



ADAMhs

ADVANTAGE

Winter 2015/2016

Support Groups...

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

Mood Disorders Group for Women Only. Evening meetings on the 2nd Tuesday each month at 6:30 p.m. at the ADAMhs Board office and day meetings on the 4th Tuesday of each month at 11 a.m. at the ADAMhs Board office on State Route 66 south of Archbold, T-761 SR 66. Contact: Jammie at 419/770-9488, or Katie at 567/239-5477.

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: Katie at 567/239-5477.

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 or Jodi at 419/769-5106.

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 Pam at 419/267-3355, ext. 7.

NAMI, support group holiday potluck, party December 3 at Scout Cabin

The annual holiday potluck and party for NAMI and its support groups will be at 6 p.m. Thursday, Dec. 3 at the Scout Cabin in Archbold's Ruyhley Park. *Please see Page 7 for more details, including when and how to RSVP.*

\$300,000 over 2 years...

ADAMhs Board gets opiate grant for high risk group

The Four County ADAMhs Board has been awarded a two-year opiate treatment grant totaling \$300,000 by the Ohio Department of Mental Health and Addiction Services to fight heroin addiction among a high risk, high cost population – inmates at CCNO, the regional jail near Stryker.

The local grant is one of 23 funded by the state with money from the Specialized Docket General Revenue Funds. The grant is designed to link the criminal justice and behavioral health systems to address common problems.

National statistics say drug use is a common problem for as many as 70 percent of those who are incarcerated. However, the reason for their conviction and incarceration is seldom due to the simple possession of a narcotic such as heroin. Rather, it's an offense somehow related to their drug use.

According to Jim Dennis, the executive director at CCNO, when each inmate is booked they are asked about their current substance abuse use and history. Although the numbers change as inmates come and go, on a Monday in early November, CCNO had identified 38 individuals who were going through the withdrawal process, including 18 who were showing active withdrawal symptoms.

Currently, once an inmate is identified as a user or going through withdrawal, Recovery Services of Northwest Ohio provides them with treatment services such as counseling and groups at the jail. And, for those serving shorter sentences, they are referred to community agencies for their addiction.

However, opiate addictions

are very difficult to break and relapse occurs frequently once they complete their sentence and are released from CCNO.

That treatment/relapse cycle can be broken, though, when medication assisted treatment (MAT) is part of the overall treatment plan. MAT has been an option for treating heroin for decades; however, it is gaining more acceptance since a new, non-opiate medication called Vivitrol has been approved.

Before Vivitrol, the only MAT option for opiate addiction was to replace the more dangerous drug (heroin, for example) with a safer

alternative (such as methadone) that allows the person to function and hold a job while still satisfying the body's opiate addiction.

Vivitrol, however, is not an opiate and works by blocking the brain's ability to experience

Please see *Opiate addictions* on Page 4



Vivitrol is a non-opiate medication that prevents drugs such as heroin from creating the high that users seek. When it is part of an overall opiate treatment plan, Vivitrol has been proven to be a safe, effective tool to help break opiate addiction.



Dr. Warren Morris with Health Partners of Western Ohio in Bryan is trained in medication assisted treatment for opiate addiction and uses Vivitrol in Health Partners' MAT program. He has recently been accepted as a Fellow of the American Society of Addiction Medicine. Deb Rose is one of Health Partners pharmacists. Early next year Health Partners will move to their new building at 228 S. Main St. in Bryan. *See Page 6 for the full story.*



Brain scans to predict recurrence risk of major depression

Functional magnetic resonance imaging may help identify patients who are currently in remission from major depression but are most likely to relapse, according to a study published online October 7 in *JAMA Psychiatry*.

The imaging was able to identify with 70 percent accuracy which patients showed neural signatures on the imaging that are associated with major depression. The study involved 64 patients in remission and a control group of 39 healthy patients. Although exciting, the lead researcher said the study needs to be replicated and achieve 80 percent accuracy before it can be widely used.

However, he noted that it has the potential to identify individuals who would benefit most from long-term treatment and medication to prevent recurrence.

There's an app to track mood, activity and sleep...and it's free

A new smartphone app can help depressed patients record and share information on their moods and symptoms with their psychiatrist between appointments. The result could be better management of their illness.

The MoodTrek app is free and compatible with Android devices. The user has to log their mood on a 1 to 5 scale and also links to a Fitbit activity tracker that integrates the user's sleep and exercise activities. All of this can be shared with their psychiatrist several times or more between visits.

At this time, there is no MoodTrek app for Apple devices.

Antidepressant may help anxiety

An antidepressant from Forest Laboratories (vilazodone — Viibryd) is proving to be effective at relieving anxiety symptoms. The findings from the double blind study were reported at this year's annual meeting of the American Society of Clinical Psychopharmacology.

"Vilazodone is an antidepressant that has some main mechanisms of action that look like a standard SSRI (for depression)," said Dr. David Sheehan, M.D. with the University of South Florida College of Medicine. "But it has an action that is like an old anti-anxiety drug."

Some 202 patients received either the medication or a placebo to control their anxiety symptoms. At the end of eight weeks, the patients receiving the medication were doing much better than those who were given the placebo. Currently, Viibryd is not FDA approved for anxiety.

Rheumatoid arthritis with anxiety, depression lead to poor outcomes

Patients with rheumatoid arthritis who have symptoms of depression or anxiety are likely to have poorer health outcomes and reduced treatment response, according to a two-year study of 379 patients that was reported online September 8 in *Rheumatology*.

The study determined that those patients with depression or anxiety were less likely to achieve remission for the rheumatoid arthritis within two years and that the response to prednisone to treat the arthritis was reduced by 50 percent. The researchers suggested that the outcomes may improve if the patient's mental health issues

were better managed.

Face time with elderly loved ones may help prevent depression

Frequent get-togethers with children or friends could help prevent depression in older adults more effectively than simply calling them on the phone or any type of written contact.

Reported online October 6 in the *Journal of the American Geriatrics Society*, the study said in person visits, and the more frequent the better, was strong preventive medicine for depression. Phone contact didn't have much impact and email or other written communication had no conclusive benefit.

For those between the ages of 50 and 69, visits from friends was most beneficial. For those 70 and older, seeing their children was best.

Some 11,065 adults in their 50s, 60s or 70s between 2004 and 2010 participated in the study.

Early warning signs of schizophrenia often missed

An online survey of 600 participants (half of whom were caregivers of patients with schizophrenia) conducted earlier this year concluded the early warning signs of schizophrenia are poorly understood and often missed, resulting in delayed diagnosis and treatment.

"We hear from families over and over again that although they noticed their child was not thinking clearly or was withdrawing from social situations, they did not realize these behaviors can sometimes be symptoms of a serious mental illness," said Paul Gionfriddo, president/CEO of Mental Health America.

Other results....

- ◆ 85% of caregivers said their family member had an acute psychotic episode before seeing a psychiatrist.
- ◆ It took an average of 3 years for patients who would be diagnosed with schizophrenia to finally see a psychiatrist even after they had experienced symptoms.
- ◆ Almost 75% of the psychiatrists said it is common for people with early warning signs of schizophrenia to be diagnosed with a different mental illness initially.
- ◆ Half of the psychiatrists said their peers are reluctant to deliver the diagnosis of schizophrenia to young people and their families.

New medications....

A new medication has been approved to treat schizophrenia and bipolar disorder in adults — cariprazine (Vraylar) from Forest Laboratories. It is an oral, once daily atypical antipsychotic that the FDA has approved for both disorders.

Aripiprazole lauroxil (Aristada) from Alkermes Inc. is an injectable, long-acting version of the atypical antipsychotic aripiprazole that has been approved for schizophrenia. It is given every four to six weeks.

Resveratrol for Alzheimer's

High doses of purified resveratrol, which is found in some foods, appear to stabilize levels of amyloid beta in the blood of patients

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Resveratrol

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with mild to moderate Alzheimer’s disease and are safe and well tolerated, according to a study reported online September 11 in *Neurology*.

Resveratrol is a naturally occurring compound found in red grapes, red wine, dark chocolate and some other foods.

In the study, 119 patients were assigned to either a high dose, pure synthetic resveratrol group or a control group. The test group started at 500 mg a day, which was increased every three months to 2000 mg a day by the end of one year.

In the treatment group, the amyloid proteins were stabilized while the levels in the control group trended downward as it would with Alzheimer’s disease. At this point, the treatment is not ready to be recommended for patients according to the researchers.

Autism diagnosis may be delayed if ADHD is diagnosed first

When ADHD is diagnosed first, there is almost a three year delay in the diagnosis of an autism spectrum disorder (ASD) compared to the age of the child if autism is diagnosed first. Thus pushing the age of child when diagnosed with ASD past 6. The study was published online September 14 in *Pediatrics*.

Even though the American Academy of Pediatrics guidelines endorse universal screening for ASD at 18 and 24 months, the study found that 39.5% of the children with an ASD diagnosis occurred after age 6.

Self-report tool for ASD diagnosis

In light of the above study, a novel self-report questionnaire that assesses repetitive behaviors could help clinicians when diagnosing autism spectrum disorders, according to research published online July 9 in the *Journal of Autism and Developmental Disorders*.

research updates...

The study results show that individuals with autism score significantly higher than others on the Repetitive Behaviours Questionnaire-2A.

Genetics mean higher risk for mental illness in children

Children born to parents with either schizophrenia or bipolar disorder are at high risk for a range of mental illness — even at a young age, according to a study presented at the 28th European College of Neuropsychopharmacology Congress.

Whereas the general population has a risk of 1 to 2% for schizophrenia or bipolar disorder, the prevalence increases to 10 to 20% for the children of parents with schizophrenia or bipolar disorder.

Primary care docs see 1/3 of kids with mental health issues

An analysis of data collected between 2008 and 2011 from the Medical Expenditure Panel Survey shows that primary care providers are now the only managers of care for one-third of the children age 2 to 21 in the U.S. with mental health conditions. The study was published online October 12 in *Pediatrics*.

The most common conditions in the study were ADHD (64.7% of the patients), mood disorders (24.3%) and anxiety (19%). No other condition was above 10%.

Part of the reason that primary care providers are assuming such a large role is the lack of mental health professionals for children. They are the only provider for 34.8% of the patients in the analysis, while psychiatrists were the only provider for 26.2% and psychologists/social workers for 15.2%. About 25% of the patients were cared for by multiple providers.

The primary care providers were somewhat more likely to prescribe medications, particularly for ADHD, than psychiatrists (70% vs. 63%).

Martin Luther King & his struggle with mental illness

This is a summary of an article by Nassir Ghaemi, MD, MPH, that appeared October 26, 2015 on Medscape.

January 15, 2016 would have been Dr. King’s 87th birthday; however, he was shot and killed April 4, 1968 in Memphis at age 39.

Dr. Ghaemi’s article was based on research, primarily interviews, he conducted to prepare for a book project that will be published in 2016 by Penguin Press.

In late 1967, Martin Luther King was sitting around the dining room table of his personal physician, Dr. Arthur Logan, who had a serious concern: “Martin, I think you’re depressed. I think you would benefit from specialist treatment by a psychiatrist.”

For about a year, King had become the opposite of his usual self. Before, he had been bubbly, upbeat, optimistic. Now, he was morose, fatalistic, convinced not only that he would die soon, but also concerned that the whole civil rights movement would prove a failure. Before, he had high energy, needing only 4-5 hours of sleep nightly, yet able to handle massive amounts of travel and speeches. Now, though he kept the same schedule, he was exhausted most of the time. Increasingly, he turned to alcohol for support with multiple glasses of hard liquor becoming a nightly norm. He had increased his cigarette smoking. He was engaged in even more sexually impulsive behavior than previously.

The usual explanation would be that King was depressed because he had so many stresses in his life.

(But) that doesn’t explain why as a 12-year old he jumped out of a second floor window of his childhood home on two separate occasions.

It doesn’t explain why Dr. King repeatedly was hospitalized throughout his life for periods of “exhaustion” where he could no longer function. He

would lose interest in most things, was very low energy, couldn’t concentrate, slept too much, and ate too much. Medical work-ups were “negative” consistently; no medical cause could be found to explain the “exhaustion.”

Historians have explained that Dr. King had plenty to be exhausted by, so it was natural.

Yet, another observation can be made: The symptoms meet the exact definition of clinical depressive episodes.

There is another aspect of Dr. King’s personality...when he wasn’t in an episode of exhaustion, he was a very high energy man...little sleep, rarely tired....He was also a very talkative man, who sometimes would stop to speak with a stranger for an hour or more. He was a very humorous man in private, a gifted mimic and comic. These features are manic symptoms.

Manic symptoms have been shown to be associated with creativity and resilience, and depression with realism and empathy. Ironically, it is the discrimination against psychiatric disease that causes many persons to refuse to accept that someone as great as Dr. King could have had depression or even manic depression.

Dr. King decided against treatment. He would go on in his pain and suffering to the very end.

Grant to treat opiate addictions

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any high that heroin or prescription pain killers cause.

Recent studies say Vivitrol has a success rate of nearly 90 percent when all protocols associated with its use are followed. Those include regular counseling and support group attendance as well as frequent drug testing.

Consequently, treatment professionals consider Vivitrol a more efficient and effective option for clients who are committed to quitting. But, Vivitrol is also expensive – as much as \$1,000 a month.

That’s where the grant comes in.

Once the grant is implemented, CCNO inmates from Defiance, Fulton, Henry and Williams counties who have been identified as using or abusing opiates and who are considered both ready *and* motivated to quit will be placed in a Vivitrol treatment program. They will participate in counseling and groups while incarcerated, but prior to their release, they will receive their first Vivitrol injection and be scheduled for appointments for their post-release treatment.

After their release and before they continue to receive their monthly Vivitrol injection, they will be required to participate in counseling and peer support groups and submit to regular drug screening to assure they are not using.

The grant will cover the cost of treatment while incarcerated and include a post-release community re-integration treatment plan.

All of this is exciting to the staff at CCNO, according to Dennis.

“There is a lot of evidence that supports medication assisted treatment (with Vivitrol),” he said. “Breaking the cycle of addiction to opiates will significantly reduce the costs associated with the arrest, prosecution, court services, treatment and

incarceration.

“We are hoping to return a better person back to our communities and families,” Dennis said.

Les McCaslin, CEO of the Four County ADAMhs Board, agrees.

“Vivitrol and this grant can give persons with an opiate addiction an extra opportunity to turn their life around if they want it,” he said.

“But, it requires everyone working together to make it work and hold the user responsible for their recovery. By everyone, I mean the courts, the provider, probation, the family of the individual...anyone who is part of their treatment team, as well as the individual has to do their part to make it work.

“When recovery is the goal, Vivitrol can be an important part, but that’s all it is.”

Recovery Services of Northwest Ohio, the agency that provides the clinical services funded by the grant at CCNO, has maintained staff and programs at the regional jail for more than 15 years. In addition to Recovery Services, which has offices in all four counties, Health Partners of Western Ohio is an approved MAT provider. They have offices in Defiance and Bryan.

As part of the grant, the local partners will be required to make regular reports to the state concerning the number of persons served by the grant, the number of staff (including corrections officers) trained in MAT, and the number of clients (former inmates) in the program who have subsequent arrests.

After the first year, all of the grant recipients are expected to participate in a state conference to report on the approaches that they used and how effective they were in treating this high risk, high cost population.

This is the S.A.D. season of the year

People living in northwest Ohio are more likely to suffer from mild to severe depression during the months of November, December, January, February and even March than people who live farther south -- say in Florida, Texas or the Southwest.

The reason: The shorter days of late fall and winter tend to be cloudier and provide less sunshine. And, even when the sun is shining, it is lower in the sky and provides less direct, bright light.

All of this causes the brain to produce more of a chemical called melatonin. This, in turn, is believed to cause symptoms in the part of the brain associated with mood — symptoms that are typical of depression. For example, the estimated prevalence of S.A.D. (seasonal affective disorder) in southern Texas and Florida is about 1.5 percent of the population, while in this part of the country it is 8 percent.

So, what can you do to lessen the impact of S.A.D.?

First, take advantage of sunny days when they occur by dressing warmly and going outside to take a walk. Or, if you don't want to go outside, invest in something called a light box that produces light indoors that is far brighter than ordinary room lighting. Sitting in this light to read or watch TV for an hour or two a day can help. And, so can exercise.

If S.A.D. symptoms are severe and begin to affect your ability to do your job or complete tasks that you are normally able to do, or if you lack the energy or desire to do things you normally enjoy doing, then you should seek medical help. You should not simply allow yourself to suffer because of seasonal affective disorder.

Candlelight Vigil for Mental Health.

Nearly 50 people attended the 16th annual Candlelight Vigil program in October and many more watched the program on TV-26 re-broadcasts or on NAMI's website as the number of visitors to the website soared following the program. It can still be watched on NAMI's website: www.namifourcounty.org. This year's speakers were (from left) Ron Hofacker, the event coordinator; Valarie Lashaway, a parent instructor for the NAMI Basics class; Kevin "Squishy" Barber, a former mental health professional who uses humor to fight the stigma associated with mental illness; Lee Dunham, president of the NAMI Ohio board of directors; and Pastor Tim Reynolds with Zion's Lutheran Church in Defiance. The taping of the program and its broadcasts on TV-26 was sponsored by the ADAMhs Board.



Family matters...

Happy Thanksgiving! Merry Christmas! Happy New Year!

By Janet Hitchcock

The holidays are upon us, and at many of our homes that means the joys of the seasons are often interrupted by unmet expectations.

The Norman Rockwell image of Thanksgiving with the peaceful family gathered around the table sometimes gets lost in the anxiety of mixed personalities competing for attention.

The Hallmark image of gathering around the tree, lush with beautifully wrapped gifts, is often fraught with disappointment as

depression overshadows joy.

And, the New Year's kiss beneath the mistletoe is difficult for the kisser when the kissee is passed out after too much celebration. Unmet expectations abound.

Our family is learning to expect less and appreciate more.

Years ago I found two leather-covered camels at an antique shop. Those camels called to me and eventually came to represent the journey of the Magi to see the newborn Savior of the world. Their journey, too, was filled with expectation and interrupted by danger. And so they chose to "return home

by a different route." That phrase has become my catch-phrase for living with brain disease.

We have learned to return home by a different route.

Thanksgiving dinner becomes dinners. One Thanksgiving evening, one on Saturday, and one after church on Sunday. All are invited, choose when to come or come to all three. Menu is optional, but celebration is guaranteed. And whenever you arrive, you will be given 12 sticky notes to post 12 blessings you have received this year on the kitchen door. Our hope is for a positive attitude coming in and a positive attitude going out.

Christmas will not even attempt a Hallmark moment. The manger scene will be central, the tree will be small. The gifts will be limited. The food will be bountiful. And those camels will be decked out, their message made clear. We are returning home for Christmas by a different route. One with less anxiety, less expectation, and a lot more emphasis on love.

No New Year's Eve party at our place. A quiet evening, a toast to whatever comes next, and a review of the progress we've made this past year. New Year's Day will be a time to look at how we might take a different route in 2016.

Living with mental illness is a challenge to us all . . . every day. It is so easy to point out everything that goes wrong. How much better, though, to seek out everything that is going right.

Here is a challenge for you and your family. Begin this holiday season with a Blessings Journal. At the end of each day list at least 6 things that went right that day. Six blessings. Some days will be hard. Some days the greatest blessing might be that the day is over. But what a blessing! That means you get to start anew tomorrow!

Blessings are all around us. Joy is a choice we make. Finding the good in a bad situation is a choice. Celebrating our loved one's gifts is choosing to remain positive. A positive attitude is contagious. This journey we are on is filled with opportunity for choosing the positive, choosing joy.

Follow those camels in 2016. Count your blessings and look for them in the worst moments. Choose to live a positive life and celebrate it with joy. Return home by a different route. Happy holidays everyone!

State, ADAMhs Board to fund 10 bed adult crisis unit in Napoleon

With \$500,000 in funding from the Four County ADAMhs Board and a state grant from the department of Mental Health and Addiction Services totaling up to \$400,000, a 10 bed crisis stabilization unit for adults will be built at the Comprehensive Crisis Care office in Napoleon.

Comprehensive Crisis Care, a division of

Family Service of Northwest Ohio, currently operates a 10 bed CSU for children at the site.

With the expansion, which is expected to be complete by mid-2016, approximately 60 percent of the Four County residents who need short-term, 24 hour mental health services will be able to be treated locally.



Nearly 150 dinners were served and \$2,289 was made at NAMI's first ever-spaghetti dinner held in November at the First Lutheran Church in Stryker. Members of Boy Scout Troop 63 from Archbold helped serve and clean-up. The proceeds will help fund NAMI's free mental health education classes that are offered throughout the year as well as support groups and mental health public awareness efforts. In 2015, four mental health education classes were offered, along with two community mental health trainings, a CIT class for law enforcement (in cooperation with the ADAMhs Board), the Candlelight Vigil for Mental Health and distribution of 20,000 restaurant placemats and tray liners, and 3,800 bookmarks for Mental Health Awareness Week.

Tips to avoid the holiday blues...

For what is supposed to be such a happy time of the year nearly two-thirds of our friends and neighbors (64%) say they are affected by “the holiday blues.” And, nearly one in four say it affects them a lot.

The holiday blues are temporary feelings that might include fatigue, tension, frustration, loneliness, sadness or a sense of loss. Typically, situational issues, compounded by stressors unique to the holidays, create this anxiety or depression that so many people feel.

Situational issues could include things like personal grief or loss, relationship problems such as a recent divorce or family strife, financial problems, or even illness. In short, the person has reason to feel sad, lonely or depressed.

However, the expectations of the holidays, the family get-togethers, the constant pressure to do, to go, to enjoy, and to have fun can make the situation feel even worse.

So, here are a few tips to consider.

■ **Don't worry about how it should be.** Be and accept yourself. Don't hold yourself to a standard or ideal that equates to perfection.

■ **Be realistic.** Set reasonable expectations for holiday activities such as shopping, cooking, entertaining, and attending parties.

■ **Take time for yourself.** Don't crawl in a cave for the next month, but spend time with caring, supportive persons. Limit your exposure to people who are annoying, thoughtless or mean...whether they intend to be or not.

■ **Volunteer.** Help others. Be the caring, supportive person to someone who doesn't have many friends to visit them.

■ **Exercise and get enough sleep.** Even a short walk outside on a sunny day is good. And, get plenty of rest.

■ **Moderation.** Whether it's eating, drinking... everything.

Remember: The holiday blues are temporary. If your feelings of depression persist and are difficult to shake, it may be more than just the holiday blues. When the blues keep you from enjoying life, caring about others or doing your job, it's time to go to the doctor.

Bryan office to open in January

New Health Partners' services to include dental clinic, pediatrics

When the ADAMhs Board system of care launched its integrated healthcare partnership with Health Partners of Western Ohio more than 2 1/2 years ago, the goal was to make sure behavioral health clients had a way to get their physical healthcare needs met in a familiar setting that was affordable for families with limited income or covered by Medicaid.

Besides that, when Health Partners opened their offices at Maumee Valley Guidance Center in Defiance and at Recovery Services of Northwest Ohio in Bryan in the spring of 2013, they also opened a low cost pharmacy.

Their Bryan practice quickly outgrew its space, prompting the ADAMhs Board and Health Partners to explore an expansion of space and services that ultimately led Health Partners to purchase the former One Stop Employment Center on South Main Street and turn it into a medical building with six dental rooms.

The site is on track to open in January.

The dental clinic, which already has a waiting list, will be one of the few places in this part of Ohio where Medicaid as well as other patients will be seen for both routine dental work and surgery. It will open with one or two dentists, dental technicians and hygienists.

The new office will also be staffed with a pediatric nurse practitioner to take pediatric patients.

The primary care practice will include 15 general examination rooms for three primary care providers, behavioral health counselors, support staff, and a full service pharmacy.

When the Bryan Community Health Center opens, it is expected to be staffed by 25 employees.

At the end of September, Health Partners' Bryan office had 565 patients with another 479 at their Defiance office. Of the total, about 58% were strictly primary care patients, 24% were shared patients with Maumee Valley and 18% were shared patients with Recovery Services.



The Bryan Community Health Center, located at 228 S. Main St., is scheduled to open in January with 10,561 square feet of exam rooms, office space and patient areas. Danyel Parker, BSN, RN, is standing in the hallway where most of the examination rooms will be located.

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

Patients will have access to a 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 419/636-0410 (Bryan) or 419/782-8856 (Defiance).

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.

Thursday, December 3

Annual NAMI and support group Holiday Potluck and Party at 6 p.m. at the Scout Cabin in Archbold's Ruihley Park. Ham, beverages and paper products (plates, napkins, eating utensils) will be provided. Those attending are asked to bring a favorite casserole, salad or dessert to share. Each person attending is also asked to bring a wrapped, unisex gift costing \$10 or less for the gift exchange. **We request an RSVP by Monday, November 30 to Lou Levy at 419/399-0952 or louandrene@artelco.net** with the number who plan to attend so the room can be set up.

Tuesday, January 5

Tanya Brunner with the Defiance County Veterans Affairs office will be our speaker. She will be talking about PTSD and its impact on veterans and their families. The Defiance County office has started counseling classes for wives of veterans who suffer from post-traumatic stress disorder.

Winter weather and NAMI cancellations

In the event that weather conditions make it unwise to hold a NAMI meeting or event, please go to the our website: www.namifourcounty.org. Cancellations will be posted at the top of the home page as soon as a decision is made.

The information will also be shared with the following radio stations: WBNO (100.0-FM) WQCT (1520-AM), WLZZ (104.5-FM), WDFM (98.1-FM), WONW (1280-AM), WZOM (105.7-FM), WNDH (103.1-FM), WMTR 96.1-FM).

Is it time to pay my NAMI dues for 2016?

Combined NAMI dues for the national, state and local chapters will be due after the first of the year. NAMI Four County will mail or email members a renewal notice then. If you want to pay now you may. Dues received now will be credited to 2016. Please use the form on Page 8.

Using music to learn or relearn skills that have been lost

MUSIC. It's been around since the dawn of time.

Starting with the boom of volcanic explosions from deep in the earth, or the clap of thunder from an approaching storm. Birds singing to welcome a new day. A mother humming a lullaby to a sleeping child. Or, a heavy metal band blasting out an 80s hit.

The sounds, the notes, the lyrics of music somehow impact everyone. Sometimes doing so without the person even realizing it.

And, in the hands of a trained music therapist, music can help someone learn to speak again. (*Think:* former Congresswoman Gabby Giffords following her nearly fatal shooting a few years ago.) Or, music can help someone reduce their anxiety or agitation.

Earlier this fall, Kathrine Acus, a music therapist from Bryan, explained and demonstrated how music therapy can help people reach non-musical goals – whether their need is caused by a physical, psychosocial or behavioral problem.

As a profession, music therapy can trace its beginning to the 1950s. That's when music therapists were completing formal college programs and beginning to work with treatment teams to establish patient goals and plan ways that music could help the team achieve the desired outcomes for the patient.

Acus explained that she isn't a music teacher. As a therapist, she isn't there to teach someone to play the guitar and perform for their friends. Rather, she may use the guitar to help someone regain a skill that they have lost or need to develop to enjoy their life more.

Some of the outcomes that music therapy has been proven to achieve include...

- Reduce muscle tension,
- Improve self-image and increase self-esteem,
- Decrease anxiety and agitation,
- Increase verbalization,
- Enhance interpersonal relationships,
- Improve group cohesiveness,

- Increase motivation, and
- Aid safe, successful emotional release.

During her presentation, Acus demonstrated how she uses music to achieve some of those outcomes. For example, she uses the "hello song" to encourage interaction with others and to practice skills. She uses music-making with rhythm instruments to practice leading, following and reflective thinking. She uses relaxation with music to improve relaxation skills, practice mindfulness training, and develop self-calming skills.

As she worked through some of the activities she would use with clients, NAMI members actively engaged her and what she was doing. Without thinking about it, there were smiles on faces, subtle tapping or movement to the rhythm and a willingness to participate...because music therapy builds on lifelong experiences that everyone has acquired whether it's realized or not.



Kathrine Acus, a certified music therapist for nearly 18 years, has practiced in a variety of settings. She is now working for Family Services of Northwest Ohio in their Wood County office. Earlier this fall, she explained and demonstrated how she uses music to help patients achieve both physical and psychosocial goals. She is pictured with NAMI member Ed Clinker, an accomplished musician who plays the piano at many of NAMI's special events, including the Holiday Party next month.

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

Next Family to Family class will start in February

NAMI's next Family to Family class for family members and friends of adults who are living with a mental illness will begin in February and be held in Defiance. The class is free and meets one weekday evening for 12 weeks. The class will be held from 6 to 8:30 p.m. It is open to anyone.

Each week the class covers different topics to increase the participants' understanding of mental illness, its symptoms, causes and treatments as well as improve what to expect and how to plan for and be supportive of their loved one.

The instructors, Gary and Barb Arnos, are also family members with a mentally ill loved one. They have taught the class many times.

At press time, the class starting date and meeting place had not yet been finalized. However, for more information about the class or to register, please contact Gary or Barb at 419/636-0148.

More information about the class can also be found on the NAMI website after the first of the year.

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 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
 ___ \$50 corporate member rate

Please mail your 2016 NAMI Four County dues to:

NAMI Four County, Attn: Dan Beck, treasurer, 06789 Co. Rd. 1950, Stryker, Ohio 43557.

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



**Best wishes for the holidays from
 The ADAMhs Board and NAMI.**



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