

NAMI Kitsap Newsletter

♡ October, 2018 ♡

By Larry Brixius, NAMI Kitsap President

Please visit our website at www.namikitsap.org for the latest information. You can email us at info@namikitsap.org. All of NAMI Kitsap programs are free and available to the community.

**OUR GOAL IS TO PROVIDE EDUCATION, SUPPORT and ADVOCACY
FOR FAMILIES AND FOR PEOPLE WHO FACE A MENTAL ILLNESS.**

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Mental Illness Awareness Week

October 7-13, 2018 is our annual “Mental Illness Awareness Week.” ‘*To be aware*’ takes knowledge to a deeper level. According to the Webster’s Dictionary, *awareness* “implies vigilance in observing or alertness in drawing inference from what one experiences.” Sometimes we must stop our automatic, culturally trained response in order to see the reality before us with new, clear eyes. This is what enables us to get past the *stigma*, the blindness that doesn’t allow us to see a real person.

☆ Story of Law Flaws

This is a true story from one of our Adult Support Group attendants. Rick has given permission to share his story.

“It has taken me a few weeks to organize my thoughts and feelings to make this post, but with Lori’s beautiful memorial service being held yesterday, I feel it is important to openly speak of another aspect of her life. It is important to tell the full story of her passing because her death and that of many others in similar situations is avoidable. She was failed by the rules and processes we have put in place to protect our own individual rights and privacy.

On June 27, Lori Blythe, my ex-wife of 30 years was found dead in her apartment. It was unexpected, but she died of natural causes (heart disease, which runs in her family). Many of you knew her as a talented musician and

loving mother, and she will be missed. But in the past few years there were multiple opportunities to avoid the series of events which ultimately led to her death.

Opportunity 1: In the summer of 2014, it was clear what was lovable quiriness had descended into true mental illness. The paranoia had taken her over and become debilitating, keeping her from performing typical daily activities. When she was finally involuntarily hospitalized for three weeks in December, she refused to allow me or any family members access to her treatment records or her doctors. Without this information I was unable to support her out-patient treatment, despite multiple attempts to pay for her medication and medical insurance. Within a week of discharge, she opted not to continue with out-patient treatment and there was nothing anyone could do to compel her to do so, even though the mediation and treatment she had received clearly enabled her to regain some sense of normalcy and begin to rebuild our relationship. Couldn’t there have been a way for me as her husband to be involved with her treatment, even though the paranoia for which she was being treated refused me access to her doctors?

Opportunity 2: Eventually our relationship deteriorated beyond repair and I filed for divorce. Even during the divorce process I insisted, both verbally and in writing to her court-assigned guardians that I did not want this to be an adversarial process. I want her to be cared for and wanted her needs to be balanced with the care I would need to provide our son. I asked for a permanent guardian to be assigned to her to

help her maintain her relationship with her very understanding employer (and only source of income). Not only were my requests denied, the guardian of the estate was incensed I would attempt to communicate with him and not go through the attorneys involved. So we ended up with a divorce agreement which met no one's needs, neither us nor our son. Couldn't there be an exception to the standard adversarial divorce process when one party is so clearly suffering from mental illness that they need a guardian?

Opportunity 3: The month after our divorce was finalized, Lori abruptly quit her job of 10 years. This left her without any means for paying basic expenses such as rent and food. I reached out to her landlord and prepared to bring in the necessary resources if she were evicted. Somehow (I don't yet know how) she managed to cover the majority of the rent for the next six months, and I asked the landlord to charge any shortfall to my credit card. When I saw no charge the first week of June, I reached out to the landlord to learn she was being evicted on July 2! I immediately contacted the guardianship firm which previously said they would take her case if she was evicted. But now they said they could do nothing until Adult Protective services investigated. So after opening a case with APS on June 5. I had to wait two weeks only to learn there was nothing they could do because they had tried to reach her, but got no response so they closed the case. Why couldn't the guardianship firm or APS do something more pro-active than just knock on her door and await a response?

By the time I heard the final word from APS on June 22, Lori had already been dead for two days – dying alone in her apartment from a common, treatable illness because no one could find a way to overcome her mental illness, a disease which is also common and treatable. The rest of the story – how I had to persuade the Crisis & Commitment counselor to do something, how the Mobile Crisis team made multiple visits until they finally forced entry – is all irrelevant because she was already dead.

But my story is not an isolated incident. In our zeal to protect individual rights and privacy, we have created a monster. A monster of untreated mental illness, resulting in homelessness, abuse and neglect. Here in Seattle, like many urban centers, we have a crisis of homelessness, with some estimates of up to one-third of them being victims of mental illness. So we have specialized teams which go to the homeless encampments and offer assistance, but they can do nothing if the assistance is refused. Lori was only saved from such a fate by death. Could there be a way that assistance can be administered without consent? Or do we have to wait until a crime is committed or the subject dies? Either way we are managing by crisis, not by prevention.”

☆ Expect Recovery

The King County Recovery and Wellness Conference (August 9-10) began with a presentation by Dr. Mark Ragins, He has been very active in promoting system change focusing on integrated services, rehabilitation and recovery for people with serious mental illnesses.

He spoke of this effort as part of a Revolution which calls for seeing the reality from a different perspective. Medication is used to stabilize, but then, rather than telling people to follow a plan for them, we must support them in finding their new way. It begins when we see each as a person, who has a unique story, and then supporting them in bringing it to reality.

We do not see someone with a disability, but with an alter-ability. Recovery is from the client's side. It's not about staff who do medical procedures, but staff entering the life and view of the other. It is person centered rather than illness centered. Good relationship with the person is more important than good medicine.

The workshops we attended were focused on listening and getting to know the person, not on fixing the person but on empowering them to find their wholeness.

☆ Forum on Suicide

Members of NAMI Kitsap attended the Poulsbo Suicide Prevention Forum at Olympic College on July 17. The First Responders from the city shared their experiences of dealing with suicides and the challenges involved. The therapist from Coffee Oasis told of his work with the youth and homeless who deal with suicide in their lives, and we of NAMI presented our concerns for families with loved ones with Mental Illness, who often have to face suicide issues.

☆ County Crisis Triage Center

NAMI Kitsap was invited to attend the Grand opening of the Kitsap County Crisis Triage Center in Bremerton next to KMHS. This 16-bed facility is for adults with mental illness and/or substance abuse disorders. It was heavily supported by the 1/10th of 1% tax we supported and still monitor. It's good progress.

☆ NAMI State Conference

The NAMI Washington State Conference was held in Yakima, Sept. 28-29 with the theme: "Mental Health at the Intersections." Four from NAMI Kitsap were participants in the experience.

Those who work on issues affecting the care for those with mental illnesses soon realize that the treatment and support sought is affected by so many other systems that intersect. And so do the efforts to have social, academic or economic success.

"Whether on personal, interpersonal community or global levels, it all comes back to those relationships between two or more paths taken (or not), the intersections of challenge, belief, knowledge, determination and resources that we face every day. These are what shape the ways in which we navigate Mental Health at the Intersections, make the choices and take the actions that

lead to the next stretch of road on our individual and collective journeys."

One of the issues that seemed to come up repeatedly was focus on each person as a person, not a problem to fix, not a system to create. We need to open hearts and doors, so that people can be affirmed in their value and encouraged to be and live to their fullest potential and meaning.

The first workshop that we attended on the second day was about Clubhouse International. The Clubhouse provides assistance activities and opportunities designed to help members (open to anyone with a history of mental illness) to develop and maintain healthy lifestyles. It is committed to securing a range of choices of safe, decent and affordable housing including independent living opportunities. Each member is called to be a responsible, active participant in the life of the Clubhouse.

There are three accredited Clubhouses in the State of Washington at present. Of great interest to us is that there are efforts to establish one in Kitsap County, in the city of Bremerton! We are hopeful and ready.

☆ NAMI Support Programs

We have had four people take the Adult Family Support Group training in 2018 and one take the Peer Support Group training. So on August 27, four of us met with three staff people from KMHS in Bremerton to negotiate a place at KMHS to start a third NAMI Adult Support Group In Kitsap. The idea was eagerly supported by all present. So starting on October 17, 2018, from 6:30-8:00 PM (and the third Wednesday of each month there-after) there will be an Adult Support Group at KMHS (Haselwood Room - there is an outside door, right next to the main entrance of the building.) For more information you can call: Kathleen Cronin #206-842-5002 or Jennifer Levcon #360-731-6794.