

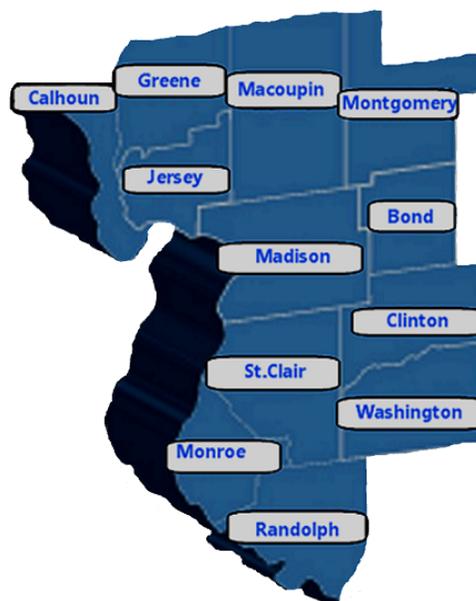


National Alliance on Mental Illness

nami

**Southwestern
Illinois**

RESOURCE GUIDE ■ FOURTH EDITION



NAMI SOUTHWESTERN ILLINOIS

2100 Madison Ave., 4th floor

Granite City, IL 62040

618-798-9788

<http://namiswi.org>

NAMI SOUTHWESTERN ILLINOIS (NAMISWI)

Where families are helping families to manage severe mental illness!

NAMISWI Office Location:
NAMI Southwestern Illinois
Gateway Regional Medical Center
2100 Madison Avenue, 4th Floor
Granite City, IL 62040
618-798-9788

WHAT IS NAMISWI?

NAMISWI is an affiliate of NAMI – the National Alliance on Mental Illness. NAMI has a state organization in all 50 states as well as in Puerto Rico and District of Columbia which encompasses more than 1,200 local affiliates. NAMISWI is one of 41 affiliates in Illinois.

NAMISWI is a non-profit, self-help, volunteer organization dedicated to improving quality of life for people with mental illness and their families.

WHAT DO WE DO?

NAMISWI provides education and support programs for persons with mental illnesses and their families. We provide a voice for people affected by mental illnesses by advocating for them with public and private policy makers for better legislation and more effective treatment options.

ACKNOWLEDGEMENTS

We acknowledge with sincere gratitude the Madison County Mental Health Board and the collective efforts of past NAMI members who were involved in earlier development of our resource guides. This 4th edition, revised May 2011, was completed by the assembling and editing of the text including additional information on the eleven new counties that have been recently added to the affiliate coverage area. NAMI Past Presidents, Tom Giger and Pat Rudloff, worked together many hours toward the completion of the 4th edition.

This edition, as with the previous editions, represents the dedication of our members whom are individuals with mental illness, their families and friends, professionals, and our NAMI volunteers who support and serve others in our community who are experiencing the effects of biological brain disorders.

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LEGAL DISCLAIMER

NAMI Southwestern Illinois Resource Guide is intended as an informational resource only and is not intended as legal and/or medical advice. Information contained within this resource guide is subject to change without notice. NAMI Southwestern Illinois does not endorse, nor is liable for, any use of the services listed.

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▯ WE NEED YOU AND YOU NEED US – BECOME A MEMBER ▯

BY JOINING **NAMI** YOU BELONG TO A NETWORK OF PEOPLE WHO UNDERSTAND THE ISSUES YOU FACE. YOU WILL ALSO RECEIVE LOCAL, STATE AND NATIONAL NEWSLETTERS ON CURRENT MENTAL HEALTH ISSUES. CALL **NAMI Southwestern Illinois at 618-798-9788 TO GET FURTHER MEMBERSHIP INFORMATION AND JOIN US TODAY**

INTRODUCTION

Purpose of this Guide

If you or someone in your family or a friend has a mental illness, you are not alone.

Members of the National Alliance on Mental Illness have learned the hard way about mental illness and services available. We have compiled information in this guide from many different sources in the hope that it will be helpful to others as they find ways to understand and cope with mental illness in their family. The descriptions of mental illness and their symptoms, medications, and coping skills are intended merely to provide a general understanding of the subject and what one can expect.

National Alliance on Mental Illness

The National Alliance on Mental Illness (NAMI) is an organization “dedicated to the eradication of mental illness and to the improvement of the quality of life of those whose lives are affected by these diseases.” There are more than a thousand NAMI affiliates in this country; fourth-one of them are in Illinois. Members include individuals with mental illness as well as family members and friends. There are also groups in a number of other countries. The national NAMI address is NAMI, 3803 Fairfax Dr., Suite 100, Arlington, VA 22203, phone 703-524-7600, TDD 703-516-7227, Help Line 800-950-6264, info@nami.org, website <http://nami.org>.

The mission of NAMI is to:

- Promote new and remedial programs / legislation that will provide meaningful assistance for consumers.
- Press for quality in-patient and out-patient treatment of persons with mental illness.
- Promote community support programs, including appropriate living arrangements linked with supportive social, vocational rehabilitation, and employment programs.
- Provide and advocate for family support activities.
- Support and advocate for research into the causes, alleviation, and eradication of mental illness.
- Advocate for improvement in private and governmental funding for mental health facilities and services, care, and treatment and for residential and research programs.
- Collaborate with other mental health organizations.
- Promote enforcement of patient and family rights.
- Educate our members and the public about severe mental illness so that perceptions change and stigma is eliminated.

Most people who join a NAMI affiliate do so because they need information and ways to cope with their own mental illness or that of a family member or friend.. They learn by talking with others, by attending educational meetings and through affiliate newsletters.

MAJOR MENTAL ILLNESS

Symptoms of Mental Illness

Mental illness refers to a group of health conditions that cause severe disturbances in thinking, feeling, and relating, often resulting in an inability to cope with the ordinary demands of life. They cause great distress to the person affected. Mental illnesses are brain disorders caused by biological and physical influences. Symptoms vary and every individual is unique, but all persons with mental illness have some of the thought, feeling, or behavioral characteristics listed below. While a single symptom or isolated event is not necessarily a sign of mental illness, professional help should be sought if symptoms increase or persist.

- **Social withdrawal:** Sitting and doing nothing; friendlessness; abnormal self-centeredness; dropping out of activities; decline in academic or athletic performance.
- **Depression:** Coming out of nowhere. Unrelated to events or circumstances; loss of interest in once pleasurable activities; expressions of hopelessness; excessive fatigue and sleepiness; inability to sleep; pessimism; perceiving the world as “dead”, thinking or talking about suicide.
- **Thought disorders:** Inability to concentrate or cope with minor problems; irrational statements; peculiar use of words or language structure; excessive fears or suspiciousness.
- **Expression of feelings:** Hostility from someone formerly passive and compliant; indifference, even in highly important situations; inability to cry; excessive crying; inability to express joy; inappropriate laughter.
- **Behavior:** Hyperactivity or inactivity or alternating between the two; deterioration in personal hygiene; noticeable and rapid weight loss; drug or alcohol abuse; forgetfulness and loss of valuable possessions; attempts to escape through geographic change; frequent moves or hitchhiking trips; bizarre behavior (staring, strange posturing); unusual sensitivity to noise, light, clothing.

Often the symptoms of mental illness are cyclic, varying in severity from time to time. The duration of an episode also varies; some persons are affected for a few weeks or months and for others the illness may last many years or a lifetime. There is no reliable way to predict the course of the illness.

Accurate diagnosis may take time. The initial diagnosis is often modified later, perhaps several times. It takes some time to evaluate response to treatment. It may also be difficult to pinpoint the problem because the individual has more than one disorder; for example schizophrenia with an affective disorder, or an anxiety disorder such as obsessive compulsive disorder with schizophrenia or a personality disorder. It is important for the psychiatrist to reevaluate the diagnosis from time to time in order to work out the best treatment approach.

In many cases of apparent mental illness, alcohol or drug abuse or an underlying medical disease such as hypothyroidism, multiple sclerosis, or brain tumor is found to be the problem. A thorough physical examination should be the first step when mental illness is suspected.

With all mental illness, and in general, threats of suicide or actual attempts should always be taken seriously. Find out, if you can, whether the person has some specific plan. Ask if he or she has a counselor or physician who might be notified. If you believe the situation may be dangerous, call the physician or counselor or local psychiatric emergency service.

State of Illinois reference locator **1-800-843-6154** or in **Madison County**, they are **Chestnut Health System** (Southern Madison County) **618-877-0316** or **WellSpring Resources** (Northern Madison County) **618-465-4388**.

Kinds of Mental Illness

Schizophrenia

Schizophrenia is a devastating brain disorder that affects approximately 2.2 million American adults, or about one percent of the population age 18 and older.

Schizophrenia interferes with a person's ability to think clearly, manage emotions, make decisions, and relate to others. The first signs of schizophrenia typically emerge in the teenage years or twenties. Most people with schizophrenia suffer chronically or episodically throughout their lives and are often stigmatized by lack of public understanding about the disease. Schizophrenia is not caused by bad parenting or personal weakness. A person with schizophrenia does not have a "split personality," and almost all people with Schizophrenia are not dangerous or violent towards others when they are receiving treatment.

No one symptom positively identifies schizophrenia. All of the symptoms of this illness can also be found in other brain disorders. For example, psychotic symptoms may be caused by the use of drugs or may be characteristics of a manic episode in bipolar disorder. However, when a doctor sees the symptoms of schizophrenia and carefully assesses the course of the illness over six months divided into three categories-positive, disorganized and negative.

- **Positive symptoms**, or "psychotic" symptoms, include delusions, (persistent false beliefs) and hallucinations (hearing, feeling, seeing or smelling things which exist only in the person's mind). "Positive" as used here does not mean good. Rather, it refers to symptoms that are observable.
- **Disorganized symptoms** include confused thinking and speech as well as behavior that do not make sense. For example, people with schizophrenia sometimes have trouble communicating in coherent sentences or carrying on conversations with others; move more slowly 1 repeat rhythmic gestures or make movements such as walking in circles or pacing; and have difficulty making sense of everyday Sights, sounds and feelings.
- **Negative symptoms** include emotional flatness or lack of expression. An inability to start and follow through with activities, speech that is brief and lacks content and lack of pleasure or interest in life. "Negative" does not therefore; refer to a person's attitude but to a lack of certain characteristic that should be there.

Scientists still do not know the specific causes of schizophrenia; but research has shown that the brains of people with schizophrenia are different, as a group, from the brains of people without the illness. Like many other medical illnesses such as cancer or diabetes schizophrenia seems to be caused by a combination of problems including genetic vulnerability and environmental factors that occur during a person's development.

While there is no cure for schizophrenia, it is a highly treatable and manageable illness. However, people may stop treatment because of medication side effects, disorganized thinking, feeling the medication is no longer working, or they don't believe they are sick people with schizophrenia who stop taking prescribed medication are at a high risk of relapse into an acute psychotic episode.

People who experience acute symptoms of schizophrenia may require intensive Treatment including hospitalization. Hospitalization is necessary to treat severe delusions or hallucinations, serious suicidal thoughts, an inability to care for oneself, or severe problems with drugs or alcohol.

The primary medications for schizophrenia are called antipsychotics. Antipsychotics help relieve the positive symptoms of schizophrenia by helping to correct an imbalance in the chemicals that enable brain cells to communicate with each other. As with drug treatments for other physical illnesses, many patients with severe mental illnesses may need to try several different antipsychotic medications before they find the one, or the combination of medications, that works best for them.

Research shows that people with schizophrenia who follow structured treatment plans and continue taking their prescribed medication manage their illness the best. Both local mental health service providers, **Chestnut Health Systems 618-877-4420** and **WellSpring 618-462-2331** provide mental health services based on the State of Illinois, Department of Human Service procedures, which start with an assessment of the individual and then development of a Individual Treatment Plan(ITP).

Mood Disorders

Mood disorders or affective disorders include **major depression** and **bipolar disorder** (manic depression). They are the most common psychiatric problems. The terms "mood" and "affect" refer to the state of one's emotions. A mood disorder is marked by periods of extreme sadness (depression) or excitement (mania) or both (bipolar disorder). If untreated, these episodes tend to recur or persist throughout life. Even when treated, there may be repeated episodes.

- Major Depression or unipolar depression is characterized by depressive symptoms only and should not be confused with reactive depression or "the blues" which is a temporary condition triggered by life's problems. Depression in some degree will affect between 10% and 20% of the population at some time during their lives. Severe, recurrent depression will affect between 3% and 5%, some as often as once or twice a year, with episodes that may last longer than six months each.

People with the most severe depression find they cannot work or participate in daily activities and often feel that death would be preferable to a life of such pain. Depression is thought to be the cause of as many as 75% of suicides.

Probably more than with any other illness, people with depression are blamed for their problems and told to “snap out of it,” “pull themselves together,” etc. However, should depression persist, the individual should seek medical attention to determine if he or she has major depression. Often others will say a person “has no right” to be depressed. **It is critical for family and friends to understand that depression is a serious illness; the person with this illness can no more “snap out of it” than a person with diabetes can will away that illness.**

Major depression is a very treatable illness. Approximately 70% to 75% of people properly diagnosed respond to treatment. There are many types of depression; and each responds somewhat differently to antidepressant medications, psychotherapy and/or ECT (electro convulsive therapy).

Beyond persistent depressed moods, the symptoms of depression include:

- **Loss of interest** in daily activities, loss of energy and excessive tiredness
- **Poor appetite** and weight loss or the opposite, increased appetite and weight gain
- **Sleep disturbance**—sleeping too little or sleeping too much in an irregular pattern
- **Feelings of worthlessness** or guilt that may reach unreasonable (delusional) proportions
- **Recurrent thought of death** or **self-harm**, wishing to be dead or attempted suicide
- **Poor concentration**

Bipolar disorder, or **manic depression**, is a serious brain disorder that causes extreme shifts in mood, energy, and functioning. It affects 2.3 million adult Americans, or 1.2 percent of the population. Bipolar disorder is characterized by episodes of mania and depression that can last from days to months. Bipolar disorder is a chronic condition with recurring episodes that often begin in adolescence or early adulthood. It generally requires ongoing treatment.

A **mixed state** is when symptoms of mania and depression occur at the same time. During a mixed state, depressed mood accompanies manic activity. The symptoms during a mixed state often include agitation, trouble sleeping, and significant psychosis, and suicidal thinking.

Sometimes individuals may experience regularly alternating periods of mania and depression. When four or more episodes of illness occur within a 12-month period, the individual is said to have bipolar disorder with **rapid** cycling. Rapid cycling is more common in women.

While the exact cause of bipolar disorder is not known, researchers believe it is the result of a chemical imbalance in certain parts of the brain. Scientists have found evidence of a genetic predisposition to the illness. Bipolar disorder tends to run in families, and close relatives of someone with bipolar disorder are more likely to be affected by the disorder.

Sometimes serious events such as a serious loss, chronic illness, or financial problems can trigger an episode in some individuals with a predisposition to the disorder. There are other possible “triggers” of bipolar episodes.

These include the treatment of depression with an anti-depressant medication that may trigger a switch into mania, sleep deprivation that may trigger mania or hypothyroidism that may produce depression or mood instability. It is important to note that bipolar episodes can also occur without an obvious trigger.

Mania is the word that describes the activated phase of bipolar disorder. The symptoms of mania may include:

- Either an elated, happy mood or an irritable, angry, unpleasant mood.
- Increased activity or energy
- More thoughts and faster thinking than normal
- Ambitious, often grandiose plans
- Increased sexual interest and activity

Ironically, some of the symptoms of mania lead affected people to believe that they are not sick; in fact, they may never have felt better. The euphoric mood may continue even in the face of sad or tragic situations. Even when the person continues to feel swept up in a mood of excitement, family and friends may notice serious problems. For example, people with mania often go on spending sprees, become promiscuous, or abuse drugs and alcohol while being unaware of the serious consequences of their behavior.

Depression is the other phase of bipolar disorder. The symptoms of depression may include:

- Decreased activity and energy
- Restlessness and irritability
- Fewer thoughts than usual and slowed thinking
- Less talking and slowed speech
- Less interest or participation in, and less enjoyment of, Activities normally enjoyed
- Depressed or apathetic mood
- Decreased activity and energy
- Restlessness and irritability
- Hopeless and helpless feelings
- Feeling of guilt and worthlessness
- Pessimistic outlook
- Thoughts of suicide
- Change in appetite
- Change in sleep patterns
- Depressed and apathetic mood
- Decreased activity and energy

While there is no cure for bipolar disorder, it is a treatable and manageable illness. After an accurate diagnosis, many people can be successfully treated. Medication is an essential part of successful treatment for people with bipolar disorder.

Maintenance treatment with a mood stabilizer substantially reduces the number and severity of episodes for most people, although episodes of mania or depression may occur and require a specific additional treatment. Lithium (see section on medications) is effective for 70% of people with bipolar disorder. There are a number of other medications for those who do not respond to lithium or who, for some reason, cannot take the medication.

In addition, psychosocial therapies including cognitive-behavioral therapy, interpersonal therapy, family therapy, and psycho-education are important to help people understand the illness and cope with the stresses that can trigger episodes. Changes in medications or doses may be necessary as well as changes in treatment plans during different stages of illness. Many people with bipolar disorder also find peer support groups helpful.

Postpartum Disorder

Postpartum depression is a serious medical condition that can develop some time in the first few months after childbirth and which, without treatment, can be prolonged and debilitating (not to be confused with “baby blues”). This affects one in eight women during the first months after childbirth and can also strike after miscarriage, stillbirth, and adoption. It is characterized by extreme fatigue, loss of pleasure in daily life, sleeplessness, sadness, tearfulness, anxiety, hopelessness, feelings of worthlessness and guilt, be triggered by changes in hormone levels that occur after pregnancy and is best treated with counseling, antidepressant medications, or a combination of the two.

Postpartum psychosis is a rare, severe and dangerous form of postpartum depression that can suddenly develop within the first three weeks following childbirth. This may result in the mother feeling detached from her baby and other people; experiencing hallucinations involving smell, touch, sight or hearing; delusions (thoughts not based in reality); or bizarre behavior or urges to kill herself and her child or children. It is most likely to affect women who have bipolar disorder or who have had postpartum psychosis before. This condition may not be readily apparent to the people closest to the mother. If left untreated, it can worsen rapidly and lead to dangerous, irrational behavior that the woman cannot control. This is considered a psychiatric emergency requiring immediate hospitalization and treatment.

Schizoaffective Disorders

This illness is a combination of psychotic symptoms, such as hallucinations or delusions, and significant mood symptoms, either depression or mania or both. The psychotic symptoms persist when the mood symptoms resolve. Psychiatrists often treat these disorders with a combination of major tranquilizers and lithium. Persons having these disorders generally do somewhat better than those with a diagnosis of schizophrenia. However, generally they do not do as well as persons who experience mood disorders, but may experience occupational difficulties.

Anxiety Disorders

Anxiety disorders are biologically-based brain disorders and include panic disorder, obsessive-compulsive disorder (OCD), post traumatic stress disorder (PTSD), and other forms of anxiety called phobias (fear of specific objects). A common phobia is agoraphobia, a fear of going out of doors. Internal body sensations and everyday happenings are interpreted as dire events-so threatening that individuals with these illnesses will create elaborate, debilitating patterns of avoidance to handle them.

- **Panic disorder** occurs without any warning. The symptoms appear “out of the blue” and include a feeling of intense fear, heart palpitations, chest pain, and shortness of breath and/or dizziness. These attacks generally last only a few minutes.
- **Obsessive-compulsive disorder (OCD)** is characterized by repeated, intrusive, unwanted thoughts that cause extreme anxiety and/or ritual behaviors that a person uses to diminish anxiety such as excessive hand washing, counting, and repeated checking and repeating a word or action. It can interfere with task completion and cause restricted expression of affection, lack of generosity, and an inability to discard worthless Objects.
- **Post-traumatic stress disorder (PTSD)** can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened such as violent personal assaults, natural or human caused disasters, accidents, or military combat. This may cause sleep problems, feeling of detachment or numbness and a propensity to be easily startled.

Post-traumatic Stress Disorder

What is Posttraumatic stress disorder?

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can occur after someone experiences a traumatic event that caused intense fear, helplessness, or horror. PTSD can result from personally experienced traumas (e.g., rape, war, natural disasters, abuse, serious accidents, and captivity) or from the witnessing or learning of a violent or tragic event.

While it is common to experience a brief state of anxiety or depression after such occurrences, people with PTSD continually re-experience the traumatic event; avoid individuals, thoughts, or situations associated with the event; and have symptoms of excessive emotions. People with this disorder have these symptoms for longer than one month and cannot function as well as they did before the traumatic event. PTSD symptoms usually appear within three months of the traumatic experience; however, they sometimes occur months or even years later.

How common is PTSD?

Studies suggest that anywhere between 2 percent and 9 percent of the population has had some degree of PTSD. However, the likelihood of developing the disorder is greater when someone is exposed to multiple traumas or traumatic events early in life (or both), especially if the trauma is long term or repeated. More cases of this disorder are found among inner-city youths and people who have recently emigrated from troubled countries. And women seem to develop PTSD more often than men.

Veterans are perhaps the people most often associated with PTSD, or what was once referred to as “shell shock” or “battle fatigue.” The Anxiety Disorders Association of America notes that an estimated 15 percent to 30 percent of the 3.5 million men and women who served in Vietnam have suffered from PTSD.

What are the symptoms of PTSD?

Although the symptoms for individuals with PTSD can vary considerably, they generally fall into three categories:

- ***Re-experience*** - Individuals with PTSD often experience recurrent and intrusive recollections of and/or nightmares about the stressful event. Some may experience flashbacks, hallucinations, or other vivid feelings of the event happening again. Others experience great psychological or physiological distress when certain things (objects, situations, etc.) remind them of the event.

Learn more about PTSD

Read about [PTSD, veterans and active-duty service members](#) in the [Veterans Resource Center](#).

[Listen to Maj. Gen. David N. Blackledge](#) discuss his own experiences with PTSD.

[Download the brochure:](#) Understanding Posttraumatic Stress Disorder and Recovery.

- **Avoidance** - Many with PTSD will persistently avoid things that remind them of the traumatic event. This can result in avoiding everything from thoughts, feelings, or conversations associated with the incident to activities, places, or people that cause them to recall the event. In others there may be a general lack of responsiveness signaled by an inability to recall aspects of the trauma, a decreased interest in formerly important activities, a feeling of detachment from others, a limited range of emotion, and/or feelings of hopelessness about the future.
- **Increased arousal** - Symptoms in this area may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, becoming very alert or watchful, and/or jumpiness or being easily startled.

It is important to note that those with PTSD often use alcohol or other drugs in an attempt to self-medicate. Individuals with this disorder may also be at an increased risk for suicide.

How is PTSD treated?

There are a variety of treatments for PTSD, and individuals respond to treatments differently. PTSD often can be treated effectively with psychotherapy or medication or both.

Behavior therapy focuses on learning relaxation and coping techniques. This therapy often increases the patient's exposure to a feared situation as a way of making him or her gradually less sensitive to it.

Cognitive therapy is therapy that helps people with PTSD take a close look at their thought patterns and learn to do less negative and nonproductive thinking. **Group therapy** helps for many people with PTSD by having them get to know others who have had similar situations and learning that their fears and feelings are not uncommon.

Medication is often used along with psychotherapy. Antidepressant and anti-anxiety medications may help lessen symptoms of PTSD such as sleep problems (insomnia or nightmares), depression, and edginess.

Reviewed by Jack Gorman, MD May 2003



National Alliance on Mental Illness

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(800) 950-NAMI; info@nami.org

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Personality Disorders

This very broad category of disorders is related to rigid and deeply rooted impaired patterns that relate to perceiving and thinking about the environment and oneself. These disorders are evident in individuals who fail to adjust to socially acceptable norms of behavior in vocational and social settings and who are incapable of establishing adequate, stable relationships. One of these disorders is borderline personality disorder (BPD). The causes of BPD are unclear, although psychological and biological factors may be involved; and, in some cases, neurological or attention deficit disorders may play a role. A combination of psychotherapy and medication appears to provide the best results for treatment of BPD. Medications can be useful in reducing anxiety, depression and disruptive impulses but do not correct ingrained character difficulties. Long-term outpatient psychotherapy and group therapy can be helpful. Short-term hospitalization may be necessary when signs of extreme stress, impulsive behavior or substance abuse are evident. Symptoms may include the following:

- Marked changes in mood for brief periods of time.
- A pervasive pattern of instability of interpersonal relationships and self-image.
- Frantic efforts to avoid real or imagined abandonment.
- Inappropriate, intense anger or difficulty controlling anger.
- Impulsivity in several areas that is potentially self-damaging.
(These are substance abuse, reckless sex, spending, driving and binge eating.)
- Suicidal or self-mutilating behavior (i.e. Cutting)
This disorder is fairly common but is diagnosed more often in females than males.

Dual Diagnosis: Mental Illness and Substance Abuse

Those who struggle both with serious mental illness and substance abuse face problems of enormous proportions. As many have probably discovered, service systems have not been well designed with this population in mind. Typically, a community has treatment services for people with mental illness in one agency and treatment for substance abuse in another. Clients are referred back and forth between them in what some have called “ping-pong” therapy. What are needed are “hybrid” programs that address both illnesses together. Development of these programs locally requires considerable advocacy efforts.

It is now generally agreed that as much as 50 percent of the people with mental illness also has a substance abuse problem. Substance use and abuse can be a form of self medication for an individual seeking relief from mental illnesses may abuse drugs covertly without their families knowing it. It may be difficult to separate the behaviors due to mental illness from those due to drugs. There may be a degree of denial of the problem because we have had so little to offer people with the combined illnesses. Caregivers might prefer not to acknowledge such a frightening problem when so little hope has been offered.

Substance abuse complicates almost every aspect of care for the person with mental illness. Diagnosis is difficult because it takes time to unravel the interacting effects of substance abuse and the mental illness. For this reason, detoxification is often recommended as a first step to treatment, but its success depends on the willingness of the individual to participate. Violence is more prevalent among the dually diagnosed population.

Both domestic violence and suicide attempts are more common; and of the people with mental illness who wind up in jails and prisons, there are a high percentage of drug abusers.

Families often ask if the family should insist that their loved one with mental illness totally abstain from all drug use. While authorities in the field point out that abstinence is by far the safest option, some families may find that tolerance of occasional use or agreement to cut back may get reasonable cooperation; whereas insistence on total abstinence will result in denial and inability to communicate further on the subject. Recreational drugs and alcohol and prescribed medications might have serious interactive effects. Clients and families need to be fully informed about these possibilities. Another concern is that a total withdrawal from alcohol or drugs can cause serious side-effects, and it may be necessary for the individual to be in a supervised setting. A physician should always be consulted before a detoxification program is begun.

Substance abuse is a disease. The person who is truly addicted is no more able to take control of this problem without help than he or she is able to take control of their mental illness. Thinking of this problem as a disease may reduce the sense of anger and blame. Family members may learn to take negative behaviors less personally and feel less hurt. People may cease blaming themselves and each other for a disorder that no one could have caused or prevented. Coming to terms with substance abuse in someone you love will take time. It will be easier if the family can close ranks, avoid blaming each other, agree on a plan of action, and provide support to each other.

It is also important to seek support from other families who are dealing with similar problems. This subset of families in the local NAMI affiliate may find it beneficial to meet separately at times to provide support in a way best done by other people who also have the problem. Families may want to investigate their local Al-Anon and/or Narcotics Anonymous (NA groups). These support groups have proven to be immensely helpful to some families.

Finally, families should realize they cannot stop their relative's substance abuse. They can, however, avoid covering it up or doing things that make it easy for the person to continue. Families can learn what they can do about the problem, but they must be realistic that much of it is out of their hands. With great effort, some of the painful emotions will subside, embers will feel more serene, and life can be worthwhile again.

Suicide

Suicide may be a manifestation of mental illness, but not all persons who commit suicide are mentally ill. Signs of depression and warning signals of suicide include:

- **Change in personality**-usually sad, withdrawn, irritable, anxious, tired, indecisive, apathetic or moody.
- **Change in behavior**-difficulty concentrating on school work or routine tasks, loss of appetite, crying.
- **Changes in sleep patterns**-oversleeping or insomnia, sometimes with waking
- **Loss of interest in friends, sex, hobbies or other activities** previously enjoyed
- **Fear of losing control**, "going crazy" or harming oneself or others.
- **Recent loss** through death, divorce, separation or a broken relationship; also loss of money, status, self-confidence or self-esteem.

- **Feeling of helplessness and worthlessness**-sense of hopelessness about the future.
- **Suicide threats and previous attempts**-alluding to plans about “leaving”, either by giving away favorite possessions or revealing a desire to die.
- **Loss of religious faith**
- **Worries about money or illness.** Either real or imagined.
- **Feeling of helplessness and worthlessness**-sense of hopelessness about the future.

Do not be afraid to ask the person showing such symptoms if he or she is thinking about suicide.

Also, do not hesitate to contact your local 24-hour mental health crisis hotline (Chestnut Health System 618-877-0316 or WellSpring Resources 618-465-4388) or State of Illinois locator reference 1-800-843-6154, a local psychiatric emergency service, or your emergency 911 telephone service for help.

Serious Disorders of Children and Adolescents

Because the information in this area is specifically for a small segment of those reading this publication, no information will be outlined here. NAMI Southwestern Illinois has a separate Resource Guide covering this topic. To receive a copy of that Guide, please contact the **NAMI Southwestern Illinois office at 618-798-9788.**

Coping With Serious Mental Illness

Crisis Intervention

If the person with mental illness is in danger of physical injury, if his or her behavior is out of control, or if other persons are in danger, it is important to know what steps to take. Plan ahead by locating available sources for help: your emergency phone number (911), police or sheriff department number, name and phone number of a professional community mental health crisis or emergency number, and friends or neighbors who may be of help. Keep these phone numbers posted by the telephone- **Chestnut Health Systems crisis hotline 618-877-0316. WellSpring Resources crisis hotline 618-465-4388, and Gateway Regional Medical Center Resource Center 618-798-3888 and the State of Illinois locator reference 1-800-843-6154.**

Consult ahead of time with the social worker, psychiatrist, and your local community mental health center or CIT officer so you will know how to obtain services when you need them. You may also call **NAMI Southwestern Illinois at 618-798-9788** for assistance with taking these steps. If you should need to call for help in a crisis, have with you written information about the family member’s diagnosis, medications and a description of the specific behavior that precipitated the crisis. It may be useful to have several copies to give to the police and to mental health professionals.

□ **Crisis Intervention phone numbers** for counties within the NAMI Southwestern Illinois service area:

Bond - *Prairie Counseling Center* 618-664-1455 then 4PM-8:30AM call 618- 397-0963

Calhoun and Jersey – *WellSpring Resources* 618-639-2016 call 24 hrs/day 7days/week

Clinton – *Community Resource Center* 618-533-1391 call 24 hrs/day 7 days/week

Greene and Macoupin – *Locust Street Resource Center* 217-854-3166 call 8am- 5pm after hours and weekends call 217-854-3135

Monroe, Randolph and Washington – *Call For Help* 618-397-0963 call 24 hrs/day 7 days/week

Montgomery – *County Health Dept. Hillsboro* 1-888-324-5052 call 24 hrs/day 7 days/week

St. Clair – *Call For Help* 618-397-096 call 24 hrs/day 7 days/week

Eastern St. Clair - *Chestnut Health Systems* 618-877-0316 call 24 hrs/day 7 days/week

Madison County (Northern) – *WellSpring Resources* 618-465-4388 call 24hrs/day 7 days/week

Madison County (Southern) – *Chestnut Health System* 618-877-0316 call 24hrs/day 7 days/week

Seeking Treatment

When the need for treatment is evident, family members may be at a loss as to what to say or do in order to succeed in getting the help that is needed. Here are some suggestions:

- Understand it is neither your fault nor the fault of the person who is in crisis.
- Be informed as to what resources are available.
- Evaluate the situation.

If you feel there is danger to any person, call the hotline emergency number-**Chestnut Health Systems at 618-877-0316, WellSpring Resources at 618-465-4388, or Gateway Regional Medical Center Resource Center at 618-798-3888 or State of Illinois locator reference 1-800-843-6154**, or call local law enforcement and **ask if a CIT (crisis intervention team) officer is available.**

What Is a Crisis Intervention Team?

A Crisis Intervention Team (CIT) program consists of one or more officers from an area law enforcement department who has received intensive specialized training on dealing with individuals in the community who have mental illnesses or other behavioral disability. A CIT officer, when dispatched for such crisis calls, provides an immediate response to calls involving a situation for which training will likely provide added resolution skills. Community members can easily identify CIT officers by a standardized "CIT" pin worn on officers' uniforms. These officers are also expected to find opportunities to interact with individuals who have disabilities when they are not in a crisis situation in order to build relationships which may help when crises do occur at some other time.

CIT Benefits

- Crisis response is immediate.
- Consumers needing services are better serviced by CIT officer and given access to care.
- Officers are better trained/educated in verbal de-escalation techniques minimizing use of force.
- CIT officer recognition as a helpful service.
- Less "victimless" and/or unnecessary arrests.
- Repeat calls for many consumers decrease.
- Involuntary hospitalizations decrease while voluntary hospitalizations increase.
- Both officer and consumer likelihood of injury decrease.

Calling Law Enforcement for Service

Consumers, Family members or Caregivers who recognize they need law enforcement to respond to a situation should always ask the telecommunicator (dispatcher) or 9-1-1 operator to send a CIT officer if they believe that the situation will be best resolved by such officer. In the NAMI-SWI region there are enough CIT officers that the likelihood of having a CIT officer available is great in most communities and rural areas, and thus such a request should be made if needed.

If a crisis occurs but there appears to be no immediate risk and the need for intervention is not urgent, take your relative to the nearest emergency room. Stress that you care and are concerned. Do not make a diagnosis; just explain that you simply want them to see someone to determine if they need help. Ask them how they feel and how they feel about talking with a doctor or therapist. Be honest and direct. Use terms that you believe are most acceptable to them (unhappy, nervous, mixed- up, worried). Respect their right to choose. Understand that they may need to deny what is happening at first, but by discussing it with them you have "opened the door" and they may later be ready to talk and/or seek help.

- ▯ Understand their fears. Be patient and supportive. Accept that they may be more willing to talk with a trusted friend, doctor, clergy, or another family member.
- ▯ Always be honest. Your relative needs to know he or she can trust you. Discuss commitment with them if this is a possibility. Do not hide books about mental illness. Do not make threats if you do not plan to follow through.
- ▯ Do not argue or deny that what your relative is seeing, hearing and feeling is real. Instead, assure them that you love them and understand that what they are experiencing is real to them, and you want to help them.
- ▯ Share your concerns with other family members and try to get their cooperation. Understand they may disagree, deny, or feel stigmatized by the idea of a family member having a mental illness.
- ▯ Do not argue or deny that what your relative is seeing, hearing and feeling is real. Instead, assure them that you love them and understand that what they are experiencing is real to them, and you want to help them.
- ▯ Share your concerns with other family members and try to get their cooperation. Understand they may disagree, deny, or feel stigmatized by the idea of a family member having a mental illness. If their condition deteriorates, if you have serious concerns about their well being and you believe a crisis is imminent, and if they refuse to voluntarily seek treatment, you may need to pursue a involuntary order for treatment.

Voluntary and Involuntary Hospitalization

Involuntary hospitalization

Always encourage your relative to seek help voluntarily; offer to go along with him or her. Be prepared; be calm, firm and consistent. Your relative may need to be involuntarily hospitalized if he or she refuses to seek help voluntarily. Emphasize that you (or another person) are petitioning for him or her to be examined by a qualified professional to determine the need for treatment.

Your relative may seek out authorities or other family members to intervene. This is their right. In order for a person to be involuntarily hospitalized, he or she must meet the Illinois Mental Health Code definition of a “person requiring treatment.” Although a person may be seriously ill, if he or she refuses treatment, commitment to a hospital cannot be made against his or her will, unless they meet all of the following criteria:

- Must have a diagnosis of a severe mental illness.
- Behavior and actions must be driven by or be a consequence of this mental illness.

Plus, at least one of the following:

- The behavior poses an imminent threat that the person will harm himself or herself.
- There is an imminent threat that the person will cause serious physical harm to someone else.
- **The person is not able to provide for his or her basic physical needs as demonstrated by past and recent history, and hence, is in danger of serious personal harm.**

There must be clear and convincing evidence of the above criteria. The Mental Health and Developmental Disabilities Code protect the basic liberties and freedom of all citizens, and thus the courts have made the grounds for involuntary hospitalization as narrow and strict as possible. Typically, the involuntary hospitalization process is initiated by community mental health staff, police, and/or hospitals.

For more information regarding the Mental Health Code, please contact the **Department of Human Services at 1-800-843-6154**. Also, you can review the **Legislation and** of the State of Illinois. Using the internet go to Illinois General Assembly and under the heading of Health and Safety, select the State laws outlined **HEALTH AND SAFETY**, chapter 405 Mental Health.

Guardianship

Guardianship is the designation by the Probate Court of a person to make personal decisions on behalf of another person who is judged to be unable to make informed decisions about his or her care. The guardian makes decisions regarding personal care, but is not financially responsible for the person's care. A parent or other family member may want to seek guardianship for a relative who is mentally ill for one of the following reasons:

- The guardian can help the person with mental illness by seeing that he or she is living in a safe place or receives needed medical attention. The guardian may authorize a voluntary admission if the relative agrees. A guardian cannot, however, authorize involuntary hospitalization.
- If you have documentation to demonstrate that you have guardianship over a relative, the treatment team can talk with you without a release of information. You, as a guardian, have the authority to sign a consent for release of information to others as well.
- The Mental Health Care Treatment Declaration is important for those with a mental illness and their families. It states that when the consumer is well, he or she can provide "advance directives" to document choices and provide guidance in the event of an episode of severe illness.

Public and Private Resources for Care

Hospitals

Hospitals may be sought for emergencies, for voluntary hospitalization, or for involuntary hospitalization (commitment). If the choice is private care rather than through community mental health, there are several things to consider:

- If the patient is seriously disturbed and refusing treatment, the family may need to consider how to accomplish involuntary commitment.
- Private insurance may cover a short hospitalization. Check carefully to see how much of the cost is covered; most policies very limited coverage for psychiatric problems. Check with your insurance company about continuing your son or daughter's coverage after the age when coverage generally stops (usually 24). It may be possible to continue coverage past that age on a parent's policy.
- Medicaid covers hospitalization. The community mental health case manager can assist with applying for Medicaid.

Individuals being discharged from a hospital admission arranged by a community mental health services program should have priority for services. If medical or inpatient psychiatric hospital care has been privately arranged, these services may not be so readily available when it is time for the person to be discharged.

Families that maintain contact and responsibility for their relative who is mentally ill are a vital part of the treatment team, whether the person is hospitalized or under the care of a mental health professional. The family members need to learn the things that are necessary to carry out their responsibilities, just as other caregivers do. If your family member is hospitalized, talk to him or her as soon as possible after admission and request that he or she sign the appropriate release that will allow the hospital treatment team to share vital information about treatment. This process is also important with other mental health treatment teams in the community. As soon as the release is signed and received, make an appointment with the treatment team to discuss the following:

- What is the diagnosis and please explain?
- What is the treatment plan?
- What are the specific symptoms about which you are most concerned? What do they indicate? How are you monitoring them?
- What medications have been prescribed? Is the response what was hoped for?
- What side effects should be watched for?
- Has the doctor or nurse discussed with the patient the diagnosis, the medications, the treatment plan?
- Has the patient been instructed, individually or in a class, about the illness, identification and management of symptoms and about the medications prescribed?
- To what extent does he or she understand what has been taught?
- How often can we meet to discuss progress?
- What steps will you take to ensure the treatment plan will be continued after discharge, and what appropriate housing and services are available?
- What should we do if an emergency occurs after discharge?

INTAKE HOSPITALS

Alton Mental Health Center – 4500 College Ave., Alton, IL 62002 Main Telephone 618-474-3800

Barnes Jewish Hospital - One Barnes Jewish Hospital Plaza, St. Louis, Mo. 63110
Main Telephone 314-747-3000 Emergency Dept. 314-362-9123

Christian Hospital NE – 11133 Dunn Road, Florissant, Mo. 63136
Main Telephone 314-653-5000 / 877-747-9355 Intake for Psych. 314-839-3171

CenterPointe Hospital – 5931 Hwy 94 South, St. Charles, Mo. 63304
Main Telephone 636-441-7300

Gateway Regional Medical Center – 2100 Madison Ave., Granite City, IL 62040
Main Telephone 618-798-3888 Intake for Psych. 618-798-3888

McFarland Mental Center – 5220 South 6th Street Rd # 2400, Springfield, IL 62703-5761
Main Telephone 217-757-7700

Saint Anthony's Hyland Behavioral - 10010 Kennerly Rd, St. Louis, Mo., 63128
Main Telephone 636-525-4400

Saint Elizabeth's Hospital - 211 South 3rd St., Belleville, IL 62002 Main Telephone 618-234-2120

MEDICAL TRANSPORTATION

Provides the following transportation services to elderly and disabled individuals without charge: *Transportation to medical appointments, beauty shop, banks errands and shopping *Family Respite *Companionship visits/calls * Seasonal yard work & minor home repair. Their service area includes the Outer loop of St. Louis, Carbondale, Chester, Effingham and Springfield. You should schedule your ride by noon.

To schedule a ride, **call First Transit at 1-877-725-0569**. You must have your name, Medicaid number, where you are going, and why you are going. A uniformed driver will pick you up. He/She will be wearing an I.D. tag. If you have problems with the driver, call Debbie at **Helping Hands** at 618-239-9900 x 226.

Faith In Action Programs in St. Louis Metro-East Area

(Alton area) - 618/465/3298 (Collinsville area) - 618/344/8080
(East St. Louis) - 618/271/7000 (Edwardsville & Glen Carbon) area - 618/692/0480
Tri-Cities Volunteer Interfaith Caregivers (Lebanon) - 618/537/2636

Typically requires 3 to 5 days lead time to fill requests and amount of service available depends on volunteer availability and nature of need.

Human Support Services - Waterloo, Monroe County **(Client transportation) 618-939-4444**

Mental Health Professionals

Many of the following may be involved in assessment and planning for treatment and care. Each has specific tasks but is also a part of the treatment.

- **Psychiatrists** are physicians with specific training in psychiatry. They assess, make the diagnosis, and prescribe medications and possibly other treatment. They work with the treatment team to plan for care in the hospital and after discharge. They may provide psychotherapy, either individually or with groups.
- **Psychiatric nurses** have specific training in psychiatry. They generally have major responsibility for direct care in the hospital, day treatment program, or community mental health.
- **Social workers** work with the individual, family and community in the context of the person's total life situation. He or she may offer individual or group counseling. The social worker ordinarily serves as liaison between the treating agency and the family.
- **Case managers or client services managers** coordinate care and services in the community. They assist their clients to receive needed treatment and services from a variety of community agencies. They assist in obtaining access to housing, rehabilitation services, and income programs such as SSI and SSDI. They generally work for the Illinois Department of Human Services (DHS) or an agency under contract to DHS. The term "case manager" is sometimes used interchangeably with "social worker," although education, experience and responsibilities are somewhat different.
- **Clinical psychologist** may be involved in administering diagnostic test and formulating the diagnosis and may have other responsibilities similar to those described for psychiatric nurses and social workers.

Confidentiality

Whether the setting is in a hospital or the community, ask to have your relative sign a "Release of Information" form so you can be informed about such matters as medications and what treatment and services will be needed. Mental health professionals may give confidentiality (HIPPA regulations) as a reason for not talking to families and may neglect to ask permission to discuss such matters. However, families cannot meet their responsibility of providing a support system and an environment that is conducive to recovery if they do not receive information and the guidance they need. Your relative may initially refuse permission to share information because he or she is anxious about the situation and has not yet developed a trusting relationship with the therapist.

Discuss this with the therapist. Determine if the therapist is supportive of your involvement and if not, why not. Ask the therapist to continue to encourage your relative to allow your participation. Perhaps the problem is limited time or the therapist's uncertainty regarding our relative's needs.

Remember, confidentiality belongs to the patient, not to the professional. Your relative may fear that matters such as use of drugs and alcohol will be discussed. If the professional makes it clear that only specific kinds of information such as medications or discharge plans will be discussed, gaining the necessary consent will not ordinarily be a problem. Another option is to arrange a meeting with both patient and family members present. Even if consent to release information is not obtained, the mental health professional can listen to family members' concerns and offer information about mental illness such as that usually discussed in family education classes. If confidentiality continues to be a problem, call the agency director or your NAMI affiliate for assistance.

Community Mental Health Services Programs

Because serious mental illness is likely to require treatment over a long period of time, or for an entire lifetime, most persons sooner or later use the services of their local Community Mental Health Services Programs (CMHSP). CMHSP may be involved in the initial assessment and will certainly be involved if treatment is involuntary. The entry point for services may be by appointment with an intake worker (social worker and/or psychiatrist), through crisis or psychiatric emergency services, through the commitment process, or by referral from a jailor homeless shelter.

Once a person is determined to be eligible for services, a case manager (client services manager) is ordinarily assigned to assist with such services as crisis intervention, medical diagnosis and treatment, income support, rehabilitation services, and sometimes counseling (therapy) and outreach services. CMHSP may also offer residential and vocational services to eligible individuals. Additionally there may be a family education program to provide support and information to family members. Payment for community mental health services is based on ability to pay. Parents are not ordinarily financially responsible for their children after they have reached the age of 21.

Ongoing Treatment

Serious mental illness is usually a long-term condition. Families should plan ahead even if they are fortunate enough to have to deal with only one or two episodes. Families who have lived with mental illness for a long time often describe how carried away they were at the time of the first episode and how they sometimes imprudently committed themselves to expensive treatments in expectation of a cure that was never to be realized.

What most individuals do need is:

- **Medical diagnosis and treatment**
- **Safe, stable place to live**
- **Chance to develop or relearn social and vocational skills**
- **Someone who cares about them**

The best place to look for services over a long period of time is through **Chestnut Health Systems (618-877-4420)** or **WellSpring Resources (618-462-2331)** or call the State of Illinois at **(1-800-843-6154)** to locate a provider/partner nearest your location.

The ability of the person with mental illness to learn about his or her illness and to take responsibility for identifying and managing his or her symptoms is important in progressing toward recovery. An understanding of the mental illness, symptoms and treatment, social skills, and problem solving should be part of both inpatient and outpatient care. Psychosocial rehabilitation programs can also play an important role through peer education and support.

Illinois Mental Health Treatment Program Services, Information & Resources

The following is a detailed list of mental health treatment services, information and resources provided by the Illinois Department of Human Services (DHS). Contact **DHS (800-843-6154)** for more information about these services, information and resources.

- **Nearest providers Crisis Psychiatric Services.**
- **Nearest Community Mental Health Centers.**
- **Nearest provider/partner for the Division of Mental Health**
- **Assertive Community Treatment**
- **Case Management Services**
- **Child Mental Health Service**
- **Client-Centered Consultation**
- **Community Support**
- **Comprehensive Mental Health Services**
- **Crisis Intervention**
- **Services for the Blind & Hard of Hearing**
- **Forensic Services**
- **Inpatient Services**
- **Intensive Family-based Services**
- **Job Finding, retention & Termination**
- **Mental health Assessment**
- **Mental Health Intensive Outpatient Services**
- **Psychological Evaluation**
- **Psychosocial Rehabilitation & Support**
- **Psychotropic Medication Administration, Monitoring & Train**

- **Short-Term Diagnostic and Mental Health Services**
- **Therapy / Counseling**
- **Treatment Plan development, Review and Modification**
- **Vocational Assessment and Engagement**
- **Permanent Supportive Housing and PSH Bridge Subsidy**
- **Mental Health Brochures**
- **Consumers Focus Groups**
- **Mental Health Dictionary**
- **Health Insurance portability & Accountability Act (HIPAA)**
- **Recovery Support Services**

Consumer Involvement

The Surgeon General's Report indicated that "gaps exist between optimally effective treatment and what many individuals receive in actual practice settings." The report continues, The consumer movement has increased the involvement of individuals with mental disorders and their families in mutual support services, consumer-run services, and advocacy. They are powerful agents for change in service programs and policy." Call NAMI Illinois (800-346-4572) and/or NAMI Southwestern Illinois (618-798-9788) for information regarding the NAMI Illinois Consumer Council and other ways consumers can become involved in their treatment, recovery plans, and advocacy.

Complaints/Grievances/Advocacy

When the consumer or a family member has a specific complaint/grievance and/or needs advocacy support, they should discuss the problem first with the treatment team leader. If this does not resolve the problem, contact that person's supervisor or the director of the agency, hospital, or the State Department of Human Services at **(1-800-435-0774)**.

Also available is the Guardianship & Advocacy Commission, Metro-East Regional Office (618-462-4561) or State Office **(1-866-274-8023)**.

Another organization is Equip for Equality, which is a private not-for-profit legal advocacy group organized to advance the human and civil rights of people with disabilities in Illinois. **The Central Region of Equip for Equality can be reached at 1- 800-758-0464 or 217-544-0464. For the State Office call (1- 800-537-2632) or e-mail at contactus@equipforequality.org**

Abuse and/or Neglect of Clients / Consumers

When there are reasons to believe that a person is or has been abused and/or neglected by a provider/partner/employee of the DHS (Division of Mental Health), a report can be called to the **DHS Inspector General's hotline #1-800-368-1463**

PSYCHOTROPIC MEDICATIONS

Psychotropic medications are often very useful in helping the person with mental illness to think more clearly, to gain control of his or her own thoughts and actions, and to bring his or her emotional state back into a normal range. They can also dramatically decrease the need for hospitalization and increase the ability to benefit from rehabilitation programs and function independently. Any licensed physician, not just a psychiatrist, may prescribe medications. A psychiatrist, however, is more knowledgeable about these medications and should supervise ongoing drug treatment. It is important to know the names of prescribed medications, their dosage, therapeutic benefits, any side effects observed, and any risks or precautions. Your relative should also have all of this information. Since some persons have reported differences in response to drugs from different manufacturers, you should note both the trade name (generally capitalized) and generic name (generally lower case) for each medication prescribed. Keep a written record, including dates, of this information for each drug prescribed. Be sure other doctors and dentists know what medications your family member is taking.

Side Effects

Medications produce both beneficial effects and side effects. People are highly variable in regard to how much benefit they will get from a drug and the type and severity of the side effects they will experience. While side effects usually are evident soon after starting to take the medication, the desired effect may not be seen for several weeks and may take months of continuous use before the maximum benefit is evident. Some side effects, especially those that appear early, are temporary and may go away or become less severe after a few weeks. Most side effects are related to drug dosage- the higher the dose, the worse the side effect. Resistance to taking prescribed medication's often due to unpleasant side effects. It is important that the prescribing physician discuss this with the patient and seek the most effective and acceptable plan for treatment. Common inconvenient side effects of all antipsychotic medications include dry mouth, constipation, blurred vision, and drowsiness. Some people experience sexual dysfunction or decreased sexual desire, menstrual changes, and significant weight gain. Other common side effects relate to muscles and movement problems. These side effects include restlessness, stiffness, tremors, muscle spasms, and one of the most unpleasant and serious side effects-a condition called tardive dyskinesia.

Tardive dyskinesia is a movement disorder where there are uncontrolled facial movements and sometimes jerking or twisting movements of other body parts. This condition usually develops after several years of taking antipsychotic medications and more predominantly in older adults. Tardive dyskinesia affects 15 to 20 people of people taking conventional antipsychotic medications.

The risk of developing tardive dyskinesia is lower for people taking the new antipsychotics. Take dyskinesia can be treated with additional medications or by lowering the dosage of the antipsychotic, if possible.

For further information on types of psychotropic medication and PATIENT PRESCRIPTION DRUG ASSISTANCE PROGRAMS visit the NAMI National website at <http://nami.org>. Also, information on drug safety is provided by U.S. Food and Drug Administration at <http://www.fda.gov/Drugs/DrugSafety>

Below are listed some common psychotropic medications:

- **Abilify** (aripiprazole)
- **Ativan** (lorazepam)
- **Celexa** (citalopram hydrobromide)
- **Clozaril** (clozapine)
- **Cymbalta** (duloxetine)
- **Effexor XR** (venlafaxine)
- **Geodon** (ziprasidone)
- **Intuniv** (guanfacine)
- **Klonopin** (clonazepam)
- **Lexapro** (escitalopram)
- **Luvox** (fluvoxamine)
- **Pristiq** (desvenlafaxine succinate)
- **Prolixin** (fluphenazine)
- **Remeron** (mirtazepine)
- **Ritalin** (methylphenidate)
- **Seroquel** (quetiapine)
- **Tegretol** (carbamazepine)
- **Wellbutrin** (bupropion)
- **Zoloft** (sertraline)
- **Adderall** (amphetamine)
- **Buspar** (buspirone)
- **Concerta** (methylphenidate)
- **Depakote** (divalproex)
- **Fanapt** (iloperidone)
- **Haldol** (haloperidol)
- **Invega** (paliperidone)
- **Lamictal** (lamotrigine)
- **Lithium**
- **Paxil** (paroxetine)
- **Prozac** (fluoxetine)
- **Risperdal** (risperidone)
- **Saphris** (asenapine)
- **Strattera** (atomoxetine)
- **Topamax** (Topiramate)
- **Xanax** (alprazolam)
- **Zyprexa** (olanzapine)

Below are listed some of the Pharmaceutical companies that have Patient Prescription Drug Assistance Programs and their phone numbers:

Bristol-Myers Squibb: Abilify, BuSpar, Desyrel and Prolixin 1-800-332-2056

Forest: Celexa and Lexapro 1-800-851-0758

IVAX: Clozapine 1-800-327-4114 x4344

Novartis: Clozaril and Tegretol 1-800-277-2254

Pfizer: Geodon 1-800-706-2400

Ortho-McNeil: Haldol 1-800-577-3788

Roche: Klonopin and Valium 1-800-285-4484

Pfizer: Neurontin 1-800-707-8990

GlaxoSmithKline: Paxil 1-866-728-4368

Eli Lilly: Prozac 1-800-545-6962

Janssen: Risperdal 1-800-652-6227

Boehringer Ingelheim: Serentil 1-800-556-8317

AstraZeneca: Seroquel 1-800-424-3727

****Additional prescription assistance** may be available through Partnership for Prescription Assistance (PPA) and Johnson & Johnson.

- Partnership for Prescription Assistance helps qualifying patients without prescription drug coverage get the medications they need through the program that is right for them. This service is free of charge and medications may be free or nearly free. Call 888-477-2669 or visit their website pparx.org.
- Johnson & Johnson also offers a free service for qualifying individuals that can connect them with 1000 prescription medicines & medical products for free or at a discount. Call 866-317-2775 or visit their website access2wellness.com.

MENTAL ILLNESS AND THE FAMILY

Coping with a Relative Who Has a Mental Illness

Reaction of family members

When mental illness strikes, family members are overwhelmed by feelings of bewilderment and guilt. Most deny the seriousness of the situation, at least at first. Exhaustion from being on call 24 hours a day maybe coupled with frustration and anger when professionals are unable to accomplish what the family as basic: prompt diagnosis and treatment and assistance to help their relative regain a productive life.

It is not “unloving” to feel resentment in response to the behavior of the relative with mental illness. Realizing the person is ill does not always overcome the hurt, dismay, and anger felt by those trying to help. He or she may rebuff attempts to reach them and may be fearful or accusatory toward those trying to help. Understandably, families, friends, and co-workers have problems with these symptoms; yet a hostile reaction will almost certainly intensify or lengthen the episode.

It is natural and necessary to grieve for the person who used to be. But strength and determination are needed to meet the coming challenges. Caring, supportive family members can play a vital role in helping their relative to regain the confidence and skills needed for rehabilitation.

Keep in mind:

- Avoid placing blame and guilt. The family did not cause the illness, nor did the person experiencing the illness. Self-blame and blame level others, including mental health professionals, are destructive. Focus, instead, on the future and on what can be done to develop supportive living arrangements that will enhance the possibility of rehabilitation of your family member.
- Seek the support, understanding, and relief you need. Keep yourself healthy and able to cope because you are needed to provide the support your relative needs.
- Continue your own outside interests, Schedule time for yourself.
- Remember other family members (siblings, grandparents) are affected, too; and they probably are experiencing depression, denial and guilt just as you may be. Keep communication open by talking with them about this. Both you and your relative should learn all you can about the illness. Find out about benefits and support systems when things are going well; don't wait for a crisis.
- Learn more about the illness and make some information available to the whole family, including the ill member. Check out NAMI educational courses.
- Continue your own outside interests and schedule time for yourself.
- Remember other family members (siblings, grandparents) are affected, too; and they probably are experiencing depression, denial and guilt just as you may be. Keep communication open by talking with them about this. Both you and your relative should learn all you can about the illness. Find out about benefits and support systems when things are going well; don't wait for a crisis.
- Learn more about the illness and make some information available to the whole family, including the ill member. Check out NAMI educational courses.

Problem Behavior

Here are some suggestions:

- Plan ahead for situations when acute symptoms may recur. Discuss this with the primary therapist or treatment team. Discover, if possible, which events precipitate these symptoms and agree on a course of action.
- Learn to recognize signs of relapse, such as withdrawal or changes in sleeping and eating habits. The individual may be able to identify early signals of relapse (and should be encouraged to do so). He or she may also be able to tell you what method has worked in the past to relieve stress and gain control of symptoms.

A visit to a psychiatrist or other therapist may help prevent a full-blown relapse, particularly when the person needs an adjustment of medications.

- Anticipate troublesome situations. If Aunt Tessie can't handle the relationship, do not invite her when your ill family member is present.
- Do not agree with stopping medications because the condition is "cured" or because the medication "makes me feel sick." Refer these decisions to the doctor who prescribed the medication. Be sure he or she understands your relative's discomfort. A change in medication or doctor maybe in order.
- Set reasonable rules and limits and stick to them. It may help to ask the patient's doctor or a counselor that the doctor has suggested to help you do this.
- Do not suggest that the person with mental illness "pull himself together."
- If he or she could, he or she would. Not being able to do this is part of the illness Remember, the suffering and distress of the person with mental illness is even greater than your own.
- Do not expect and insist that all disturbing habits be corrected at once. Focus on what is accomplished, not on what is going wrong.
- At times people with mental illness suffer from memory loss or inability to concentrate. Do not insist that the person with mental illness try harder to concentrate; just repeat the information in a nonjudgmental way.
- Do not go along with delusional thinking. The person with mental illness needs to be able to depend on a person who is objective and aware of what is really happening. On the other hand, do not argue with this type of thinking or try to point out faulty logic.
- Your family member may hallucinate; that is, see, feel, hear or otherwise perceive things not perceived by others. Be honest. Accept his or her perceptions as his or her own. If asked, point out simply that you experiencing the hallucination. A discussion of how to respond to hallucinations and to other symptoms is an important part of family support and education sessions offered by local hospitals, community mental health service providers and your NAMI affiliate.

Support and Advocacy Groups for Family Members

NAMI Southwestern Illinois, 2100 Madison Avenue, 4th Floor, Granite City, Illinois 62040 (618-798-9788) <http://namiswi.org> provides support groups for families and friends of persons with mental illness. It is important to share information about mental illness and to understand that serious, long-term mental illness is not caused by the family.

Many doctors do not explain the characteristics of the various mental illnesses and the family is left to do its own research. A doctor may carefully explain a blockage in an artery but may not explain biochemical malfunctions of the brain. "We thought it was our fault" is said too many times. Already traumatized families become further traumatized.

Unless they have lived with a family member who has a mental illness, it is difficult for most people to understand the everyday trials and concerns of the rest of the family. It is comforting to know that other people deal with almost exactly the same issues and understand. Sometimes they have suggestions and answers; at other times they can only say, "Yes, I know." And they do. In the support group, information is shared about housing, sleeping and eating problem's, available social services, medications, their family's member's lack of friends and loneliness, your own grief and loss, and fear of taking vacations.

Many people drop in at support group meetings for a few months, get some answers and support for the hard times, and then move on. Other people may move from support groups into committee work. Often people make lifelong friends. Many people say "I want to help. I don't want other people to go through what I went through." Some work at making real changes by becoming advocates for better services and care.

The following support groups for either family/caregiver members and/or consumers are presently taking place, **please contact NAMISWI office to confirm location & timeframe of all meetings (618-798-9788).**

- First Tuesday of the month, Family support meeting, 7:00 – 8:30PM, Saint Paul's Lutheran Church, 106 North Border St., Troy, IL 62294 Contact Mary Ann Miller, 618-977-6542
- Third Tuesday of each month, a support group for Family Members and Consumers at Hope Church, 200 Dapron Drive, Belleville, IL 62226 (across the street from Memorial Hospital near intersection of Dapron Drive and Frank Scott Parkway), 7:00PM-8:30PM. Contact Pat Rudloff at 618-656-6781.
- Fourth Tuesday of each month, a support meeting for Family Members at First Baptist Church, 534 St. Louis St., Edwardsville, IL 62025; use church parking lot entrance, 7:00 - 8:30PM. Contact Pat Rudloff at 618-656-6781.
- First Tuesday of each month, Family Members and Consumer Support Group in the Pascal Hall Meeting Room (Ground floor between Lobby entrance & Gift Shop) at Gateway Regional Medical Center, Granite City, IL 62040, 7:00 - 8:30 PM. Contact Pat Rudloff at 618-656-6781.
- Third Tuesday of each month, a support meeting for Family Members and Consumers at The Christian Church of Litchfield, 131 Yaeger Lake Trail, Litchfield, IL 62056, 7:00 - 8:30PM. Contact Shirley Ragland at 217-313-0165.

- NAMI Cupful: 4th Saturday of each month, 2:00-4:00PM, 1505 Market Ave., East St. Louis. Call Pamela Perry, Central Comprehensive Mental Health, at 618-274-0881 (work) or (314) 868-8031(home) for more information.

OTHER LOCAL SUPPORT MEETINGS

(The support group meetings listed below are not affiliated with NAMISWI. Also, call the support group to verify up to date meeting information.

St. Louis Obsessive Compulsive Disorder Support Group: 3rd Saturday of each month, 10:00AM, St. John's Mercy Medical Center, McAuley Room South, 615 S. New Ballas Rd., Von Gontard Conference Center. Speakers start at 10:00AM and support groups meet from 11 :00AM till noon. For more information, call (314) 842-7228, ext. 3.

DBSA (Depression and Bipolar Support Alliance) of Madison County Meeting: Every Monday 7:00PM, Anderson Hospital, Maryville, IL, next to the cafeteria on Lower Level B, Classroom B. Contact: Diane Pisko at (618)667-8781 or by e-mail at dbsamc@yahoo.com for more information.

DBSA of Southern IL: Every Tuesday, 7:00PM, St. Elizabeth Hospital, 211 S. 3rd St., Belleville, IL, 7th Floor, Room 722. Contact: Stephen Dayringer (618) 406-9989.

DBSA of Belleville: Every Saturday, 12:00PM, St. Elizabeth Hospital, 211 S. 3rd St., Belleville, IL, 7th Floor, Room 722. Contact: Tod Jurke (618) 567-0986 or Susy Higerson (618) 719-5950.

DBSA of St. Clair County-Woman to Woman Support Group: Every Thursday, 1:00PM, LINC Inc., #1 Emerald Terrace, Suite 200, Swansea, IL. Contact: Kristina Stevenson (618) 567-0986.

“With Hope in Mind” Support Group: for family members or caregivers; meets the 4th Tuesday of each month from 7:00-8:30PM at Christian Hospital Northeast (CNE), 11133 Dunn Road, St. Louis, MO, Room 2100. For more information contact Larry Daniels at (314) 830-4642 or 314-660- 9093.

Karla Smith Foundation Support Group for family and friends of persons with mental illness: 1 st & 3rd Thursday of each month, 7:00-8:30PM, Peace Chapel, 10101 W. Main St., Belleville. For more information call Tom or Fran Smith at 888-KSF-HOPE or kssf@karlasmithfoundation.org.

Karla Smith Foundation Suicide Survivor Support Group: 2nd & 4th Thursday of each month, 7:00 - 8:30 p.m., Peace Chapel, 10101 W. Main St., Belleville. For more information call Tom or Fran Smith at 888-KSF-HOPE or kssf@karlasmithfoundation.org.

Southwestern Tourette Syndrome Support Group of TSA Illinois: 2nd Monday of each month, 6:30 - 8:00 p.m., Copper Creek Christian Church, 2184 Vadalabene, Maryville. Child care available. For more information contact Amy Shirley at (618) 656-2135 or amyshirley72@hotmail.com.

Karla Smith Foundation Suicide Survivor Support Group for family and friends of people who have died by suicide: 2nd and 4th Monday of each month, 7:00-8:30PM, Copper Creek Christian Church, 2184 Vadalabene Drive, Maryville. For more information, call Tom or Fran Smith at 888-KSF-HOPE or ksf@karlasmithfoundation.org.

First Friday Social: for consumers on the first Friday of each month from 6:30PM-9:30PM at Sacred Creations, 129 Steiss Rd, Glen Carbon, IL 62034. For more information, contact Sacred Creations at (618) 792-2049.

The Belleville Group Family Voices is held on the first Tuesday of each month, 6:00-8:00PM at the CHASI Office, 120 East A Street, Belleville. Family Voices is a sub-group of the St. Clair County Youth Coalition and in collaboration with Family Voices Building Stronger Communities.

R.E.S.T. (Resources, Education, Support, and Training) Parents Coalition meets on the 2nd Thursday of each month, 6:00-8:00PM at Wells Spring Resources, 2615 Edwards St. Alton, IL. Contact: Patricia Williams, 618-462- x2234 or pwilliams@wellspringresources.com

Family Voices Parent Coalition: for parents and caregivers is held on the first Tuesday of each month, 6:00-8:00PM at the Children's Home Aid Office 120 East A Street, Belleville, IL. Contact: Chris Hendrix, 1-888-KSF-HOPE or Chris.Hendrix@karlasmithfoundation.org

NAMI Southwestern Illinois offers these free educational courses to help individuals cope with mental illnesses: Call NAMI Southwestern Illinois at 618-798-9788 for more information.

Family-to-Family - for family members, caregivers and friends of individuals with brain disorders.

NAMI Basics - for family members and caregivers of children and adolescents with brain disorders

Peer-to-Peer - for consumers with focus on recovery.

INDIVIDUALS WITH MENTAL ILLNESS IN THE COMMUNITY

Community Mental Health Services

Chestnut Health Systems (618-877-4420) offer mental health services through their “Opportunities” program and **WellSpring Resources** (618-462-2331) offer services based on their “Community Support Services” program. They often give priority for services (especially residential and outreach services) to persons being discharged from the hospital, but they also have responsibility for people with mental illness who have not been hospitalized. They provide information on other community resources, such as peer support groups, drop-in centers, or service for special populations.

Additional Mental Health Services providers:

Behavioral Health Alternatives-Wood River, Madison County 618-251-4073

Human Support Services-Waterloo, Monroe County 618-939-4444

Human Service center-Red Bud, Randolph County 619-282-6233

For further information regarding Community Support Services in these counties (Calhoun, Greene, Jersey, Macoupin and Montgomery) contact Region 4 Administrator 217-785-0249 and for the counties of (Madison, St. Clair, Bond, Clinton, Monroe, Randolph and Washington) contact Region 5 Administrator 618-993-7488. Otherwise use the Illinois Department of Human Services Help Line (800-843-6154

Housing

All persons with mental illness have a right to safe, affordable, decent housing. Individuals should have some choice in where and with whom they will live. There is no issue that comes up more often among families of persons with mental illness than housing. Housing options that community mental health agencies may be able to assist in gaining access to include:

- **WellSpring Resources** (618-462-2331) offers many different individualized residential options to support the emotional, psychological, and social well being of the people they serve.
- **Chestnut Health Systems** (618-877-4420) provides housing and rehabilitation services for adults in Madison and surrounding counties.
- **Madison County Housing Authority** (618-345-5142) offers low income, Section 8 rental assistance
- **Behavioral Health Alternatives Inc.** (618-251-4073) provides quality personal services to those who experience mental and/or emotional crisis.
- **Residential Options** (618-251-4073) provides housing for individuals with mental illness and developmental disabilities.

Rental subsidies may be available through the Federal Section 8 Rental Subsidy Program. Usually the occupant pays 30% of his or her income for rent but, to qualify, they must meet certain requirements. For more information, contact the Madison County Housing Authority (618-345- 5142) or the above named Region 4 and Region 5 Administrators – Community Support Services.

Emergency Housing/Shelter provides service to persons in need of counseling, groceries, meals, lodging, travel, and job placement. Contact either Good Samaritan (618-876-0607 Monday through Friday, 9a.m. to 4 p.m.) or the Salvation Army (618-465-7764 Monday through Friday, 9 a.m. to 5 p.m.).

Rehabilitation

Psychosocial rehabilitation programs should include the following: recreational opportunities and social skill training, employment-related training and assistance, and assistance toward independent living.

Psychosocial rehabilitation services are available through **Chestnut Health Systems** (618- 877-4420), **WellSpring Resources** (618-462-2331) and **Behavioral Health Alternatives, Inc.** (618-251-4073).

Assistance with education, training and employment is also available through the Illinois Department of Human Services, **Division of Rehabilitation Services**. Local offices of that agency are at 606 W. St. Louis Ave., East Alton (618-258-9996), 601 S. High St., Belleville (618-235-5300) and 10 Collinsville Ave., East St. Louis (618-583-2200).

The Americans with Disabilities Act (ADA), passed by Congress in 1990, is an important federal law which prohibits discrimination against any person with a disability. It also covers individuals who have a history of a disability, or who are example, people who have had psychiatric treatment in the past or who are currently undergoing treatment and capable of full or part time work.

Employers may not discriminate against an individual with a disability, including mental illness, if the person is otherwise qualified, by skills and background, for the job. Employers must also provide “reasonable accommodations” that will allow an otherwise qualified person to perform the essential duties of the job.

For more information on ADA, write to the Civil Rights Division, US Department of Justice, P. O. Box 156118, Washington DC 20035 or the regional office Great Lakes ADA and Accessible Technology Center, University of Illinois at Chicago, Institute on Disability and Human Development (UAP), 1640 W. Roosevelt Road Room 405, Chicago IL 60608.

Jails and Jail Diversion/Legal Services

According to one lawyer, “Our jail and prison system is perhaps the greatest danger facing persons with mental illness today.” Early intervention when symptoms escalate may

succeed in avoiding incarceration, but this may not always be possible. NAMI members need to press county law enforcement agencies and community mental health service programs to make it possible to treat, rather than punish, persons who have a mental illness by diverting them from the courts and jails to community residential and treatment programs.

If you cannot afford a private attorney, Land of Lincoln legal Services (618- 462-0029) or the Public Defender may be able to help. The attorney representing your family member should look into release of the person on bond. In cases where this may not be possible, the attorney should make an appropriate motion to ensure treatment while pending trial. If your family member is in jail, it is important to contact the case manager and the physician or psychiatrist as soon as possible. If there is no case manager, find out if community mental health or some other agency has a contract to provide medical and/or psychiatric services in jail.

It is also important to find an attorney who has some understanding of neurobiological disorders, the legal defenses available, and their impact on the disabled person who is charged. If the offense is of a minor nature, a skilled attorney maybe able to arrange for civil commitment to a mental institution in exchange for delaying the criminal case with ultimate dismissal of the Charges. Compliance with recommended treatment may be ordered by the court as a condition of probation, or even as an alternative to trial or a substitute for serving time in jail.

If you or your family member's attorney needs additional legal information, contact any of the following sources:

- NAMI Lawyers Referral Service (703-524-7600) or legal@nami.org
- Guardianship & Advocacy Human Rights Authority (618-462-4561)
- Illinois Lawyer Referral (217-525-5297) or www.illinoislawverfinder.com.

Contact with the criminal justice system may provide the first opportunity to identify mental illness and connect the individual with community mental health services. While it may not be possible to avoid the original arrest or incarceration, it should be the goal of the family, the person with mental illness, and the mental health system to eliminate future arrest

Support Services for Consumers

Self-help education/training for persons with mental illness can offer an important source of support in social, educational, and vocational opportunities. The **Chestnut Health Systems**, offer Psychosocial Rehabilitation Programs (618-451-2445) and **WellSpring Resources**, offer Community Support Services, (618-462-2331).

Other sources of support are:

- GROW in Illinois (618-977-1133 / 888-741-4769 <http://growinamerica.org>)
- Recovery, Inc. (314-770-9865 or 312-337-5661)
- DBSA (Depression & Bipolar Support Alliance) (618-667-8181), Diane Pisko, President of DBSA of Madison County
- Behavioral Health Alternative call (618-251-4073)

Additional consumer support can be found by reviewing support group activities listed in the section Mental Illness and the Family under “Support and Advocacy for Family Members” of this resource guide.

FINANCIAL CONSIDERATIONS

Federal Programs: SSI, SSDI, Medicaid, Medicare

Often a family will support an adult child who has a mental illness until he or she is 30-40 or older, running through all their savings or, for other reasons, is no longer able to continue. Many families do not realize that mental illness qualifies as a disability and that their relative may be eligible for income assistance and health care.

There are two federal disability programs: Supplemental Security Income (SSI) and Social Security Disability Income (SSDI). Apply at the local Social Security office:

- Federal Building, 501 Belle St., Alton (618~463-6568)
- Federal Building, 650 Missouri Ave., East St. Louis (618-482-9110)
- Social Security Office 1652 Lebanon Ave., Belleville (618-235-0455)

or apply online at www.ssa.gov/online. You may also call 800-772-1213 for information or an appointment. Have available the Social Security number; birth certificate or other proof of age and citizenship; information about the home where he or she lives; work history and any sources of financial support; dates of any military service; and names, addresses and phone numbers of doctors.

At the Social Security Office, a field representative will conduct an in-depth interview with the applicant and complete a variety of application forms. The Social Security Administration (SSA) representative will ask about the applicant's disability, medical history, leisure time activities, and financial status. This process can be difficult particularly if the applicant is experiencing symptoms or if the interviewer is not skilled. You may want a relative or friend to accompany you for support.

It may be desirable to have a representative payee designated to receive payment if the individual with mental illness is unable to manage his or her funds. This may be a relative or an agency. It is often helpful to have some other person deal with financial matters so that family members do not have to haggle about money. For representative payee information, call the Social Security Administration (800-772-1213) or apply online at www.ssa.gov/online.

A caseworker from SSA and a caseworker from the state Disability Determination Service (DDS) share responsibility for determining eligibility for disability programs. The SSA caseworker will focus on financial eligibility while the DDS caseworker will focus on medical and functional information. Some persons are eligible for both SSI and SSDI. SSI payments may be reduced if the person lives to your home rather than independently.

While waiting for a decision or eligibility for SSI or SSDI, a disabled person may qualify for Township Assistance (contact local township supervisor), food stamps, or assistance with emergency food.

Medicaid is available for those who qualify for SSI. Medicare covers persons on SSDI after 24 months of eligibility. Apply for Medicaid at Illinois Department of Human Services (Public Aid) offices:

- 501 Belle St. Ste 103, Alton (618-463-6568)
- 1925 Madison Ave., Granite City (618-877-9200)

Apply for Medicare at the Social Security office. People who have been certified eligible for SSI or SSDI are allowed to work without losing benefits within certain limits. However, if they exceed the earnings limit, they could lose their SSI or SSDI income and Medicaid or Medicare.

A Benefit's Specialist can assist in determining earnings limit and locating other important programs. For the metropolitan St. Louis area of Illinois, call 866-390-6771 ext. 4 to locate a local Benefit's Specialist.

More than 8.6 million Americans receive disability benefits from Social Security programs each year. The Social Security Administration defines disability in terms of ability to work. Doctors and disability examiners at state agencies determine disability based on clinical evidence and examinations.

Two out of three persons who apply for disability benefits are initially rejected. These applications are often rejected for what appear to be arbitrary reasons your appeal an initial rejection, your chances of obtaining benefits improve. Appeals must be filed within 60 days of receiving a notice of determination.

For more information on applying for benefits, checking status, or appeals call the Social Security Hotline at 800-772-1213 between 6 a.m. and 6 p.m. Central Standard Time weekdays. The best times to call are early in the morning and early in the evening.

State programs

Family Assistance Program pays a monthly stipend to help with the costs of caring for a child (age 17 or younger) with a severe mental disability. **Home- Based Support Program pays Services for services to help adults (age 18 or older) become more independent living on their own or with their families.**

For more information on the Family Assistance Program or Home Based Support Services Program, call 800-843-6154.

Conservatorship

Conservatorship is the designation by the Probate Court of a person to manage substantial income or property for another person. However, if the only income is from SS1 or SSDI, conservatorship is not necessary. In this case, a parent or other person can be appointed representative payee by the Social Security office to handle financial matters.

Wills and Estate Planning

If your relative with mental illness qualifies for SSI benefits, it is very important for the family to plan ahead so that SS1 payments and Medicaid will not be lost through inadequate estate planning. By inheriting property or money, your relative may be disqualified for these entitlements, which cover the cost of residential services and medical care. Some families have drawn up a will which simply disqualifies the relative who has a mental illness. Others have set up a trust fund with another relative as trustee, or with a financial institution and another relative as co-trustees, on behalf of the person with mental illness.

It is best to contact a lawyer who specializes in this work. You may be able to obtain the name of an appropriate attorney from NAMI Southwestern Illinois (618-798- 9788), NAMI National (1-800-950-6264) or from the Illinois Lawyer Referral (217-525-5297) or Land of Lincoln Legal Services (618-463-0029) Check with NAMI Southwestern Illinois (618-798- 9788) or NAMI St. Louis (314-966-4670) (for relatives residing in Missouri) for information regarding meetings they may be scheduling regarding estate planning.

WORKING WITH THE SYSTEM

How to Get the Help You Need

Families need to know how to be effective in getting help for a family member who has a serious mental illness. Here are some suggestions:

Keep a record of everything. List names, addresses, phone numbers, dates of crisis events, admission and discharge dates for hospitalization. Make notes of conversations and conferences. Make copies of everything you mail. Keep all notices and letters. Be polite and keep conversations to the point. Do not allow yourself to be intimidated; do not try to intimidate the professionals and caregivers. Write letters of appreciation when warranted; write letters of criticism when necessary.

Send these to the hospital or agency director, with copies to anyone else who may be involved. Also send copies to your legislator or other state officials if necessary. Do not accept a vague answer or statement that seems confusing. If a clinician says, "We are observing you daughter/son carefully," recognize that this statement provides you with no information!

Keep your family member informed about everything you plan to do. He or she might disapprove of your action or may wish to handle it differently. Do not be afraid or acknowledge that you are the relative of a person who has a mental illness. This is the first step in removing stigma.

Know your rights under HIPPA regulation

Finally, be assertive! You are paying, either directly or through taxes. You are entitled to information, respect and courtesy. You are not asking for favors; you are simply helping to get the job done.

Keep your family member informed about everything you plan to do. He or she might disapprove of your action or may wish to handle it differently. Do not be afraid or ashamed to acknowledge that you are the relative of a person who has a mental illness. This is the first in removing stigma.

Additional contacts for local area Resource Guides

- **HELP-** for Special Needs Metro-East Area Agencies, Services and programs. Contact Southwestern Illinois College, Special Services Center. 618-235-2700 ext. 5368
- **Madison County Mental Health Board Community Services Resource Guide.** Contact Madison County 708 Board Office 618-692-6200 ext.4357.
- **St. Louis Times Resource Guide Regional Edition.** Contact 636-225-2442 or www.stlouistimes.com
- **2-1-1 Get Connected. Get Answers. United Way Illinois.** Numbers to Know for Clinton, Monroe, Randolph and St. Clair County. Call 800-427-4626
- **Karla Smith Foundation Resource Directory.** Contact 618-624-5771 or www.KarlaSmithFoundation.org
- **St. Clair County Community Services Directory** published by the St. Clair County Mental Health board (708). Call 618-277-6022 or visit their website www.stc708.org.

State and County Government and other Resources

Illinois Department of Human Services (DHS) Division of Mental Health (DMH)
Website: [www.dhs.state.il.us/mhdd/omhDHS Help Line 800-843-6154](http://www.dhs.state.il.us/mhdd/omhDHS_Help_Line_800-843-6154)

The state is divided into five distinct geographic areas to facilitate local planning, development and implementation of programs and services for the communities they serve.

DHS Community Health and Prevention, Community Support Services, Region “Four” is located at Springfield (217-785-0249) with Region “Four” covering Jersey, Calhoun, Greene, Macoupin and Montgomery county’s and Region “Five” at Marion (618-993-7488) covering the counties Madison, St. Clair, Bond, Clinton, Washington, Randolph and Monroe.

As part of the Illinois Department of Human Services, Division of Mental Health the primary mental health mission of the Division of Mental Health is to help maximize community supports and develop skills for persons with serious mental illness and children with serious emotional disturbance. The vision of the Region Network is to every person who turns to the public mental health system for help. The goals of the Region network are to:

- **Foster continual development of mental health system.**
- **Improve clinical interventions to match client needs.**
- **Develop tools & structures to manage resources and care.**
- **Enhance and expand the involvement of consumers.**
- **Expand required knowledge for statewide service system planning.**

The Alton Mental Health Center is guided by an advisory council consisting of the network manager, consumers and representative of local hospitals and community agencies providing mental health services. The Network Advisory Council meets bi-monthly and is open to community mental health providers, consumers, and the general public. For more information about the meetings, please call the Network office (618-474-3812).

The Madison County Mental Health Board, 157 N. Main St. Suite 380, Edwardsville, IL 62025, Executive Director Jennifer Roth, MPA (618-296- 4357) www.madisoncountymentalhealthboard.org serves a population of more than 260,000 and an area of 725 square miles. The Madison County Mental Health Board (MCMHB) was formed in 1966, when voters established a local tax to fund mental health services for residents of Madison County. It is called the “708 Board” since the referendum approving the annual levied tax passed under the enabling legislation of the Community Mental Health Act (Illinois House Bill 708).

- **The Madison County Mental Health Board**, 157 N. Main St. Suite 380, Edwardsville, IL 62025, Executive Director Jennifer Roth, MPA (618-296- 4357) www.madisoncountymentalhealthboard.org

The 708 Board makes provisions for persons and families dealing with mental illness, developmental disabilities and/or substance abuse. It contracts with 16 area service providers and funds 27 other programs and services.

- **The St. Clair County Mental Health Board**, 307 East Washington, Belleville, IL 62220, Dana Rosenzweig, Executive Director, 618-277-6022, www.stc708.org.

Other resources outside of Madison and St. Clair counties

- ▮ **Human Service Center of Southern Illinois (Randolph County)**
Red Bud 618-282-6233, Sparta 618-443-3045 and Chester 618-826-4547
- ▮ **Human Support Services (Monroe County)**
Waterloo, IL 618-939-4444

COMMUNITY MENTAL HEALTH SERVICE PROVIDERS (OUT-PATIENT) FOR THE 12 COUNTY AREA ASSOCIATED WITH NAMI SOUTHWESTERN ILLINOIS

- **Bond County**
- Prairie Counseling Center (618) 664-1455 (8:30AM-4:00PM) with (618) 397-0963 (4:00PM-8:30AM)
- **Calhoun & Jersey County**
- Community Counseling Center (618) 639-2016 (call 24 hrs. 7 days/week)
- **Greene & Macoupin County**
- Locust Street resource Center (217) 854-1366 (call 24hrs. 7 days/week)
- **Northern Madison County**
- WellSpring Resources (618) 465-4388 (call 24hrs.7 days/wk.)
- **Southern Madison County**
- Chestnut Health Systems (618) 877-0316 (call 24hrs. 7 days/wk.)
- Call for Help 618 397-0963 (call 24hrs. 7 days/wk.)
- **Montgomery County**
- County Health Dept. - Hillsboro 1-800-324-5052 (call 24hrs. 7 days/wk)
- **St. Clair County**
- Call for help (618 397-0963 (call 24hrs.7days/wk)
- **Eastern St. Clair County**
- Chestnut Health Systems (618) 877-0316 (call 24hrs.7 days/wk.)
- **24 HOUR CHILD CRISIS LINE** (ALL LOCATIONS)-1-800-345-9049

MENTAL HEALTH PROVIDERS (IN-PATIENT)

Madison County, Gateway Regional Medical Center, 2100 Madison Ave., Granite City, IL 62040 (618) 789-3888

Alton Mental Health Center, 4500 College Ave., Alton, IL 62002 (618) 474-3800

St. Clair County, St. Elizabeth Hospital, 211 S. 3rd St., Belleville, IL 62222 (618) 234-2120

St. Louis County, Christian Hospital NE, 11133 Dunn Road, Florissant, Mo. (314) 839-3171

St. Anthony's Hyland Behavioral Center, 10010 Kennerly Rd, St. Louis, Mo. 63128 (314) 525-4400

St. Charles County, CenterPointe Hospital, 5931 Hwy 94 South, St. Charles, Mo. 63304 (636) 441-7300

OTHER IN-PATIENT LOCATIONS:

McFarland Mental Health Center, 5220 S.6th Street Rd # 2400, Springfield, IL 62703-5761 (217) 757-7700

VA Medical Center St. Louis, John Cochran Division, 915 North Grand Blvd, St. Louis, Mo. 63106 (800) 228-5459

APPENDIX I

BOOKS AND WEBSITES

The National Alliance on Mental Illness Bookstore is an excellent resource with subjects which range from the latest medications and family coping strategies to research news. You can obtain a list of the latest books, brochures, and pamphlets free of charge by phoning NAMI National (800-950-6264) or e-mail info@namiswi.org.

Books listed here marked with an asterisk (*) may be checked out from the NAMI Southwestern Illinois office, Gateway Regional Medical Center 4th Floor, 2100 Madison Ave., Granite City, IL 62040. Call 618-798-9788 to check on availability and/or to reserve.

Affective Disorders (Bipolar Disorder & Depression)

“Court, Bryan L. and Nelson, Gerald E., M.D., Bipolar Puzzle Solution, A Mental Health Client's Perspective. 1996.

*Gilbert, Paul, Overcoming Depression. 2001.

*Granet, Roger M.D. and Ferber, Elizabeth, Why Am I Up, Why Am I Down? (Understanding Bipolar Disorder). 1999.

*Hart, Dr. Archibald D., Unmasking Male Depression. 2001.

*Hart, Archibald, Ph.D. and Weber, Catherine Hart, Ph.D., Unveiling Depression in Women, A Practical Guide to Understanding and Overcoming Depression. 2002.

*Irwin, Cait, Conquering the Beast Within (How I Fought Depression and Won ... and How You Can, Too). 1998.

Jamison, Kay, Touched With Fire: Manic Depressive Illness & The Artistic Temperament. 1993.

Klein, Donald and Wender, Paul, Understanding Depression: A Complete Guide To Its Diagnosis, Course and Treatment. 1993.

*Miklowitz, David J., Ph.D., The Bipolar Disorder Survival Guide.

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Other Helpful Books

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Helpful Mental Health Website Links

www.nami.org - NAMI National

il.nami.org - NAMI Illinois (State)

www.namistl.org - NAMI St. Louis

mhsource.com - Mental Health Information

gatewayregional.net - Gateway Regional Medical Center

www.ndmda.org - Depressive and Manic Depressive

www.dbsalliance.org - Depressive Bipolar Support Alliance **NEW**

www.karlasmithfoundation.org - Karla Smith Foundation **NEW**

www.mhai.org - Mental Health Association in Illinois

www.suicidepreventionlifeline.org - National Suicide Prevention Lifeline **NEW**

mentalhealthsummit.uchicago.edu - Mental Health Summit

www.co.madison.il.us - Madison County Government

www.mcmhb.org - Madison County Mental Health 708 Board

www.dhs.state.il.us - State of Illinois Department of Human Services

mentalhealth.com - Mental Health Information

mentalhealth.about.com - Mental Health Resource Web Site

www.mirfa.org - Mental Illness Research Foundation of America

schizophrenia.com - Schizophrenia Information

psycom.net - Mental Health Informational Bookstore

www.phrma.org - Patient Drug Assistance Programs

ocdawareness.com - Obsessive-Compulsive Disorder

www.acap.org - Child and Adolescent Psychiatry

apa.org - American Psychological Association

bpkids.org - Children and Adolescent Bipolar Foundation

www.focusas.com - Focus on Adolescent Services

www.nimh.nih.gov - National Institute of Mental Health

naspcenter.org - National Mental Health and Education Center

<http://www.siue.edu/dss/> - SIUE Disability Support Services

www.siue.edu/STACTV/NEWHORIZONS - New Horizons Student Organization

nasponline.org - National Association of School Psychologists

disabilityrights.org - Guide to Disability Rights

www.medscape.com - General Health/Mental Health Information

familyvillage.wisc.edu - General Health/Mental Health Information

medicinenet.com - General Health Guide

<http://www.rxlist.com> – Internet Drug Information

www.stc708.org – Saint Clair County Mental Health 708 Board

APPENDIX II

ORGANIZATIONS AND COMMUNITY SERVICES

The organizations listed alphabetically below will give specific addresses and telephone numbers for the agencies listed by category in Appendix III.

Alcoholic Rehabilitation Community Home (ARCH)
1313 East 21^{s1} Street
Granite City, IL 62040
618-877-4987

Alternatives Counseling, Inc.
88 South Main Street Suite2
Glen Carbon, IL 62034
618-288-8085

Alternative Transportation Sys
618-239-0749

Alton – Faith in Action
618-465-3298

American Red Cross Metro-East Service Center
10218 Lincoln Trail
Fairview Heights, IL 62208
618-397-4600 or 618-271-1700 or 618-452-7184

American Red Cross - Southwestern Illinois Chapter
1639 Main St.
Alton, IL 62002
618-465-7704

Belleville Township Office General Assistance
618-233-0206/0208

Behavioral Health Alternatives, Inc.
337 East Ferguson Ave.
Wood River, IL 62095
618-251-4073

Big Brothers / Big Sisters
6400 W. Main Suite1G
Belleville, IL 62223
618-398-3162

Call For Help
9400 Lebanon Rd.
East St. Louis, IL 62203
618-397-0963

Catholic Day Care Center
618-874-7178

Catholic Social Service
618-394-5900

Children's Center for Behavioral Development
618-398-1152

Child Care Resources & Referral
800-467-9200

Child Abuse Hotline
800-2522-2873 / 217-785-4020

Cahokia Community Basket
618-337-1580

Catholic Charities of Alton
3512 McArthur Boulevard
Alton, IL 62002
618-462-0634

Catholic Charities of Granite City
2105 State Street
Granite City, IL 62040
618-877-1184

Catholic Children's Home
1400 State Street
Emmie L. Kaus Dr.
Alton, IL 62002
618-465-0044

Chestnut Health Systems
50 Northgate Industrial Drive
Granite City, IL 62040
618-877-4420

Children's Center for Behavioral Development
353 North 88th Street
Centreville, IL 62203
618-398-1152

Children's Home and Aid Society of Illinois (CHASI)
2133 Johnson Road
Granite City, IL 62040
618-452-8900 or 800-467-9200

Collinsville Faith in Action
222 Goethe
Collinsville, IL 62294
618-344-8080

Community Care Center of Protestant Welfare Association
818 Cleveland Blvd.
Granite City, IL 62040
618-876-8770

Community Hope Center
950 14th St.
618-451-0559

Crisis Food Center
21 E. 6th St.
Alton, IL 62002 618-462-8201

Developmental Disability Services Metro-East
2900 Frank Scott Parkway West
Belleville, IL 62206
618-236-7957 or 618-656-9663

Dorris Helping Hand Organization
1501 Winstanley Ave.
East St. Louis, IL 62205
618-271-4160

Educatuional Opportunity Center
651 E. Boardway
Alton, IL 62002
618-465-5124

Edwardsville - Faith in Action
903 N. Second St.
Edwardsville, IL 62025
618-692-0480

Equip for Equality
235 S. Fifth St.
P.O. Box 276
Springfield, IL 62705
800-758-0464 or 217-544-0464

First Call for Help (United Way)
800-427-4626

Gateway Foundation
600 W. Lincoln Ave.
Caseyville, IL 62232
618-345-3970 or 618-345-8313

Glen-Ed Pantry
125 5th Ave.
Edwardsville, IL 62025
618-656-7506

Community Hope Center
1201 Hope Center Lane
Cottage Hills, IL 62018
618-259-0959

Good Samaritan House
1825 Delmar Ave.
618-876-0607

Help at Home, Inc.
925 E. Edwardsville Rd.
Wood River, IL 62095
618-258-1155

Helping Hands
618-239-9900 x 226
For Transportation needs call 1-877-725-0569

Home Health Services of St. Joseph's Hospital
1515 Main St.
Highland, IL 62249
618-654-7495

Housing Authority of the City of Alton
2406 Crawford Ave.
Alton, IL 62002
618-465-4269

Hospitals,

Memorial – Belleville 618-233-7750

Memorial – Alton 618-463-7182

St. Elizabeth - Belleville 618-340-2120

Touchette Regional – Centerville 618-332-3060

Gateway Regional Medical Center – Granite City 618-798-3000

St. Clare's - Alton 618-463-9000

Holy Angels Shelter
East St. Louis
618-874-4079

Home Health Services of St. Joseph's Hospital
1515 Main St.
Highland, IL 62249
618-654-7495

Housing Authority of the City of Alton
2406 Crawford Ave.
Alton, IL 62002
618-465-4269

Human Support Services (Monroe County)
988 North Illinois Route # 3
Waterloo, IL 62298
618-939-4444

Human Service Center (Randolph County)
10257 State Route # 3
Red Bud, IL 62278
618-282-6233

Kid's Hope United
520 East Capital
Springfield, IL 62701

Karla Smith Foundation
301 Southridge Dr.
Shiloh, IL 62269
618-624-5771

Madison County Community Development
618-692-7022

Madison County Urban League
Alton, IL 62002
618-463-1906 x-1

Madison County Housing Authority
1609 Olive St. Collinsville, IL 62234
618-345-5142

Madison County Veterans Assistance Commission
618-296-4554

Oasis Women's Center – Alton
618-465-1978

Pathways to Promise
5400 Arsenal St.
Saint Louis, Mo. 63139
314-877-6489

Salvation Army
618-465-7764

St. Clair County Homeless Hotline
888-397-5730

Tri-Cities Area Faith in Action
Granite City, IL
618-877-9020

United Way of Greater St. Louis – Supports all counties within NAMISWI
910 N. 11th St.
St. Louis, Mo 63101
1-800-427-4626

Veteran's Assistance Commission
618-277-0040

Veteran's Affairs Office- Illinois Depart.
800-437-9824

Volunteer Interfaith Caregivers
Lebanon, IL
618-537-2636

Violence Prevention Center- Belleville
618-233-7703 (Women/children)

WellSpring Resources (formerly Community Counseling Center)
2615 Edwards St., Alton, IL 62002
618-462-2331

APPENDIX III

ORGANIZATIONS AND COMMUNITY SERVICES

For complete address, telephone number and additional information on the following agencies, please refer to Appendix II of this guide.

Abuse/Neglect

Alternatives Counseling, Inc.
Call For Help, Inc.
Catholic Charities of Alton
Catholic Charities of Granite City
Catholic Children's Home
Illinois Department of Healthcare and Family Services
Kids Hope United-Hudelson Region
Oasis Women's Shelter

Adolescence/Children/Youth

Big Brother Big Sister of SW Illinois
Catholic Charities of Alton
Catholic Charities of Granite City
Catholic Children's Home
Chestnut Health Systems
Children's Center for Behavioral Development
Children's Home and Aid Society of Illinois (CHASI)
Community Hope Center
Coordinated Youth and Human Services
Illinois Department of Healthcare and Family Services
Kids Hope United-Hudelson
Region Lutheran Child and Family Services
Madison County Health Department

Advocacy/Legal

Behavioral Health Alternatives, Inc.
Developmental Disability Services of Metro East
Equip for Equality
Illinois Guardian & Advocacy Commission
Karla Smith Foundation
Land of Lincoln Legal Assistance Foundation, Inc.
NAMI Southwestern IL

Alcohol/Substance Abuse

Alcoholic Rehabilitation Community House (ARCH)
Chestnut Health Systems
WellSpring Resources
Gateway Foundation
Human Support Services / Waterloo, Monroe County
Human Service Center of Southern IL / Red Bud, Randolph County

Behavior Disorder

Behavioral Health alternatives
Catholic Children's Home
Children's Center for Behavioral Development
Gateway Regional Medical Center
WellSpring Resources

Clothing

Catholic Charities of Granite City
Community Care Center of Protestant Welfare Association
Community Hope Center
Glen-Ed Pantry Lutheran Child and Family Services
Nearly New Shop
United Way of Greater St. Louis

Counseling

Alternatives Counseling, Inc.
Behavioral Health Alternatives, Inc.
Catholic Charities of Alton
Catholic Charities of Granite City
Chestnut Health Systems
Illinois Department of Healthcare and Family Services
Illinois Department of Human Services, Division of Rehabilitation Services
Lutheran Child and Family Services
WellSpring Resources

Crisis Intervention

Call for Help, Inc.
Chestnut Health Systems
WellSpring Resources (formerly Community Counseling Center – Alton, IL)
Gateway Regional Medical Center
Human Support Services-Waterloo, Monroe County
Human Service Center of Southern IL - Red Bud, Randolph County

Dental

Southern Illinois Healthcare (Granite City & East Alton)
Nameoki Dentistry (Granite City)

Developmental Disability

Challenge Unlimited
Developmental Disabilities Services of Metro East
Illinois department of Human Services, Div. of Rehab.

Education

Chestnut Health System
Educational Opportunity Center
Karla Smith Foundation
Lutheran Child and Family Services
NAMI Southwestern Illinois

Emergency Assistance

American Red Cross-Metro East Service Center
American Red Cross-Southwestern Illinois Chapter
Good Samaritan House
Madison County Community Development
Oasis Women's Shelter
United Way of Greater St. Louis

Employment

Challenge Unlimited
WellSpring Resources
Illinois Department of Employment Security
Illinois Department of Human Services, Division of Rehabilitation Services
Madison County Employment and Training Department
United Way of Greater St. Louis

Family

Catholic Children's Home
Chestnut Health Systems
Illinois Department of Healthcare and Family Services
Illinois Department of Human Services
Illinois Department of Human Services, Division of Rehabilitation Services
Kids Hope United-Hudelson Region
Karla Smith Foundation
Land of Lincoln Legal Assistance Foundation, Inc.
Lutheran Child and Family Services
Madison County Community Development
Madison County Health Department

Nutrition/Food Pantry

Catholic Charities of Alton
Community Hope Center
Crisis Food Center
Glen-Ed Pantry
Good Samaritan House
Lutheran Child and Family Services
Madison County Health Department
Operation Blessing, People That Care, Inc.
United Way of Greater St. Louis

Home Health

Gateway Regional Medical Center
Help at Home, Inc.
Home Health Services of St. Joseph's Hospital

Homeless

Salvation Army
United Way – Greater St. Louis

Housing

Catholic Charities – Rental Assistance Tri-Cities
Chestnut Health Systems
East St. Louis Housing Authority
Housing Authority of the City of Alton
Land of Lincoln Legal Assistance Foundation, Inc.
Madison County Community Development
Madison County Housing

Information and Referral

American Red Cross-Metro East Service Center
American Red Cross-Southwestern Illinois Chapter
Behavioral Health Alternatives
Call for Help, Inc.
Chestnut Health Systems
Children's Home and Aid Society of Illinois (CHASI)
First Call For help
Equip for Equality
Gateway Regional Medical Center
Illinois Guardianship & Advocacy Commission
Lutheran Child and Family Services
NAMI Southwestern Illinois

Information and Referral (continued)

Treatment Advocacy Center – Nat'l website Public Library
United Way of Greater St. Louis
WellSpring Resources

Medical Care

Madison County Health Depart.
Southern Illinois Healthcare Foundation
Madison County Urban league Healthcare
Community Hope Center
United-Way Greater St. Louis

Mental Health

Behavioral Health Alternatives, Inc.
Call for Help, Inc.
Challenge Unlimited
Chestnut Health Systems
WellSpring Resources
Gateway Regional Medical Center
Illinois Guardianship & Advocacy Commission
Kids Hope United-Hudelson Region
Karla Smith Foundation
Madison County Mental Health Board (708 Board)
NAMI Southwestern Illinois

Prescriptions

Madison County Catholic Charities (Granite City & Alton)
Contact Individual Pharmaceutical company for assistance
Partnership for Prescriptions (PPA)
Johnson & Johnson www.access2wellness.com

Rehabilitation

Alcoholic Rehabilitation Community House (ARCH)
Chestnut Health Systems
Gateway Foundation
Gateway Regional Medical Center
Catholic Children's Home
Challenge Unlimited
Chestnut Health Systems
WellSpring Resources

Residential Alternatives

Doris Helping Hand Organization
Holy Angels
Madison County Community Development
Oasis Women's Shelter
Phoenix Crisis Center
Salvation Army
United Way - Greater St. Louis

Suicide

Karla Smith Foundation
Nat'l Suicide Prevention Hotline

Transportation

Collinsville Faith in Action
Edwardsville Faith in Action
Good Samaritan House
Help at Home, Inc
Helping Hands
Human Support Services-Waterloo, Monroe County

APPENDIX IV

NAMI NATIONAL, STATE, AND LOCAL INFORMATION

National Alliance on Mental Illness (**NAMI**) Arlington, VA 22201 Help Line: 800-950-6264

In September, 1979, 284 representatives from 59 groups (representing 29 states) gathered at Madison, Wisconsin to organize the National Alliance. The Alliance now has more than 140,000 members who belong to 1,200 affiliates coordinated by 50 state organizations. The NAMI Advocate is their quarterly publication.

National Alliance on Mental Illness **NAMI Illinois** 218 W. Lawrence Springfield, 62704 Phone: 800-346-4572

The State Alliance was incorporated in 1984 and has 41 affiliate groups and 3,000 members. The State Line is their quarterly newsletter.

NAMI Southwestern Illinois

Gateway Regional Medical Center
2100 Madison Ave. Fourth Floor
Granite City, IL 62040 Phone: 618-798-9788

NAMI Southwestern Illinois has a newsletter published monthly.

In 2010 our local affiliate saw many changes, the first change being the combining of the former Belleville affiliate with our affiliate NAMI Madison County. Secondly, the 10 Illinois counties that surround Madison and St. Clair County were added to make up the affiliate and named NAMI Southwestern Illinois.

The twelve counties making the NAMI Southwestern Illinois affiliate are:

Bond, Calhoun, Clinton, Greene, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, Saint Clair and Washington.

Another local NAMI affiliate is:

NAMI C.U.P.F.U.L. (East St. Louis)

Call Pamela Perry for more information – 618-482-7564 / 314-868-8031