



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.

United States Senate now working on legislation

Medicaid expansion, behavioral health at risk in replacement plans

The healthcare debate has now moved to the United States Senate where Republican senators hope to draft a bill different from the one that was barely approved by the House of Representatives in May.

According to an opinion poll that was completed for the American Psychiatric Association and released at their annual meeting in late May, two-thirds of those surveyed were somewhat or extremely anxious about their own health and safety as well as that of their families.

The survey also asked about mental health insurance coverage. More than half said their coverage was adequate, but a third said they weren't sure. That isn't surprising to Dr. Harsh Trivedi, CEO of the Sheppard Pratt Health System in Baltimore.

"People don't have a good idea of what their mental health benefits are, and the first time they find out is when they need to access services," Dr. Trivedi said.

According to the National Alliance on

Mental Illness (NAMI), there is reason to be concerned about the current healthcare debate. "The House passed bill will cause vital mental health services in the states to be slashed," NAMI said soon after the bill was approved.

Here's how that bill would hurt persons needing mental health services.

■ **It would immediately limit** expanded Medicaid enrollment to those who are already part of the program. And, starting in 2020, funding for Medicaid expansion would be phased out.

What does that mean?

Earlier this year, ADAMhs Board CEO Les McCaslin told NAMI members that Medicaid expansion had provided health insurance to 2,578 persons who were being served by ADAMhs-funded agencies. Previously, they did not have health insurance. Last year, those persons received nearly \$2.8 million worth of behavioral health services that was covered by Medicaid.

If final legislation is approved that phases out expanded Medicaid to the working poor, then

Please see **Behavioral health at risk** on Page 4

30 participate in Youth Mental Health First Aid workshop sponsored by NAMI

Thirty persons from a variety of helping professions participated in a day-long Youth Mental Health First Aid workshop sponsored at no cost to participants by NAMI Four County.

Taught by two staff members of Four County Family Center, the training was designed to

help youth-serving professionals identify when a child or teenager may be experiencing a mental health crisis as well as how to help them get appropriate professional help.

Participants received a 210 page manual that explained mental illnesses, symptoms and treatment as well as the material covered during the workshop.

A similar free workshop that focuses on adults is planned for fall.



Cognitive behavioral therapy via Internet

For patients who are unable to access mental health services in person due to stigma, cost, or a lack of providers, cognitive behavioral therapy delivered by Internet can help reduce depressive symptoms, according to a meta-analysis of 14 published trials of adults with mild to moderate depression.

The findings were presented at this year's annual meeting of the American Psychiatric Association.

Although in-person CBT is effective, it was noted for those persons who otherwise would not seek mental health services, then iCBT is an option. Ten of the studies involved some level of clinician assistance and none of the studies were conducted in the United States.

Research involving youth....

Anti-depressant effectiveness in teens is distorted according to an article published by a leading pediatric psychiatrist, John Walkup, M.D., in the online March 3 issue of the *American Journal of Psychiatry*.

Dr. Walkup said that when a meta-analysis review is done involving all trials of antidepressant use with teens the results are distorted by the large number of industry-sponsored trials that involve a large number of study sites, making it more difficult to maintain study quality, he said. On the other hand, he claimed two studies supported by the National Institute of Mental Health used fewer sites and showed meaningful differences that support the use of anti-depressants with children and teens. Generally, the industry-funded trials showed little meaningful effect.

MRI confirms that ADHD brain is different. A study published on-line Feb. 15 in the *Lancet Psychiatry* reports the brain structure of children with ADHD differs from that of normally developing children. Using an MRI, five regions of the brain were slightly smaller in children with ADHD.

Some 1,713 scans of children with ADHD were compared to 1,529 scans of control subjects with the median age of the subjects being 14.

According to the researchers, the MRI is not intended to serve as a diagnostic tool as the individual differences in brain size was small. However, the principal investigator said that the study may reduce the stigma of ADHD as just a label for difficult children or caused by poor parenting. The MRIs show there are physical differences.

ECT effective for teens, young adults. Research presented at the 2017 annual meeting of the American Psychiatric Association said electroconvulsive therapy (ECT) leads to a significant improvement in depression, psychosis and self-harm in patients between the ages of 16 and 25 — particularly if they screen positive for substance use disorders.

Dr. Nicole Benson of Massachusetts General Hospital and McLean Hospital explained that there are roughly 2 million people age 16 to 25 with a serious mental illness and that up to 35 percent have a co-occurring substance use disorder. Some 188 patients received five ECT treatments. Following the five treatments, the participants showed significant improvement.

Blood tests may mean earlier, more accurate autism diagnosis. Two metabolic biomarkers accurately predict autism spectrum disorders in children, according to research published online March 16 in *PLoS Computational Biology*. Other screening tools for autism rely on behavioral assessment and are usually not used on children younger than 2 years of age.

This study involved 83 children with an autism diagnosis, 47 siblings, and 76 age-matched controls. The biomarker analysis

research updates...

correctly identified 97.6 percent of the children with an autism spectrum disorder and 96.1 percent of the control children.

Further, the metabolic factors that the study showed to be associated with autism are potentially reversible and treatable if recognized early.

Antidepressants and link to suicidal behavior. A study presented at this year's Anxiety and Depression Association of America Conference reported that youth treated for anxiety with antidepressants or psychotherapy show similar increased risks for suicidal behaviors regardless of the type of treatment. This suggests that the medication may not be the cause of the increased risk, rather it may be caused by the mental illness.

The results of this study are consistent with randomized controlled trials that support the theory that treatment-seeking for anxiety or depression is associated with greater risk for suicidal behaviors than the medication use.

Parent delivered CBT may expand access to treatment. A study published online May 17 in the *Lancet Psychiatry* said children with anxiety disorders benefit as much from parent-delivered cognitive behavioral therapy as from solution-focused brief therapy delivered by mental health professionals. And, with increasing concerns about health insurance coverage, the parent-delivered CBT is more cost-effective.

For the study, 136 children were randomly assigned to receive brief parent-guided CBT or solution-focused brief therapy. At the initial endpoint assessment, 59 percent of the parent delivered therapy showed much to very much improvement compared to 69 percent of those receiving therapy from mental health professionals. After six months, the gap had narrowed with 66 percent of the parent led group showing improvement compared to 72 percent of the other group.

The leading researcher said, "It is brief and although it is not effective in all children, it works well in most."

Just one hour of regular, too little sleep can lead to depression, etc.

Although research has said that too little or too much sleep can be a symptom of some mental illnesses, new research suggests that even getting just one hour of sleep less than the recommended 7 to 9 hours a night can lead to an increased risk for depression and anxiety.

Data from some 20,000 persons who were surveyed by telephone in 2012 as part of a Centers for Disease Control and Prevention was reviewed. The findings showed participants who reported regularly getting six hours of sleep a night (instead of seven) had a 60 to 80 percent increased risk of symptoms of depression, hopelessness, nervousness and feeling restless or fidgety.

Results were shared at this year's annual meeting of the American Academy of Neurology.

Women who had six instead of the recommended number of hours of nightly sleep had a greater risk of the outcomes than men.

Predictors of psychosis relapse

It should be no surprise, but the leading predictor of relapse following a first episode psychosis is medication noncompliance. Subsequent relapses were more likely to be associated with factors such as age at onset, a schizophrenia diagnosis, and a low level of positive symptoms (such as delusions and hallucinations or trouble concentrating).

The research was presented at this year's European Psychiatric Association Congress.

Medication research...

Aspirin: No benefit for dementia. After some conflicting research about whether aspirin has any preventive value for dementia, the verdict seems to be that while low-dose aspirin might help prevent cardiovascular diseases it won't do anything to prevent dementia.

The findings follow a review of the literature that was published online on April 20 in the *Journal of the American Geriatric Society*. However, the article also noted that this might change because a large randomized controlled trial is now underway that may provide more reliable evidence either way.

Diuretic may help some autism symptoms. Treatment with diuretic bumetanide (Bumex) has improved some symptoms associated with autism, such as social deficits and stereotyped behaviors. The drug showed a favorable benefit/risk ratio at a dose of 1.0 twice daily. Additional testing is planned. These results were published online March 14 in *Translational Psychiatry*.

Long-acting version of Abilify effective with bipolar. A once monthly injectable version of aripiprazole (Abilify) is proving to be a safe and effective maintenance therapy treatment for bipolar I disorder, according to a study reported online January 31 in the *Journal of Clinical Psychiatry*.

Currently, the only other long-acting injectable treatment for bipolar I is Risperdal and it has to be injected every two weeks.

The researchers noted that not only did the long-acting medication manage mania well, it also did not appear to increase depressive episodes, which is associated with typical antipsychotic medications.

No evidence of long-term harm with antipsychotics. An expert panel that was specifically tasked with reviewing data to determine if there are any long-term risks associated with antipsychotic medications determined that there is little evidence to support such a concern.

"There is no question that antipsychotics are highly effective in the short term," said Dr. Donald Goff, the lead author. "And the conclusion of this expert group is that the evidence suggesting a negative long-term effect of initial or maintenance antipsychotic treatment is not compelling." He went on to explain that it is not possible to say whether the loss of brain volume is a result of the medication or simply a result of the illness and its impact on the brain.

The study was published online in the May 5 issue of the *American Journal of Psychiatry*.

An argument against rushing to approve drugs. The FDA's decision against approving an experimental Alzheimer's treatment being developed by Eli Lilly may have saved as much as \$100 billion that Medicare and Medicaid would have otherwise paid for a medication that Lilly last year abandoned after a third and final test proved the drug ineffective.

According to a report in the May 4 *New England Journal of Medicine*, the first two tests that Lilly completed didn't prove that the drug was effective...merely that it might be. And, since there are few Alzheimer's drugs that are approved, Lilly argued that it should be made available since there was some hope that it might work.

Alzheimer's updates....

Deaths from Alzheimer's up 55% since 1999. Between 1999 and 2014 the number of reported deaths from Alzheimer's disease increased by 55 percent for a total of 93,541 Alzheimer's deaths in

research updates...

2014. The statistics are from the CDC's Morbidity and Mortality Weekly Report. The same source reports that more people with Alzheimer's are dying at home now (25% vs. 14% in 1999).

A couple of factors may be at play in this, according to Christopher Taylor with the CDC. First, more people are being diagnosed with AD now than before as awareness of its early symptoms grows. So, if a physician diagnoses the disease, they are more likely to cite it as the cause of death. Also, death rates from other causes such as heart disease and stroke are declining, so people are living longer and the longer people live the more likely they are to be diagnosed with AD.

Saliva test may help spot AD early. Results of a pilot study suggest that biomarkers in saliva may help identify people at risk for developing AD, according to a study published online May 11 in the *Journal of Alzheimer's Disease*. Although the pilot study was small, just 29 people, the differences noted were large. If the study results can be replicated, the main benefit is that drug trials would be able to more accurately identify the stage of cognitive decline that the participants are in and therefore gain better results about the medication's effectiveness.

Guideline for treating mixed depression developed

An estimated one-third or more adults who are diagnosed with depression actually have depression with mixed features and would likely do better taking an antipsychotic than an antidepressant according to an international panel of experts. Their report appears in the April issue of *CNS Spectrums*.

Mixed depression is described as a major depressive episode with some mania as well.

Dr. Stephen Stahl with the department of psychiatry at the University of California, San Diego, said, "It used to be thought that a whiff of depression meant that you treat it with an antidepressant. That's how most people practice, and also since 70 percent of antidepressants are not prescribed by psychiatrists, that's certainly how it is done in general practice."

However, he said for patients with mixed depression, an atypical antipsychotic should be considered. And, that's the new guideline for patients with mixed depression.

Physical fitness tied to reduced risk of death with mental illness

For men experiencing emotional distress like depression, anxiety or thoughts of suicide, high cardiorespiratory fitness may cut the risk of death in half, according to an article reported in the May 9 online in the *Mayo Clinic Proceedings*.

The findings suggest that being physically fit is a protective factor from any cause of death when 5,240 participants who reported a history of emotional stress were also asked about their physical activity. This group was part of a larger sample of 43,000 men who were followed between 1987 and 2002.

Even moderate levels of physical activity (30 minutes a day of swimming, jogging, biking) was associated with 46 percent lower risk of dying compared to the lowest fitness group. And, those in the highest fitness group had a 53 percent less risk of dying.

One of the researchers said this information reinforces the importance of tying physical activity and the treatment of mental health into the standard care package.

EMDR: a natural way for the mind to heal from trauma

Behavioral health coverage at risk as changes are planned

Continued from Page 1

nearly 5,600 residents of Defiance, Fulton, Henry and Williams counties would lose their health insurance and taxpayers would either fund the behavioral health services through the ADAMhs Board or they would go without the care they are now receiving.

■ **Ohio and other states** could allow insurance companies to sell limited coverage with lower premiums that didn't include mental health and addiction services. Currently, behavioral health is considered an essential benefit and must be included.

■ **Ohio and other states** could allow insurance companies to charge higher premiums for persons with pre-existing conditions such as mental illness. It is estimated that the cost of health insurance for persons with pre-existing conditions would become prohibitive for many families.

■ **States would be required** to create high risk insurance pools for persons with pre-existing conditions. NAMI calls the pools another way of charging people with mental illness more while providing less coverage.

Since the leadership of the U.S. Senate hopes to create the legislation without any input from Democrat senators, nearly all of the 52 Republican senators must support whatever legislation is created.

Ohio Senator Rob Portman is one of a handful of Republican senators who have said they could not support legislation that eliminates expanded Medicaid.

Consequently, NAMI is asking its members and friends to contact Senator Portman to encourage him...

(1) To require that expanded Medicaid be part of any legislation that is put forth,

(2) To require that behavioral health coverage be a required benefit in all health plans, and

(3) To require that all plans cover pre-existing conditions like mental illness without charging higher premiums.

Contacting Senator Portman....

To email Senator Portman, please go to his website: www.portman.senate.gov/public.

To send a letter to Senator Portman, address the envelope: Senator Rob Portman, 448 Russell Senate Office Building, Washington, D.C. 20510.

Most people (70 percent) experience one or more traumatic events during their lifetime. The causes can literally be anything that creates an overwhelming amount of emotions and sensations.

A traumatic event can be a single occurrence or a series of repeated occurrences over time.

Unlike common, everyday occurrences that the brain routinely processes and deals with, some traumatic events overwhelm the brain to the point that the emotions and memories associated with it are simply stored without processing.

Trauma can lead to post-traumatic stress disorder; however, not everyone who has experienced trauma has PTSD. In fact, it is estimated that no more than eight percent of the population has PTSD even though 70 percent have experienced trauma.

For persons with PTSD, these unprocessed memories may be suddenly recalled when triggered by a similar event or anything that unlocks those "frozen memories" along with the anxiety, fear, anger or other emotions that are part of the memory. And, they are felt all over again.

Recently, Nancy Shannon, a therapist with Fulcare Behavioral Health's outpatient program in Wauseon, talked with NAMI about post-traumatic stress disorder and a treatment method that has successfully helped millions of persons process those

traumatic events from their past.

The treatment, called Eye Movement Desensitisation and Reprocessing (EMDR), was developed nearly 30 years and now treats a wide range of mental health problems, including depression and addictions.

As a trained EMDR therapist, Nancy explained that the goal is to help the person recall and organize the memories that relate to the trauma.

As memories are recalled and shared during EMDR therapy, she said, the brain naturally and spontaneously begins to process them.

However, before starting the therapy, she will ask the person to identify three or four calming things in the room. If she notices that the process is becoming too intense, she will ask the person to look at those things in the room that are calming to bring them back to the present.

It should be noted that EMDR is not a type of hypnosis. The person receiving EMDR is always in control, Nancy explained.

During an EMDR session, the therapist has been trained to watch for eye movements while the person thinks about specific questions concerning the trauma. Once the eye movements stop, the therapist asks what they experienced.

Eventually, as the process is repeated, the memory loses its intensity and the brain stores it as a neutral memory that won't evoke the disturbing reaction that it had before.

She said that the ultimate goal of EMDR is to help the person stay in their physical and emotional window of tolerance.

In addition to Nancy Shannon, several other outpatient

Please see **EMDR** on Page 5



Nancy Shannon (right), a therapist with Fulcare Behavioral Health in Wauseon, recently talked with NAMI members, including Gail Sito (left), about post-traumatic stress disorder (PTSD) and an effective way of treating it called Eye Movement Desensitisation and Reprocessing or EMDR.

Thanks to Zion's Lutheran Endowment Fund, Kohl's Associates in Action

NAMI Four County would like to acknowledge two recent donations from Zion's Lutheran Church (Defiance) Endowment Fund and Kohl's (Defiance department store) Associates in Action program for recent donations.

Their support helps to provide the funds needed to offer the free family and community education classes as well as support groups that are listed on the front page of the newsletter.

Thank-you!

NAMI, support group picnic August 3 at Rauhley Park, Archbold

NAMI members and friends as well as support group participants are invited to NAMI's annual summer picnic on Thursday, August 3 starting at 6:15 p.m. at the Scout Cabin in Archbold's Rauhley Park.

Grilled hot dogs, ice cream, water & lemonade, and paper products are provided. Participants are asked to bring a salad, casserole or dessert to share.

To help make appropriate plans, an RSVP is requested to Lou at louandrene@artelco.net.

EMDR for PTSD

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therapists at Fulcare Behavioral Health are trained in EMDR. To reach Fulcare Behavioral Health at the Fulton County Health Center, call 419-337-8661.

Acceptance....

Acceptance is acknowledging what is, not fighting against reality, and wishing things were different.

Accepting reality does not mean you have to like it.

Acceptance is not the same as judging something as good.

Radical Acceptance: Whatever happens in your life, is your life. Pain, whether physical, emotional or spiritual is a part of life. It is OK to know this and accept it as a normal part of life. If you are angry about the pain, fearful of it, victimized by it, full of self-loathing from it, and non-accepting of it, then you only cause more suffering in your life.

Pain is inevitable, suffering is optional.

Nearly 120 law enforcement officers have completed CIT training

Fourteen law enforcement officers from nine different departments recently graduated from the spring Crisis Intervention Team (CIT) training, sponsored by the Four County ADAMhs Board and NAMI Four County.

This was the eighth training that the ADAMhs Board has coordinated in the last seven years. A total of 116 law enforcement officers from area police and sheriff departments as well as probation and corrections officers have been trained in techniques that have been proven effective for de-escalating crisis situations involving mentally ill persons.

During the week-long training, a variety of mental health topics are presented to help participants recognize when they are dealing with a situation that may involve someone with a mental illness.

According to Drena Teague, who has coordinated all of the CIT trainings, a lot of time is spent explaining and demonstrating how someone with a mental illness behaves when they are experiencing a mental health crisis. The instructors' presentations are supported by panels of family members and persons with a mental illness who explain how they act and respond to others when they

aren't doing well. The panelists also explain how they would like to be treated and interact with others, including law enforcement.

During the week, participants learn that the assertive skills and approaches that police officers have been trained to use in a crisis will often make a crisis involving a mentally ill person worse.

The CIT program was developed a number of years ago by the NAMI affiliate in Memphis, Tennessee and the Memphis police department following an incident involving a mentally ill person that ended tragically. Today, the program is widely used to teach police how to safely and humanely handle calls that involve someone who is mentally ill.

With nearly 120 law enforcement officers now trained in CIT in Defiance, Fulton, Henry and Williams counties, family members or friends of a loved one with a mental illness are encouraged to tell the police when they need help if the situation involves someone with a mental illness and to request a CIT-trained officer if the department has one on duty.

Photos of the Spring 2017 CIT class are on Page 7.

Famous and mentally ill...in their words

Paula Deen, chef. Anxiety disorders. "Some days I could get to the supermarket, but I could never go too far inside. I learned to cook with the ingredients they kept close to the door."

Jim Carrey, actor. Depression. "There are peaks, there are valleys. But, they're all kind of carved and smoothed out, and it feels like a low level of despair you live in."

Bryce Dallas Howard, Ron Howard's actress daughter. Post-partum depression. "I didn't know what it meant and didn't know what happened to me... You can't raise kids alone, you can't heal alone — you really need a community."

Ashley Judd, actress and political activist. Depression. "I was sick and tired of being sick and tired, and I just didn't know what was wrong with me."

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).

L.O.S.S.: Giving hope to families at one of the most hopeless times of their life

About 33,000 persons complete suicide every year. In Ohio, there's one death by suicide every seven hours. And, in the Four County area between 2008 and 2015 there were 136 reported suicide deaths.

Those are the numbers, but each number represents a family that's left behind to grieve and wonder why. Usually, they grieve and wonder in isolation...not because they necessarily want to, but who do you talk to about suicide?

For about two years now, when a suicide occurs in Defiance, Fulton, Henry or Williams county, families aren't left to grieve or wonder alone.

A trained, three-person team arrives within two hours of being notified by law enforcement that a suicide has occurred. For the next hour to hour and a half the team serves as a liaison and advocate for the survivors.

Team members include a mental health professional, someone from the faith community and someone who is also a survivor of suicide.

Called the L.O.S.S. team (Local Outreach to Survivors of Suicide), some 27 people have been trained to respond and offer hope and information at a time that seems hopeless — when survivors don't know what they need to know. In fact, sometimes they need to be told to take a drink of water.

Tonie Long, a mental health professional for more than 30 years and an ADAMhs Board employee, is the team's director. She recently talked with NAMI about suicide and the support that the L.O.S.S. team provides.

She explained that the team's goal is to provide a sense of hope to the newly bereaved at one of their worst moments. Hope that it will get

Following a tragic loss....

At some of the darkest moments in my life, some people I thought of as friends deserted me – some because they cared about me and it hurt them to see me in pain. Others because I reminded them of their own vulnerability, and that was more than they could handle. But real friends overcame their discomfort and came to sit with me. If they had not the words to make me feel better, they sat in silence, (much better than saying, "You'll get over it" or "It's not so bad, others have it worse.") And I loved them for it.

Rabbi Harold Kushner on the loss of his son

better even though it doesn't seem that way. The key, she said, is the survivor who is on the team. He or she can step forward and give the reassurance.

Before leaving, the team leaves a packet of information, including resources that are available for survivors. The resources include information about a survivors' support group that meets monthly.

"Our goal is to encourage the family to seek help," Long said. Typically, survivors wait 4 ½ years before seeking help. Families who have received a L.O.S.S. team visit and follow-up phone calls seek help within 39 days.

Long explained that it's vital to get the

survivors into counseling or some type of support as soon as possible because the death of a family member to suicide puts their survivors at a greater risk of considering suicide as an option.

On their own, she said, survivors may seek maladaptive ways of coping with their loss. For some, it may be alcohol or drugs. For others, they may work long hours. But, almost always, they don't talk about their loved one's death.

The L.O.S.S. team's first follow-up phone call comes about two weeks after their initial visit. And, then someone calls about every three months for a year.

Long shared a quote from Elizabeth Kubler-Ross: "Guilt is perhaps the most painful companion to death."

Through L.O.S.S., she explained, the team encourages the survivors to seek the help that can address the grief and questions that all survivors feel.

The Survivors of Suicide support group meets the first Thursday every month from 7 to 8:30 p.m. at the ADAMhs Board office, T-761 State Route 66 south of Archbold. The group is free and facilitated by Nancy Shannon, LISW-S.

For more information on the L.O.S.S. team, contact Tonie Long at 419-267-3355, ext. 5 or visit their website: www.4countysuicideprevention.org.



NAMI member Gary Arnos and Tonie Long, program director of the Four County L.O.S.S. team (Local Outreach to Survivors of Suicide). Gary is one of the local NAMI chapter's Family to Family instructors. Family to Family is a free mental health family education class that is offered twice a year.

2-1-1
Need help? Don't know who to call? Get answers.
Always toll-free,
24 hours a day, every day.

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.

Tuesday, July 4

No meeting in July. Have a Happy Fourth of July!

Thursday, August 3

Annual NAMI and support group summer weiner roast and potluck picnic at the Scout Cabin in Archbold's Ruhley Park starting at 6:15 p.m. Grilled hot dogs, ice cream and beverages will be provided. Everyone is asked to bring salad, casserole or other favorite dish to share.

Tuesday, September 5

Topic and presenter to be determined.

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.*

Fall Family to Family class in Wauseon will start Monday, Sept. 11

The fall Family to Family class for family members or friends with an adult loved with a mental illness will begin Monday, September 11 and conclude November 20.

The free class, led by Roger and Sharon Weaver, will be held at the First Church of God, 507 N. Fulton St., Wauseon. The class starts at 6 p.m. and continues until 8:30 p.m.

Although the class is free, pre-registration is required so the appropriate number of weekly hand-outs and binders can be prepared. For more information or to register, please contact Roger or Sharon at 419-335-1099.



CIT participants from Defiance and Williams counties. Front row, from left: Defiance Police Department Detective Matt Skiver, Patrolman Jordan Vetomskie and Patrolman Frank Herbert. Back row, from left: CIT training coordinator Drena Teague with the Four County ADAMhs Board, Montpelier Police Department chaplain Richard Blank, Stryker Police Department Sgt. Steve Mendez, Montpelier Police Department Sgt. Jennifer Hern, Pioneer Police Department Patrolman Jason Sprague, and CIT instructor Leslie VanAusdale with CCNO. (Story on Page 6.)



CIT participants from Fulton and Henry counties. Front row, from left: Henry County Sheriff Department Sgt. Marc Ruskey and Deputy Nick Rasey, and Napoleon Police Department Patrolmen Pat Lannan and Nick Evanoff. Back row, from left: CIT instructor Brenda Byers with Recovery Services of Northwest Ohio, Fulton County Sheriff Department Deputies Chad Hayward and Alexa Schaffner, Fulton County probation officer Shane Chamberlain, and CIT instructor Lt. Dave Mack with the Napoleon Police Department.



Training for youth volunteers. For the third year, NAMI partnered with Dr. Clarissa Barnes (right photo), director of the Hench Autism Studies program at Defiance College, to offer a free, three-hour training on effective management strategies to promote positive behavior and discourage disruptive behavior when working with youth. In the left photo are some of the five persons from The Ridge Project in McClure attended the training.

NAMI dues increase takes effect on July 1

The National Alliance on Mental Illness dues increase is effective July 1, 2017.

The membership form on this page reflects the new membership categories and rates.

NAMI Four County will continue to accept 2017 dues for new and renewing members at the current rate of \$35 for individuals/families and \$3 limited income until June 30.

Dues received after July 1 must be paid at the new rate.

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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Archbold, Ohio
43502
Permit #8

ADAMhs Advantage
1-761 State Route 66
Archbold, Ohio 43502
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