



ADAMhs

ADVANTAGE

Fall 2016

Support Groups...

All support group meetings are free and open to the public. New participants are welcome.

Mood Disorders Group for Women Only. The group now meets two evenings each month — the 2nd and 4th Tuesdays at 6:30 p.m. at the ADAMhs Board office on State Route 66 south of Archbold, T-761 SR 66. Contact: Jammie at 419/770-9488.

Mental Health Support Group — Bryan. For adults with any diagnosed or undiagnosed mental illness. Meets on the 3rd Thursday every month at 7 p.m. in the Horizon Apartment commons, 617 N. Walnut St., Bryan. Contact: Mark at 419/913-8576.

NAMI Four County. For family members and friends of persons with a mental illness. Meets the 1st Tuesday each month at 7 p.m. at the ADAMhs Board office. Contact: Dave at 419/966-3006.

Bryan Support Group for Family Members, Friends. This group is primarily for family members and friends of persons with a diagnosed or undiagnosed mental illness. Meets the third Monday every month, 6:30 p.m. at the First Presbyterian Church, 506 Oxford Dr., Bryan. For more information, please contact Gail at 419/212-1911.

Defiance Support Group for Family Members, Friends. This group is for family members and friends of persons with a diagnosed or undiagnosed mental illness. Meets the second Tuesday each month at 7 p.m. at Zion's Lutheran Church, 1801 E. Second St., Defiance. For more information, please contact Wendy at 419/785-4072.

Survivors After Suicide. For anyone 15 or older who has lost a loved one to suicide. Meets the first Thursday of the month at 7 p.m. at the Four County ADAMhs Board, T-761 SR 66, Archbold. For more information, please call Tonie at 419/267-3355, ext. 5.

Free youth mental health first aid class in October

A free, day-long Youth Mental Health First Aide class will be held Thursday, October 20. See Page 7 for details.

ADAMhs Board renewal on Nov. 8 ballot...

Local mental health transformation a result of response to funding cuts

*By Les McCaslin
CEO Four County ADAMhs Board*

In a few weeks, voters will decide whether to renew the seven-tenths mill property tax that helps fund services provided by the Four County ADAMhs Board. That property tax, though a small millage amount, represents 29 percent of the board's budget.

The tax was first approved in 1982 by voters in Defiance, Fulton, Henry and Williams counties and has been given five year extensions by the voters six times since then.

Over the years, the property tax along with other local, state and federal funds has provided the means for the ADAMhs Board to build a comprehensive array of behavioral health services for children and adults. Those services include outpatient mental health and addiction counseling, psychiatric and medication services, inpatient mental health services, and various types of housing — some of which is supervised around the clock, some includes on-site counseling, and some is independent living supported by case management, if needed.

Other services supported with levy funds include a range of mental health crisis services for children and adults, employment and vocational training, and family violence counseling for children and adults, as well as a shelter, and a drop-in center/food kitchen.

Most recently, we have added integrated health services through our partnership with Health Partners of Western Ohio. Primary healthcare, dental services and a federally supported pharmacy are now available to our behavioral health clients as we strive to assure that all of their healthcare needs are met.

The result: Healthier patients who are better able to maintain their overall health, need fewer behavioral health services, and are less likely to go to hospital emergency rooms with physical health problems. **An added benefit:** All of the services provided by Health Partners of Western Ohio at their centers in Bryan and Defiance are available to anyone who needs them — not just behavioral health clients.

Over the last eight years, state and federal funding of ADAMhs Board services has been cut steadily and significantly. However, instead of complaining about that loss of funding, we chose to look at the situation as an opportunity instead of a threat.

We asked our contract agencies to consider what each of their clients needed to maintain a stable, good quality of life. They determined that some clients needed more service, but most could do quite well with less. This allowed our providers to serve more people, more quickly and also saved the system money — most of which helped cover funding cuts and some we reinvested in the system to make up for

Please see ADAMhs Board renewal on Page 6

17th annual Candlelight Vigil for mental health is Sunday, October 2 in Defiance

Mental Health Awareness Week (October 2-8) once again kicks off with the Candlelight Vigil sponsored by NAMI Four County starting at 6 p.m. Sunday, October 2 at St. John United Church of Christ, 950 Webster Street on the Defiance College campus. Following the program, those who can will take a short walk across the campus with refreshments and fellowship afterward. For more information on the Vigil and Mental Health Awareness Week, please see Page 7.





Most depressed persons go untreated, even when screened

A Columbia University survey of more than 46,400 persons who were screened for depression found that only 28.7 percent of those who screened positive received any treatment within one year of the screening — even though 78 percent of those people reported having at least one medical visit during that time.

The lead author noted that primary care physicians had opportunities to either detect and treat the depression or make a referral when the patients had an office visit, but didn't.

Of those screened, 8.4 percent tested positive for depression, or about 3,899 people. Reported online August 29 in *JAMA Internal Medicine*, depression was nearly five times more likely in the lowest income group (18.2%) compared to the highest income group (3.2%).

Dementia drugs increase survival and save money

For patients with Alzheimer's disease, early treatment with currently recommended medications might not only prolong survival but save healthcare dollars, according to a longitudinal retrospective study reported at this year's Alzheimer's Association International Conference.

For all patients, average healthcare costs tripled in the first month after an Alzheimer's diagnosis; however, patients receiving medications had lower costs — \$5,535 compared to \$6,711 for those who weren't treated. Costs decreased in subsequent months, but costs were always lower for those on medications. Unfortunately, only 35% of the patients were prescribed a medication after their diagnosis.

Antipsychotic treatment promising for vets with PTSD

Treating PTSD among military veterans with just the antipsychotic quetiapine (Seroquel) seems to be effective, according to a study reported online July 15 in the *American Journal of Psychiatry*.

The lead author of the study noted that PTSD is usually treated with antidepressants, but the success of those drugs when used to treat PTSD among veterans is not always effective. Dr. Mark Hammer with the Medical University of South Carolina explained that while military veterans with PTSD have depression, they also tend to have symptoms of psychosis, such as hallucinations, that may make them less likely to respond well to antidepressants.

"It could be that this complex pharmacology is beneficial (for a complex disorder)," he said. However, he noted that while Seroquel produced significant results, at the end of the trial patients "still had significant symptoms. These were still very ill veterans," he said.

Parkinson' drug effective for resistant depression

The Parkinson's drug pramipexole (Mirapex) can significantly improve symptoms of treatment-resistant depression...if patients can tolerate the doses needed to achieve therapeutic effect, according to research presented at this year's Anxiety and Depression Association of America conference and also published in the February *American Journal of Psychiatry*.

The study included 42 outpatients (24 had major depression and 18 had bipolar). Thirty-two of the patients responded or had remission and only two relapsed after receiving pramipexole for an

average of 15.9 months.

Nausea was the biggest obstacle to adequate dosing.

Collaborative care improves severe, persistent depression

A multidisciplinary specialist depression service (SDS) may be an effective way of managing patients with persistent, moderate to severe depression, according to a study published online August 3 in *Lancet Psychiatry*. The specialists who collaborated in the study were the psychiatrist and therapist. The study used long-term (at least 12 months) cognitive behavioral therapy.

The 187 study participants were divided into usual treatment or SDS groups. Improvement in symptoms took 18 months to realize.

Jobs with highest suicide rates

The most recent data from the US Centers for Disease Control and Prevention (2012) reports that men working jobs in farming, fishing and forestry have the highest suicide rates (84.5 suicides per 100,000), while the highest rates for women are jobs in protective services occupations (law enforcement and fire fighters) at 14.1 per 100,000.

Overall, suicide was the 10th leading cause of death in the US with nearly 40,000 deaths by suicide in 2012. From 2000 to 2012, the rate of suicide increased by 21 percent (13.3 to 16.1 suicides per 100,000).

The next two highest risk jobs for men were construction and extraction (53.3 per 100,000) and maintenance and repair (47.9). For women: legal profession (13.9) and healthcare and technical professions (13.3). The group with the lowest suicide rate at 7.5 per 100,000 was education, training and library workers.

1 in 9 teens get major depression

Just over 11 percent of teens (age 12 to 17) report having had a major depressive episode in the last year, according to a report from the 2013 and 2014 national survey on drug use and health from the Substance Abuse and Mental Health Services Administration.

Expanding low income health insurance improves health

Researchers looked at various health measures of low income Americans in states that expanded their residents' access to healthcare: either Medicaid or private coverage, compared to states that did not expand the coverage. To no surprise, they found better overall health where low income people had more access.

Reported online August 8 in *JAMA Internal Medicine*, the individuals with improved health options used more outpatient and preventive care and less emergency care.

The three states in the study were Kentucky (Medicaid expansion), Arkansas (more private coverage) and Texas (no additional coverage of any type).

The uninsured rate in Kentucky and Arkansas was 22 percent less than Texas, and residents in Kentucky and Arkansas reported fewer skipped medications due to cost, less out of pocket spending, and generally an improved quality of care.

Deep TMS and mental illness

Deep transcranial magnetic stimulation, already approved for treatment-resistant depression, is proving beneficial for other mental illnesses, according to a report presented at this year's American

research updates...

Deep TMS

Continued from Page 2

Psychiatric Association annual meeting. The noninvasive technology applies brief magnetic pulses to the brain. Deep TMS differs from conventional TMS in that the pulses with the deep TMS have a wider, broader and deeper field. Consequently, it is more likely to reach the area of the brain that is being targeted.

One study cited involved 12 depression patients who had failed drug therapy and electro-convulsive therapy. Ten of the patients completed the deep TMS treatment and 7 had remission. Treatments are about 20 minutes with 22 to 44 sessions five days a week.

Exercise boosts cognitive function in schizophrenia

A meta-analysis of published studies reports that exercise can improve the cognitive function in people with schizophrenia.

Published online August 11 in *Schizophrenia Bulletin*, the review found that aerobic exercise particularly affects attention, working memory and social cognition.

Clozapine best for schizophrenia

A study of 18,869 new users of medication with schizophrenia suggests that clozapine produces better results and quetiapine (Seroquel) produces the least effective results. Published online July 12 in *Acta Psychiatrica Scandinavica*, the findings aren't new, but the number of study participants is larger than most studies.

Virtues of Mediterranean diet

Much evidence supports the value of following a Mediterranean

diet (lots of fish and beans, nuts, etc.) for improved cognitive function, but now a study also says it increases brain thickness.

The lead author said the study shows people that they can reduce the risk of dementia by paying attention to what they eat.

New ADHD drug closer to US ok

The drugmaker Shire says it has an experimental medication to treat ADHD that is on track for approval in the United States by the second half of 2017. It currently has two drugs for ADHD already on the market — Vynase and Intuniv.

Secret to an effective apology

Ok, this isn't behavioral health research, but it was printed in the July 2016 issue of the Massachusetts General Hospital Mind, Mood and Memory newsletter and it's interesting.

How do you convincingly tell someone you are sorry for something that you've done? Well, research looked for the answer by asking 755 adults to react to apologies that contained all or some of the following key points: an assertion of regret, admission of responsibility, an attempt to explain what went wrong, an expression of repentance, an offer to repair the damage, and a request for forgiveness.

So, what made the most effective apologies?

Most important: Acknowledgment of responsibility. *Next:* An offer to repair the damage.

Tied for third: Expressing regret, explaining what went wrong, and conveying remorse.

Least effective: Asking for forgiveness.

Adult crisis stabilization beds will open early next year



Funded with \$500,000 in state grants and up to \$400,000 in ADAMhs Board money, the four county area will soon have 10 adult crisis stabilization beds to complement the 10 that are currently used for youth at Comprehensive Crisis Care in Napoleon.

The adult beds will be used for patients experiencing a mental health crisis too serious to be sent home, but not serious enough to require hospitalization. Stays are expected to be relatively short, possibly for medication adjustments.

Having the adult CSU with the rest of the area's crisis services is part of the ADAMhs Board goal to provide all frequently used services locally.



Addition to Comprehensive Crisis Care. Kathy Helmke, director of Four County Family Center and Comprehensive Crisis Care, expects to open a new 10-bed adult crisis stabilization unit (CSU) at their Napoleon location by early winter. The adult CSU will complement a 10-bed youth CSU that they currently operate at the east wing of the facility. Staff also provide mental health crisis assessments for the Four County ADAMhs Board and some additional mental health services from the Napoleon location on Freedom Drive.

Recovery Services offers evidence-based program for persons with mental health & addiction problems

To help a client who has both a severe mental illness and a substance abuse disorder, both problems have to be treated together by a treatment team that coordinates all aspects of the client's care.

Earlier this year, Teresa Eicher, LISW-S, clinical director for Recovery Services of Northwest Ohio, told NAMI members that coordinated care for patients with a dual diagnosis is the only path to better health. She explained a program that Recovery Services offers called Integrated Dual Disorder Treatment (IDDT) that does just that. The IDDT program is an evidence-based program, meaning that research has proven it to be effective at reducing relapse of substance use and mental illness, hospitalization, arrests, incarceration and duplication of services.

The program also improves the client's quality of life and continuity of care as well as increases the likelihood of stable housing and the ability to live independently.

Every client who is accepted into the IDDT program has a diagnosed severe mental illness, such as major depression, schizophrenia or bipolar disorder, as well as a substance use disorder – whether alcohol or drugs.

According to statistics cited by Eicher, 50 percent of those who have a diagnosed severe mental illness will also have a diagnosable substance use disorder during their lifetime.

Together, the dual diagnosis causes significant health problems and limits the client's ability to function at work or to maintain relationships. They are more likely to relapse, be hospitalized, use the emergency room, be homeless, become incarcerated and suffer chronic physical illnesses.

"They tend to be 'high cost' individuals to society," Eicher said. "IDDT's goal is to change this."

Once accepted into the IDDT program, the client will have a treatment team that includes a psychiatrist who is certified to treat both mental illness and addiction disorders, a therapist, and a case manager. All three team members regularly meet to discuss the client's



Teresa Eicher, clinical director for Recovery Services of Northwest Ohio, with NAMI Four County member Gary Smith. Teresa explained the agency's evidence-based intensive dual diagnosis treatment program (IDDT) at a NAMI meeting earlier this year.

progress or lack of progress to determine the best path forward.

And, the case manager will help the client coordinate all of their appointments, including those with doctors or healthcare professionals who are treating non-behavioral health problems. They will also help the client work with Social Security, make sure the client can get to their bank, the grocery store, and more.

"Our goal is to help the client become stable and stay stable by considering all of their needs," she said. "We want to keep the client in the community and out of the hospital or jail."

Services available to the IDDT client include substance use and mental health counseling, group treatment, participation in self-help or support groups, medication management, motivational interventions, family psychoeducation, access to comprehensive services such as residential and employment, and more.

As an evidence-based treatment model, Eicher explained that IDDT must follow three basic principles.

First, it must follow treatment practices that research has documented to be effective. Then, the treatment team uses its best judgement to identify the individual's needs and also identify possible risks and benefits of various interventions.

Please see *IDDT explained* on Page 8

October 2-8 is Nat'l Forgiveness and Happiness Week

The first week of October celebrates two important goals — increased awareness, understanding and support of mental health and persons who suffer mental illness, and the importance of forgiveness and happiness in our lives.

Families living with mental illness know the importance of practicing forgiveness every day when a loved one whose illness causes them to say or do things that they would never say or do when thinking clearly.

And, some days happiness just seems so hard to come by.

For some years now, NAMI member Bob Moyers has made forgiveness and happiness his life's mission. He offers ideas, encouragement, and a simple plan to help people experience happiness and practice forgiveness all year long...not for just for one week in October.

To learn more about National Forgiveness and Happiness Week and Bob's passion, you can visit his website at www.unconditionallovelive.com.

Tips about how to be an effective advocate for mental health

Continued from Page 6
Advocacy Issues.")

On the NAMI Ohio website (www.namiohio.org) in the "advocacy" section, you can find the following...

- ◆ Steps to identify your state representative and state senator and their contact information.
- ◆ Summaries of any pending state legislation that affects behavioral health.
- ◆ Tips on what to say when you communicate with an elected official and how to personalize your letter, email or phone call.

2-1-1

Need help? Don't know who to call? Get answers.

Always toll-free, 24 hours a day, every day.

Family matters...

Talking about 'IT' with family

By Janet Hitchcock

“If those kids were mine, I’d”

No one in my family ever said that to me face to face. Those conversations were kept for over the kitchen stove while I was outside trying to solve the next crisis. But not all words need to be spoken in order to be heard. Loving judgment is still judgment.

Mom never said it, but what she did say was: “Why don’t you guys move in with me for a while and let me help you.” Pretty much the same thing.

Being at wits’ end, we took her up on her offer. It took less than a week for her attitude to change. I knew someone finally got it when she said, “There has never been a child I could not handle. Until now. How have you done this for so long?”

How do you talk to your “perfectly normal” family about living with loved ones with mental disease? It’s easy to get clinical and explain the illness and how it manifests,

and your family will nod politely as their eyes glass over while you drone on and on.

But underneath the politeness don’t you still hear: *If he/she were mine, I would...?*

Last time, I talked about becoming an expert at diverting conversation at gatherings with friends, but family is not so easily diverted. And you want them to understand. You want your loved one to be accepted by family. Included. Loved.

Don’t wait expectantly for me to give you an answer. We failed. Our answer was to avoid family gatherings. Or show up and leave soon. Before something happened.

But all of that was long before we attended Family to Family classes. We didn’t have enough information to know how to talk about our kids’ bad behavior as mental illness. We struggled in a school system that wouldn’t classify ADHD (before it was called that) as a learning disability “because too many kids have it and we can’t afford all those special classes.” Time out was the new

thing to try according to the child psychologists who often asked us for suggestions as to how to handle these issues.

Things have changed. Mental illness — brain disease — has come out of the closet. But does that make it any easier to help our families accept and include these dear ones? To help instead of judge?

Our kids are in their 40’s now and their problems have grown with them. They have established their spot in the family dynamic, and it’s still pretty much one of exclusion. So, I have no answers. Do you?

Send your “*how I talk to my family about my loved ones with brain disease*” solutions to me at jjhitchcockfarm@earthlink.net and I’ll compile them for next time.

That’s what Family to Family is all about: sharing our stories and helping each other make life a little easier for our loved ones and for ourselves. I look forward to hearing from you.



New Home Development turns 25! This summer New Home Development Company celebrated its 25th anniversary of providing safe, affordable housing for low income tenants who also have a mental illness. New Home now owns and manages 56 housing units across the four county area that are valued at \$5 million and also administers a rent subsidy program. Altogether, 61 mental health consumers live in housing that is either owned by New Home Development or in housing for which they administer a rent subsidy. They celebrated their anniversary by holding an open house at their newest property — Upton Heights Apartments, a 10-unit supervised housing complex located on Upton Drive in Defiance. Pictured from left are Caren Bauer-Male, who has been New Home’s only executive director; Drena Teague, who served on the very first New Home board of directors; and Linda Lero, housing coordinator.

Recovery Services offers free classes for family members of persons struggling with addiction or early recovery

Recovery Services of Northwest Ohio is offering free addiction education classes for family members or friends of persons who are struggling with active addiction and early recovery at their Napoleon office, located at 219 E. Washington St., Suite 210.

Two classes remain — Wednesday, October 12 and Wednesday, November 16 from 6 to 8 p.m. each evening. Light refreshments will be provided. For more information, contact the Napoleon office of Recovery Services at 419/599-7040.

Henry County senior center starts monthly mental health support group

The Henry County senior center in Napoleon has started a monthly mental health support group that is open to anyone regardless of age or whether they live in Henry County.

The group meets the third Friday of every month at 10:30 a.m. at the senior center, which is located at 130 E. Clinton St., Napoleon.

The group meets in a room separate from the dining room

and is facilitated by a licensed social worker.

If you need to contact *The Advantage*, please email

Lou Levy, the editor, at

louandrene@artelco.net or call — 419/393-2515.

ADAMhs Board 7/10ths mill renewal levy

Continued from Page 1

services that might otherwise have been lost.

We also looked at an area of spending that had grown dramatically in 10 years or so – spending on psychiatric medications from the state’s central pharmacy. What once cost several hundred thousand dollars a year was closing in on \$1 million a year. We asked: Is there another way to provide our clients with the medications they need without bankrupting the system?

That question ultimately led us to a Lima-based federally qualified health center – Health Partners of Western Ohio – that also operated a federally supported pharmacy that had access to the same medications we were purchasing through the state, but for pennies on the dollar.

As a result of the relationship that the

ADAMhs Board and our contract agencies established with Health Partners, last year we didn’t spend a dollar on medications from the state. And, we only spent \$8,092 on psychiatric medications for patients who could not afford them through the Health Partners’ pharmacy.

The result: Behavioral health patients have the medications they need, and they now have access to a primary care doctor and dental services. For most of them, this was the first time their physical health needs were regularly monitored.

Also: We were able to save nearly \$900,000 a year of taxpayer money that we can now use, along with the savings generated earlier by providers, to build a more complete local healthcare system that catches clients’ health problems before they become a costly crisis.

So, while state and federal funds have been lost, we have found ways to save money, improve our healthcare system and establish a partnership that has benefitted far more than the 7,037 clients that our provider agencies served in 2015.

And, we continue to look for ways to better serve our clients and our community.

To complete the story that I started....The renewal levy that is on the November 8 ballot will not increase taxes. The \$1,737,181 that it generates each year is 29 percent of the board’s \$6.9 million budget. The cost of the seven-tenths mill levy for the owner of a \$100,000 home is \$16.45 a year.

We hope our stewardship of your tax dollars since 1982 has earned your continued support.

NAMI Ohio policy director explains advocacy

Advocacy for better understanding and support for mental health starts with each of us.

Whether the issue is local, state or federal funding for behavioral health services and research, or legislation that improves access to healthcare, or appropriate safe guards for persons with a mental illness who become involved with the courts or corrections system, each of us needs to be willing to advocate for the needs of the mentally ill.

That’s the basic message that Dustin McKee, NAMI Ohio’s director of policy, shared with NAMI members earlier this year when he spoke at a chapter meeting.

The key to advocacy, he said, is to establish a relationship with elected officials even if you have nothing specific to advocate at the time.

Rather, let them know who you are and why mental health issues are important to you and your family. Be willing to share your family’s story and explain what has been helpful as well as what has been a challenge.

McKee said that when communicating with an elected official it’s important to keep your message simple and to the point. Explain a broad issue in terms of how it affects you and your family.

The means used to communicate with elected officials (mail, email, telephone or face to face) isn’t as important as simply doing it. For example, if you see an elected

official at the fair or a town hall type meeting, then take advantage of the opportunity and introduce yourself. If the official takes the time to talk with you and listen to what you have to say, follow it up with a thank-you letter.

Otherwise, if a face to face meeting isn’t possible, then mailing a letter to their office or sending an email will do. He noted that calling their office and leaving a brief message on a specific issue and why a particular position is important can be especially effective because most people don’t do it.

McKee explained that if you do not know who your elected state or federal representatives are you can easily find out by visiting NAMI Ohio’s website (www.namiohio.org). By selecting the “Advocacy” button, you will find a section that helps you get all of the contact information for your elected officials by simply providing your address.

Following this year’s election, there will be a few new elected representatives. He also explained that once the new Ohio legislators take office in January they will soon start the process of determining the state budget (and funding for behavioral health) for the next two years – an important time to keep on top of advocacy.

To learn more about advocacy, both the national NAMI website (www.nami.org) and the state NAMI website have current advocacy information.



Dustin McKee, NAMI Ohio’s policy director, told NAMI members how they can influence legislation by simply calling or sending their legislator an email. Mark Krieger, left, who is also on the NAMI Ohio board of directors, arranged the program.

On the national website in the “advocacy” section, you can find the following (and more)....

- ◆ Detailed summaries of both the Democrat and Republican party platforms on mental health to compare.
- ◆ NAMI’s public policy platform.
- ◆ Current legislative issues that are awaiting a vote in Washington with an explanation of the issue, why it’s important, how to make your feelings known to your elected officials, key talking points and how to personalize your message. (Look for this in the section called “Take Action on

Please see **Advocacy** on Page 4

NAMI Four County meetings & programs

All NAMI meetings, which are open to the public on the first Tuesday of the month, start at 7 p.m. at the ADAMhs Board office unless otherwise noted.

For the most up to date meeting information, please visit NAMI's website at www.namifourcounty.org.

Sunday, October 2

The 17th annual Candlelight Vigil for Mental Health, 6 p.m. at St. John's United Church of Christ, 950 Webster St., Defiance.

There will be no Tuesday NAMI meeting in October. Please attend the Vigil or watch it rebroadcast on TV-26 during the month of October.

Tuesday, November 1

Valerie Liebert, M.A., PCC-S, program manager of the partial hospitalization program at Defiance Regional Hospital. She will explain what the partial hospitalization program is and how it can help persons who have a mental illness. The program is operated by Harbor Behavioral Health, a ProMedica affiliate. 7 p.m., ADAMhs Board office, T-761 State Route 66, south of Archbold.

Thursday, November 10

Spaghetti Dinner fund-raiser from 5 to 7 p.m. at the First Lutheran Church, 701 S. Defiance St., Stryker. Freewill donation for the dinner with opportunity to participate in 50/50 drawing, Chinese raffle and quilt raffle. You do not have to be present to win any of the raffles.

Thursday, December 1

Annual Holiday Potluck and Party starting at 6 p.m. at the Scout Cabin in Archbold's Ruyhley Park. Ham, beverages and paper products provided. Those attending are asked to bring a casserole, salad or dessert. to share. There will be no Tuesday NAMI meeting in December.

3 new members appointed to NAMI board of directors

Three new members have been appointed to NAMI Four County's board of directors: **Justin Groll**, vice-president and partner, Rupp-Rosebrock, Inc.; **Mary Alice Nagel**, assistant vice-president and private banker, First Federal Bank; and **David Hamersmith**, outpatient therapist, Ful-Care Behavioral Health.

Free Youth Mental Health First Aid

NAMI Four County is offering a free mental health community training for persons who work with youth who may have an emotional, behavioral or mental health issue.

The training, Youth Mental Health First Aid, starts at 8 a.m. on Thursday, October 20 at St. John's Christian Church, 700 S. Defiance St. (State Route 66), Archbold. It will conclude by 4:45 p.m.

The focus of the training will be to help persons in helping professions recognize risk factors and symptoms typical of a mental health crisis in youth, learn how to listen nonjudgmentally, provide reassurance and how to encourage the person and their family to seek appropriate professional help.

Participants will not learn counseling techniques, but rather how to recognize a crisis situation and stay with the youngster until professional help arrives.

Participants will receive a comprehensive manual that covers all aspects of mental health disorders affecting youth, a continental breakfast and box lunch, as well as a certificate noting that they have participated in the training.

Although the training is free, NAMI Four County requires pre-registration so the appropriate number of manuals and refreshments can be ordered.

To register, please contact Lou Levy by email at louandrene@artelco.net with your name, phone number, email address, occupation and employer by Friday, October 14. Or, you can call Lou Levy at 419/393-2515.

The training will be presented by persons who have completed a week-long training conducted by Mental Health First Aid USA, the group that developed the program.

Mental Health Awareness Week: Bringing mental illness into the light — one candle at a time

More common than cancer or heart disease, costing America more than **\$193.2 BILLION** a year in lost wages. Mental illness cannot be ignored — especially when treatment is so effective controlling its symptoms. Depending on the illness, symptom control and recovery rates range from 70 to 90 percent.

NAMI Four County and its cooperating partners will once again try to get this message to as many people as possible during the next few weeks.

We'll distribute nearly 25,000 placemats and tray liners to restaurants, hospitals, community meal locations, and senior centers along with more than 3,000 bookmarks to the public libraries in Defiance, Fulton, Henry, Paulding and Williams counties.

We'll kick-off Mental Health Awareness

Week on Sunday, October 2 with our 17th annual Candlelight Vigil for Mental Health starting at 6 p.m. at St. John United Church of Christ, 950 Webster St. in Defiance.

This year's program will be taped and broadcast on TV-26 at 9 p.m. on Mondays, Wednesdays and Saturdays in October. Last year's program will be re-broadcast at 9 p.m. on the Mondays, Wednesdays and Saturdays leading up to this year's Vigil on TV-26.

More than 20 percent of Americans are affected by mental illness every year; however, no more than one-third of those with a diagnosable illness every seek help.

About half of all adults with a mental illness began showing symptoms by the age of 14 and 75 percent by the age of 24.

Let's light the night on Sunday, October 2!

Health Partners of Western Ohio is accepting new patients at its health centers in Bryan and Defiance.

Patients will have access to primary care providers, behavioral health counselors, and the pharmacy team.

A full service dental clinic is at the Bryan office.

Services are provided on a sliding fee basis and most insurances, including Medicare and Medicaid, are accepted.

Call 567/239-4562 (Bryan) or 419/785-3827 (Defiance).

IDDT program explained

Continued from Page 4

Finally, the team must consider the client's preferences and values so the client's goals are incorporated into the treatment. For example, she said if the client wants to establish better relationships with their family, then that would be incorporated into the treatment plan.

However, relapse can occur with IDDT participants. "Most successful self-changers go through the stages of change three or four times before they make it through the cycles of change without at least one slip," Eicher said.

"Relapse is a teaching opportunity," she explained. "We ask: What have I learned? What do I need to do the next time?"

Eicher said there is generally no waiting list for the IDDT program. To arrange an assessment, call 419/782-9920. The assessing clinician will determine if the admission criteria is met. If so, a referral will be made to the IDDT program.

NAMI Four County 2016 Membership Form

Now is the time to join the nation's largest advocacy group for mental health.

NAME: _____

ADDRESS: _____

PHONE (daytime): _____ (evening) _____

E-MAIL ADDRESS: _____

Membership Levels: ___ \$35 individual/family ___ \$3 individual/family on limited income

Please mail your 2016 NAMI Four County dues to:

NAMI Four County, Attn: Barb Arnos, treasurer, 01038 US 127, Bryan, Ohio 43506.

Check out NAMI Four County's updated website.

www.namifourcounty.org

Photos, Links to Service Providers Serving the Area, Free Class Schedules, Support Group Meeting Times & Places, Information on Mental Health, and Links to Other NAMI and Mental Health Websites

ADDRESS SERVICE REQUESTED

PRRST STD
U.S. Postage PAID
Archbold, Ohio
43502
Permit #8

ADAMhs Advantage
1-761 State Route 66
Archbold, Ohio 43502
419/267-3355