the event. "Because chronic illnesses absolutely cause mental health issues, and mental health issues make those chronic illnesses worse, we have to start talking about that in an integrated sort of way."

In addition, integrating therapists into a primary health care setting could ease the concerns of people worried about the stigma of receiving psychological care. Emmett also proposed the usage of a Tel-Med-type program that would allow physicians to bring a mental health provider into a conversation with a person who is there in the doctor's office.

Another practice model discussed included training college community leaders on how to screen for the signs of depression, thus integrating services on campuses. According to MacPhee, 80% of students who died from suicide never even visited the counseling center on campus, but had been to the health center.

continued on the following page

The Benefits of Integrating Behavioral Health into Primary Care continued from the previous page

Following the panel discussion, the audience discussed ideas for improving mental health care. Linda Evans, associate administrator of Business Development at JFK Memorial Hospital in Indio, Calif., spoke about a model in Texas where psychologists and physicians were teamed up to provide immediate intervention for patients showing signs of depression or other behavioral health issues. However, the common problem was sustainable funding.

Locally, Evans suggested a possible collaboration between the medical community and some of the valley's many nonprofit agencies that work with stroke, Alzheimer's, cancer and other individuals and their caregivers.

Ultimately, the common thread behind each of these proposals is communication, and not just between doctor and patient, or between healthcare providers. The more open the public is to discussing mental illness, the harder it is to stigmatize those living with it. Towards the end of the panel, MacPhee made the following plea to the audience to "own" mental illness:

"[I]f every individual can own it, where we all talk about it and we can all admit it, we can really accelerate the removal of the stigma and prejudice around it," said MacPhee. "This is an issue that affects all of us."

- See more at: <http://www.nami.org/Blogs/NAMI-Blog/March-2015/The-Benefits-of-Integrating-Behavioral-Health-into#sthash.204JpQ6y.dpuf>

Dr. Norm Peterson, Founder of Peninsula Behavioral Health Dies at age 75



PORT ANGELES — Dr. Norman F. Peterson, the founder of Peninsula Behavioral Health, has died. He was 75.

Peterson, a Port Angeles resident, died March 1 at Swedish Medical Center in Seattle after a brief battle with cancer. He is survived by two sons.

Peterson earned his medical degree from the University of Washington after graduating with a bachelor's in chemistry from Central Washington University in Ellensburg.

He was on the medical staff of Olympic Medical Center in Port Angeles until he retired and served as regional medical consultant to Region VI of the state's Division of Vocational Rehabilitation and Psychiatric Consultative Examiner for the state's Office of Disability Insurance.

At the 2013 Washington State NAMI Convention, Sandy Garrison received a special award from NAMI Washington, in behalf of Dr. Peterson.

Dr. Peterson was a friend to mental health. He will be missed.

National Alliance on Mental Illness
Clallam County
PO Box 2878
Port Angeles, Washington 98362



NAMI

of Clallam County

Your Local Voice on Mental Illness

MEMBERSHIP DUES 2015

SINGLE MEMBERSHIP _____ \$35

CONTRIBUTION / GIFT _____ \$

FAMILY MEMBERSHIP _____ \$35

OPEN DOOR (*minimum/ low income*) _____ \$ 3

PLEASE PRINT

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