Families do matter, at least the founders of NAMI thought so over 40 years ago when they gathered together to hammer out the concepts upon which this nonprofit organization was formed: to advocate, educate, and support families who had a loved one living with mental illness. Merion Kane, the founder of NAMI DC and a Washington DC resident, was one of them. These gathered individuals knew they were not to blame for their family member’s mental conditions and set out to push for other answers to explain the behaviors and actions they so often observed and lived with. They also came with ideas and suggestions learned from their experiences of living with a loved one who was struggling to maintain a meaningful life despite their illness.

Forty-plus years later families still matter. What families and individuals with lived experience of mental illness want and need is more honest and open communication and collaboration, not less. More acceptance and inclusion, not stigma and shame. More focus on abilities, not disabilities, and the opportunity to thrive accordingly.

As a long-time family member of NAMI DC, I have great memories and a deeper understanding of what compassion and standing with really mean. It has been empowering and humbling to interact with families like myself. I feel extremely privileged to have been able to serve. As 2019 comes to a close, I encourage you to help us continue our work of helping families when they need it most by making a donation. Happy New Year and may your family be safe.

Jean Harris, President
Working Together—A New Way of Seeing Each Other

This article borrows from “Family Inclusion in a Recovery Oriented System of Care,” presented by Kevin Keefe, LICSW, CAI, Chief of Service Excellence & Compliance, and Robin Pinard, LCMHC, Director of Family Services, at Westbridge, a residential facility in New Hampshire with a dual-diagnosis focus. (Links to audio and slides at nami.org, Conventions, Past Conventions.)

Note: Adults may direct care providers not to share information with family members or others. That is their right by law, and the inclusive treatment process described here respects that fact.

In many instances, families and behavioral health professionals may work well together, but more often than not, this is not the case.

Society has long tended to view the family as the source of a person’s behavioral health condition. Service providers may share these beliefs and view families as irrelevant to or even as obstacles to a person’s recovery.

“Let’s look at the agency, we don’t do that a lot,” Keefe says in the presentation. “…. We can put up a lot of barriers to access members of the agency, the treatment team… frankly, we can be unhelpful. Usually this is not simply an individual bias, but a system condition—most agencies are not familiar with including families in the treatment process.”

Most families provide their loved one with emotional support and often financial support and a home as well. Their role as advocates is often critical in obtaining needed services. There are other families who experience shame and denial because they (or their social circle) hold outdated, erroneous beliefs about mental illness and substance use disorder. And in still other families, another child or parent is burdened with a chronic illness or substance use disorder, or the parents are overwhelmed by financial hardships. In such cases, the family itself needs support before it can be an effective partner in treatment.

Families may have biased views of mental health and addiction specialists as well, especially if they feel that their own input is devalued or their concern is misinterpreted. By the time a client and his or her family meet a given treatment team, they will likely have experienced hope, fear, trauma, disappointment, frustration, and grief. Multiple episodes of treatment or hospitalization and relapse may leave them exhausted and hypervigilant or even distrustful and cynical about the system of care they have experienced.

The treatment team may see the family as controlling or demanding, as manipulative or entitled, as enabling a client’s resistance to treatment, or, on the other hand, as too busy to care.

Shifting Views

Keefe and Pinard propose that families and agencies take a fresh look at each other, a more empathetic view, that fosters cooperation in support of the client’s recovery.

They point out that family members are inextricably linked in complex ways over time. Not only parents, but siblings and members of the extended family are caught in a web of shared experience, memories, and affection.

“We need each other, we are social beings,” says Pinard.

Moreover, families can share the history of treatment, what has helped, what has not, what worsens symptoms, what eases them.

“Despite the evidence that including families, relatives, friends, and other ‘significant people’ of mental health clients in treatment and recovery services enhances client outcomes, confidentiality concerns and misconceptions by agency staff remain a major barrier to the implementation of family inclusion efforts for adult clients in behavioral health systems nationally and internationally.” American Journal of Psychiatric Rehabilitation, 2012 (15:1)
The stories and expertise offered by family members can help providers avoid blind alleys and accelerate treatment: background information, wants and needs for treatment, coping skills, personal substance use, knowledge of mental illness and substance use, goal setting, leisure and social activities, medical history, trauma history, family emotions, family dynamics, and personal or family stereotypes around treatment, mental illness, or addiction. Such information is especially important when a client is too ill or distrustful to provide it.

“Do agencies have to accept information? We do,” says Keefe. “There is a disparity between how information is shared in nonpsychiatric hospitals and in the psychiatric setting—if there’s no release, we can’t talk about it, but we can accept information.”

Building Inclusion

How can providers and families come together to support an individual’s recovery over time? Keefe and Pinard suggest a treatment process where solutions, not the individual treatment participant, become the central focus.

The individual, the family, and the treatment team sit together at the table in mutual respect. In their own inclusive practice, Keefe and Pinard rely on two concepts: the stages of changes model, which posits an upward spiral in which we learn from each setback or relapse, and family psychoeducation / behavioral family therapy. One example of family psychoeducation is NAMI’s Family to Family education course.

In studies of family psychoeducation, it has been shown to reduce relapses and rehospitalizations by 20 to 50 percent. Family wellbeing was also improved—families were less stressed, confused, and isolated; had fewer illnesses and used less medical care.

To build a collaborative family–provider process, Keefe and Pinard call for agencies to take these steps:

- Involve families from the beginning
- Ask families to tell their story
- Foster transparency and authenticity in communication
- Promote collaborative and active decision-making among all, with mutual responsibility
- Be culturally and spiritually sensitive and responsive
- Focus on strengths
- Recognize and reinforce recovery accomplishments
- Take a holistic and person (family) centered approach

Casting a Wider Net

Inclusive treatment systems do not stop with the family. Effective behavioral health workers are mindful that
everyone exists in a larger community in which groups and activities can anchor and support the client and family.

Effective agencies ensure that their staff are familiar with community resources that provide education, supports, and allies (see sidebar below).

**Obstacles to Change**

Although the benefits of family involvement are clear, putting inclusion into practice is difficult. Insurance provides treatment for the individual, without recognizing that he or she is part of a larger system. HIPAA and Part 42 confidentiality rules protect patient privacy but limit collaboration. However, according to SAMHSA, “Even the strictest interpretation of confidentiality policies does not prohibit receiving information from families or giving them general information about serious mental illnesses and agency services.”

Inclusive systems are not easily developed. They require a significant culture change, new resources, scheduling flexibility, training, and commitment from managers.

Research shows that negative attitudes do not disappear with a few hours or days of staff training.

There is hope for improvement as more legislators and people working in government come out as members of NAMI and acknowledge their struggles with the system. We need to access those individuals in local, state, and federal governments who will work on our behalf.

Rather than being adversarial, we can collaborate in building a recovery-oriented system of care.

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**Anchoring in the Community**

For the participant—
- Self-help/mutual support groups (NAMI Connection, AA/NA/Al-Anon/Alateen)
- Vocational support—education, employment, volunteering
- Health and wellness
- Building a healthy and positive social network

For the family—
- NAMI Family-to-Family
- Related family support groups
- AA/NA/Al-Anon/Alateen
- Connection to meaningful activities and networks

Inclusive of other families and allies—
- Mentoring others: “Give it away to keep it”
- Family webinars—education based
- Advocacy groups, such as local NAMI, Faces & Voices of Recovery
- Putting energy toward change
- Combatting societal stigma

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To reserve a place in NAMI DC’s next Family to Family course, call 202-546-0646 or email namidc@namidc.org. Visit our Wednesday evening support group, 7 pm, at 422 8th St SE, Washington, DC. Weekly except holidays.

For more information about inclusive treatment, consider:

- “Implementing family involvement in the treatment of patients with psychosis: a systematic review of facilitating and hindering factors.” https://bmjopen.bmj.com/content/4/10/e006108
Growing Up With Bipolar Disorder: A Family Story

By Razzaq Kelvin

My name is Kelvin, and I was born and raised in the District of Columbia. Behavioral health disorders were a major influence as to who I am today. Mental health and addiction concerns impacted my immediate family and my community. Having the lived experience and being in recovery, my passion is to help better the community’s behavioral health. If at all possible, I don’t want others to share the same pain that I have.

Growing up in a single-mother, substance abuse, and mental health home was tough for my childhood development. My mother’s primary mental health condition was bipolar disorder. She was hospitalized, in jail, and homeless many times as a young adult and also when I was a child. We had to move many times.

She comes from a large family, but they gave her no support. Because she and I had no support system whatsoever, it was difficult for her to manage co-occurring conditions and for me to cope in that environment. We were separated for several years when my father’s family took me to Georgia. I was 11, and my mind state was very unstable at the time. I didn’t realize the stress I was under. In hindsight, bipolar was the thing, if it had been corrected, that would have made problem-solving easier. Now that I’m older and understand more, I think there were things I could’ve done in recent years to address her bipolar:

1. Let my mother know when her behavior or mood was changing.
2. Encourage her to reach out to a mental health professional and accept that an illness is present.
3. Tell her she is loved more, in spite of these problems.

“\You know, they say we’ve deinstitutionalized people; I think we have trans-institutionalized people. We’ve sent them from the asylums—which were dreadful, no question—to the streets and the jails and the prisons, which are probably more dreadful. And we haven’t really done them a very good service.”

Kenneth Paul Rosenberg, author of Bedlam: An Intimate Journey Into America’s Mental Health Crisis

Yes, I grew up a vulnerable adolescent and was not able to deal with stress, but I could’ve done those little things to make a positive difference in her life. Nowadays, I don’t beat myself up as much, because I understand the medical, psychological, and support challenges she and I had. I have gotten her into treatment for her bipolar disorder and her addictions.

When I reached my mid-20s and understood more, I started to show her more sympathy. But trying to help someone who has an addiction and a mental health diagnosis is very hard. It seems that things are never working out, there’s always a failure, and sometimes the simplest things are the most stressful. Twice she began treatment at a core service agency, including with an ACT [assertive community treatment] team. She was resistant to medications after a very bad experience with Haldol. She still has not had stable housing since before 9/11 in 2001.

Through the Department of Behavioral Health, a core service agency, NAMI DC, and SOME, I’ve found the supports I needed for myself. I’ve earned my certification as an addiction recovery coach, and I’ve been hired to do outreach for a core service agency. The NAMI DC Support Group has been a pillar for me, keeping me consistent, keeping me with my program.

In February 2019, my mother moved again when neither of us had working phones. She disappeared from my life, but not my thoughts. I believed she had died in the street. But last week, purely by accident, I found her, riding the 70 bus up Georgia Avenue. There she was. She called out to me, we sat together, and now we are in touch again.

My mother, my community, and I were impacted by behavioral health conditions. I did not know how to care, learn, and be compassionate to help others, until I was working in a previous job role. Working with young, at-risk adults forced me to internally reflect. Those relationships became a catalyst for me to better the behavioral health community by sharing information about mental illness. In turn, that entrepreneurially became a small business at Total-Razzaq.com.
NAMI DC President **Jean Harris** was recently appointed to the Behavioral Health Planning Council by Barbara Bazron, PhD, Director of the Department of Behavioral Health. The Council advises the DBH Director in the planning and implementation of person-centered behavioral health services. Members monitor and evaluate the allocation and adequacy of services within the District.

**Mrs. Harris** spoke at the Capitol Clubhouse Open House and Grand Opening Celebration. The Clubhouse has received its DBH Certification, allowing it to open the nation’s newest mental health Clubhouse (see page 9).

Vice President **Melinda Hasbrouck** spoke on a panel at the National Council for Behavioral Health’s **Hill Day 2019**. The Council advocated for bipartisan support for mental health and addiction treatment funding, highlighting three legislative efforts (see bit.ly/AmericasMentalHealth).

During the summer and fall, volunteers shared information in presentations and exhibits in a variety of venues:
- Archdiocese of Washington, Department of Special Needs Ministries, Mental Health and Spirituality Webinar
- National Dental Association, Health Now Outreach on Wheels
- Black Nurses Rock Mental Health Awareness Fair
- Annual Walk for Health Living hosted by the Links
- Mental Health Awareness Night at the Kipp DC Learning Academy
- Mental Health Awareness Week at the University of the District of Columbia
- Get the Conversations Started, US Department of Education panel discussion
- The Mecca Group LLC
- Rural Coalition Annual Winter Forum

**Kent Alford**, Board Member, served on the discussion panel **Violence Is Not Normal: Town Hall Meeting at In Our Own Voice at George Washington University**, with Janiene Ausbrooks and Tim Hider at Beta Theta Pi, in honor of their Philanthropy Week and Mental Illness Awareness Week.
St Elizabeths Hospital in October. The Town Hall was sponsored by Black Women for Positive Change.

In November, Jean Harris, Robert Thurston, and Ruth Davis met with DBH Director Dr. Bazron to discuss the service system.

**In Our Own Voice—Fighting Stigma**

In October, Tim Hider and Janiene Ausbrooks presented In Our Own Voice at George Washington University to members of the Beta Theta Pi fraternity. They returned to GWU in November and presented two back-to-back sessions to students in the Department of Psychology and Brain Sciences. To schedule an In Our Own Voice presentation, call 202-546-0646.

**Family-to-Family—Education and Support**

Led by trained volunteers Arlene Reidy and Robert Thurston, the fall 12-week Family to Family course ended in November. To reserve a spot in the spring course, call 202-546-0646 or email namidc@namidc.org.

**NAMI Research Award**

NAMI presented its 2019 Scientific Research Award to Matcheri Keshavan, MD, who has devoted much of his distinguished career to research in the neurobiology of psychosis and the neuro-developmental basis of schizophrenia, neuroimaging, biomarkers, and early intervention.

Dr. Keshavan is Director of the Commonwealth Research Center at Beth Israel Deaconess Medical Center as well as Professor and Vice-Chair of Psychiatry at Beth Israel. He teaches Harvard Medical School students and residents, and he is a senior advisor at Massachusetts Mental Health Center. He has received numerous awards over the years and has published extensively.

In Dr. Keshavan’s presentation—“Brain Plasticity, Cognitive Enhancement and Functional Recovery in Schizophrenia and Related Disorders”—he explained in layman’s language the current status of research into the neurobiology of psychosis, its effects on the brain, and the promise of cognitive enhancement therapy to improve the lives of individuals who have experienced psychosis or other brain trauma. The award presentation and reception were held in the Kennedy Center’s new REACH facility, and 15 NAMI DC members were privileged to attend.

![NAMI DC members Wilda Black, Janiene Ausbrooks, Jean Harris, Demetria Simpson, Delabian Thurston, and Lark Catoe at NAMI's 2019 Scientific Research Award reception](image)
In Other News…

Medicaid Waiver Granted

The Centers for Medicare and Medicaid Services has approved the District’s Behavioral Health Transformation demonstration waiver. Most new services authorized will be phased in beginning January 1, 2020. The demonstration allows the District’s Medicaid program to pay for institutional care and new community-based services (https://dhcf.dc.gov/1115-waiver-initiative).

Providers Speak Up in DBH Listening Sessions

In four summer sessions, Department of Behavioral Health Director Dr. Bazron gathered the insights and concerns of mental health and substance use disorder providers in the city, with a focus on needed improvements. Many provider concerns mirror the concerns of people in treatment and their families (https://dbh.dc.gov/publication/provider-engagement-sessions). Four themes emerged:

- Integrated Whole-Person Care, with “one-stop” shopping for clients
- Workforce Development, with improved recruitment and retention of qualified staff
- Children and Youth Services, with support for families and new school-embedded programs
- Communications with DBH, centralizing via an electronic hub and reinstating newsletter

The report’s appendices reveal a lot about how our system works and where it needs improvements.

Public Oversight of DBH

In response to concerns about the month-long water crisis at St Elizabeths Hospital, Vincent Gray, Chair of the Council’s Health Committee, called an oversight meeting in November. The meeting was held at the Pennsylvania Avenue Baptist Church and lasted 6 hours. Director Bazron heard concerns in the community about the department’s handling of several issues. Disability Rights DC and Black Youth Project 100 were among the vocal advocates.

While the lack of clean water at St Elizabeths Hospital—second occurrence in 3 years—was the main complaint, citizens raised other matters, including the tragic killing by a discharged forensic patient, increased use of seclusion and restraints at the hospital (doubled since 2014), and the rising homicide rate in the city. They called for better mental health services in the schools and for intensive recovery-focused treatments at St Elizabeths.

Dr. Bazron reported on DBH efforts to stem opioid use and deaths, and she reported actions taken and ongoing to address problems raised at the hearing:

- Working with water management experts to identify sources of contamination and implementing practices to minimize risks and prevent a reoccurrence
- Replacing the Chair of the Outpatient Forensic Review Board and creating a process to ensure that Review Board and forensic staff comply fully with all court conditions over release and monitoring
- Hiring a consultant with experience in trauma-informed care to analyze why use of seclusion and restraint has increased, develop strategies to eliminate use, and oversee implementation of the strategy

Coming Up in 2020

Ongoing  NAMI DC Support Group
Wednesday evenings, 7–9 pm. Free, confidential, open to all, at 422 8th St SE, DC. 202-546-0646

January 31  DC Council’s Committee on Health Full Performance Oversight Hearing for Department of Behavioral Health
https://dccouncil.us/events/

April 3  DC Council’s Committee on Health
Budget Hearing for Department of Behavioral Health
Budget and oversight hearings are open to the public and stream live.
https://dccouncil.us/events/

July 15–18  NAMICon 2020
“Together Toward Tomorrow”
NAMI National Convention in Atlanta, Georgia. Pre-register now at https://nami.org/Convention
Capital Clubhouse Opens for Business!

The newest mental health clubhouse in the nation is now up and running. Located at 1313 New York Avenue, NW, First Floor, the clubhouse aims to be “a community where people recovering from mental illness can achieve their full potential and be respected as co-workers, neighbors, students, and friends.”

How to become a member of Capital Clubhouse:

- Have our referral form completed by your treatment provider (e.g., psychiatrist, therapist). Get the form at www.capitalclubhouseinc.org/get-involved (or call 202-308-9690 or email info@capitalclubhouseinc.org).
- Schedule a visit at the Clubhouse before joining. Talk with staff and members when you visit!
- Attend an orientation and participate in the work-ordered day.
- Attendance is up to the member. No set schedule is required. Membership is voluntary and without time limits.

To learn more, email info@capitalclubhouseinc.org or call 202-308-9690.

New Peer-Run Center Offers Support and Education

By Dorothy Adams

DREAMERS & ACHIEVERS CENTER, Inc., has been in operation since May 2019 as a peer-run, nonprofit organization dedicated to encouraging and empowering people in the community to strive towards maintaining overall wellness in their personal and professional lives. Wholistic wellness, self-advocacy, healthy life choices, and peer support are an absolute necessity when living with mental illness and substance use disorder.

DREAMERS & ACHIEVERS staff provide positive, productive resources and supportive services that have helped them better understand the importance of overall wellness throughout their own recovery and are sharing what they have learned with the community. We offer a wide range of groups, such as:

- Opioid Use and Treatment Education
- WRAP (Wellness Recovery Action Plan) Seminar I / Every Tuesday, 1–3 pm & 5–7 pm
- WRAP 4 ADDICTION / Every Thursday 1–3 pm & 5–7 pm
- Self-Care
- Double Trouble in Recovery
- Anger Management, and much more!

DREAMERS & ACHIEVERS CENTER’s mission is to serve the community and its at-risk population with life skills, training, and support. As of October 2019, we have received two grants that will allow us to focus heavily on Opioid Use/ Misuse and the importance of educating others about it.

If you believe that you are in need of help, please stop by today!

We are located at: 2041 Martin Luther King Jr Avenue SE, Suite M1, WDC 20020. Our office hours are:

- Monday 9 am – 3 pm
- Tuesday 9 am – 7 pm
- Wednesday 9 am – 5 pm
- Thursday 9 am – 7 pm
- Friday 9 am – 5 pm
- Saturday 10 am – 2 pm (2nd & 4th Saturdays only)
- Sunday Closed

Call our office at 202-763-7904. And don’t forget to check out our website at dreamersandachievers.org.
Thank you

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*through December 17, 2019. Please let us know if we have inadvertently omitted your name.
Become a NAMI DC Member!

Join here or online www.namidc.org/join-us/ and you will become a member of NAMI DC and the NAMI National organization for one year. You will receive this newsletter, Voice on Mental Illness, and NAMI national’s newsletter, The Advocate. Members enjoy the benefit of a strong network of diverse people inspiring hope, celebrating successes, and supporting each other during hard times. Together, we bring support, education, and advocacy for people with serious mental illnesses and their families, friends, and caregivers.

1. CHOOSE YOUR MEMBERSHIP TYPE

- Household $60/year
- Regular (one person) $40/year
- Open Door $5/year (pay what you can afford)
- Additional contribution enclosed $__________

Total $_____________

2. CHOOSE HOW YOU PREFER TO RECEIVE THE VOICE

- In print by mail only
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- Both

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5. SEND APPLICATION AND PAYMENT to NAMI DC, 422 Eighth St SE, Ste 200, Washington, DC 20003.

NAMI DC IS A TAX-EXEMPT, NON-PROFIT ORGANIZATION. DONATIONS ARE TAX-DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW.

Thank You!

To everyone who has contributed to NAMI DC’s mission throughout the year. Thank you for keeping NAMI DC strong.

Your gifts, volunteer work, and participation have helped many people find their road to recovery from mental illness, with NAMI DC’s programs showing the way.

http://www.namidc.org/donate
Wishing you peace and joy in the New Year