If you are worried about your child’s mental health, follow your instincts. Unexplained changes in your child’s behavior and/or mood may be the early warning signs of a mental health condition and should never be ignored. There are many different types of mental illness, including anxiety, depression, bipolar disorder, eating disorders, ADHD and autism spectrum disorder, and it isn’t easy to simplify the range of challenges children face. One way to begin if you are concerned is to get an evaluation for your child or teen by a licensed mental health professional. Because all children and youth are unique and local mental health services, insurance coverage and school services vary from community to community, it is a challenge to find the right kind of help for your child.

As a parent, there are things that you should be concerned with if you see them, such as:

- A sudden or persistent drop in school performance.
- Persistently aggressive behavior.
- Threats to self or others.
- Substantial mood swings.
- Hallucinations, paranoia or delusions.
- Acting very withdrawn, sad or overly anxious.

Several factors contribute to the challenge in getting an accurate diagnosis, including:

- Symptoms, which include difficult behaviors and dramatic changes in behavior and emotions, may change and continue to develop over time. A clinical interview should gather a full history, a “movie,” as well as a “snapshot” in the interview process.
- Diagnoses may co-occur. A teen with an anxiety disorder may be using alcohol extensively. A teen with major depression may also have problematic eating behaviors.
- Children and adolescents undergo rapid developmental changes in their brains and bodies and face multiple social role changes at the same time.
- Younger children may be unable to effectively describe their feelings or thoughts, making it harder to understand their experience. They may “show” distress
more than “tell” about their distress. They may be seen frequently in school nurse offices with headaches or stomachaches but may have an undiagnosed psychiatric disorder.

- It is often difficult to access a qualified mental health professional to do a comprehensive evaluation because of the shortage of children’s mental health providers and because some health care providers are reluctant to recognize mental illnesses in children and adolescents.

Despite these challenges, there is plenty families can do to help their child get an accurate diagnosis and receive the most effective treatment, supports and services.

**What should parents do if they suspect a mental health condition?**

**Talk with your pediatrician.** Early identification and intervention are important. If you are concerned about your child, start by talking with your pediatrician, share your concerns and ask for a comprehensive check-up. A comprehensive physical examination should be done to rule out other physical health conditions that may be causing a child’s symptoms, such as an endocrine problem, recurrent head injuries in sports or other conditions. If the pediatrician believes your child is exhibiting early signs of a mental health condition, the pediatrician may either talk with you about treatment options or may recommend a referral to a mental health professional or may offer to provide some of the services herself.

**Get a referral to a mental health specialist.** If you are referred to a mental health professional, ask your pediatrician to help by calling for you to help get an appointment scheduled for your child. Many mental health professionals have long waiting lists and may not be taking new patients, so a call from your pediatrician can help get an immediate appointment for your child. To find a child psychiatrist, visit the American Academy of Child and Adolescent Psychiatry website (www.aacap.org) and click on “Child and Adolescent Psychiatrist Finder.”

**Work with the school.** Meet with your child’s teacher or other school officials to request an evaluation for your child for special education services. Work with the school to identify effective interventions that promote positive behaviors, social skill development, academic achievement and prevent challenging behaviors in school. Ask your child’s treating mental health provider to identify interventions that can be used at school and at home to help you and your child cope with challenging behaviors and related issues.

**Connect with other families.** Never underestimate the importance of connecting with and working with other families. There are many seasoned families who have walked the walk and are happy to share their wisdom and experience with you. Contact NAMI at [www.nami.org](http://www.nami.org) to learn how you can connect with other families in your community.

For some children, having a diagnosis is scary and they may be resistant to accept it. Others are relieved to know that what is happening to them can be addressed and that they are not alone. It is important to find ways to use the strengths and interests of your child to help him or her cope with current and future challenges.

NAMI FACT SHEET
Reviewed by Ken Duckworth, M.D., December 2012
A Message from the President...

NAMI Alabama continues to mourn with the nation the senseless and tragic loss of young and innocent lives in Newtown, Connecticut. In doing so, we dedicate this newsletter in memory of those who lost their lives and in honor of those who lost loved ones. We also join NAMI and the nation in calling for action to address the mental health crisis that exists in this country. Please read the letter (posted in this issue) that was written by Mike Fitzpatrick, Executive Director of NAMI, to President Obama which describes six issues that must be addressed in order to improve access to effective mental health care. Please also read the NAMI Fact Sheet on “What Families Can Do When a Child May Have a Mental Illness.” We too stand ready to work to do whatever we can to help educate, advocate, and support those with mental illnesses.

Although we are so proud of the work that our leaders and members have done we know that there is much work to do to achieve milestones. Please see the updates below and join us as we begin 2013 with renewed interest and determination to help those who suffer from mental illnesses.

Pastors’ Summit – The Pastors’ Summit was successful with four speakers. Martha Hawkins spoke about her book, “Finding Martha’s Place.” She expressed her personal feelings and struggles in dealing with depression and how she has become a successful entrepreneur and author with the help of others who believed in her. Rev. Patsy Gibson spoke about “Personality Disorders: How They Affect Congregations.” Rev. Adolphus A. Elliott, Sr. spoke about the “Challenges for Pastors with Mental Illness” by using his personal stories. Tamieka Martin, Clinical Coordinator at BayPoint Children’s Hospital educated the audience on the topic of “Adolescents and Mental Illness.” Dr. Army Daniel, Jr. provided a written pledge for the faith-based leaders to refer to from time-to-time to remind them that the clergy, more often than not, are the first contacts for families in crisis. Rev. Matthew Johnson and Rev. Russell Clausell gave invitations during the Summit. Our Sharing Hope Coordinator, Lois Herndon and Executive Director, Wanda Laird, did a great job in working with the Sharing Hope Board to coordinate the event. Please see the photo and listing of the Sharing Hope Board members in this issue. Thanks to the Bristol Myers Squibb Foundation, the Pastors’ Summit enabled us to network with faith-based leaders from around the state to continue our work in not only the black belt areas but to expand our Sharing Hope program.

Advocacy – The Advocacy Committee, chaired by Dr. Pippa Abston, sent a survey to all affiliates requesting the opinion of members as to our advocacy goals for 2013. We appreciate your input and the results will be sent to you in the near future (via email).

Membership – Please remember that memberships are handled online. Many thanks to our affiliate leaders for taking the 360 training! Membership Chairperson, Christy Collins, encourages you to continue to not only renew but recruit new members as well.

Build It Together – The Build It Together Diversity program team members, consisting of Sue Guffey, Micah Mobley, Lois Herndon, Ana Maria Sawyer, and Wanda Laird, were involved in a four day intense training session in Virginia. The purpose was to learn how our organization can become more diverse. This process will continue throughout the year with the team participating in monthly webinars. They will focus on the Hispanic and African American populations. In order to seek the input of our members, please see the survey inserted in this newsletter, fill it out and return it to the state office as soon as possible. Remember that Lois Herndon our Sharing Hope Coordinator and Ana Maria Sawyer our Hispanic Coordinator will be happy to speak to your group any time.

Parents & Teachers as Allies – We plan to send Joan Elder and Susan Sallin to St. Louis to be trained as state trainers for the Parents & Teachers as Allies program. This program is a two-hour in-service presentation that focuses on helping school professionals and families within the school community understand the early warning sign of mental illnesses in children and adolescents and how best to intervene so that youth with mental health treatment needs are linked with services. It also presents the lived experience of mental illnesses and how schools can best communicate with families about mental health related concerns.

Each In-Service Program:

• Is delivered by a trained team, including a facilitator, a parent, an individual who has had to cope with mental illness and school growing up, and an educational professional
• Follows a structured format covering issues frequently faced by school professionals, parents, and caregivers
• Has been well-tested and has produced results in diverse schools across the country

The program concludes with a facilitated, interactive discussion that encourages audience participation.

Participants will leave the in-service program with an information and resource booklet as well as a better understanding of:

• The early warning signs of mental illness
• The lived experience of parents raising a child with a mental illness
• The individual experiences of the children and adolescents face when mental illness is part of their school life

First, however, we must conduct a one-day session with 12 participants. Please call the office at 334-396-4797 if you are interested in participating in this program. The training will take place in February (date to be announced via email).

Leadership Conference – Our Education Committee Chairperson, Dr. Linda Miller, reports that the committee has completed plans for the Leadership Conference which is scheduled for February 22-23 at the Drury Inn & Suites in Montgomery. Please visit www.namialabama.org to see the agenda. We can sponsor the first 70 participants and we have around 40 registered at this time.

Annual Meeting – The 27th NAMI Alabama Annual Meeting will take place August 22-24 at the Drury Inn & Suites in Montgomery. We are pleased to announce that Col. Ed Hubbard of Ft. Walton, FL will be our keynote motivational speaker on Saturday, August 24. Col. Hubbard is an internationally known speaker who is dedicated to helping others overcome any obstacle, handle any ordeal, and reach any goal by developing the correct state of mind. Building upon his adverse experiences during more than six and one half years in captivity in North Vietnam, Col. Hubbard conveys a positive message for personal growth. After hearing his presentation, you will feel good about your country, yourself, and your own ability. His book, “Escape from the Box: The Wonder of Human Potential” was published in 1994. We look forward to hearing his story as we continue to educate others to… “Find Help. Find Hope.”

Happy New Year!

Will O’Rear, President
A Letter to President Obama...

December 20, 2012

President Barack Obama
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20501

Dear Mr. President:

NAMI joins with you and the nation in mourning the senseless and tragic loss of young and innocent lives in Newtown, Conn. We also join the nation in calling for action to address the mental health crisis that exists in this country. It should not have taken a national tragedy to recognize this crisis when one considers how many personal tragedies occur daily for Americans affected by mental illness.

NAMI, the National Alliance on Mental Illness, is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. In your remarks in Newtown last Sunday, you pledged to use “whatever power this office holds to engage my fellow citizens, from law enforcement to mental health professionals to parents and educators, in an effort to prevent more tragedies.”

NAMI represents individuals who actually live with mental illness. We represent parents and family members. We have a long track record of working with law enforcement, educators and mental health professionals. We stand ready to work with you.

The following six issues must be addressed in order to improve access to effective mental health care.

1. **Improve early identification and intervention in mental health care.** Too often, what in hindsight are clear signs of the need for mental health care are not identified until after a crisis happens. It is well documented that timely mental health treatment can prevent crises and foster recovery. The Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT) mandate has not been effectively implemented in most states for young people with mental health conditions. Similarly private insurance policies often do not support early identification and intervention services. Routine mental health screening should become part of standard practice so mental health conditions are identified early when they can most effectively be treated.

2. **Provide training to school personnel, law enforcement, families and members of the community on how to identify and respond to youth and adults experiencing mental health crises.** Too often, those in a position to help do not know what to do when a child or adult manifests the early signs and symptoms of mental illness. Education and training for school personnel, law enforcement professionals, families and other community members exist, including Mental Health First Aid, NAMI’s Parents and Teachers as Allies, NAMI’s Family-to-Family, Crisis Intervention Team (CIT) programs for law enforcement and more. Implementing these programs on a national level represents significant progress in promoting increased awareness and capacity to help those living with mental illnesses. The unfortunate reality is that mental illness and how to respond to it remains a taboo subject for many and we need leadership to help change that. One immediate step that can be taken is enactment of the Mental Health First Aid Higher Education Act (S. 3325/HR 5966).
3. Implement school-based mental health services and supports. Drop-out rates among students classified as Emotionally Disturbed (ED) under the Individuals with Disabilities Education Act (IDEA) are alarmingly high, over 50 percent. We are clearly not addressing the needs of students struggling with mental health conditions in many of our nation’s schools. With effective school-based mental health services and supports and coordination with the community mental health system, many of these students could stay in school and earn an academic degree and a more promising future. Yet, school-based mental health services continue to be cut in far too many schools. Enactment of the Mental Health in Schools Act (HR 751) would represent a positive first step.

4. Increase the qualified mental health workforce. Throughout the nation, there are critical shortages in the availability of qualified mental health professionals. In many communities, children and adults are placed on long waiting lists to access mental health services. Many county and regional mental health agencies have sharply narrowed their criteria for service eligibility because of the lack of qualified mental health professionals. The costs to our nation in increased emergency room use, commitment to inpatient facilities, and incarceration in juvenile and criminal justice facilities are enormous. Strategies for increasing the number of qualified mental health professionals, including providers of peer and family support services, must be an integral part of fixing our nation’s broken mental health system.

5. Fully implement key provisions of the Affordable Care Act, including mental health and addictions parity requirements. Passage of the Affordable Care Act (ACA) was a seminal achievement in improving health and mental health care in this country. We are grateful for your leadership on health care and urge continued leadership in ensuring full and effective implementation of the ACA. One critical step for improving mental health care in America is to issue final regulations defining the scope of the Wellstone and Domenici Mental Health and Addictions Parity Act. Without final regulations, there is a lack of clarity on the requirements for a number of the most complex provisions included in the mental health parity law which threatens to undermine the intent of the law.

6. Protect federal funding of Medicaid. Youth and adults with mental illnesses are among the largest, most important class of Medicaid beneficiaries. Forty-eight percent of all public mental health services in America are funded through Medicaid. Reductions in federal funding of Medicaid would have a devastating impact on people with mental illnesses, many of whom rely on this vital safety net program in both maintaining and working toward recovery and independence.

Mr. President, NAMI appreciates your leadership and stands ready to work with you and your staff on the goal of improving mental health care in America.

Sincerely,

Michael J. Fitzpatrick, MSW
Executive Director
Build It Together Survey

The Build It Together team consisting of Sue Guffey, Lois Herndon, Micah Mobley, Ana Maria Sawyer, and Wanda Laird are charged with increasing our membership of Hispanics and African Americans. Below is a survey to seek your input as to ways in which we can reach a more diverse population, in particular, Hispanics and African Americans. Please provide us with your response by January 28, 2013. Our Build It Together team meets (via conference call) each month with various deadlines for this project. Please email your response to:

wlaird@namialabama.org or fax it to 334-396-4794.

Affiliate responding:

1. What is the population of Hispanics in your area?
   __________________________________________

2. What is the population of African Americans in your area?
   __________________________________________

3. Have you invited them to participate in the following?
   □ Meetings        □ Signature Programs        □ Events/Activities

4. Have you discussed cultural differences in your meetings?
   __________________________________________

5. What resources do you need to reach these two communities?
   __________________________________________
   __________________________________________
   __________________________________________

6. Are you willing invite our Hispanic and Sharing Hope Coordinators to speak at one of your meetings?
   __________________________________________

7. What activities/events take place in your area that targets these populations?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

8. What suggestions do you have to reach these populations?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

Our Build It Together team consists of Sue Guffey, Lois Herndon, Micah Mobley, Ana Maria Sawyer, and Wanda Laird are charged with increasing our membership of Hispanics and African Americans. Below is a survey to seek your input as to ways in which we can reach a more diverse population, in particular, Hispanics and African Americans. Please provide us with your response by January 28, 2013. Our Build It Together team meets (via conference call) each month with various deadlines for this project. Please email your response to:

wlaird@namialabama.org or fax it to 334-396-4794.
Lois Herndon (left) receives autographed book from Martha Hawkins (right).

Sharing Hope Board
Not shown: Dr. Army Daniel, Connie Ewing, and Zina May.

Rev. Patsy Gibson with audience participants Daisy and Stan Hollingsworth.

Ethel Green and Roxann Becker greet Martha Hawkins.

Tamieka Martin, Clinical Coordinator, BayPoint Children’s Hospital.

Rev. Adolphus A. Elliott, Sr.
As in past years, once again I venture to suggest a “top 10” list for NIMH based on the most notable discoveries and events of the past 12 months. This year several of the major breakthroughs were not funded by NIMH and not directly focused on mental disorders, but they suggested new vistas for biology that will almost certainly change the way we understand serious mental illness and neurodevelopmental disorders. There is, of course, no way to do justice to the richness or the diversity of this year’s research by citing only 10 findings or events. But a list of 50 would be too long, and a list of 5 or fewer would be far too short.

10. **Manipulating the epigenome to treat brain disorders**
The epigenome – the collection of chemical compounds that transcribes our genome, telling it what, where, and when to do something – provides a link between nature and nurture. In previous years we have seen the effects of early stress or medication on the epigenome. This year marked some of the first studies manipulating the epigenome, revealing a new frontier for treating mental disorders. In an extraordinary study from Li-Huei Tsai’s laboratory, an increase in histone deacetylase 2 (HDAC2) – a protein that plays an important role in regulating the transcription of genes – was found to reduce memory in mice (and was associated with Alzheimer’s disease in humans). Reducing HDAC2 improved memory in mice, suggesting a new target for developing treatments.

9. **The end of the AIDS epidemic?**
The International AIDS meeting is an annual global event reporting on progress in behavioral and biomedical research on the epidemic. The meeting had not been held in the US since 1991 due to a ban on issuing visas to HIV-infected foreigners. With the lifting of this ban, the meeting was held in Washington DC in July 2012. Beyond the historic hosting of this meeting in the U.S., attendees heard for the first time a vision for an “AIDS free generation” with a combined prevention and treatment strategy that could end the epidemic.

8. **Neurodevelopmental genomics**
The search for genetic variation associated with autism spectrum disorder, schizophrenia, and bipolar disorder seemed to move at light speed this year, with every month revealing new findings. The importance of de novo, or spontaneous mutations, often single base changes, became more apparent in 2012. And the role of paternal age, which shows a linear increase with de novo changes, demonstrated a mechanism by which environment and genes may interact. The current state of the field was summed up by State and Sestan as “one to many” (each genetic finding appears to be a risk factor for several different neurodevelopmental disorders) and “many to one” (disorders like autism appear to have scores, perhaps hundreds, of genetic factors contributing risk).

7. **Global mental health**
If 2011 was the year to establish a vision for research in global mental health, 2012 was the year to initiate bold efforts to realize that vision. Grand Challenges Canada announced nearly $20 million in support of 15 innovative projects designed to improve mental health diagnosis and care in developing countries. The Centre for Global Mental Health, a collaboration based in London, increased its investment to over 30 projects across 20 countries. And NIMH launched the Collaborative Hubs for International Research in Mental Health in low- and middle-income countries – a network of 5 centers focused on research and research capacity-building in this field. The research agenda is designed not only to reduce the mental health treatment gap in low- and middle-income countries, but is actively learning and gaining insight from the innovations developed in these countries.

6. **Optogenetics and oscillations in the brain**
The holy grail of neuroscience has been finding the engram, the neural representation of memory (or thought or emotion). In 2012, we saw new evidence of the importance of synchronized waves of activity in the cortex - so called oscillations of coherent activity between distant regions - for supporting visual memory. Using optogenetics, which can turn activity on and off with light, scientists were able to manipulate gamma oscillations, the class of oscillations thought to be most relevant for schizophrenia. In one of the most remarkable demonstrations of the power of optogenetics, symptoms associated with depression in a mouse were turned on and off by regulating only the serotonergic input to the frontal cortex.

5. **Mapping the human brain at the molecular level**
Ribonucleic acid (RNA) is a fascinating and frequently surprising family of molecules responsible for the coding, translation, expression, and regulation of genes. Building on the first maps of RNA expression of the developing human brain in 2011, this year saw the first comprehensive maps of RNA expression in adult humans, the first epigenomic map across human development and the first description of human specific patterns of gene expression.
4. Mapping the human connectome
The wiring diagram of the human brain is extremely complex and traditionally has been considered too difficult to untangle in full. Using a new approach for visualizing white matter (the “cables” that connect brain regions), Wedeen and his colleagues at Massachusetts General Hospital discovered an inherent grid pattern in the human brain. While there is still discussion about the validity of this grid, the human connectome – the comprehensive map of all neural connections in the brain – promises to reveal important aspects of human variation, just as is the case with the human genome. Adding to this new picture of the structural connectome, brain imaging scientists from around the world have combined functional magnetic resonance imaging (fMRI) data to describe a functional connectome. Even at “rest,” distant brain areas appear highly active and synchronized, promising a new picture of individual differences in functional connectivity.

3. Unexpected variation
2012 may be considered as the year of genomic weirdness. Who knew that there would be genomic variation in the brain that was not apparent in blood cells? The possibility that somatic mutations – alterations that occur in DNA after conception – could contribute to neurodevelopmental disorders suggests that cancer may be a useful model for understanding autism or schizophrenia. Who knew that women could carry cells in their brains with DNA from their offspring? Microchimerism – in this case, the presence of male cells in a woman’s cortex – gives an entirely new meaning to the biology of motherhood. And who knew that microDNA segments could be transmitted independently of chromosomes? There appear to be thousands of short (200 – 400 bases long) circular DNA elements that function free of the well-known structured bundles of DNA called chromosomes in mammalian cells.

But even our standard approaches to genetics revealed unexpected variation. The 1000 Genomes Project, an audacious project to sequence the genomes of 1000 typical humans, has forever put to bed the concept of “normal.” Based on data from the first 185 volunteers, the range of variation found has been, by any standards, stunning. Imagine that each of us has 100 genetic variants causing some loss of function, with 20 of these being variants that totally inactivate the gene. That means that each of us, on average, has a “knockout” of 20 genes. Overall, the team found more than 1000 different genes knocked out within the sample, apparently without consequences since all of their participants were selected because they were “healthy.” This suggests that a tremendous amount of unexpected redundancy is built into our genome. In another recent report, the 1000 Genomes Project demonstrates much of this variation is related to ancestry, with large differences observed across 14 different human populations.

2. The human microbiome
This NIH Common Fund project delivered much of its payload in 2012 with some 17 papers published in June describing the findings from a consortium of 200 investigators mapping the microbial world of 18 different body sites. The results have altered how we think about what it means to be human, as our bodies are more of a complex ecosystem in which human cells represent a paltry 10% of the population. But beyond the sheer numbers, we now know about the profound diversity of this ecosystem and striking individual differences. How these differences in our microbial world influence the development of brain and behavior will be one of the great frontiers of clinical neuroscience in the next decade.

1. ENCODE
For sheer scientific shock value this year, nothing beat the prosaically-named ENCyclopedia Of DNA Elements (ENCODEx) project. ENCODE, funded by the National Human Genome Research Institute, set out to map the active parts of the human genome where the prevailing belief had been that 2 percent was genes and 98 percent was “junk DNA” or, at best, the dark matter of the genome. In September, 30 papers in Nature, Science, and other journals reported that 80 percent, not 2 percent, of the genome was transcribed with over 20,000 non-coding RNA sequences serving as active biological elements of the genome.

The big finding of the year is also the most humbling: we are still in the earliest stages of understanding the blueprints that make us human.