

OUR STORIES

*True stories of New Jersey residents and their
courageous battle with mental illness*



Open Your Mind

NAMI NEW JERSEY

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The Nation's Voice On Mental Illness

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**ADVOCACY
EDUCATION
FAMILY SUPPORT**

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One out of every five families in New Jersey will be directly affected by a severe mental illness in their lifetime.

Nationally, more than five million Americans suffer from an acute episode of mental illness such as schizophrenia, bipolar disorder (formerly manic-depressive illness), major depression, obsessive-compulsive disorder (OCD), or panic disorder each year.

In New Jersey alone, nearly 180,000 people suffer from severe mental illness.

Left untreated, these biological disorders of the brain can profoundly disrupt a person's ability to think, feel, and relate to others and to his or her environment. Thanks to amazing new medications, people who were once held prisoner by their illness are reclaiming full and productive lives—many are returning to school or work and are living independently.

The stories in this booklet are all true. They were written by people whose family members have joined NAMI New Jersey, your neighbors. In most cases, the names and details have been changed to protect their privacy.



Vincent Van Gogh, who suffered from mental illness, created many paintings featuring the iris. It has become a symbol of hope for those with mental illness.

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A brief History of the Treatment of Mental Illness

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Before the 1950s people suffering with mental illness were subject to loathsome conditions. Isolated in horrific institutions, chained in cages, given hot baths, cold baths, electric shock treatments, many were forced to sleep in their own excrement. No one knew what else to do with them.

In the 1950s it was discovered that certain drugs could suppress the major symptoms of mental illness, anesthetizing patients but making them manageable. The side effects of these drugs were considerable and all of them eventually induced Parkinsonian symptoms, the trembling, tongue thrusts, sucking impulses that the general public used to associate with mental illness. Families were told that these Parkinsonian symptoms were the result of the progress of the illness; they were not. They were the direct result of nerve damage produced by the treatments. No one looked for anything better; researchers believed only medications producing Parkinsonian symptoms were effective in treating mental illness.

United States Justice Department statistics reveal: there are four times as many people with mental illness in jail or prison as there are in the nation's public psychiatric hospitals.

Through the use of medications, patients could be subdued and no longer posed a threat to the public order. During the 1960s, the number of psychiatric hospital beds was drastically reduced and many such facilities closed. Community mental health centers were supposed to fill the need for outpatient care and group homes would provide a safety net for people who no longer required hospitalization. Medication compliance was assumed. We all know that is not how it works. Though medications have dramatically improved, many patients, experiencing moderate to severe side effects, refuse to take them as prescribed. Current New Jersey law does not allow anyone to force them.

Many people with mental illness have fallen through the cracks into homelessness or into the criminal justice system. As this booklet is being prepared, United States Justice Department

statistics reveal: there are four times as many people with mental illness in jail or prison as there are in the nation's public psychiatric hospitals. It is a failure of the mental health system.

Law enforcement officers are the front line in dealing with mental illness crisis. This is a role for which most officers have been ill prepared. NAMI New Jersey is working for increased communication between the criminal justice and mental health systems in New Jersey.

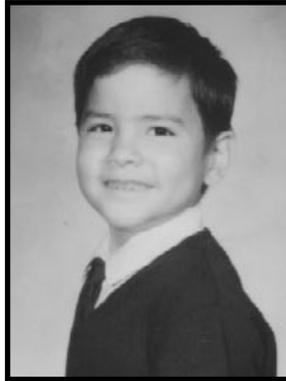
Early Warning Signs of Mental Illness

- Confusion about what is real or imaginary; deja vu; preoccupation with religion, meditation, superstitiousness, belief in clairvoyance or sixth sense;
- Suspiciousness or paranoid thinking;
- Exaggerated self-opinion and unrealistic sense of superiority;
- Heightened or dulled perceptions, hallucinations;
- Odd thinking and speaking process; racing thoughts or slowed-down thoughts; talking about things irrelevant to context or going off the track;
- Lack of close friends or confidants other than immediate relatives;
- Passively going along with most social activities but in a disinterested or mechanical way;
- Flat emotions; decrease in facial expressions, monotone speech; lack of spontaneity and flow of conversation; poor rapport;
- Difficulty in abstract thinking;
- Difficulty performing functions at work or school.

Source: Yale Psychiatric Institute's PRIME research clinic



All of the people in these photos are from New Jersey. Their stories are about courage and despair, tragedy and triumph. Some of them have been in jail, all have been hospitalized for



These photos are just a few of those whose stories are told in these pages.



mental illness. Several died tragically. Others continue their courageous struggle to live meaningful, productive lives.

OUR STORIES

Allen

.....

Mom, Why am I so lost? This was the question my 28 year old son asked me on his first involuntary commitment to a psychiatric hospital when he was 22 and diagnosed with paranoid schizophrenia. A few years prior to that there were a lot of bizarre and frightening episodes like hiding in neighborhood trees, suspecting others, including me, were trying to poison him, sleeping on the streets of Philadelphia, smashing my car windshield while we were driving, walking into a neighbor's house and opening the refrigerator, driving to Florida and not having the toll at the Maryland State Line, self medicating on alcohol, quite a few run-ins with the law, and many more outbursts and problems in our home. All of this was caused by frightening and unorganized thinking due to a brain disease. After three years of state prison incarceration, my son became compliant on medication at Ancora State Hospital. Today he is living independently and has a girlfriend. I want to thank NAMI Gloucester County for helping me cope, understand and learn about mental illness. Without their support I would not have been able to help myself or my son.

Charles

.....

My oldest son Charles was 22 years old when he had a total break with reality. I saw it coming and was helpless to stop it. The year before he got sick he started to be confused about many things especially girls and what he wanted in life. He talked to me at length about life in general and he had a lot of anger and bitterness. I took him to a psychiatrist I knew from the hospital but she was an older woman and had difficulty remembering his name. After a while he wouldn't go back and he said nothing was wrong with him.

He had been working at a manufacturing plant for six years. At the plant, employees were pitted against each other by inexperienced and self serving supervisors. The good workers like my son were urged to report those who wouldn't work, or

they would have to do their work for them. This upset Charles very much as he hated to be the squealer. I tried to counsel him on what to do. I even told him to quit, but he loved his job and was afraid he wouldn't get a job elsewhere. Charles, as of this writing has been ill for 22 years. He has two brothers and two sisters, all younger than he is, all of them healthy mentally and physically.

His disease has destroyed all dreams and hope for the future for Charles. It was a heartache for me and my husband and his siblings. Our children were our life. I became physically sick when he got ill. I lost 15 pounds from worry. I am a registered nurse. I took him through every avenue I knew for help. There was very little help for those with mental illness in South Jersey in 1977. I took him to Philadelphia. Charles has been hospitalized many times in the past 22 years, most of the time in Philadelphia. He has been given a gamut of medications through the years. All worked for awhile, then stopped working and had bad side effects. Charles continued to work much of the time after he became ill. He saved his money, but all of it went to medical bills.

I have watched him deteriorate. New medications seem to make the remissions last longer. During some of his early remissions he had total recall about his illness and was able to tell me a lot of what he experienced. The remissions are important because the less acute phases the person experiences, the less damage to the brain there is. In the last few years this recall has not happened. I don't know if it's a combination of the new drugs he is on, or brain deterioration. Or it may be wishful thinking on his part as he doesn't want to be ill, hates the disease and won't talk about it. I don't know what his personality would have been if he hadn't gotten a mental illness. He is 44 now. I am a widow and getting old; I am worried as to who will care for him when I'm gone.

The sickness has deprived him of confidence. He has lost social skills and interaction with the family, who also don't understand. The loss of friends is devastating to him. I would not wish this disease on anyone, not even my worst enemy. The public doesn't understand and doesn't care or want to know. The legal system is just as bad if not worse; most of the time a person with a mental illness is placed in jail instead of being hospitalized because of the ignorance of the police and judges. The stigma of the disease is awful both for the person and the family.

Angel in Blue

By Debra

.....

I don't know the exact date but I know clearly what happened that night in '86 or '88. With my doctor I stopped my medicine for schizophrenia cold turkey. I became convinced that the TV. could talk about me and to me especially C-Span.

It was early morning and it meant nothing to me that the only thing on was a recording of the previous day. I believed I could communicate my thoughts by talking back to the television. I strongly believed that the government was watching every move I made!

I was also convinced that if I mailed a letter addressed "Congress" without a stamp or return address that, at one in the morning, the post box would be opened and the letter faxed to the people speaking on the television! Especially Senator Jesse Helms of North Carolina. Why him? Because Joe was from there also as far as I knew. Who's Joe??? At that time he was an unrequited love from college. I had him on a pedestal and thought he was the only one for me. I couldn't imagine another person I would most like to be near. Joe was very popular on campus and I admired him intensely. Joe aspired to be a police officer as well as a fire fighter and EMT. I had been a volunteer for the college fire department when he promoted me to Fire Inspector. I don't know why but I decompensated to depths I can't describe. I believed that, even though I didn't tell him how I felt, he was angry at me because of my feelings for him. I was convinced that a movie I had seen was full of innuendo about me and that it was a conspiracy to get me to go home.

More happened in college but this is about the night at the Reo Diner. I was up late watching C-span and begging the speaker of the house to please vote on whether or not I was going to be free of what was wracking my brain. I "mailed" a lot of letters that night and thought "they" might answer my questions—who are they you ask—people like you!!! I believed that everyone knew me, especially all Firefighters, EMT's and Police. I also thought they knew about Joe and because of that were trying to stop me from ever seeing him. I thought "they"

would want me dead so that Joe wouldn't worry about me trying to find him wherever he was. I was upset, angry, nervous, embarrassed, and just plain reeling. I needed answers!!!!

The Woodbridge Police frequently eat at the Reo Diner which is near the Victory bridge. I did not want to live like this. If the police didn't answer me I was going to jump off the bridge. Why that one?? Because it was low and the water murky so divers wouldn't find my body and my parents wouldn't have to see me dead. I drove to the Reo which was about a quarter mile from home. I was scared but I couldn't see any other option. All the world knew me and how horrible I was.

At three in the morning I walked into the Diner and sat at a booth near four officers. I was convinced they were going to tell me how they could know so much about me and give me a clue as to why Joe had put them and me in this situation. I ordered a tuna sandwich and played songs on the jukebox. Surely if I played the right songs they would give me a clue. The third song was one I hadn't picked. It went "Every move you make. Every breath you take. I'll be watching you." I searched the index and found the song was done by the band The Police. I panicked! I couldn't stay there any longer. I was convinced Joe had played the song and cemented my belief that I had to end it. I didn't want to see or talk to anyone so I placed a \$10 bill on the table and walked out.

As I walked out two more officers walked in. I was still crying pretty hard when one of them said "How are you?" I shot back "Who the hell really cares???"

My car was parked in front of a wall. As I tried to start it, I looked back to see a police car, with lights flashing, blocking my way. My first thought was that Joe just couldn't even let me die in peace. I thought the officer was mad at how I paid my bill. I couldn't understand; I thought that suicide was what THEY wanted. I thought Joe would be glad if I were dead.

I opened my passenger window. An officer looked in and asked if I had broken up with my boyfriend.

I said, "Not exactly." He then asked what the problem was and I said " If you don't already know, I'm not telling you!!!" I was looking for a message still.

Obviously he knew all about Joe and the movie about me—especially him. Then he said something I did not expect. He asked if I could make it home ok that night! I wondered why

someone who wanted me dead would ask a question like that!!! Maybe he has other plans for me, I thought. I needed to know what they were. I responded "yes" and aborted my plans. I am one to keep my promises. I knew I could do this another time; the bridge will always be there. I have to make it home, I thought. I envisioned the local newspaper saying, "Cop lets distressed girl drive home—now she is dead." I couldn't let that happen. It was okay to hurt myself but not someone else!!!

The next day I went to the hospital and to this day I don't believe it was a police officer I met that night but that God sent me an angel in blue with the message *He Cares.*

Steven



My son has a mental illness. When he started displaying signs of the symptoms of his illness, I did not know what mental illness was. His illness tore our family apart. His sisters were devastated; they did not understand mental illness either. We had never known anyone with this strange disease. They went to see him in the psychiatric hospital for the first time, left the ward, hugged each other and cried. They looked at me as if it was my fault. It was a very difficult time for all of us. And what about my son, who was beginning to experience his own strange world? He became homeless, roaming the streets holding his belongings in a plastic bag. We drove around looking for him in bad weather. When he saw us, he ran away. He became very thin, a vagrant, sleeping in the woods on an old mattress. We were told he was begging for food. It was a very desperate time. He was arrested for washing himself in a McDonald's. He had locked the bathroom and wouldn't come out. The staff called the police. He was in jail for 15 days.

As years passed, he had many difficult, life threatening experiences, too numerous to mention here. His health deteriorated. He was found lying on concrete face down in the hot sun, dehydrated. Thankfully, the police were called and he was taken to the hospital. Several similar events happened, as far away as Georgia and Arizona. How he managed to get there we will never know. Somehow persons with mental illnesses become

survivors.

After many years of struggling to get him engaged in a mental health treatment program, he finally walked into the Outpost and asked for help. It was the beginning of his road to recovery. He is now employed part time, lives in his own apartment and has a circle of friends, mostly others with a similar illness. When well, he has an enormous amount of empathy for others, holds no grudges, supports his peers, and appreciates the help he receives from his program.

His family loves him and supports him. We all know, including him, we are in this for the long haul. Mental illness does not go away, but it can be managed. We must all work together to enable persons affected with these illnesses to have a better quality of life. As proven they can become a productive part of our communities. They deserve it!

Barbara



Dear Mom,

I wrote this letter to let you know I'm sorry for all the trouble I gave you when I lived at home. I wish I could make amends. I love you very much and wish I could see you again. It's been at least three years since I saw you and I will always remember the things you did for me. I know I haven't done a lot of good things in my past. Please forgive me.

Michael

.....

My son Michael was 20 and a finalist for an academic prize at a major university. He was an outstanding student, with an IQ in the 160s, gifted in art and mathematics. He had been a governor's scholar and attended college on a partial scholarship. His illness came on suddenly with nothing to predict its devastation. I called him at college one Sunday morning.

"How are you Michael?" I asked.

"I'm fine, Mom. I don't have to eat anymore. I don't have to sleep anymore. Don't send me any more money."

"Michael," I said, "when you hang up this phone, I want you to call the college counseling service and tell them what you just told me."

He answered, "I knew you wouldn't understand!" hung up the phone and turned on his answering machine.

When I arrived on the campus of the college, nearly a day's drive away, he was dressed all in white, dancing in his bare feet, scribbling diagrams and messages on the wall with a pencil. Bizarre rock music blared from his stereo. Still in his bare feet, he bolted from the apartment into a raging thunderstorm. After several hours, a friend of his brought him back to the apartment, soaking wet. A psychologist interviewed him, declared that he was having a manic episode and needed to be hospitalized. I signed papers to commit him temporarily to a psychiatric hospital in the next town.

Michael was in and out of hospitals for the next four years. Numerous anti-psychotic drugs were tried on him, some with terrifying side effects. On one drug he became violent and began having blackouts and petit mal seizures. On other drugs he became listless and distracted with no ability to concentrate. His diagnosis ranged from temporary stress-induced psychosis to bipolar disorder to schizophrenia. He gained weight. His hands began to shake and he made odd uncontrollable movements with his tongue and mouth. He became a chain smoker. Bravely, he continued trying to go to college. He took classes at an art school, and two engineering colleges. Despite exhibiting major psychotic symptoms, he won a scholarship for having a 4.0 average three semesters in a row.

I joined NAMI. Through their newsletters, magazines and seminars I began to research medications. Michael was diagnosed as having schizoaffective disorder, a category that means no one knows exactly what is wrong with him or how he became ill. One expensive psychiatrist treated him with talk therapy for more than a year, expecting Michael to snap out of it and reprimanding him when the therapy had no affect.

One day, after numerous hospitalizations and the failure of many drug therapies, Michael turned to me and said, Mom, I will give this treatment six more months. If it doesn't work by then, I am going to kill myself. I looked at him closely. He had never said this before. I knew he meant it.

I was raised Catholic. I decided that if there is a Hell I would not let him go to it a suicide. I decided that if there was no improvement, I would kill my son and then myself. He had suffered so horribly. I could no longer bear to watch him and saw that his courageous fight had produced nothing but more agony. It was at that point that I said, "Michael, try Clozaril. You're going to die anyway, why not try it?" Clozaril, though extremely effective in treating some forms of mental illness, is a medication that can cause agranulocytosis, a side affect that can lead to death. At that time patients on Clozaril had to have weekly blood tests to monitor their reaction to the drug. Michael hated needles and dreaded the idea of spending the rest of his life getting a blood test each week. However, he chose to try the drug.

Within four days I could see the old Michael emerge intact. I thought he had been gone forever. His sense of humor returned; he was able to comprehend what was happening around him. He began to steadily improve. In a year he lost forty pounds, was taking martial arts classes, and leading a self-help group. Within two years he was working full time, lived in his own apartment, had a new wardrobe and a girlfriend.

Michael continues to have setbacks. He had a major psychotic episode three years ago, had to leave his job and moved back home with me. He is slowly recovering, but is still not back to where he was. He is discouraged. He is 33 years old. It is hard to watch the friends you grew up with getting good jobs, marrying and having children when you are unable to live on your own.

John

My brother John was three years older than I. He was a quiet, creative, imaginative and artistic boy. He built treehouses and forts in the woods with his friends and made swords for pretend combat. Whatever the game, he always made it more interesting. He loved camping and nature and became an Explorer Scout. His illness started when he was around 16. Before that he had always been a great student and had many friends. He began to withdraw, lost interest in school and became reclusive, spending increasing amounts of time in his room. He complained of being tired and lethargic. He punched holes in the walls of his bedroom. He began running away from home. He hitchhiked across America. A psychiatrist concluded that John was just experiencing adolescent rebellion.

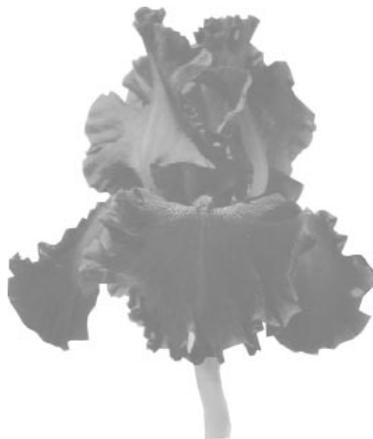
When John graduated high school, the Vietnam War was underway. He joined the Army and was sent to Vietnam. Some of his letters were very strange. He believed our family could communicate telepathically with his buddies in Vietnam. He spent time in the brig for fighting. He smoked pot. When he returned it was obvious something was seriously wrong. He saw very little action in Vietnam, so I don't want to imply that it was his service that caused his illness. He was ill when he left home but we didn't realize it. Back from the war, he seemed to drift, quitting or getting fired from numerous jobs after a few weeks.

He refused to take medication for his illness and in those days talk therapy was supposed to help. It didn't. He became worse. He became religious, quoting the Bible. He believed he was on a higher plane than the rest of us mere mortals. He began living in a barn to withdraw from worldly concerns. He was arrested for trespassing and became verbally abusive to the police. Fortunately for him, the sheriff understood mental illness and realized what was wrong. He was very kind to him. John sank into a catatonic state. He was hospitalized in Norristown State Hospital in Pennsylvania where he remained for six months.

In the 1970s it was common for patients to be hospitalized for lengthy periods to stabilize them on medication. John received Thorazine in the hospital. He was kept in a locked ward. He

began slowly to return to reality. Upon his release he moved in with our sister Marie. He spent hours rocking in a rocking chair Marie had bought for him, smoking a pipe. While he took his medicine he was okay. When he stopped, he became psychotic. He walked up to complete strangers and asked inappropriate questions. One day he parked his car on Old York Road and began walking toward center city Philadelphia. He walked up to a woman and slapped her and cursed at her. He was arrested and put back into the hospital. He heard voices and hallucinated. He saw King Neptune one afternoon while he was out walking. He tried to propose marriage to a woman he had met the day before. He believed he should be canonized as a saint and that would be easier than marriage, anyway.

Upon his discharge from the hospital, he moved back in with our parents. He tried to return to school to study computer programming, against the wishes of our parents. He failed. He stopped taking his medicine when it made him listless and lethargic; he thought he could go back on it if he felt he was becoming psychotic again. His medicine helped stop voices and hallucinations but made him extremely tired and listless. John hung himself with a belt in a closet. He was 25 years old.



Margie

My sister Margie was a good student and had many friends in school. At the age of 15 she began to lose interest in all activities and spent more and more time in her room. She became rebellious. Our mother is a nurse. Our parents recognized the signs of mental illness and had her hospitalized hoping early intervention would prevent a full blown psychosis. Margie graduated high school and held a variety of odd jobs, all of which she had difficulty keeping. She worked at a pizza shop, a gas station and as a go-go dancer. She often fought with her co-workers.

Margie enjoyed going for walks and camping out. Her first suicide attempt took place in the woods. She tied a rope to a tree and tried to hang herself. Instead of dying, though, she became uncomfortable and sustained a rope burn around her neck. She tried vitamin therapy, treatment for hypoglycemia, and other therapies. None of them worked. She never stayed on any prescribed medication for very long. The side effects bothered her too much. Today she refuses all medication.

Margie went on frequent camping trips, often hitchhiking to get where she wanted to go. She moved to Florida for a year. As her illness progressed, she became intolerant of others. She could not see anyone else's point of view, accusing others of laziness or trying to rip off the government.

She moved in with our parents. She insulted visitors and family members. She invited other patients to move into our parents' house. When she was hospitalized, she was uncooperative, argumentative and smoked pot in her room. She spoke about suicide frequently and has attempted it in various ways, including overdosing on sleeping pills and opening a tank of propane gas in the bathroom, each time throwing our family into despair. She has been diagnosed at various times as having schizophrenia, depression and borderline personality psychosis. Like many people with brain diseases, her symptoms do not fit any particular mental illness profile.

During one hospitalization, she was given a series of electric shock treatments. We were alarmed at our first visit because she

seemed like a zombie. She could hardly communicate and could barely function. She recovered slowly, but there was no noticeable improvement. Margie was arrested for forging a prescription for a psychiatric drug. She once kicked a mental health nurse in the leg, and becomes enraged when people don't agree with her opinion. Off and on during her life, Margie has lived in an apartment alone, with a roommate, or wandered homeless. She continues to refuse medication. Her most recent suicide attempt that I know of was several years ago.

My mother and I attend NAMI Gloucester County meetings and find great solace in the support and understanding offered there.

Richie

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He was a big baby, 9 pounds 2 ounces, the same weight as his older brother at birth. Happiness seemed to have come naturally for him. Even in preschool he readily made friends and as he grew up, he was a very popular and handsome young man. As early as sixteen years old he was ranked nationally by the AAU in track and field. He was a good, but not great, student academically.

Then halfway between seventeen and eighteen things began to happen. His grades started to fall. His love of track began to diminish and his circle of friends began to change. His mood and confidence became shaky. Several months later, his world fell apart. His mental illness became full blown and recognizable. His world changed and so did the world of those who love him. There is no way to measure the loss for him or for us. All is not lost. There is hope. Hope keeps us going.

Robert

.....

My brother Robert just turned 47. In our family of ten children there was always excitement, chaos and competition. Robert, 10 years older than I, was always the center of that chaos. Our mother says that Robert was always defiant and did not want to follow rules. He dropped out of high school and worked at miscellaneous construction jobs, quitting each after a few weeks to find another. He began to take drugs and eventually was unable to work. He began to disappear and reappear. He was in and out of jail and mental health facilities, boarding homes and similar living arrangements.

In July of 1993, Robert was admitted to a psychiatric hospital. Within a month he was transferred to the county jail for attempting to start a fire in his room. He was charged with reckless endangerment. He was in the psychiatric ward of the jail for four months. Our family received a phone call from the jail stating that Robert was in the hospital. In jail, he had been severely beaten by another inmate. Witnesses claimed that Robert was in isolation up to the time of the incident, but that they saw guards take another inmate into his cell, lock the door and walk away. Robert was in a semi-comatose state and remained that way for three weeks. He was hospitalized for three months, then was sent to Ancora State Hospital where he remains today.

The family tried to get Robert into a facility for brain injury patients. Because of his history of mental illness, brain injury facilities are reluctant to treat him. He walks with an uneven gait and his speech is slurred. His short-term memory has been altered. He is doing better lately and has recovered somewhat. We have hope that his quality of life will, in time, improve.

Mother

.....

*My mother—full of fun, full of life, consummate hostess, friend to all
My mother—depressed, fearful, withdrawn, desperate, lonely*

As a child I often feared and resented my mother. She wasn't like all the other mothers who took their children shopping, to the movies, to a piano lesson. In fact, she seldom went anywhere without my dad. Dad was the one who took his children to doctors, dentists, and lessons. My maternal grandmother lived with us, so we were well cared-for and during good periods, my mother did her best to provide a nurturing environment.

My childhood memories include vacations at the shore, large family holiday gatherings, and birthday parties. But unfortunately, the good times compete with still vivid images of three very dark periods when my mother suffered severe "nervous breakdowns." I remember piercing screams, hysteria, wild eyes, a doctor drugging my mother to cart her off to Lakeland, to Cooper Hospital, electric shock treatments at Underwood, my mother drugged so she behaved like a zombie.

Finally, at age 57 Mother met a psychiatrist who got to the heart of her problem and through proper medication and group therapy she embarked upon the best years of her adult life. During her last 18 years, she fully enjoyed every milestone in her grandchildren's lives, entertained friends and relatives, attended concerts and plays.

It wasn't until I was in my mid-thirties that I realized the pain, shame, humiliation, loneliness and despair my mother suffered for so many years. I was unforgiving when she couldn't attend my graduation from college. I am ashamed that I was embarrassed and insensitive when my mother was a patient at Lakeland Psychiatric Hospital. Children made jokes about people at Lakeland or Ancora. An aunt, my father's sister, told me recently how sorry she is that she didn't have a better understanding of my mother's illness, thinking she could just "snap out of it." She always blamed her for making my father's life difficult.

Martha

It has been twenty years since my sister Martha's illness emerged. She was thirty when the breakup of her marriage led her to move in with my family. She seemed depressed but refused to see a doctor. We surrounded her with love and support. She seemed to respond and began to enjoy her role as favorite aunt to our six children. Though she showed no interest in employment and ignored her physical appearance, we assumed that in time she would recover and become an independent person.

The years crept by. Martha began to withdraw from the family, spending most of her time in her bedroom. The children began to get on her nerves. She accepted a part time job but quit, complaining that her employer was out to get her. We overheard her talking out loud alone in her room. I told myself she was just lonely, that she would be okay. Our mother had had a mental illness and one sister had committed suicide after years of depression. I did not want to admit Martha, too, might be a victim of mental illness.

She began stealing, from our family and from merchants. She claimed that "society owed her." She lived with us for ten years before I was willing to admit that she had a mental illness. She was hostile, often paranoid and alluded to the voices in her head that told her the world was against her.

The children became frightened of her and the stress of caring for her threatened our marriage. My sister was disappearing, becoming a stranger lost in a world peopled by voices only she could hear. She left, moved in with others, left them too, claiming they plotted against her. She invaded our home, stole from us and expected us to pay for her lodgings. We tried to persuade her to seek professional help. She refused.

In the beginning, other family members tried to help. They scoured the bushes in a local park on frozen winter nights, trying to help my husband and me find her. They, too, became frustrated with her irrational behavior, her refusal to help herself. My husband and I were left to deal with the constant worry and concern over where she was and how she was surviving. I was filled with guilt, anguish and a deep loss over the sister I loved

dearly. As much as I loved her, I was weary of the burden of thousands of dollars spent to keep her safe in a motel for just one more night, of clothes and furniture she gave away as soon as we gave it to her. Receiving SSI checks, she treated other street people to gifts and gave money away.

A year ago I became acquainted with the services of the Outpost, a branch of the Community Mental Health Center, which was overseeing my sister, doing everything they could to keep her off the streets. I met her caring, skilled social workers and began coming to NAMI Gloucester County support meetings where I met other families struggling to deal with relatives and loved ones with mental illnesses. We share our joys and pain, celebrate achievements and speak plainly about setbacks. After twenty years of struggling to keep my sister alive, my spirits are flagging, my energy is gone and I am experiencing physical problems. For the first time, I find I must pull back. She still refuses to take medication. Seeing her so hostile and paranoid that no group home wants to deal with her anymore increases the anguish I feel. I am not alone, though. Other NAMI members care and understand my feelings. They don't condemn me for admitting I am burned out. That is exactly what my grieving heart needs.

Before my sister became ill, I used to see homeless, mentally ill people on the streets and I wondered, "Where are their families? Don't they care?" I did not know how having to care for a person with chronic mental illness impacts on a caretaker. Until our mental health laws are changed, until more group homes are built, until we find a way to help non-compliant patients like my sister, we are going to see ill people shuffling past us, sleeping behind dryers in laundromats, begging for money on the street. I have ceased to wonder about the unknown families of the mentally ill for I am one of them. I have experienced firsthand the peculiar, hard struggles that exist when we are faced with the daily care of our beloved, ill family members. It is my hope that others will pick up the phone and call their local NAMI chapter for dates of meetings in their area. We are here to help you discover that with sharing comes the strength to continue our battle toward mental health in this country. We welcome you most sincerely.

Emily

My diagnosis of bipolar illness was questionable in the beginning. The psychiatrist, who felt I was under “great stress” working in the operating room as a nurse, prescribed no medications and conducted himself inappropriately. For about ten years, from age 21 to 31, I saw numerous doctors, tried all the medicines and was hospitalized but continued to function, telling no one other than my immediate family that I was “sick.”

When the medications got me physically ill, I would taper off and feel fine for awhile. Eventually, I would again take the prescribed meds and be fine until they got me sick again.

Cycles: cycles of mania and depression off the meds. Cycles of physical sickness on the meds: vomiting, pain, constipation or diarrhea. It was hard to figure out which cycles were worse.

Being single was easier than being married. I could hide my down times by creative scheduling and utilize my up periods to make up for the down times. When I was fine, everything was fine and I tried to just forget about the depression. Being married changed things. PMS could not adequately excuse my moods. Planning for pregnancy brought me hope when we decided to try no meds throughout the pregnancy.

I never felt better. For nine months I was free of cycles. I felt normal. The day our baby was born was the most amazing experience I’ve ever known. I was exhausted and overwhelmed, but I wanted to go home within 25 hours. I was a nurse; I could take care of my baby. So home we went.

The first few days were nonstop. Visitors, feedings, worries, fears, more visitors, sleepless nights and stress. My husband and I were emotionally and physically exhausted. After not being able to sleep, I forgot to take care of myself. I was becoming manic and wasn’t about to recognize my symptoms.

My husband noticed. He told me to rest. He told me to sleep. He tried to reach me but I was unreachable. When he held my shoulders and attempted to speak to me directly, I struggled away and felt he was the problem. I called the police and they responded to what they thought was a domestic violence situation. I told them to arrest my husband. The police were

unaware of my mental illness and removed my husband only to realize that my behavior was actually the problem.

They spoke kindly to me and tried to have me see the situation as it was. I can still remember fondly how sincerely gentle they were, interacting with my wide-eyed newborn. They reached my family who stayed with my child while I was brought to the hospital. They released my husband to return home. The police were kind and non-threatening.

My husband brought me home from the hospital the next day on my medication. Although I stopped breast-feeding, I could still feed our blessed little new baby and care for her like any other “normal” mom.

To this day, our child has a special affection for police officers. Kindness and care leave a lasting memory.



PEOPLE WITH MENTAL ILLNESS ENRICH OUR LIVES

Abraham Lincoln • Virginia Woolf • LioneAldridge
Eugene O'Neill • Ludwig von Beethoven • Gaetano Donizetti
Robert Schumann • Leo Tlstoy • Vaslov Nijinsky • John Keats
Tennessee Williams • Vincent Van Gogh • Isaac Newton
Ernest Hemingway • Sylvia Plath • Michelangelo
Winston Churchill • Vivien Leigh • Emperor Norton I
Jimmy Piersall • Patty Duke • Charles Dickens

The people listed above have experienced one of the major mental illnesses: schizophrenia, bipolar disorder (manic depression) and/or major depression

Terror Every Day

When a Brother Is Mentally Ill, Missing and Dangerous

By Lisa Suhay

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I helped put my younger brother in prison. Knowing that makes my heart wrench and my eyes leak; it also makes my family and others safe.

As a psychiatric patient, he has slipped through the cracks in our medical and legal systems for 15 years. He is often homeless, surviving through cunning and the angel that must weep on his shoulder.

Because he is over age 18, privacy laws force estrangement from family members who want to help. We are not allowed to know where he is, and so he thinks we have abandoned him. We are not free to help therapists piece together his history as he bounces from one place to another.

The mental health system has so little continuity, coordination and communication that if you want an adult mentally ill family member cared for, you have to hope the patient breaks the law so the courts will step in.

My brother has been jailed repeatedly and was on probation for violent, destructive episodes. When he is medicated and stabilized, he is a perfectly lovely and witty man who plays guitar like Segovia. It never lasts. When he is unstable, he thinks of his family as a threat, a target for destruction.

In early January, he became unstable, slipped the bonds of his treatment program and was on the loose.

He had been in this program because I testified against him before a New Jersey Superior Court grand jury two years ago. I sat in front of strangers recounting horrific messages he had left on our answering machine. As part of a plea agreement, he was sentenced to four years in a halfway house for making terroristic threats. He was free to come and go but on a strict schedule, reporting to a probation officer regularly. Violating that agreement would most likely mean serving the original jail sentence.

After he smashed up his room at the halfway house and took off, bench warrants were issued for his arrest. Nobody notified us.

Only after he called a relative in New York and her caller ID spat out the source of his call did I learn that he was in the psychiatric ward at Bellevue Hospital in Manhattan. He had checked himself in for a breather.

This is typical. Too often, by the time a doctor does see him it is after he has been medicated for several days and seems just fine. It generally takes several ins and outs at hospitals before he hurts someone and is arrested. Then he is finally held—not in a hospital where he can get help, but in jail without treatment.

According to the state laws in New Jersey and New York protecting patients' rights, the hospital will not notify the family or confirm that the patient is there.

When I called Bellevue to say that warrants were out for my brother's arrest, a nurse told me I had no right to ask for cooperation.

The probation office is not staffed on weekends or holidays, when most of these problems occur. And we weren't allowed to know where his halfway house was, so we couldn't call those caregivers. No right to know. No right to help.

The only officials the family could call for help were the police. They said they would look into it but couldn't tell us anything or notify us of his arrest.

Was he back at the halfway house? Could we relax? Were we safe yet? Was he safe yet? Sorry, you have no right to know.

As it stands, all official parties are free to do a bad job of patient care and public safety because families, who would monitor them, are effectively cut out.

So I went on my own spree, contacting everyone from the police and hospital officials to state legislators. I unabashedly begged for help.

Is this the system, begging?

Somebody—I may never know who—finally coordinated an effort among New York and New Jersey prosecutors, the police and the hospital and had him picked up upon release from Bellevue and put in prison.

He called my mother from Rikers Island to tell her he thinks I hate him. I have to live with that because without medication and monitoring he will die violently, or one of us will. Or someday, I will sit in court and face the family members of someone he hurt or killed as they ask: Why didn't you stop him?

So I stopped him. It won't be the last time. Jail is not the

answer to mental illness because you can't rehabilitate a disease.

I faxed a letter to Senator Jon S. Corzine. An aide called to say she thought the senator would back this issue. She asked me to spell out what I thought was needed. Here it is: We need a tracking system for psychiatric patients that coordinates mental health agencies, the police, hospitals and families.

My hope is that other family members of the mentally ill who want the right to protect themselves and their neighbors, and to help their ailing loved ones, will take up this cause, too.

If we're all going to beg, we might as well beg big and get something done. It beats waiting for the phone that will never ring.

(reprinted unedited in its entirety with permission, from an OP Ed article in the New York Times February 16, 2003)

THE 1989 NJ MENTAL HEALTH SCREENING LAW

30:4-27.6 A State or local law enforcement officer shall take custody of a person and take the person immediately to a Screening service if on the basis of personal observation, the law enforcement officer has reasonable cause to believe that the person is in need of involuntary commitment.

The involvement of the law enforcement authority shall continue at the Screening Center as long as necessary to protect the safety of the person in custody and the safety of the community from which the person was taken.

30:4-27.7 A law enforcement officer . . . acting in good faith pursuant to this act who takes reasonable steps to assess, take custody of, detain or transport an individual for the purpose of mental health assessment or treatment is immune from civil and criminal liability.

James

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Just before his 21st birthday, James was diagnosed as having a stress-induced psychosis, then bipolar disorder, schizophrenia and finally, after three years of ineffective treatment, schizoaffective disorder. He was hospitalized five times in the first two years after the onset of his illness. Finally, after four years of experimentation, a medication was found that effectively reduced his symptoms so that he could return to work and college, which he attended part time. He worked full time for a year and was able to pay for his own apartment. For reasons no one can explain, after four years of successful treatment, James once again experienced the symptoms of major mental illness. The death of his father during this period may have been one factor in a slow recuperation. After another four years, James was ready to return to school. He enrolled in a single psychology course at a nearby community college. He was 33 years old.

Midway through his first semester, during spring break from school, he began to feel nauseated. His medication often produced the same feeling, so he ignored it. He was up all night one night vomiting and at 5:30 the next morning experienced excruciating pain. He hallucinated that the pain was due to witches who had come to his bed and attacked him. Because it was spring break, his mother, with whom he lived, did not wake him and did not realize anything was wrong until 4 PM when she entered his room and asked, "Are you okay?"

"No," he said weakly, "I am not okay. I'm in terrible pain and I can't move."

"My God, James, why didn't you call me?" his mother asked, alarmed.

"I know you won't believe me, but during the night witches came into my room and gutted me like a turkey," he said.

"James! I think you might have appendicitis!" his mother said.

"No. I know I don't. Please go away. I am starting to feel better," James answered.

At 6 PM his mother called 911 and an ambulance took James to the hospital where via a CT scan he was diagnosed with appendicitis.

Fearing that his medications might cause problems with anesthesia, his mother had brought them to the hospital and gave them to the surgeon on duty. His mother insisted the hospital psychiatrist be called in to monitor James.

James' appendix ruptured before the surgeon operated. The psychiatric medication James takes is known to reduce blood pressure. After surgery, James went into Acute Respiratory Distress Syndrome, also known as "shock lung," a result of a precipitous drop in blood pressure. In addition, he developed peritonitis, pneumonia and sepsis. He was sent to the Intensive Care Unit and kept unconscious on a ventilator for the next 11 days. Because of the various sedatives that had to be administered to keep him unconscious, he was not permitted to have his regular psychiatric medication.

When James was removed from the ventilator and permitted to regain consciousness, the surgeon prescribed a full dose of psychiatric medication, to be administered by an ICU nurse. James' mother, alert to the problems sudden reintroduction of this kind of medication can cause, told the nurse the psychiatrist should be consulted. The psychiatrist prescribed the proper amount of medication and monitored James until he left the hospital. He spent 28 days in the hospital because his mental illness complicated every phase of his treatment for appendicitis.

After several months spent recuperating at home, James returned to college in the fall, resuming his effort to earn a degree in psychology.

Kevin

Kevin was a brilliant, handsome child. His blonde hair and clear blue eyes charmed everyone he met. He was gentle, thoughtful and kind. As a child he loved hiking in the woods and searching for Indian artifacts. His family said, though, that he had a black cloud over his head. He graduated from high school in three years and studied computer technology at a major university. He worked with the inventor of innovative medical diagnostic equipment at another university and contributed to various new technologies while he lived and worked in Europe.

Kevin became ill in his late teens. His original diagnosis was schizophrenia, later changed to bipolar disorder. His family was supportive financially and Kevin briefly held various jobs until he set up a home based business as a computer consultant. He fathered a child and later married a woman who was not the mother of his child. He gained joint custody and was a loving father very much involved in his child's life. At the age of 40, receiving inadequate private psychiatric care, he suffered anxiety attacks and was on the verge of a divorce.

He called the local community mental health center for an appointment; he was told he had to wait six weeks.* While waiting for his appointment, after drinking alcohol late one night he caused a disturbance at a local convenience store. Kevin was punched by another patron, someone he did not know. Kevin fell over backward and hit his head on a concrete barrier. He never regained consciousness and died soon after in the trauma unit of a nearby hospital.

* Inadequate funding of Community Mental Health Centers and other needed programs has resulted in lengthy waits for appointments, inability to provide quality services that can keep people with mental illness out of the hospital, off the streets, out of jail and in affordable, appropriate housing.

Sean

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They gave him only a 50% chance of surviving. A bitty, skinny baby, born eleven weeks premature, they didn't even let me hold him. Outside the large glass, we stared at the incubator and each day went away empty-handed. Finally, one day we came home with a baby.

Sean didn't just survive he thrived! Roly-poly, mommy's little fatty loved his food. Gregarious, rambunctious, with a vivid imagination, he lived his childhood in superhero land and this took us often to the ER for stitches. No big deal; life was an adventure.

Sean's life adventure continued until tenth grade when his moods were now noticeably down instead of up. I attributed it to wrestling. He was undefeated and we worried that daily practice, the stress of meets and the dieting were too much for him. We talked him into quitting; his coach talked him into staying. Somehow we all made it through high school. On bad days we were worried sick, during good spells we chalked it up to adolescence. In his senior year Sean was accepted to Cooper Union's architectural school, a five-year program, tuition-free. We were ecstatic.

In the summer following his freshman year in college, Sean suffered his first break and life was not the same again. A year's leave from school came and went. A long period of talk therapy, an even longer odyssey of failed medications, in and out of hospitals with ever-changing diagnoses—nothing seemed to work. Meanwhile, Sean transferred to another school and accumulated some credits until he could no longer continue. For several years all Sean could do was go to a day program and come home. We knew we could expect no more.

Finally, in 1990 a new medication was showing miraculous cures for some. Sean was not so lucky but at least the hospitalizations stopped and we could see tiny increments of improvement. This allowed him to make some tentative yet valiant forays into the outside world: a church choir, painting lessons, piano lessons, bible study. All helped him maintain some connection with reality.

Today, more than twenty years into his illness, Sean is still on this last medication. He has his own apartment and has returned to the school he left fifteen years ago. While he is doing well, it is not without daily struggle. Sean is cautiously optimistic of getting a bachelor's degree in fine art and a master's in art therapy.

Janie

My 27th birthday was last week. I am grateful that my last birthday wish came true. I have been healthy for a year and five months. This is the longest I have stayed out of the hospital since my first visit six years ago. Then I was a very young woman just coming out of a divorce. I had been married just short of two years, but found fault in the marriage. I wanted to seek marriage counseling, but my husband thought that I should become involved in individual counseling. I was resentful, and felt he was placing all of our marriage troubles on me. In retrospect, I realize I should have sought individual counseling. When things came to an end between us, I began to drink pretty heavily and smoke marijuana. I was in denial.

One day, I finally broke. I called my dad and told him I needed help. Immediately he flew out to California, where I was living at the time. When he arrived he found me in a seriously paranoid state. I was afraid people were watching me from the helicopters above, tapping my phones and talking about me on their cell phones. I spoke disjointedly of people and places I knew nothing about. I insisted there were people trying to hurt or kill me.

My dad thought the best thing to do was send me to a safe place, so I checked myself into the hospital for the first time—something I would blame on him for a long time. I took a much needed rest from my three jobs, school, and my stressed condition. After a week, I was diagnosed with stress. I then moved back to Philadelphia where I worked and went back to school. I quit drinking and smoking and led a healthy lifestyle. In spite of this, about a year later, I became sick again.

I spent another week of my life at a psychiatric hospital. This

time there was a diagnosis of psychotic disorder, and I was put on medication. Again I moved, this time closer to school. I was very unhappy there. I was away from all of my friends and the liveliness of downtown Philadelphia, and I had gained weight from the medication. Again I became paranoid. I thought the TV was talking about me, and believed that I was under surveillance.

Another hospitalization or two came and went. I moved in with my father for a period, but then found a roommate in Philadelphia. I was fine for a year, and then I got sick again. It was always hard to adjust to the hospital, where I would stay for as much as three weeks at a time, and then back to my life again. The transitions were almost as strenuous as the sickness.

I was finally diagnosed with schizophrenia and after much resistance, began taking medications regularly. I also went to counseling, which helped me very much. Talking about what is going on inside my head is a special task that I am unable to do during social situations because of the reactions I get, or even in the hospital because of limited time spent talking to psychiatrists. I also continued to go to school and eventually graduated. I attempted a career in retail, but found it too stressful with the long hours and dealing so closely with the public. I did however continue to work my college job. I redeveloped my social life and began seeing a steady boyfriend. My boyfriend is very careful not to be an enabler, but sat by me many a night, unsure of how to help me, but calm and understanding.

I began to take more interest in my treatment. Now I monitor myself and let my doctor know when there is the slightest problem. I have tried many medications and expect there will be more. It is a plight I accept for my own sanity and peace of mind. I probably shouldn't be telling you this, but this year on my birthday I wished for another healthy year, a wish that no longer seems like just a dream.

Today I live with my father, something I do not regret. I am saving money for graduate school, where I hope to study interior design. A new leaf is turning, and I am looking forward to it wholeheartedly.

Sueanne Pritchett

By Dorothy Pritchett

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My sister Sueanne was born February 19, 1951. She went to Woodbury High School. After graduating she attended Gloucester County College and graduated with a degree in Business Administration.

Sueanne got her first job at Cooper Medical Center. She worked there for 14 years. She continued her career at Virtua Health System, where she worked for 18 years as a computer analyst; she earned \$60,000 a year.

She loved her job; it was her whole life. In 2000, Sueanne was diagnosed with paranoid schizophrenia. She was hospitalized for eight days and signed herself out of the hospital. She refused to take her medicine. I fought for a whole year to get help for her, but kept getting doors shut in my face.

Sueanne owned her own home, a lovely house of which she was justifiably proud. She locked the doors and eventually refused to allow family members or anyone else in. Because of her paranoia, she kept her house dark and removed all of the light bulbs from their fixtures. She used candles for light. I knew she was in trouble, probably not eating properly and certainly not taking her medication. I contacted the local police; they told me they could not just break into her house. Insisting she was not ill, Sueanne refused to grant anyone power of attorney. Because she refused to follow up with her doctor's appointments, her insurance carrier refused to give her money for her long-term disability. She did not cooperate with aftercare.

On October 8, 2001, Sueanne's house burned down with her in it. There was no investigation. Sueanne had candles everywhere; the fire department concluded the fire was an accident. She perished, badly burned. We had to have a closed casket. After her death, I was able to view her medical records. Her doctors had repeatedly declared her suicidal, a danger to herself. Though we tried, her family could not save her.



About Mental Illness

- Mental illness is a term used for a group of disorders causing severe disturbances of thinking, feeling and relating.
- Mental illness can affect persons of any age, sex, race, religion, social and economic background.
- Mental illness affects 20% of Americans and is more common than cancer, diabetes or heart disease.
- During the course of any given year 5.5 million Americans are disabled by severe mental illnesses.
- Suicide is the third leading cause of death in the United States among 15 to 24 year olds. Fifty-seven percent of the teenagers who make serious attempts at suicide have major depression.
- Great advances have been made in the treatment of mental illness and understanding brain functioning.
- Nearly two-thirds of all people with diagnosable mental disorders do not seek treatment because of stigma, ignorance and lack of appropriate service and treatment options.

Just as diabetes is a disorder of the pancreas, mental illnesses are brain disorders that often result in a diminished capacity for coping with the ordinary demands of life.

These illnesses greatly affect family members and society in general. Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing.

Most important, these brain disorders are treatable. As a diabetic takes insulin, most people with serious mental illness need medication to help control symptoms. Supportive counseling, self-help groups, housing, vocational rehabilitation, income assistance and other community services can also provide support and stability, leaving the focus on recovery.

NAMI NEW JERSEY

NAMI NEW JERSEY—*The State's Voice on Mental Illness* is a statewide private non-profit organization dedicated to improving the lives of individuals and families affected by mental illness. Our network of support and advocacy groups is composed of families, friends and persons who are affected by mental illness.

ADVOCACY

NAMI NJ promotes legislative and public policy issues that improve mental health services, achieve parity in health insurance, eliminate stigma and discrimination, and increase research into the causes and treatment of brain disorders. Our members and staff serve on committees and boards of local and state mental health organizations and advisory groups to address these needs.

VOICES TOGETHER

With our statewide network and national organization NAMI (National Alliance for the Mentally Ill) we join forces in “raising our voices together” to advocate for improved delivery of treatment services, community support and housing for individuals affected by mental illness.

MUTUAL SUPPORT

In local NAMI NJ Affiliate self-help support groups, caring members help one another learn to cope with the effects of mental illness. They find understanding, acceptance and mutual support in times of crisis. NAMI NJ offers hope, support, education, and a community of friends who understand.

EDUCATION

Through education activities, newsletters and conferences, we provide information about the latest research and available treatments for mental illnesses. Our awareness activities foster understanding and dispel stigma. We help professionals, government officials, law enforcement, service providers and the general public understand mental illness from the family and consumer perspective.

NAMI NJ Activities

Conferences and Seminars

Quarterly Newsletter

Mental Illness Awareness

Statewide Advocacy Network

Law Enforcement Education

Regional Focus Groups

Mental Health System Advocacy

NIMH Outreach Partner

Legislative & Public Policy Committees

Need for Treatment Task Force

Family-to-Family Education

SAMHAJ–South Asian Mental Health Awareness in Jersey Project

Johnny Appleseed Volunteer Corps

Expressive Arts Network

Consumer Outreach and Activities

Family Support Outreach

Information and Referral

Local Affiliate Groups

For more information on local affiliate groups or other NAMI NEW JERSEY activities call our office or visit our website.

Inquiries are always welcome.

(732) 940-0991

www.naminj.org

Some important numbers:

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National Alliance for the Mentally Ill of New Jersey:

NAMI NEW JERSEY:

1562 Route 130
North Brunswick, NJ 08902

(732) 940-0991 • Fax: (732) 940-0355

E-Mail: info@naminj.org

www.naminj.org

NAMI NJ Law Enforcement Education Program:

Elaine Goodman, Coordinator
NAMI NEW JERSEY
1562 Route 130
North Brunswick, NJ 08902

(856) 464-0223

E-mail: NAMIlaw@aol.com

Websites:

In addition to the NAMI NJ website, there are many good websites with the latest information about causes and treatments of brain disorders. Two of the best are the NAMI and NIMH websites; they will also link you to others.

NAMI (National Alliance for the Mentally Ill)

nami.org

NIMH (National Institute of Mental Health)

nimh.nih.gov