June 6 Education Meeting

Multicultural Influences on Mental Health Challenges

Panelists from Black, Indian, Asian, and Hispanic communities will discuss how culture influences their attitude toward and access to mental health services. See p. 3 for details.

Announcing . . .

The 5th Quarter Sports Bar and Grill Pizzeria is teaming up with NAMI Tri-County Illinois for an evening of music, food, information, and fundraising.

Please put this on your calendar!

Where: The 5th Quarter Sports Bar and Pizzeria
1110 N. Main Street
East Peoria, IL 61611

When: Saturday, September 21, 2019
7 to 10 p.m.

What: PhanieRae & the Soul Shakers
A group of Soulful Rockers with a little hip hop and blues in between.

A percentage of the food sales will be donated to Nami Tri-County Illinois. There will be a cover charge for the cost of the band.
Educational Opportunities

NAMI Family to Family Class
Please call to register for the next class
Parents, spouses, friends, or adult children of people with mental illnesses are invited to participate in the next 12-week class. There is no charge for this NAMI signature program. Participants will learn valuable information to help them understand and support an ill relative while maintaining their own wellbeing. Please call 309 693-0541 or 309 251-5830 for information or to register for the next class.

NAMI Peer to Peer Class
The next class will be held when there are sufficient numbers to offer it. Please call 309 693-0541 to express interest, ask questions, or register. This class has been redesigned as a 6-week class rather than a 10-week class. You must be 18 or older, have a psychiatric diagnosis, and have someone with whom you can talk about any issues/problems the classes unearth. The classes teach information about the various mental illnesses, tell how different medications function, help you create a relapse prevention plan, and start you toward creating an advance medical directive. The class will be facilitated by Dean and Larry. There is no charge for this NAMI signature program.

NAMI Basics Education Program
Please call to register for the next class
This course is for parents and caregivers of children and adolescents with mental illness. Basics is taught by parents who have lived similar experiences with their own kids and have received training to teach the course. The class covers the biology of mental illness, treatment, school interventions, and the latest research as well as the trauma of brain disorders for the child and the family. If you are interested in this class, please call 309 251-5830. There is no charge for this NAMI signature program. Also, check out www.NAMI.org "Basics" video on You Tube for further description of the course.

Gratitude is riches.
Complaint is poverty.
~ Doris Day ~

IDHS/DMH Recovery & Empowerment Statewide Calls
Submitted by Board Member Karen Rose

ABOUT RECOVERY & EMPOWERMENT CALLS:
For all persons living with mental health conditions and receiving mental health services, this call is for you! The call contains specific information relative to consumers of mental health services. This call is uniquely and specifically designed to provide education and support for all individuals participating in publicly funded mental health services in Illinois. These educational 2019 forums place an emphasis on sharing successful tools and strategies for wellness.

Bringing Balance into Our Lives
Please mark your calendars now for the 2019 Recovery & Empowerment Statewide Calls.

Calls: 4th Thursday of each month except Nov. & Dec.
From 10:00 a.m. to 11:00 a.m.
Call-In Number: (800) 230-1059. No password required

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<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>June 27</td>
<td>Growing through Grief and Loss</td>
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<td>July 25</td>
<td>Building Meaningful Connections</td>
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<td>August 22</td>
<td>Giving Ourselves a Break</td>
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<td>September 26</td>
<td>Regaining Power through Change</td>
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<td>October 24</td>
<td>Living Well on a Shoestring Budget</td>
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Shopping on Amazon?
Please choose
NAMI Tri-County Illinois
Letter from the President

Dear Members and Friends,

“My Thanks” is the name of a social media campaign that NAMI launched for the month of May. We are familiar with the fact that one in five or 60 million Americans are affected by mental health conditions each year. We or our loved ones are included. We all know that recovery involves much more than “caring”, yet, I want to recognize you as people who care and help others along their journeys to recovery.

Speaking of a journey, in April I traveled to Reston, Virginia, to participate in NAMI’s “Training of the Trainers” to become a trainer for the NAMI Basics program for the state of Illinois. I met with others from Texas and Mississippi, Utah and Arizona and many East Coasters. One of our national trainers was Adrienne Kennedy whose name comes up frequently since she is the President of NAMI. She has a big responsibility; yet, obviously, her heart is right at the center of mental illness education for parents of children living with mental health conditions. I’m looking forward to meeting new Basics teachers from all over our state.

Here at home, in our Tri-County affiliate, we have some changes to report. Karen Rose and Kim Modglin have recently resigned from our board due to increased employment demands and personal reasons. We will miss them as they’ve both made generous contributions to NAMI. Kirsten Guiliano has moved to Florida, yet continues to work remotely for OSF. She is adding greatly to our Facebook presence and has managed to attend a board meeting since she moved! There will be some new board members starting in July with the beginning of the NAMI year. From time to time, we change some of the things we do and try different ones. We do not plan to have a Hog Roast or Pork Chop Fest this summer. Thanks to the planning team of Craig, Deb and Kim, there will be a benefit Concert on September 21 (see page 1) and a Trivia Night on October 5.

One area in which our affiliate is growing is in connection with many local faith organizations. Some literature advises individuals experiencing mental health challenges to talk with a trusted friend or spiritual leader. NAMI recognizes that many faith leaders feel less than well equipped to direct their people to help. NAMI Faithnet is an attempt to make faith leaders more familiar with mental health conditions and NAMI programs as they minister to their congregations. One of our board members, in particular, Tony Johnson, has wide contacts in our community and has been working to spread our message to faith leaders.

My thanks to all who work together because we care.

Beth Lawrence

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Education Meetings

First Thursday of most months, 7:00—8:30 p.m.
Location: ICC North, Poplar Hall, Room 127

June 6, 2019
~~~Electio of Officers~~
Multicultural Panel Representing Black, Indian, Asian & Hispanic Communities
Panelists will discuss Multicultural Influences on Mental Health Challenges
Panelists:
- Suvi Pachigolla, a UICOM medical student from India
- Danira Parra, Pastor or the Dayspring Native American United Methodist Church, Peoria
- Tony Johnson, NAMI Tri-County Illinois Board Member and Coordinator of Community Training for Spiritual Care at Unity Point Health
- Hispanic
The audience will be encouraged to ask questions and participate in discussion.

July 4, 2019
No Education Meeting; enjoy the holiday

August 1, 2019
Topic: Permanent Supportive Housing
Speaker: TBD

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Election of Officers for NAMI Tri-County Illinois
June 6, 2019, 7:00 p.m.
ICC North, Poplar Hall, Room 127

Slate of Officers

President: Beth Lawrence, 1-year term
Vice President: Craig Stanford, 2-year term
Treasurer: Roger Mohn, 1-year term
Directors:
- Pat Edwards, 2-year term (returning)
- Larry Fordham, 1-year term
- Kirsten Guiliano, 2-year term
- Tony Johnson, 2-year term
- John Mayfield, 2-year term
New Director: Sonya Bolden, 1-year initial term

One vote per member; one vote per household if household membership was purchased.
**Thank You!**

**Monetary Donations**
Anonymous, several through Network for Good
Anonymous, through Abbvie YourCause
Roger & Ira Bradle
Becky Dorman
Larry Spialek

**In Memory of Lester Brown**
Rollie & Michelle Abel
Theodore Brown
Thomas Corum
Wayne Cross
Nancy Miskky
James & Marguerite Richardson
Michael & Debra Threw

**In Memory of Wallace V. Smith**
Mary Warren

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**Spring 2019—Completion of two NAMI Signature Classes**

**Basics Completed**

*Submitted by Beth Lawrence*

NAMI’s class for parents of children and adolescents ran for 6 weeks in March and April. NAMI prepared and released a new set of animated videos that we were able to present to this class. Titles are *Are you born With It?, The Brain, Biology of Mental Health Conditions, How Messages Travel Through the Brain* and *How Psychotropic Medications Work*. Participants appreciated the videos and other class material as well as a time to share their journeys with other parents. Our guest speaker, Tiffany Jordan of the Antioch Group, gave insight into the challenges students and parents face. These parents of biological, foster and adopted children each love and seek the best for their children.

**Family to Family Completed**

*Submitted by Gay Knapp & Rachel Knapp*

A Family to Family class participant wrote:

Family to Family is a breath of energizing fresh air to me, easing the exhaustion of walking on eggshells around my loved one with mental illness and friends and family who haven’t been there.

Family to Family, the timing of the class and the extremely helpful content, is one of the most direct answers to prayer I have ever received.

NAMI’s Family to Family class finished on May 23 with graduation for its participants who have completed the 12-week course. While this is a major commitment for those signed up for the class, we believe it is one that those who attended have found to be well worth it. In the weekly class, participants learned the biology behind different brain disorders, prevalence of various conditions, and some of the reasons why individuals we love—our children/grandchildren, parents, spouses, siblings or friends—may fall victim to the host of disorders that fall under the classification of mental illness. We learned that neither our loved ones nor we are to blame for the illness.

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**With Sympathy**

**Brian P. Berger**, age 34, of Rogers Park, IL, formerly of Chillicotho, passed away on Sunday, March 31, 2019, at his home. We extend sympathy to Brian’s parents, **Craig and Carol Berger**, active members of NAMI Tri-County Illinois. We continue to keep you in our thoughts and prayers.


The family requested that memorials for Mr. Brown be sent to NAMI Tri-County Illinois. We appreciate this kind gesture, and we honor Brian’s memory with those gifts. Our sympathy goes out to this family.

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**NAMI Members Speak Out…**

3/13—**Owen Johnson and Beth Lawrence** presented *Ending the Silence* to 384 Woodford County High School students at Eureka College

4/9—**Beth Lawrence** spoke to a Parents Support Group at the Children’s Home

4/17—**Roger Mohn** spoke to the Metamora/Germantown Hills Rotary Club, relating his experiences and discussing his book, *A Different Kind of Closet, The Struggles of Mental Illness*

4/27—**Roger Mohn, Deb Shaw, Lila Gammon and Beth Lawrence** distributed information at *The Recovery Project* at the Civic Center

5/8—**Brian Roskuska and Beth Lawrence** distributed information and interacted with students at Limestone High School at a lunch time table display

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**New Drug for Depression**

*Reported in the Washington Post, March 5, 2019*

In March, the Food and Drug Administration approved a novel antidepressant for people with depression who do not respond to other treatments—the first in decades to work in a completely new way in the brain. The drug, a nasal spray called esketamine, has been eagerly anticipated by psychiatrists and patient groups as a powerful new tool to fight intractable depression. The spray acts within hours, rather than weeks or months as is typical for current antidepressants.

and that by gaining new information we can begin to build a better life for ourselves and, hopefully, for those we care so much about. By continuing to reach out for help through various resources, including NAMI support groups and education nights, we can stop walking on eggshells. We can become advocates for change and help others on this continuing journey.

Thank you NAMI! Thank you to our classmates who show such courage and love through their participation in F2F. It’s been great!!
New to Peoria—UnityPlace
Good news for the local Behavioral Health Community
By Leslie Runken
Reprinted from the Journal Star, 3/20/19.

PEORIA – The shortage of psychiatrists and other behavioral health professionals in central Illinois is one of many issues the newly created UnityPoint Health—UnityPlace will address, said Debbie Simon UnityPoint Health Regional CEO, during a Wednesday morning news conference at the Atrium building in Downtown Peoria.

“The number one thing I believe we are all committed to is increasing access to care—access to crisis care, physician care, community care, hospital care—in a much more efficient and seamless way,” said Simon, who will serve as interim president of UnityPlace after her impending retirement from UnityPoint Health.

UnityPoint Health is joining forces with the Human Service Center and Tazwood Center for Wellness to form UnityPlace, a not-for-profit organization dedicated to meeting the growing behavioral health care needs in central Illinois. The goal is to transform how behavioral health services are delivered.

Human Service Center and Tazwood Center for Wellness are both not-for-profit organizations which have been providing behavioral health services in central Illinois since the 1970s. The Human Service Center works with residents of Peoria County, and Tazwood Center for Wellness serves residents in Tazewell, Woodford, Logan and McLean counties, and provides emergency response services to residents in Fulton and Mason Counties.

“By pooling our resources, we will be able to make an immediate impact on the service delivery system, addressing issues that have negatively impacted our community for decades,” said Simon.

“During the first six months of operation, UnityPlace will work diligently to improve access through provider recruitment, the use of technology, centralized scheduling and other tools available to us. There is an urgency to behavioral healthcare and people need to be seen quickly. We are going to make it happen.”

Leaders of UnityPlace want to remove roadblocks patients frequently face when seeking help for behavioral health issues. One way is to create a model that integrates behavioral health with primary care services.

One of the biggest roadblocks patients face is finding physician and clinical providers, said Simon.

“We have a tremendous dedication in our medical community and our clinical community, but we need more,” she said.

The creation of UnityPlace will make it easier to recruit mental health professionals to the area, said Dr. Ryan Finkenbine, chair of the department of psychiatry at the University of Illinois College of Medicine Peoria.

“Pulling this together creates so many opportunities for behavioral health professionals, I think it will definitely be easier to recruit,” he said after the news conference.

Today Peoria has about 26 psychiatrists, which is too few, said Finkenbine.

“We need about 40,” he said. “There is a wait list for psychiatric patient services. I think all venues have a very long wait list—from weeks to months.”

Over the next few months the leaders of UnityPlace will announce more details about their plan to transform behavioral health services in central Illinois.

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### Important Contact Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Local NAMI Information</td>
<td>309 693-0541</td>
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<tr>
<td>NAMI IL – State Headquarters</td>
<td>1-800 346-4572</td>
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<tr>
<td>National NAMI Helpline</td>
<td>1-800 950-6264</td>
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<tr>
<td>Hult Center for Healthy Living</td>
<td>309 692-6650</td>
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<td>Heartland Community Health Clinic</td>
<td>309 680-7600</td>
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<tr>
<td>UnityPoint Health—Methodist Community Behavioral Health</td>
<td>309 672-4103</td>
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<tr>
<td>OSF Behavioral Health</td>
<td>309 308-8150</td>
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<td>OSF Silver Cloud—digital therapy program for home use</td>
<td>833 713-7100</td>
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<tr>
<td>Children’s Home</td>
<td>309 685-1047</td>
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<tr>
<td>National Suicide Hotline 24-Hour Hotline</td>
<td>1-800 273-TALK</td>
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<tr>
<td>American Foundation for Suicide Prevention</td>
<td>212 363-3500</td>
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<tr>
<td>Survivors of Suicide</td>
<td>309 697-3342</td>
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<td>Police – all counties</td>
<td>911</td>
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<td>Emergency Response Service:</td>
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<tr>
<td>Peoria County</td>
<td>309 671-8084</td>
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<tr>
<td>Woodford &amp; Tazewell County</td>
<td>309 347-1148</td>
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<tr>
<td>Human Service Center</td>
<td>309 671-8000</td>
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<tr>
<td>Tazwood Center for Wellness</td>
<td>309 347-5579</td>
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<tr>
<td>VA Suicide Hotline</td>
<td>1-800 273-8255</td>
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<tr>
<td>NAMI IL</td>
<td>1-800 345-9049</td>
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### Crisis Intervention Resources

**Youth: CARES (Crisis and Referral Entry Services for Medicaid Card Coverage)**: 1-800 345-9049

CARES is Statewide and will assess eligibility for SASS (Screening and Assessment Referral Services)

24-hour crisis lines:

**Nat’l Suicide Lifeline**: 1-800 273-8255

**Peoria County ERS**: 309 671-8084

**Tazewell & Woodford Counties**: 309 347-1148

Dial 2-1-1 for a non-emergency number that connects people with essential community information and services: food, shelter, counseling, mental health, employment, elderly, children & families.

**How to Reach the Community Crisis Center**
130 N. Richart Pryor Place, Peoria, Illinois

**If the individual is at risk:**
Contact the police department and ask for a crisis intervention-trained officer for an initial response. The police will contact ERS when the situation is secure.

**If individual safety is not a concern:**
Contact ERS at 309 671-8084 – TTY Line: 309 671-3566. You will be asked for some brief information to assist their response.

**Medical Detox**: 309 689-3080
June—August 2019

Family Forum

Book Reviews

Elements of Culture and Mental Health, 1st Edition
Edited by Kamaldeep Bhui, review from amazon.com

Editor’s note: Our book reviews generally are for books that lay people use and appreciate. This book is more for use of professionals; we felt it was appropriate since there is sometimes a disconnect in services for those of minority cultures.

It is not enough for mental health professionals to make best use of the evidence base; they must also ensure that interventions are culturally appropriate, acceptable and ethical. This is a very complex task - to work with culturally diverse populations who may not expect the same sort of treatments or interventions or even assessment processes as the cultural majority. How can professionals work confidently with people from diverse cultural backgrounds, engage with the emotional and professional demands, and be more creative about how to improve the quality of care and the take up of care? This short volume, developed by service users, practitioners, teachers and researchers, aims to address this issue. Each chapter is a concise, thought-provoking, engaging and creative essay about a clinical scenario that is central to improving the quality of care to culturally diverse populations. The scenarios are common, and the essays set out beautifully some of the obstacles to improving care, dilemmas facing the clinician, and how they might be overcome.

A Different Kind of Closet: The Struggles of Mental Illness
By Roger Mohn, review from amazon with remarks by Lila Gammon

What’s it like to be raised in a dysfunctional home where your mother is bipolar, your father a highly functioning alcoholic? Roger Mohn’s story is not unique. Most families that deal and struggle with mental illness among them live in a different world because so much negative stigma surrounds “mental illness.” It’s like those people, for whatever reason, that live in a closet of secrecy about their lives, only this is a Different Kind of Closet.

NAMI Tri-County Illinois is proud to promote this book as it was written by our board member, treasurer, Family-to-Family class teacher, tech specialist, speaker and very willing leader or participant in our fundraisers and other activities, Roger Mohn. Once Roger chose to reveal his background and struggles, he became a tireless advocate for reducing the stigma of behavioral health issues and educating those who live with those issues or those who have concerns for their family members.

Alpha Kappa Alpha Sorority—NAMI Partnership

Starting in 2015, Alpha Kappa Alpha Sorority, Inc. (AKA) and NAMI, the National Alliance on Mental Illness, are working together to increase mental health awareness in the African American community. AKA Chapters will work with NAMI State Organizations and NAMI Affiliates to educate African Americans about mental health, treatment and recovery. Together, we can help communities access much needed treatment services and support. AKA Chapters, NAMI State Organizations, NAMI Affiliates and NAMI On Campus Clubs are encouraged to reach out to each other in order to implement the partnership at the local level.

N A M I Tri-County Illinois
(309) 693-0541

Officers
President........................Beth Lawrence
Vice President.............Craig Stanford
Secretary................................Debra Shaw
Treasurer..............................Roger Mohn
Editor.................................Lila Gammon

Directors
Larry Fordham Kirsten Guliano
Tony Johnson John Mayfield

Family Support Group Facilitators
Lila Gammon Gay Knapp
Marjorie Schwebel Suzanne Spears

Connections Support Group Facilitators
Larry Fordham Dean Harris
.....................John Mayfield

Family to Family Class Instructors
Dianne Geiss Roger Geiss
Gay Knapp Rachel Knapp
Bruce Leman Kim Modglin
Roger Mohn

Peer to Peer Class Instructors
Larry Fordham Dean Harris

Basics Education Program Instructors
Becky Dorman Beth Lawrence

For any subject matter of interest or suggestions, please call Beth 309-251-5830 or Lila 309 648-5420

CALL THE NAMI HELPLINE
National (217) 522-1403
Local Information Line: 309 693-0541

Additional Resources
✓ Nami.org—National Alliance on Mental Illness
✓ nimh.nih.gov—National Institute on Mental Health
✓ mentalhealthtreatment.net—Mental Health Treatment articles
✓ www.asp.org—American Foundation for Suicide Prevention
✓ samhsa.gov—substance abuse & mental health services administration
✓ psychcentral.com—getting help for a variety of mental illnesses
✓ Choicesinrecovery.com—guides for recovery strategies
✓ http://mentalhealthchannel.tv/
✓ https://www.columbusrecoverycenter.com/help-teen-with-mental-health-issues/—teen mental health
June—August 2019

NAMI TRI-COUNTY ILLINOIS
CALENDAR OF EVENTS
June, July & August 2019
~Illinois Central College North, 5407 N. University, Peoria~
Education Meetings, Poplar Hall, Room 127
Support Groups, Poplar Hall: Family—Room 132 & Connections—Room 131

June
Tuesday, June 4, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, June 6, 7:00 p.m. Monthly Education Meeting. ICC North, Room 127, Poplar Hall. Speaker: Panelists—see p. 3 for names. Topic: Panel Discussion: Multicultural Influences on Mental Health Challenges.
Thursday, June 13, 6:30–8:30 p.m. Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria
Tuesday, June 18, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, June 20, 7:00–8:30 p.m. Monthly Support Groups, ICC North, Poplar Hall
Family and friends of people with mental health conditions. Room 132. For further information call 309 693-0541.
Connections—individuals participating in recovery. Room 131. For further information call John 309 472-5907.
Thursday, June 27, 6:30–8:30 p.m. Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria

July
Tuesday, July 2, Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, July 4, No Monthly Education Meeting. Enjoy the holiday.
Thursday, July 11, 6:30–8:30 p.m. Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria
Tuesday, July 16, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, July 18, 7:00–8:30 p.m. Monthly Support Groups, ICC North, Poplar Hall
Family and friends of people with mental health conditions. Room 132. For further information call 309 693-0541.
Connections—individuals participating in recovery. Room 131. For further information call John 309 472-5907.
Thursday, July 25, Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria

August
Thursday, August 1, 7:00–8:30 p.m. Monthly Education Meeting. ICC North, Room 127, Poplar Hall. Speaker: TBA. Topic: Permanent Supportive Housing.
Tuesday, August 6, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, August 8, 6:30–8:30 p.m. Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria
Thursday, August 15, 7:00–8:30 p.m. Monthly Support Groups, ICC North, Poplar Hall
Family and friends of people with mental health conditions. Room 132. For further information call 309 693-0541.
Connections—individuals participating in recovery. Room 131. For further information call John 309 472-5907.
Tuesday, August 20, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, August 22, Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria

Looking Ahead:
Saturday, September 21, fundraiser with great music by PhanieRae & the Soulishakers, 5th Quarter Bar & Grill (see p. 1)
Saturday, October 5, Trivia night; more details to come

Join the nation’s largest gathering of mental health advocates as we share, learn and network around important mental health issues.
Launching at this year’s convention—NAMI’s new strategic plan! The convention’s theme, Our Movement, Our Moment captures the power and excitement of this moment as we mobilize the NAMI movement!
The 2019 NAMI National Convention offers engaging presenters, thought-provoking topics and the latest updates on important research.

Survivors of Suicide - Peoria
Contact: Rev. Eimo Hinrichs or Mrs. Pat Hinrichs, 309 697-3342 or Sylvia Murphy, 309 208-3027
Meeting Place: Chapel at Proctor Hospital, 5409 North Knoxville Ave., Peoria, IL 61614
Meeting Day(s)/Meeting Time: 1st and 3rd Tuesday, 7:00 p.m. Facilitated by: Peer/Professional Charge: None

Brighter Days Ahead
513 NE Madison Peoria, Illinois 309 222-2012
“Brighter Days Ahead” offers a positive and uplifting environment for people 18 years of age or older who have experienced a mental illness. Its purpose is for members to have a safe place where they can socialize, receive support, and be part of fun, recovery-oriented activities while envisioning the brighter days ahead.

Hours of Operation
Monday - Saturday from 8 a.m. – 4 p.m. Sunday from 12 noon – 5 p.m.
If you have any additional questions, we would be happy to talk either by phone 309 222-2012 or at recoverycenter@fayettecompanies.org
How does Culture affect Mental Health

By Elena Schatell, Jul. 10, 2017, nami.org

As the racial demographic of the U.S. continues to shift, the mental health field faces the challenge of creating equal, culturally sensitive services for all. Many people are unable to attain their highest level of mental wellness for several reasons, and the culture of mental health is just one barrier. Closely tied to race and ethnicity, “culture” refers to a group of people who share a set of beliefs, norms, values and attitudes. The culture we associate with influences what we think and what we do—especially when it comes to mental health.

In 2001, the U.S. Surgeon General released a report that brought much needed attention to the role of cultural factors in mental health disparities. But 14 years after that report, an analysis published by the American Psychological Association (APA) revealed that there are still significant barriers to obtaining high quality mental health services for ethnic minorities in this country, including African-Americans, Hispanics, Latinos, Asian-Americans and Native Americans.

“While racial and ethnic disparities have decreased somewhat, [they] are still substantial,” says Dr. Timothy B. Smith, co-author of the 2015 APA analysis.

Compared with the U.S.’s majority Caucasian population, “members of racial and ethnic minority groups are less likely to have access to mental health services [and] less likely to use community mental health services,” says Dr. Charlene Le Fauve, program chief of the National Institute of Mental Health’s Minority Health and Mental Health Disparities Program. “[They] are more likely to use inpatient hospitalization and emergency rooms and more likely to receive lower quality care.” All of this increases the burden of mental illness, contributes to poor outcomes and results in greater use of intensive, costly services.

Understanding why cultural disparities exist and persist in the mental health field is difficult because the issue is complex. The following is some of what we do know on the topic.

Interpretations of Mental Illness

Cultures vary in how they interpret and understand mental illness. A 2010 study conducted in inner-city Hartford, Conn., found that European-Americans “tended to express beliefs about mental illness that were aligned with the biomedical perspectives on disease.” In contrast, Latino and African-American study participants more commonly emphasized “non-biomedical interpretations” of mental illness symptoms—meaning that they focused more on spirituality, moral character and social explanations for mental illness.

Stigma

Although the European-Americans in the study described above felt the impact of social stigma and rejection, stigma was far more of a prominent, core theme for Latinos and African-Americans. Latino participants viewed mental illness diagnoses as “potentially very socially damaging,” while African-Americans considered mental illness to constitute “private family business” that should not be dealt with or even acknowledged publicly.

Getting Support and Treatment

Out of the three groups studied, participants of European descent sought out professional mental health treatment most frequently. When faced with a mental health crisis, many ethnic minorities turn to primary care providers and nonprofessional sources of support, such as clergy, family, friends and community groups—anyone who has been deemed trustworthy and speaks the native language. If members of an ethnic minority do seek professional mental health treatment, it is usually only after symptoms have become much more severe.

Symptom Presentation

Culture also accounts for variations in how patients describe their symptoms to clinicians. Jyl Pomeroy, a mental health program manager at the Arlington Free Clinic in Northern Virginia, has observed that many of the clinic’s Latino patients describe anxiety as “my heart is hurting.” Research performed by Abdullah and Brown in 2011 support Pomeroy’s observation. They found that Latino and Asian patients are likely to express psychological distress in the form of physical or somatic complaints, including dizziness and tiredness. If a health provider does not further probe the patient to describe his or her emotional state, the patient may go untreated for an underlying mental health condition.

What we can do to Eliminate Disparities Involving the Culture of Mental Health

1) Follow national standards.

The U.S. government has developed standards for culturally-appropriate services that all mental health care providers and organizations should follow. Here are a few of the National CLAS (Culturally and Linguistically Appropriate Services) Standards:

- Provide equitable, understandable and respectful quality care and services that are responsive to the cultural health beliefs and practices of the patient demographic.
- Offer free language assistance and other communication needs to individuals with limited English proficiency. Inform all individuals of these services in their preferred language, both verbally and in writing.
- Encourage the recruitment and retention of a diverse, bilingual staff that is representative of the demographic characteristics of the service area.

(Multicultural Disparities Cont. on page 9)
How does Culture affect Mental Health?

(Multicultural Disparities Cont. from page 8)

2) Educate and train mental health staff to be culturally competent.
    Mental health organizations must provide ongoing education and training in culturally appropriate service delivery for their staff, especially if the staff comes from backgrounds that are different from their clientele’s. This education will help build trust between patient and professional and increase engagement. The training programs should cover what is known about the culture of mental health, including symptom expression and general attitudes and beliefs regarding mental illness.

    Staff should be taught to be open and accepting of patients’ preferred coping styles. Elizabeth Wolfe, a mental health therapist in Washington, D.C., sees many Latino clients at Mary’s Center, a federally funded local service agency in Washington, D.C. Wolfe has had several Latino clients who saw a curandero, or spiritual healer, before coming to see her. From listening to her patients, she has realized that many get “a lot of support and strength from their faith.” Consequently, faith and religious experiences are “something I try to bring into the therapy consciously, to help support that person,” Wolfe says.

3) Develop culture-specific mental health education tools.
    Public education is an important tool that can be used to combat stigma and reduce the shame surrounding mental illness. Educational materials—such as pamphlets, videos and PowerPoints—should cover the symptoms and signs of mental illness, treatment options, and what mental health services are available and how to access them. Include relatable personal stories from individuals who received care in the community.

    These should be easy-to-comprehend materials specifically designed for the ethnic demographic served and provided in the language(s) used by the population. When dispersing educational tools to culturally diverse audiences, also think strategically about where to advertise and distribute the materials.

4) Establish and engage community partners.
    The APA recommends facilitating partnerships among behavioral health providers, educators, community leaders, families and government agencies to ensure the development of culturally competent services. These partners can share resources and educate and engage each other to work toward systematic change. NAMI Lane County in Eugene, Ore., accomplished this recently, successfully getting 25 agencies to participate in a minority mental health Hope starts With You symposium.

    Community partnerships are also vital to improving use of local services and reducing culture-based stigmas. Start a mental health conversation or program in a part of the community that makes sense to the target population. Teach community leaders how to respond to mental health concerns, educate on the topic of mental health and start peer-led support groups.

5) Continue conversations and research.
    We need more data on culture-based attitudes, beliefs and trends. We also need more research on successful ways to incorporate culture into mental health care, as well as standardized data on access barriers and the current quality of mental health care among ethnic minority communities. But what we need most of all are conversations— conversations that make research on this subject a priority and demand action, implementation and change.

    One entity alone cannot move the dial to eliminate culture-based mental health disparities. “Solutions to very complex public health and societal problems require commitment, communication and strategic partnerships in order to leverage resources and effect change,” Dr. Le Fauve says.

    As U.S. Surgeon General Dr. David M. Satcher said in 2001, “culture counts” in mental health care, but our culture should not determine the type or quality of care we receive. Help bring awareness to the topic and let it be known today: Culture counts.

    Elena Schatell is a former NAMI intern. This piece is a reprint from the Fall 2016 Advocate.

Finding Mental Health Care That Fits Your Cultural Background

What Is Cultural Background?
Culture is a particular group’s beliefs, customs, values and way of thinking, behaving and communicating. Cultural background affects how someone:

- Views mental health conditions
- Describes symptoms
- Communicates with health care providers such as doctors and mental health professionals
- Receives and responds to treatment

What Is Cultural Competence?
Cultural competence is the behaviors, attitudes and skills that allow a health care provider to work effectively with different cultural groups. Finding culturally competent providers is important because they understand the essential role that culture plays in life and health. A culturally competent provider includes cultural beliefs, values, practices and attitudes in your care to meet your unique needs.

Tips For Finding A Culturally Competent Provider

Research Providers:

- Contact providers or agencies from your same cultural background or look for providers and agencies that have worked with people who have a similar cultural background.
- Ask trusted friends and family for recommendations.
- Look online or ask for referrals from cultural organizations in your community.
- If you have health insurance, ask the health plan for providers that fit your cultural background.

Ask Providers These Questions:

- Are you familiar with my community’s beliefs, values and attitudes toward mental health? If not, are you willing to learn about my cultural background and respect my perspective?
- Do you have experience treating people from my cultural background?

(Cultural Background Cont. on page 10)
How does Culture affect Mental Health?

(Cultural Background Cont. from page 9)

- Have you had cultural competence training?
- Are you or members of your staff bilingual?
- How would you include aspects of my cultural identity, such as age, faith, gender identity or sexual orientation, in my care?

Other Things You Can Do

- Tell the provider about traditions, values and beliefs that are important to you.
- Tell the provider what role you want your family to play in your treatment.
- Learn about your condition, particularly how it affects people from your culture or community.
- Look around the provider’s office for signs of inclusion. Who works there? Does the waiting room have magazines, signs and pamphlets for you and your community?

Challenging Mental Health Stigma In The Black Community

By Hafeez Baoku | Jul. 27, 2018, nami.org

In the black community, there is a negative stigma surrounding mental health. Instead of seeking professional help for conditions such as depression and anxiety, many in the community resort to self-medication (drugs, opioids, alcohol, etc.) or isolation in an attempt to solve their problems on their own. This issue of masking pain is especially prevalent amongst black men. Speaking from experience, I know how black men grow up in culture that tells us “men are not supposed to cry,” that we “should deal with problems on our own.” This only enforces the idea that it’s not okay for us to say we are hurting inside. I’ve spoken to countless friends who, out of fear of being labeled as weak or less than a man, don’t want to acknowledge or vocalize any of their pains. This is true for me as well, as there have been moments in my life when I was afraid of sharing my true emotional well-being (or lack thereof) to close family and friends. These are topics I talked about on my show, The Roommates Podcast. Due to my openness talking about mental health challenges, I received countless emails from young adult, black listeners who shared with me their struggles in the darkness. The more I used my platform to discuss topics relating to mental health in our community, the more others felt empowered to speak up and seek help for their own issues. This led to my desire to challenge stigma and bring light to mental health in the black community.

Last May, I wrote and directed “Help,” a film created with the intention of beginning a conversation about mental health in the black community. The film follows the fictional story of a young black man named Raheem, who appears to have it all together on the outside, but has hidden struggles within. Raheem is a successful man living in the Houston area; he is loved and respected by his community. He has a great career as an oil broker, a supportive wife and a large community of supportive friends. Though when Raheem is alone, you see his struggle with depression.

Raheem struggles to decide whether he should seek help from a mental health professional. When he shares this with his friend Kendrick, he’s told that “black men don’t go to counseling.” This scene is powerful because not only does it reinforce Raheem’s negative perception of getting help, but it also sheds light on the attitude towards mental health in the black community. While he is by himself, there are thoughts in his head that constantly reinforce everything negative he believes about himself. Yet, whenever someone asks him what is wrong, Raheem says: “Nothing, I’m fine,” and then redirects the conversation with a joke. Sadly, Raheem’s story is reflective of many in the black community—millions of men who are suffering on the inside, but are too afraid to reach out for help.

Lift Up Your Voice

This year alone, there have been over 6.8 million black Americans who had a diagnosable mental illness. If we are unable to remove the negative stigma surrounding mental health in the black community, we are willingly allowing another generation to grow up without access to counseling and mental health improvement resources that can help them live a happy, healthy life.

Out of my desire to create long-lasting change in the black community, I am using my voice and platform to help others. I have heard one story too many of people in the black community struggling in the darkness, and I don’t want that to continue any longer. Anyone, regardless of how strong they are or how much they appear to “have it together” may be struggling with their mental health. You are not alone in your pain and you are not “weak” or “less than” because you are hurting. It’s time we reach out and ask for or offer help—because that’s what it takes to achieve the true healing we need.

Hafeez Baoku is an author, director and host of The Roommates Podcast. His work has been featured on OWN Network, The Houston Chronicle, Fox News 26, Houstonia Magazine, and Houston Style Magazine. You can connect with him at roommateshtx.com

Celebrating Latino Culture and Creating Change

By Katharine Campos. 10/19/15, nami.org. Excerpts

“Family comes first,” my mother always says. It constantly reminds me how important spending time with them is. Growing up, I was always surrounded by an endless number of family members. My grandmother, aunts, uncles, cousins, second cousins—you name it—all gathered together to celebrate special occasions by eating delicious food and dancing the night away. Latino culture is typically very family-oriented, and in my experience, often extends beyond immediate family. Not only has my family been with me during times of celebration, they’ve been with me through challenging times as well. The strong value Latinos place on family is often a source of comfort and empowerment. Research suggests that people who feel supported by their family may also have better mental health. Warm relationships in Latino families can help a family member with a mental health condition during recovery. In addition, people with strong emotional bonds to family members tend to have less symptoms of psychological distress.

Receiving that level of support can sometimes be challenging. A person with a mental health condition may isolate himself or herself, or their family might live far away. However, even in those cases, it is still possible to create a network of support by...
How does Culture affect Mental Health?

(Latino Culture Cont. from page 10)

joining a mental health support group in your community for emotional support. Positive support networks give us strength during hard times.

Despite the importance Latino culture typically places on family relationships, mental health is still not openly discussed enough in our homes. There are many misconceptions on mental health conditions that may also affect the decision for members of the Latino community to seek treatment.

Before I began receiving treatment for depression and anxiety after my first year in college, my family did not speak much about mental health. It took me a long time to go to a mental health professional at my school because I kept thinking that I could get better on my own. Some of my family members also initially thought that I could “shake off” what I was going through, and that with faith, I could overcome it.

Ongoing conversations on mental health are now a regular thing in my family. I’m thankful for this because it has strengthened our ties to one another. Discussion is the key to understanding that mental health conditions are biological, not a form of weakness. We must encourage our family members and friends to seek out the help they need and support them during their recovery process.

Latinos are a diverse group with unique experiences. However, many of us share the similar struggle of balancing our cultural heritage with the culture of the place we currently call home. Here is what the data tells us about mental health in the Latino population:

- While Latinos don’t have higher rates of mental health conditions than the general population, they are at greater risk for developing more chronic and persistent forms of depression, substance abuse and anxiety.
- Studies suggest that American-born Latinos and those that have lived longer in the U.S. tend to show higher rates of mental health conditions than recent immigrants. This is called the immigrant paradox.
- In 2011, suicide attempts for high school-aged Hispanic girls were 70% higher than white girls of the same age group.
- According to a 2001 Surgeon General report, only 10% of Latinos with symptoms of a mental health condition contacted a mental health specialist.
- The 2012 U.S. Census found that Latinos are the largest racial or ethnic group to lack health insurance.

Considering these issues, it’s important to remember both how Latinos have enriched American society and how Latinos can enrich their own lives both physically and emotionally.

I-AM SHAKTI

I-AM SHAKTI (translation: "INDIAN-AMERICAN POWER" or "I AM POWER") is a social justice movement to sensititize Indian-Americans to mental health challenges while providing hope and support to those affected. Our symbol is the phoenix, symbolizing power and revival.

Though it started with an Indian focus, we stand as allies in strong solidarity with all South Asians and marginalized communities and welcome all who wish to get involved.

www.iamshtakti.org — organization website
https://www.facebook.com/pg/iamshtaktiofficial/videos/ — videos with personal stories

From One Asian American to Others:
These Are 5 Things You Need to Know About Mental Illness

By Elizabeth Rihar, nami.org, April 25, 2016, Excerpts

In high school, after taking AP Psych, I was sure I was clinically depressed, so I asked my mom if I could see a therapist. She scoffed at me, as many traditional Asian mothers would. I come from a culture where depression and mental illness are extremely stigmatized and deemed unworthy of addressing. When I finally sought professional help, I was diagnosed as having a borderline personality.

Here’s what Asian-American women who suffer from mental illness, like myself, want the rest of the Asian-American community (and beyond) to know.

1) It’s Not Like We Don’t Try

Everyone who is suffering from mental illness—not just Asian-American women—is trying. Every day, we fight our battles and darkest demons so that they don’t get a hold of us. Mental illness is similar to addiction in that we are constantly fighting against our weakest self so that we can be our strongest self.

Asian Americans, in particular, are less inclined to get help because of our culture. Even if we were raised in the US, more often than not, our traditional family tries to debunk mental illness; and, because of that, we can’t seek help even if we want to.

2) We Are Not Doing This Because We Crave Attention

When I first told my mother I was seeing a therapist, she told me I must be so bored with my life that my need to consult with a therapist was because I wanted to make my life more interesting. She asked me, “Why do you crave such attention?” An attention she deemed negative. Of course, her words stung. When Asian-American women face this kind of negative, closed-minded reaction, we need to distance ourselves from the source.

3) Suicide Is Not Something to Joke About

A member of my extended family hung herself a year ago. Her nieces—my cousins—who were in high school at the time, told me they were sad about her death, but that she was selfish. She talked to her therapist every day and was on medication. She was a successful entrepreneur and one of the kindest people I knew. She had said things like, “One day, I will kill myself;” but my cousins said she was an attention-seeking nuisance. They joked about her talk of suicide and didn’t realize it was a cry for help.

4) We Are Not “Crazy”

One of my favorite ways of escaping is by starting a new project. I find new hobbies, new interests. I divert myself entirely from thinking negatively about myself and my capabilities. It’s a technique my therapist and I agreed is healthy for me and my parameters. People have told me, perhaps jokingly, that I’m “crazy” for immersing myself in many new things.

5) Poking Fun of Mental Illness Is Triggering

We need to destigmatize mental illness. We need to stop calling people "crazy." Those of us who are suffering need to be able to talk about this openly and get the support we need. Asian-American families need to be more supportive and concerned when a family member says they need help.
We provide education, support groups, and advocacy for families, friends, and individuals with mental illness in Peoria, Tazewell, and Woodford Counties.

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