Working with Individuals with Severe and Persistent Mental Illness

The DSS Perspective

The NC Division of Aging and Adult Services
Department of Health and Human Services

In collaboration with

Center for Aging Research and Educational Services Jordan Institute for Families at the School of Social Work The University of North Carolina at Chapel Hill

Beliefs about Mental Illness

Please indicate whether the belief statement is true, somewhat true, or false.

Belief	Notes
1. The fact that many, if not most, people have experienced mental health problems that mimic or even match some of the symptoms of a diagnosable mental disorder, tends to prompt many people to underestimate the painful, disabling, nature of severe mental illness.	True Somewhat true False
2. Diagnoses of mental disorders made using specific criteria are as reliable as those for general medical disorders.	True Somewhat true False
3. The *DSM-IV-TR* classifies people according to a mental illness and its symptoms.	True Somewhat true False
4. Shame and stigma are the major reasons people with mental health problems avoid seeking treatment, regardless of their race or ethnicity.	True Somewhat true False
5. Mental illness affects a person's intelligence, so he/she often enjoys simple and childlike things.	True Somewhat true False
6. Mental illness is a chronic condition, and the individual most often deteriorates over time.	True Somewhat true False
7. A person with mental illness will probably not be able to hold a job.	True Somewhat true False
8. Even if able to work, the person with mental illness will probably only be able to hold a low-level, low-stress job.	True Somewhat true False

Belief	Notes
9. People with schizophrenia have several "selves," which often talk to one another.	True Somewhat true False
10. Talking about depression to someone who is depressed will most likely make it worse.	True Somewhat true False
11. People who are manic will appear happy and euphoric.	True Somewhat true False
12. People with a mental illness stop taking their medication because they lack insight or because they intend to sabotage their treatment.	True Somewhat true False
13. Normal aging is often accompanied by mental and cognitive disorders.	True Somewhat true False
14. Mental illness, no less than mental health, is influenced by age, gender, race, and culture as well as other factors of diversity.	True Somewhat true False
15. People with mental illness are more likely to be violent than those without.	True Somewhat true False
16. Best practice states that we must help the person with mental illness accept their illness and adjust their personal and professional goals accordingly.	True Somewhat true False
17. People's willingness to seek help is contingent on their confidence that personal revelations of mental distress will not be disclosed without their consent.	True Somewhat true False

About the *DSM-5*

Diagnostic and Statistical Manual of Mental Disorders

FIFTH EDITION | DSM-5®

The most comprehensive, current, and critical resource for clinical practice available to today's mental health clinicians and researchers of all orientations. DSM-5® is used by health professionals, social workers,and forensic and legal specialists to diagnose and classify mental disorders, and is the product of more than 10 years of effort by hundreds of international experts in all aspects of mental health. The criteria are concise and explicit, intended to facilitate an objective assessment of symptom presentations in a variety of clinical settings- inpatient, outpatient, partial hospital, consultation-liaison, clinical, private practice, and primary care.

DSM-5 provides a common language for patients, caregivers, and clinicians to communicate about the disorders.

Anxiety and Depression Refinements

Much has remained the same in the areas of anxiety and depression, with refinements of criteria and symptoms across the lifespan. Some disorders included in the broad category of anxiety disorders are now in three sequential chapters: Anxiety Disorders, Obsessive-Compulsive and Related Disorders, and Trauma- and Stressor-Related Disorders. This move emphasizes the distinctiveness of each category while signaling their interconnectedness.

One significant change is the developmental approach and examination of disorders across the lifespan, including children and older adults. Some conditions are grouped together as syndromes because the symptoms are not sufficiently distinct to separate the disorders. Others have been split apart into distinct groups.

There are over 300 mental disorders listed in the *DSM-5*. Each disorder listed is identified with a specific number. These numbers match those published in the *International Statistical Classification of Diseases and Related Health Problems.* The *ICD* is another system used to classify mental and physical disorders. The most current version is *ICD-10*.

Using the *DSM-5*, clinicians diagnose a patient and evaluate him or her on five separate axes, or branches of information. This is the *multi-axial system*. Use of these axes helps the clinician develop a treatment plan that takes all parts of the client's life into consideration.

Axis I and **Axis II** include all of the mental disorders. Mental disorders diagnosed on Axis I are those that cause the patient significant impairment and are the primary focus of the patient's treatment. The exceptions are personality disorders and mental retardation, which are diagnosed on Axis II. It is possible for a person to have more than one diagnosis on Axis I. However, the diagnosis that is listed first on Axis I should be the one that represents the patient's main area of difficulty.

Axis III is used for reporting general medical conditions (i.e., cancer or multiple sclerosis).

Axis IV is used for reporting psychological and environmental stressors that may affect the diagnosis, treatment, and prognosis (i.e., family, financial, or employment problems).

Axis V is used to report a score given by a clinician on a scale known as the Global Assessment of Functioning (GAF). This score indicates the patient's overall level of functioning. Scores range from 1 to 100, with 100 being superior functioning. A score of 0 means that there was not enough information to give an adequate score.

V Codes indicate issues that a person might be dealing with but that are not mental disorders. Examples might be bereavement, academic problems, and religious identity.

Here is an example of what a diagnosis using the DSM IV-TR might look like:

AXIS I: Major Depressive Disorder

AXIS II: Dependent Personality Disorder

AXIS III: Diabetes

AXIS IV: Death of a child

AXIS V: Current GAF: 60 (moderate symptoms).

https://www.appi.org/products/dsm-mobile-app

Experiencing Schizophrenia

If I already believe the FBI has bugged my apartment, and is monitoring me, I will see confirmation in this when I go jogging, and see a van drive by very slowly, its driver with an earphone in one ear. My conceptual framework will determine how I interpret, and perceive, my world.

Source: http://www.angelhaunt.net/schizophrenia/sandhn2.htm

I had been diagnosed with schizophrenia when I learned that I was pregnant. When my mother told our neighbors that I was pregnant, they asked: 'When is the abortion going to take place?' That is stigma, a big stigma. My daughter is now six years old.

There's insecurity, I'd say, a lot of insecurity. I notice that with my friends, that they approach me, let's say after 3 or 4 weeks, and say: 'We don't really know how to handle all this. We are trying to read up on it, and now start realizing how many facets this illness has. It's all pretty confusing.' What disappoints us a little is that insecurity toward our son, that we almost have to invite them to get in contact, that we have to say: Why don't you give him a call some time? . . . And then we hear 'What should we talk about with him, which questions shall we ask?'

Source: http://www.openthedoors.com/english/04_02.html

"What's so cruel about the voices is that they come from your very own brain. They know all your innermost secrets and the things that bother you most. They tormented me about failing a neurophysiology exam. That was a horrible thing for me. The voices said, 'Carol North got an F.' They'd say things like, 'She can't do it [get into medical school],' 'She's just not smart enough."

Source: Carol North, respected psychiatrist and researcher at Washington University.

I was walking across the campus at Yale in the spring of my freshman year looking at the sky and then suddenly it cracked like a mirror into a thousand pieces. I don't know why I didn't realize at the time that that was an incredibly strong signal that something was wrong with my head and that I needed help.

The voices came so loud in my mind, like coming from a loudspeaker like "you're insane, people hate you, you should kill yourself," all negative stuff.

You read into things and see other things people can't see. You maybe think that other people can think your thoughts or that you know what they are thinking without them telling you. It's OK that other people think you are crazy because they don't experience the supernatural powers you somehow have. You think you have broken through into a whole new way of looking at things, like in a George Lucas' hyperspace or Never Neverland. You are someplace where normal rules don't operate and some of us unfortunately never come out of.

Source: http://lcmedia.com/voices.htm

Other Types of Depression

Seasonal Affective Disorder (SAD) is a type of winter depression that affects an estimated half a million people every winter between September and April, in particular during December, January, and February. It is caused by a biochemical imbalance in the hypothalamus due to the shortening of daylight hours and the lack of sunlight in winter. Light therapy, with a bright spectrum light, has proven effective in up to 85 per cent of diagnosed cases.

Postpartum Depression (PPD) is a serious form of depression that affects up to 20 percent of new mothers. This disorder is caused by hormonal changes following childbirth. PPD is characterized by mood swings, lethargy, feelings of inadequacy, and anxiety. Other symptoms may include uncontrollable crying, persistent sadness, lack of interest in the baby, feelings of wanting to harm the baby, feeling out of control, and suicidal ideation. The treatment for depression after birth often includes medication, therapy, or a combination of both. Fortunately, several antidepressant medications may be given to breast-feeding mothers. Once depression is diagnosed, the woman is followed closely for at least six months.

Premenstrual Dysphoric Disorder (PMDD) is a condition marked by severe depression, irritability, and tension before menstruation. These symptoms are more severe than those seen with PMS. Symptoms occur during the last week of most menstrual cycles and usually improve within a few days after the period starts. After proper diagnosis and treatment, most women with PMDD find that their symptoms go away or drop to tolerable levels.

Dysthymia is chronic form of depression, characterized by moods that are consistently low, but not as extreme as other types of depression. The main symptom of dysthymia is low, dark, or sad mood nearly every day for at least 2 years. Treatment using both medication and psychotherapy may yield the most improvement.

Experiencing Depression

"The *Failure of Will* theory is equally popular with people who are not depressed. 'Get out and take your mind off yourself,' they say. 'You're too self-absorbed.' This is just about the stupidest thing you can say to a depressed person, and it is said every day to depressed people all over this country. And if it isn't that, it's, 'Shut up and take your Prozac.'"

—*Chase Twichell,* Toys in the Attic

"I didn't sleep more than two hours a night. I stopped eating—it was too hard to swallow. I thought about the wisecrack about someone who is out of it—'the lights are on, but nobody's home.' In depression, the lights are off, but somebody's definitely home. She just can't make it to the door to let you in."

—*Martha Manning,* The Legacy

"'What is depression like?' interviewers ask, and you answer obediently, laying out all the horrifying things you did to yourself, to your skin, when what you really wish they'd ask is, 'Where did it hurt?' and you would say, 'In my throat, at the backs of my eyes,

deep down in my gut, in every tooth.'"

—*Lauren Slater,* Noontime

"When you are depressed, there is no calendar, no dates. There's no day, no night. There's no minutes, no seconds, there's nothing. You're just existing in this cold, murky, ever-heavy atmosphere, like they put you inside a vial of mercury."

—*Rod Steiger*

"I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on the earth. Whether I shall ever be better I can not tell; I awfully forebode I shall not. To remain as I am is impossible; I must die or be better, it appears to me."

—*Abraham Lincoln*

"I didn't know what was the matter with me. All I knew was that I was feeling lower than a snake's belly. . . . I remember we used to go to restaurants, and I'd say 'Everybody's pointing at me, the cheat, the fraud, the fake.' You really believe these things! Astonishing!"

—*Mike Wallace,* On the Edge of Darkness

"It is hopelessness even more that pain that crushes the soul. So the decision making of daily life evolves not as in normal affairs, shifting from one annoying situation to another less annoying; or from discomfort to relative comfort, or from boredom to activity; but moving instead from pain to pain. One does not abandon even briefly one's bed of nails, but is attached to it."

—*William Styron*

"Years ago Larry King asked me to come out of the closet with Mike Wallace. I hesitated because being a funny man would hurt my reputation and people would know my dirty, dark secret."

—*Art Buchwald*

The Geriatric Depression Scale

1. Are you basically satisfied with your life?	Yes	**No**
2. Have you dropped many of your activities and interests?	**Yes**	No
3. Do you feel that your life is empty?	**Yes**	No
4. Do you often get bored?	**Yes**	No
5. Are you hopeful about the future?	Yes	**No**
6. Are you bothered by thoughts you can t get out of your head?	**Yes**	No
7. Are you in good spirits most of the time?	Yes	**No**
8. Are you afraid that something bad is going to happen to you?	**Yes**	No
9. Do you feel happy most of the time?	Yes	**No**
10. Do you often feel helpless?	**Yes**	No
11. Do you often get restless and fidgety?	**Yes**	No
12. Do you prefer to stay at home, rather than going out and doing new things?	**Yes**	No
13. Do you frequently worry about the future?	**Yes**	No
14. Do you feel you have more problems with memory than most?	**Yes**	No
15. Do you think it is wonderful to be alive now?	Yes	**No**
16. Do you often feel downhearted and blue?	**Yes**	No
17. Do you feel pretty worthless the way you are now	**Yes**	No
18. Do you worry a lot about the past?	**Yes**	No
19. Do you find life very exciting?	Yes	**No**
20. Is it hard for you to get started on new projects?	**Yes**	No
21. Do you feel full of energy?	Yes	**No**
22. Do you feel that your situation is hopeless?	**Yes**	No
23. Do you think that most people are better off than you are?	**Yes**	No
24. Do you frequently get upset over little things?	**Yes**	No
25. Do you frequently feel like crying?	**Yes**	No
26. Do you have trouble concentrating?	**Yes**	No
27. Do you enjoy getting up in the morning?	Yes	**No**
28. Do you prefer to avoid social gatherings?	**Yes**	No
29. Is it easy for you to make decisions?	Yes	**No**
30. Is your mind as clear as it used to be?	Yes	**No**

Scoring for the GDS

This is the original scoring for the scale: One point for each of these answers [they are bolded on the sheet]. Cutoff:

normal, 0-9

mild depressives, 10-19

severe depressives, 20-30.

1. no	6. yes	11. yes	16. yes	21. no	26. yes
2. yes	7. no	12. yes	17. yes	22. yes	27. no
3. yes	8. yes	13. yes	18. yes	23. yes	28. yes
4. yes	9. no	14. yes	19. no	24. yes	29. no
5. no	10. yes	15. no	20. yes	25. yes	30. no

Yesavage JA, Brink TL, Rose TL, Lum O, Huang V, Adey MB, Leirer VO: Development and validation of a geriatric depression screening scale: A preliminary report. *Journal of Psychiatric Research 17:* 37-49, 1983. See the on-line version at http://www.stanford.edu/~yesavage/GDS.html.

One of the Most Treatable Mental Disorders

- Depression is the second most common chronic disorder seen by primary care physicians.
- In the average family practice, around 6 cases of depression go unrecognized each week.
- It afflicts an estimated one in six U.S. adults at some time in their lives.
- With proper diagnosis and treatment, depression can be effectively treated in more than 80 percent of cases.
- More than 20 antidepressant medications are now available.
- An estimated 89 percent of sufferers are not taking medication
- The most commonly used treatments are antidepressant medication, psychotherapy, or a combination of the two.
- Treatment may fail for up to 50 percent of patients because they stop taking their medication too soon.
- Too many people resist treatment because they believe depression isn't serious, that they can treat it themselves, or that it is a personal weakness rather than a serious medical illness.
- Up to 15 percent of those hospitalized for depression commit suicide.

Source: NIH Web page and *American Family Physician*, Sept. 2002

How to Help Someone Who Has Depression

Treatment Options

- Medication influences the functioning of certain chemicals (neurotransmitters) in the brain. Some people will respond to one type of drug and not another.
- Cognitive Behavioral Therapy (CBT) helps people change negative thought patterns that become pervasive in depression.
- Electro-convulsive therapy (ECT). When the patient is anesthetized, an electric current is used to induce a seizure in the brain. A series of ECT treatments can provide rapid relief of symptoms. It can be a highly effective treatment for severe depressive episodes when the patient is in major depression and has not responded to medication and other treatments or when antidepressants would interact badly with other necessary medications. Today, the success rate of ECT in people suffering from mood disorders is more than 90 percent.
- Phototherapy, also know as light therapy, can be very effective for people with mild to moderate SAD (seasonal affective disorder).
- Interpersonal therapy has found to be helpful particularly when combined with medication.
- Exercise suited to the person's abilities often improves mood.

What You Can Do

Know:

- that you can not cure someone else's depression, not even with kind words or kind deeds.
- there are ups and downs in recovery. It is neither swift nor steady.
- that you can't really understand what the person is going through. Even if you have had depression, your response to this illness is probably not like his or hers.
- that listening can be healing.

It is important to:

- know the resources available. Learn about the possibilities and make it easy for the person to access the information.
- help the person recognize there is a problem and get help. Make the appointment and provide transportation if necessary.
- explain that seeking help is not a sign of weakness, but rather one of courage and wisdom.
- get an appropriate and accurate diagnosis, based on a comprehensive physical and mental evaluation.

- become educated about the illness.
- understand the side-effects of medication and that medications may take up to 4 to 6 weeks to take effect (longer in older adults).
- encourage continued treatment and follow-up.
- offer emotional support. This includes understanding, patience, and reassurance.
- offer physical support. Help the person participate in low-stress activities. Run errands or help with daily duties.
- support and encourage participation in things that once provided pleasure. Urge the person to stay involved with others and not become isolated.
- know what to do if a crisis develops. Have resource numbers at hand.

Do not:

- ignore remarks about suicide. Take them seriously and get professional involvement.
- accuse the person of faking it or laziness. They can't "snap out of it."
- overlook use of alcohol or other substances.

Maintain:

- a support system for yourself and for the person with depression. Find out about support groups and consumer advocacy organizations.
- a healthy detachment. Take care of yourself and recognize this is not about "you."
- limits to avoid burnout or your own anger.
- your daily activities and positive behaviors. Take breaks, participate in other relationships, get support, and take care of yourself physically.

Experiencing Bipolar Disorder

At first, when I'm high, it's tremendous. Ideas are fast, like shooting stars you follow 'til brighter ones appear. All shyness disappears, the right words and gestures are suddenly there. Uninteresting people, things, become intensely interesting. Sensuality is pervasive. The desire to seduce and be seduced is irresistible. Your marrow is infused with unbelievable feelings of ease, power, well-being, omnipotence, euphoria. You can do anything, but somewhere this changes.

The fast ideas become too fast and there are far too many. Overwhelming confusion replaces clarity. You stop keeping up with it—memory goes. Infectious humor ceases to amuse. Your friends become frightened. Everything is now against the grain. You are irritable, angry, frightened, uncontrollable, and trapped.

—Anonymous
Source: http://www.healthyplace.com/communities/bipolar/trillian/bipolar_2.htm

Imagine taking a pill that caused you to swing emotionally between a depressed and an elated state—back and forth, each day or week or month? Would you ever gamble at taking such a pill to seek enjoying the highs, at the cost of possible depression?

—Anonymous

How could my roommate dare say I was acting strange (I had just returned from hitchhiking to Moorhead, about 175 miles away, and back, to visit a friend and go to a rock concert). She had called my parents and told them I had not been attending classes, had not been sleeping much, and she feared I was heading on a collision course to a breakdown of some kind. . . .

—Anonymous

Bipolar disorder is something that is mine, and it is very difficult to talk about. Breaking this silence has been really wrenching for me; I went into a kind of depression wondering if I really wanted to talk about all this. I finally decided that education is more important."

—Mariette Hartley, actress

Manic depression distorts moods and thoughts, incites dreadful behaviors, destroys the basis of rational thought, and too often erodes the desire and will to live.

—Kay Redfield Jamison, Professor of Psychiatry at Johns Hopkins School of Medicine and author of An Unquiet Mind
Source: http://www.bipolarpathways.com/

Dementing Diseases

Preventable, Reversible, or Treatable

- Intoxication
  - Alcohol*
  - Drugs of abuse
  - Medications
  - Adverse drug interactions
  - Environmental chemicals
- Infection
  - Meningitis, encephalitis
  - Lime disease, HIV, syphilis, other chronic infections
  - Acute infections*
- Metabolic disorders
  - Chronic thyroid, parathyroid, pituitary, or adrenal disease
  - Pulmonary disease
  - Kidney or liver failure
  - Diabetes
  - Dehydration
- Nutritional disorders
  - B-vitamin deficiencies (B1, B3, B12)
  - Pernicious anemia
  - Folate deficiency
- Space-occupying lesions
  - Subdural hematoma
  - Benign brain tumors
  - Hydrocephalus
- Vascular diseases
  - Hypertension
  - Atherosclerosis/arteriosclerosis
  - Vasculitis
  - Clotting
  - Episodes of ischemia/hypoxia from poor heart function
- Affective disorders
  - Depression (but it often accompanies degenerative dementias)

*Delirium, a sudden change in cognitive processes, can result from either of these. Life-threatening, it should be evaluated and the cause promptly treated.

Progressive Degenerative Diseases

- Dementia only: Alzheimer's (most common), Pick's (relatively uncommon)
- Other degenerative diseases producing dementia with their principal symptoms
  - Parkinson's disease
  - Huntington's disease
  - Amyotrophic lateral sclerosis (Lou Gehrig's disease)
  - Others

Source: Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

The 3 Ds: Dementia, Delirium, Depression

Characteristic of the Disease	Dementia	Delirium	Depression
Onset/Course	Slow, symptoms may fluctuate	Very rapid, hours to days; symptoms may fluctuate sharply	Rapid, days to weeks
Mental Processes/ Judgment	Impaired	May be impaired	May seem impaired
Mood	Labile early; apathy later	Fluctuating	Depressed, worried, hopeless
Memory	Impaired, especially for recent events	Impaired, especially for recent events	May seem impaired
Cognition	Disordered reasoning, problems calculating	Disordered reasoning	May seem impaired
Orientation	Disoriented, confused	Disoriented, confused	May seem disoriented
Thoughts	Confused; possible paranoid delusions	Incoherent, confused, possible delusions	Decrease in thought activity, hypochondria, death-related thoughts, possible delusions
Perception	No change	Simple misinterpretations and illusions; visual hallucinations	Auditory hallucinations
Consciousness	Normal	Clouded	Normal
Speech	May be sparse, repetitive, unlikely to complain of mental deficits	May be incoherent; sparse or fluent	Understandable, outbursts or sparse, may complain of mental deficits
Behavior	Possible agitation, apathy, wandering	Possible agitation, restlessness, wandering, altered sleep cycle	Changes in appetite and sleep pattern; fatigue; may show agitation or apathy
Mental Status and Tests	Consistently poor performance; progressively worsens; client tries to answer questions	Poor performance, improved on recovery	Inconsistent performance, improved on recovery. Client may answer questions, “I don’t know.”
Recovery?	No return to premorbid function	Return to function if cause is corrected in time.	Risk of suicide; return to premorbid function on recovery; usually requires treatment

Differentiating the Progressive Degenerative Diseases

Disease	Who Is at Risk	Behaviors	Onset/Course	Treatment
Alzheimer's	Age 65+ some genetic hypertension, cardiovascular, diabetes, cholesterol, obesity African American	Global loss	Gradual onset Progressive decline	Some new medications seem to slow the course
Vascular	Similar to Alzheimer's, but hypertension more of a predictor	Loss specific to area of brain damaged	Often abrupt onset Stepwise decline	Treat hypertension and other risk factors Stroke medications Aricept provides some help

Becoming Culturally Competent

For you

- Value diversity in all individuals and the strengths that can be found in differences.
- Don't assume. Seek out experience and training.
- Be aware of your own values, norms, and beliefs and how they influence your work with clients.
- Include cultural understanding in all phases of assessment and treatment.
- Become aware of your own limits of competence and expertise. Don't be afraid to seek peer or supervisory consultation.

In your work with clients

- Identify and discuss the impact of present life circumstances that affect the person's daily functioning.
- Identify and acknowledge any psychological problems that stem from a person's adaptation to a new cultural environment.
- Identify and explore the client's own meaning of physical and mental health.
- Identify the important relationships in the person's life and the influence they have in seeking help.
- Work within the client's cultural context by becoming familiar with his or her values, roles, expression of feelings, and ways of coping.

Components of an Effective System of Care

An effective and comprehensive community support system for adults with mental illness should include:

Component	**Who provides this in your community?** **social services, community mental health centers, other?**
1. Identification of the population, whether in hospitals or in the community, with subsequent provision and evaluation of outreach and mental health services.	
2. Assistance in applying for income, medical, and other entitlements.	
3. Provision of psychosocial rehabilitation services such as goal-setting, rehabilitation services, treatment modalities, evaluation, transitional living arrangements, socialization, and vocational rehabilitation.	
4. Provision of quick response, 24-hour crisis services to include voluntary and involuntary commitment.	
5. Provision of support and education to family and friends.	
6. Involvement and coordination of volunteers and community groups in providing support, housing, housing repair, companionship, etc.	
7. Protection of client's rights, both in hospitals and in the community.	
8. Provision of case management services to assure coordination and availability of appropriate and timely forms of assistance including assessment and treatment plan development, medication management, monitoring, information, and referral.	

National Alliance for the Mentally Ill (NAMI)

The National Alliance for the Mentally Ill (NAMI) is a nonprofit organization that provides self-help, support, and advocacy for consumers, families, and friends of people with severe mental illness. NAMI has more than 210,000 members who seek equitable services for people with severe mental illness. NAMI works on the national, state, and local levels to provide education about severe brain disorders, support increased funding for research, and advocate for adequate health insurance, housing, rehabilitation, and vocational options for people with severe mental illness. More than 1,200 local affiliates are made up of consumers, family members, professionals, and friends who come together to share their common experiences, to educate members of the community and to provide support to people with mental illness and encourage their full participation as community members.

Toll-free helpline: 1-800-950-NAMI (6264). Staffed by trained volunteers Monday through Friday 10:00 am to 5:00 pm eastern time and has a 24 hour, seven day a week message line.

Available on line at: http://www.nami.org