



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 meets twice a month — the 2nd Tuesday at 6:30 p.m. and the fourth Tuesday at 11 a.m. at the ADAMhs Board office on State Route 66 south of Archbold, T-761 SR 66. Contact: Connie at 419/789-3646 or 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 Nancy at 419/439-6907 and leave a message or Tonic at 419/267-3355, ext. 5.

Drug court's team approach to treatment, accountability leads to success for addicts & community

Overcoming an addiction to drugs or alcohol is a difficult journey usually made even harder with multiple relapses along the way. Depending on the addiction, relapse rates of 90 percent are normal.

Area courts have become a way station for many of those who use or abuse. In fact, drug and alcohol use are contributing factors, if not the cause of arrest, for about 85 percent of the cases that come before Judge J. T. Stelzer's common pleas court in Williams County.

Many of those cases involve repeat offenders.

Nearly two years ago, Judge Stelzer decided to try a different approach with some offenders in hopes of getting better results than he had been getting by simply ordering jail time and counseling. The goal was to help open doors to clean and sober living for persons dealing with addiction instead of simply steering them through revolving doors.

The judge was given approval by the Ohio Supreme Court to establish a specialized docket called drug court for qualifying offenders. The first session of the twice monthly court was held about 24 months ago.

Through the end of July 2017, none of the



Williams County common pleas Judge J.T. Stelzer and drug court coordinator Linda McDonald.

30 participants who have either completed the program or are currently participating have had new felony charges. All but four of the 18 participants who are expected to seek a job are employed, 8 have graduated from the 14 to 18 month program, and 22 remain active participants working toward graduation.

Seventeen participants, or 36 percent of the 47 persons who have been a part of drug court since its inception, have been dismissed from the program for failing to follow the rules.

Please see **Judge, treatment team** on Page 6

18th annual Candlelight Vigil for mental health will be Sunday, Oct. 1



For complete story on the Candlelight Vigil and Mental Health Awareness Week, please see story on Page 7.

Cuts to mental health coverage cause an increase in costs

An effort by the Netherlands to save money on mental health costs by raising patient co-pays actually resulted in an increase in the cost of treating bipolar and psychotic disorders by nearly \$29 million a year when the number of people seeking mental health services declined as a result of higher out of pocket costs.

According to a report in the July 19 issue of *JAMA Psychiatry*, the savings of \$15.3 million from the higher co-pays for treating the more serious illnesses were offset by increased costs of acute outpatient care and involuntary commitments (\$44 million) when too many adults stopped seeking regular care because of the higher co-pays.

In the years leading up to the change in co-pays, demand for mental health services had increased by 5.6 percent a year; however, during the first year that higher co-pays went into effect for adults, there was a 13.4 percent decline in the number of new mental health records opened. During the first year of higher co-pays, involuntary commitments increased by 97 percent and the need for acute outpatient services increased by 25 percent.

Medication updates....

Stimulant seems to help patients recovering from depression.

The generic stimulant modafinil seemed to boost memory, concentration and cognitive function for persons recovering from depression, according to a small study published earlier this year in *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*. The stimulant is usually prescribed for sleep disorders; however, 60 persons participated in a study that showed significant improvement in memory.

Abilify injectable approved for bipolar disorder. An extended release injectable version of aripiprazole (Ability Maintena) has been approved by the FDA for bipolar I in adults. The anti-psychotic medication had been approved in 2013 for schizophrenia.

Possible medication to treat negative schizophrenia symptoms. A study reported this summer may show some promise for treating the negative symptoms of schizophrenia (apathy, lack of emotion and poor social functioning); however, there are skeptics. The investigational antipsychotic called MIN-101 was tested on 244 patients and it showed lower scores at 12 weeks on the Positive and Negative Syndrome Scale than those receiving a placebo. So far, it has been much more challenging to treat the negative symptoms of schizophrenia than the positive symptoms (hallucinations and delusions). Skeptics want to see more studies that are more rigorously designed before they become optimistic about the initial results.

Antibiotic shows promise with major depression. A study published online June 1 in the *Australian and New Zealand Journal of Psychiatry* reports that a broad spectrum antibiotic, minocycline (multiple brands), that is used to treat acne may be useful as an adjunct to improve quality of life for persons with major depression. The researchers speculate that the medication has anti-inflammatory properties that target different pathways than standard treatment. As a result, they were able to show improvement that standard treatment alone was not able to show.

Antipsychotics may improve outcomes with hard to treat depression. Finally, research published online July 11 in *JAMA*, suggests that adding an antipsychotic (Abilify) to current treatment may improve outcomes in patients who have refractory major depression. The randomized study involved more than 1,500 adults. At 12 weeks, the study reported that remission rates were modestly

research updates...

improved with the Abilify compared to patients who were switched to the antidepressant bupropion, and the response rates were significantly better.

Lifestyle changes may prevent one third of dementia

Nine lifestyle changes may prevent more than one-third of dementia cases, according to a study reported online in the July 20 *Lancet*. The report was compiled by 24 international experts who reviewed literature and conducted a new meta-analysis.

Factors that contributed five percent or more to dementia prevention were midlife hearing loss (9%), not completing secondary education early in life (8%) and not smoking (5%). The remaining factors were untreated depression, physical inactivity, social isolation, untreated hypertension and diabetes, and obesity.

A related study published online March 21 in *PLOS Medicine* said that stimulating the brain early in life and midlife through higher education and complex jobs can help people stay mentally fit later in life.

And, yet another study from Japan addressed high blood pressure. That study, published August 7 in *Circulation*, said that large variations in day to day home blood pressure readings were tied to an increased risk of future Alzheimer's disease. The study involved persons 60 or older who tested and recorded their blood pressure every morning for a month. Those with the most variable readings were at twice the risk of being diagnosed with vascular dementia or Alzheimer's within five years.

Marijuana and psychosis relapse

Marijuana use by persons with psychosis is related to a significant increased risk for relapse, according to research published online July 10 in *Lancet Psychiatry*. A team of British researchers said use of marijuana was predictive of poor outcomes, including increased risk of relapse, number of relapses and the length of relapse.

Study will attempt to crack DNA code of depression, bipolar

Several organizations are partnering to attempt to learn more about the biology of depression and bipolar disorder to develop the next generation of antidepressant medications that will target subpopulations of persons with those illnesses. Some 15,000 patients with major depression and 10,000 with bipolar disorder are being sought to participate in the study that will combine data from DNA, cognitive tests and on-line surveys to explore how genetics is related to these common psychiatric disorders.

Partners include the Danish pharmaceutical company H. Lundbeck A/S, the personal genetics company 23andMe, Inc., and the Milken Institute, a nonprofit think tank.

"We expect the study to provide detailed insights into the interaction of mood symptoms, cognitive processes, and environmental factors and to link these factors to genetic data," explained Anders Gersel Pedersen, MD, DMSc, PhD, and executive vice-president of research and development at Lundbeck. "The latter will provide entry points into the biological processes underlying these diseases."

More on genetics....

A study published online March 21 in *Nature Communications* reports that schizophrenia and ALS (Lou Gehrig's disease) share a genetic origin of about 14 percent. This is the first time that a link

Please see **Research updates** on Page 8

NAMI spaghetti dinner — November 2

NAMI Four County’s third annual spaghetti dinner fundraiser will be Thursday, November 2 from 5 to 7 p.m. at the First Lutheran Church, 701 N. Defiance St., Stryker.

For a freewill donation, the meal includes a generous helping of spaghetti with meat sauce, salad, bread, dessert and a choice of beverages. Several raffles will be conducted during the evening, including a 50/50 drawing and a Chinese auction featuring numerous gift packages (participants try to win the packages that they could use). The drawing for NAMI’s quilt raffle will be held at the end of the evening. Winners do not need to be present. The event co-chairs are Katie Beck, Kathy Foster and Gary Arnos.

Archbold Boy Scout Troop 63 will once again help with serving and clean-up.

Last year, more than 200 meals were served and some \$4,000 was raised from sponsorships, dinner donations and the raffles.

Dinner proceeds are used to support the free family and community mental health classes and trainings that are offered by NAMI throughout the year as well as five support groups that meet regularly for either family members and friends or persons with a mental illness. A number of efforts to increase community understanding and awareness of mental health issues are also supported by spaghetti dinner proceeds.

Family matters...

Forgiveness....

By Janet Hitchcock

There’s so much hurt in many of our families – broken promises, harsh words, lies, theft, irresponsible spending, shattered dreams, defeated hope, guilt, failure.

How many of us have secretly said to ourselves: “I never signed up for this. I don’t deserve this. Why me? Will this ever end?” Loving someone with a brain disease is not easy. Sometimes, it is very painful.

In our family, the issues always revolve around money, or lack thereof. Refusal to take medication leads to irresponsible behavior, which leads to inability to keep a driver’s license or a job. No license, no job, leads to no place to live. When do you help and when is the best help saying “NO”? It’s painful, and the harsh words on both sides are hurtful. The whole situation begs for forgiveness . . . on both sides.

Fr. Richard Rohr, director of the Center for Action and Contemplation, in a daily meditation, says, “Forgiveness given and forgiveness received are always the pure work of uncreated grace. Such unearned and undeserved forgiveness is necessary to break down the quid pro quo world that I call meritocracy. Grace re-creates all things. Nothing new happens without forgiveness. We just keep repeating the same old patterns, illusions, and half-truths.”

It is so easy to say, “I forgive you.”

I understand the behavior issues that led to all the above mentioned disgraces and I can forgive them, even knowing they

A complete list of dinner sponsors and gift packages will be listed on the NAMI website (www.namifourcounty.org) by mid-October.



NAMI member Gary Arnos and friend, Tom Smith, prepare a plate of spaghetti at last year’s spaghetti dinner fundraiser. This year’s event will be from 5 to 7 p.m. Thursday, November 2 at the First Lutheran Church in Stryker. A freewill donation is taken for the dinner (spaghetti, salad, bread, dessert and choice of beverages) and a variety of raffles will be held. Take-out dinners are also available. Funds raised are used to support NAMI’s free mental health classes and trainings, support groups, and community awareness and education efforts.

will happen again. (How big of me, right?) BUT . . . it is very difficult to add, “Will you forgive me?” (After all, I would not have responded as I did if YOU hadn’t behaved poorly.) I’m guessing there’s not much real forgiveness in my forgiving.

BUT . . . even if my forgiveness is half-hearted, something special happens when I humble myself and ask in return, “Will you forgive me?” There is a letting go on both sides. Defenses fall away. Walls crumble. Change happens. Growth. Grace.

For me, this is one of the most important lessons learned through Family to Family class. Understanding the behaviors and what triggers them -- not only in our challenging loved ones but in us as well -- leads to the ability to recognize our part in the often dysfunctional family dynamic.

Humbling, but helpful. Necessary to meet the daily challenge of brain disease. Necessary to create something new so we don’t keep repeating the same old patterns, illusions, and half-truths.

If you know someone with a loved one struggling to live with brain disease, encourage them to join a Family to Family class. This is but one important lesson in the curriculum. It was the most important one for me, but there are many more, and I promise there will be exactly the one they need. Just knowing there are others who understand the life you’ve been given is such a huge relief.

You know, maybe the thing I most needed to learn was to forgive myself. That was easier within a community of families who understood and empathized. A community that could share common experience and laugh with each other. Shed a tear or two. Offer grace to each other . . . family to family.

Guardianship and less restrictive options explained for persons with impairments

Bryan attorney Chris Walker explained guardianships as well as less restrictive alternatives to guardianship at a recent NAMI meeting.

Guardianships can only be created by the judge of a probate court, and then, only after a medical professional has determined that the person is unable to make competent decisions on their own. Walker added that the court will also conduct an investigation independent of the expert evaluation.

The dual purpose of the court's investigation is to confirm that the prospective ward of the court understands his or her rights and to determine if a less restrictive option to guardianship may be more appropriate.

If guardianship is determined to be appropriate, the court will appoint someone to serve as the person's guardian – managing their personal and financial affairs on behalf of the court.

Walker explained that the responsibility can be held by one person or shared by two guardians who coordinate management of the ward's daily living and healthcare responsibilities with management of his or her financial affairs. If disagreements occur between two guardians, then the court will resolve the issue.

Guardians do not have to be family members; however, they must be an adult who can pass a criminal background check and complete six hours of pre-appointment education on serving as a guardian as well as

Guardians answer to the court, do not have to be family members, and have no personal financial responsibility for the ward.

on-going education.

Guardians who are responsible for decisions that relate to the person's daily living and healthcare are not required to live in the same state as the person they serve; however, a guardian of the person's financial affairs must live in Ohio.

Guardians must also follow the guardianship plan that outlines how they will meet the person's needs and are required to make periodic reports to the court. One time expenditures for the ward must also be approved by the court before they are made.

Every two years the ward is re-evaluated to determine whether a guardianship is still necessary; however, the guardian is responsible for informing the court if they have reason to believe that the person's condition has improved to the point where they are able to make competent decisions and no longer need a guardian.

The attorney explained several alternatives to guardianship that allow the person greater independence to make decisions on their own. In fact, some of the alternatives only become effective when and if the person is not able to make decisions on their own.

For example, a living will and healthcare power of attorney given to a family member or close friend only becomes effective if the person becomes incapacitated.

With a mental illness, it could be when the person experiences a relapse and they are unable to make sound decisions. A healthcare power of attorney would allow the person identified in the document to make decisions consistent with the wishes that the person had made known prior to their relapse.

Once the person's condition improves to the extent that they can make

rational decisions, they would again become responsible for making their own healthcare decisions.

Additional alternatives to guardianship include: power of attorney, conservatorship, and payee or authorized payee.

A power of attorney is individualized to specify what kind of decisions the designee is authorized to make when a family member is not competent. Walker explained this can be valuable for everyone and covers unanticipated accidents that may render a family member unable to make financial or business decisions for a period of time even though the decisions or transactions still need to be made.

A conservatorship applies only to managing a person's assets.

And, a payee or authorized payee is typically used when the person receives some type of regular government payment. The payment is sent to the authorized payee to make sure necessary bills and other living expenses are paid first.

Walker explained that even though a ward of the court may outwardly appear and present him or herself as competent, they are not responsible for any agreement that they may sign. Any contract or agreement that they sign without their guardian's signature is legally void and cannot be enforced. He said the court should be made aware of any agreements that the ward makes immediately so that any money that may have been given to someone can be recovered, if possible.

He also explained that a guardian is not legally or financially responsible for any contract that they sign on behalf of their ward. An exception would be if the guardian, separate from serving as guardian, had agreed to accept financial responsibility.

It's important, he noted, for guardians to sign all documents disclosing that they are signing as the guardian of their ward. If that is done, there can be no legal confusion that the guardian is assuming personal financial responsibility.

Finally, he said that if their ward is charged with a crime, the guardian is responsible for seeking legal counsel for their ward. Further, they need to be sure that the counsel understands that their ward might not be competent to stand trial. Again, the guardian is not personally responsible for paying for the lawyer.

A complete guardianship guide is available on both the Ohio attorney general's website and additional information can be found on the website of the Ohio supreme court.



Chris Walker, a Bryan attorney, explained guardianships and less restrictive alternatives at the June NAMI meeting. Lois Pifer, a NAMI member, was one of nearly 20 people who attended the meeting.

Free community Mental Health First Aid training will be November 9

A free, all-day community training called Mental Health First Aid for persons in helping professions will be offered on Thursday, November 9 at St. John's Christian Church, Archbold.

The training, sponsored by NAMI Four County, will teach participants to identify signs that someone may be experiencing a mental health crisis. The instructors will also explain the importance of listening non-judgmentally, how to provide information and re-assurance to the person experiencing the crisis as well as how to encourage and assist the person to get appropriate professional help.

Mental Health First Aid USA, the organization that developed the training and trained the presenters, compares the instruction to CPR training to help adults who are experiencing a mental health crisis.

Participants will receive a comprehensive 136-page manual that explains all types of mental health disorders as well as their treatment, and how the "ALGEE" action plan is used.

ALGEE stands for **A**ssess for risk of harm, **L**isten non-judgmentally, **G**ive reassurance and information, **E**ncourage appropriate professional help, and **E**ncourage self-help and other support.

NAMI Four County will provide a continental breakfast, lunch and the manuals at no cost to participants.

Sign-in and the breakfast starts at 7:45 a.m. with the training beginning at 8 a.m. Although the training is free, registration is required with a deadline to register of Friday, November 3.

The intended audience is anyone who works in a helping profession, such as corporate human resources or personnel, clergy or lay leaders, social services personnel, and community volunteers. However, anyone may register.

To register or for more information, please contact Lou Levy by email at louandrene@artelco.net or by phone at 419/393-2515.

2-1-1

Need help? Don't know who to call? Get answers. Always toll-free, 24 hours a day, every day.

Men's residential addiction center set to open later this year in Napoleon

The Renewal Center, a 20-bed men's residential addiction treatment center operated by A Renewed Mind Behavioral Health, is expected to open later this year on the north side of Napoleon on the old Walmart property along U.S. 24.

Once the center opens, clients will be transferred from Fresh Start, a residential treatment facility in Alvordton that A Renewed Mind operates, and that facility will no longer be used. Additionally, the new 10,200 square foot facility will have an outpatient services wing where a variety of addiction services will be offered, including individual, group and family counseling, ambulatory detox and mental health counseling.

Matthew Rizzo, president and CEO of A Renewed Mind, explained that the majority of their clients' detox needs can be provided on-site. He also noted that more than two-thirds of their addiction clients also have co-occurring mental health issues. So, providing mental health services at their new Napoleon location is a must.

This portion of the project is actually Phase 1. Rizzo explained that Phase 2 will include recovery housing as well as work force development for clients who complete the 90 day residential program, but need transitional housing before returning to independent living.

A detailed timeline for starting Phase 2 will be announced sometime in 2018. A Renewed



Mind has sufficient space at their Napoleon site to build the recovery housing program there.

Phase 1 of the project costs \$1.7 million with \$500,000 from the Four County ADAMhs Board, \$400,000 from the Ohio Department of Mental Health and Addiction Services, and \$200,000 from the Ohio Development Services Agency. The remainder of the cost is financed by A Renewed Mind through State Bank.

Rizzo said the agency will begin a fund-raising campaign soon to help pay off the mortgage.

Between 30 and 40 staff members will be employed at The Renewal Center.

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).

Judge, treatment team coach addicts to clean, sober lifestyle

Continued from Page 1

When dismissed from the program, they return to regular court where the judge hands down a sentence for their original offense.

Pretty impressive. So, how does drug court work? Earlier this year, Linda McDonald, the court's coordinator, explained the program to NAMI.

The focus of drug court is treatment and recovery, she explained. Punishment is set aside if a qualifying participant agrees to follow all of the rules of drug court and waives five of their legal rights, including: the rights (1) to due process, (2) to an attorney, (3) to remain silent and against self-incrimination, (4) to freely associate with whomever they want, and (5) against unlawful searches and seizures.

Participants must commit to doing what it takes to become clean and sober, including: participating in counseling and support, following their treatment plan, regular and unannounced drug screens, and above all – being truthful with everyone who is part of their treatment team.

The drug court program is intensive, supportive and demands accountability by the participant.

McDonald, a drug counselor for 22 years, likes to borrow a favorite quote to explain how difficult recovery from an addiction actually is and why relapse is so common.

“You don’t get over an addiction by stopping use. You recover by creating a new life where it is easier to not use. If you don’t create a new life, then all the factors that brought you to your addiction will catch up with you again.”

Twice a month the entire treatment team for the participants meets with the judge to review each participant’s progress, struggles and failures during the previous two weeks. They discuss additional strategies that might be appropriate to help a participant succeed as well as incentives when a participant has made exceptional progress.

Between the meetings, communication also occurs as necessary between the probation officer, providers, and the drug court coordinator.

“With all of the communication, it’s hard for a participant to get away with anything,” McDonald said, explaining that participants are required to sign a waiver allowing the treatment team to share information about them.

Referrals to the program can be made by a probation officer, a defense attorney or prosecutor. However, persons convicted of certain charges such as drug trafficking, domestic violence and sexual assault are not eligible. Once the treatment team agrees to accept the person into the program, they enter Phase 1 where an assessment is completed to determine the appropriate level of care. It could range from detox to residential or outpatient treatment.

Phase 1 typically lasts about two months. However, each participant’s progress determines how quickly they advance through each phase.

During the first phase, participants are also evaluated to determine if they have a co-occurring mental health issue. Earlier this year, about two-thirds of the 27 participants at that time had a co-occurring mental health issue that then became part of their treatment plan.

Phase 2 focuses on relapse prevention and identifying any other medical or dental problems that need to be addressed.

Phase 3 focuses on pro-social counseling, support groups, criminal thinking and changes that the participant needs to follow.

Phase 4 focuses on employment, education and parenting as well as making sure that the changes made during the first three phases are maintained.

“It’s not that addicts want to go back to using,” McDonald explained. “Their brain needs to heal. It’s a slow process with a tremendous amount of obstacles in their way.”

Throughout the first four phases, participants meet as a group with their treatment team and the judge twice a month for status review hearings.

During these hearings, which follow the treatment team meetings, incentives or sanctions may be awarded based on the participant’s progress. Incentives could be a small gift, a decision by the treatment team that the participant is ready to advance to the next phase, or a fee waiver for excellent progress. Sanctions, on the other hand, could result in jail time if a participant was not honest with the team about a relapse.

The status hearing is informal. Though proper dress and decorum is expected of the participants, the judge, dressed in a suit (no robe), calls each participant before him one



Judge Stelzer meets with treatment team prior to status review hearings. Twice a month the treatment team, made up of behavioral health professionals, probation staff and the court, discusses every drug court participant’s progress or set-backs since their last meeting and any concerns that they may have. Persons involved with the participant discuss how to address areas of concern and determine how to best implement the participant’s treatment plan. As long as the participant remains committed to doing what it takes to get clean and sober, the team focuses on helping them achieve that goal and graduate from the program.

Please see [Drug court status review hearing](#) on Page 7

NAMI Four County meetings & programs

All NAMI meetings, which are open to the public, are on the first Tuesday of the month starting 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 1

18th Annual Candlelight Vigil for Mental Health starting at 6 p.m. at St. John's United Church of Christ, 950 Webster St. on the Defiance College campus. Weather permitting, a short candlelight walk across the campus will follow the program with refreshments afterward. **No regular Tuesday meeting in October.**

Tuesday, November 7

Rebecca Rupp, the autism affinity program coordinator at Defiance College, will explain what is meant by an autism spectrum disorder and the Hench Autism Studies Program at Defiance College.

Thursday, December 7.

NAMI's annual holiday potluck and party at the Scout Cabin in Archbold's Ruhlley Park. Meal starts at 6 p.m. Ham, beverages and tableware provided. Please bring a covered dish to share and a wrapped unisex gift valued at \$10 or less for "robber" gift exchange.

National Forgiveness Day is October 7

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.

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 day in October.

To learn more about National Forgiveness and Happiness Day (Saturday, October 7) and Bob's passion, you can visit www.unconditionallovelive.com.

Oct. 1 Candlelight program to raise mental health awareness

NAMI's 18th annual Candlelight Vigil for Mental Health starts at 6 p.m. Sunday, October 1 at St. John's United Church of Christ, 950 Webster Street, Defiance with a program that features four speakers and the Second Street Strings, a Defiance area dulcimer group. Piano prelude will be performed by Ed Clinker.

This year's speakers include Sharon Weaver, a family member who teaches the Family to Family mental health education class; Rev. Joe Payne, senior pastor at St. Paul's United Methodist Church, Defiance; Dustin McKee, NAMI Ohio policy director; and Matthew Rizzo, president/CEO of A Renewed Mind Behavioral Health.

The program kicks off Mental Health Awareness Week (Oct. 1—7). In addition to the vigil, NAMI Four County will distribute more than 17,000 restaurant placemats and tray-liners to 31 area restaurants, hospitals, and community meal locations. Nearly all public libraries will distribute book marks with anti-stigma messages on one side and information about NAMI on the other.

During October, TV-26 will rebroadcast the October 1 program at 9 p.m. on Mondays,



Walk for mental health. Ron Hofacker, right, led last year's walk for mental health awareness on the Defiance College campus. This year's program and walk is Sunday, Oct. 1 at 6 p.m. at

Wednesdays, Fridays and Sundays. Additionally, last year's program will air at 9 p.m. on the same nights for two weeks prior to October 1.

Drug court status review hearing

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by one. Using their first name, he begins by celebrating the number of days the person has been clean and sober (followed by the applause of everyone in the court, including the treatment team members).

Using information that Judge Stelzer learned during the treatment team meeting or short summaries that a treatment team member says about each participant during the hearing, he may ask how their children are doing in school or in sports or inquire about their volunteer activities at church or in the community.

Performing more like a coach than a judge, he praises their specific successes, noting how they asked a counselor for help and using those opportunities to tell the other participants to learn from this example – that they each have a team of professionals who are there to help and who want to help. You just have to ask for help.

When a participant makes a risky choice and puts herself in a position where the temptation to relapse is great – even though they don't, Judge Stelzer tells him and the others that addictions are powerful and hard to beat...even when you think you have. He warns everyone from becoming cocky and

putting themselves in those type of situations.

When a mistake or relapse occurs, he asks the participant to explain what happened, and then, "What did you learn from this?"

Birthdays are recognized and celebrated with a card signed by every member of the treatment team, including the judge.

As each participant's hearing concludes, Judge Stelzer offers a positive, supportive comment as they return to their seat.

During the last phase of the program, participants attend one monthly status review hearing with the judge and treatment team.

Phase 5 focuses on continuing care – making sure that the participant has maintained the structure in their lives that was developed during the earlier phases. A particular emphasis is made on participation in some type of organized support and the avoidance of contact with their previous circle of friends who encouraged and provided the opportunity for drug or alcohol use.

"When a person gets clean and sober, when their mental health is stabilized, and when crimes are no longer being committed, then everyone wins," McDonald said. "The addict wins as well as the community. That's the goal of drug court."

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has been found between schizophrenia and ALS; however, genetic links have been found between schizophrenia and bipolar affective disorder and autism spectrum disorder.

Finally, a study reported online June 20 in the *Journal of Clinical Psychiatry* has found a gene that is implicated as an increased risk for both Alzheimer's disease and late life depression. The same study also found that poor vascular health (high blood pressure, diabetes and heart problems) was an even stronger predictor of later life depression.

If you need to contact *The Advantage*, please email Lou Levy, the editor, at
louandrene@artelco.net
or call — 419/393-2515.

NAMI Four County 2017 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: ___ \$60 family ___ \$40 individual ___ \$5 individual, limited income

Please mail your 2017 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

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