

PRESIDENT'S MESSAGE

By Marjorie Antus

SO MUCH DEPENDS ON ENDING THE SILENCE

The only thing Dylan Klebold said to his mother on the morning of April 20, 1999 was "Bye!" as he was leaving for Columbine High School. Later that morning, he and his friend Eric Harris would open fire on classmates, massacring 13 people, wounding 24, and finally turning guns on themselves.

In 2017, Dylan's mother, Sue Klebold, published an extensive account of this atrocity titled *A Mother's Reckoning: Living in the Aftermath of Tragedy*, which expresses guilt and grief for Dylan's cruelty that killed, wounded, and wrecked the students of Columbine and traumatized not only the people of Littleton, Colorado, but the entire nation.

"How could you *not have known*?" is the question Sue Klebold has had shouted at her over the years. "How could you *not have seen how troubled your son was*? How could you not have intervened to get him help?"

But *A Mother's Reckoning* portrays normal family life and caring, involved parents. (Dylan and his family are, in fact, likable.) It also reveals Sue's devastation at reading Dylan's journals posthumously and learning that her "Golden Boy" had been suicidally depressed for two years before the Columbine shooting.

While the Klebolds did notice withdrawal and irritability in their son and took seriously his teen misbehaviors and a scrape with the law, they felt they were successfully guiding him to high school graduation and on to college.

After spending years researching and consulting psychologists, psychiatrists, police and FBI reports, Sue Klebold concludes that her son went to Columbine High School that morning to die and was willing to have others die with him. He was suicidal before he was homicidal.

She is quick to point out that a tiny percentage of those living with mental illness ever commit violence. (To emphasize: "Most people with serious mental illness are not violent," states Thomas Insel, former

director of the National Institutes of Mental Health. "Most violent acts are not committed by people with serious mental illness." (*Understanding Severe Mental Illness, January 11, 2011*).

Klebold also makes clear that her family did not own or promote the use of firearms; she laments the appalling ease with which her teenage son was able to obtain them.

Mostly what she conveys in *A Mother's Reckoning* is the vast need for listening with our whole being to those who seem to be struggling with mental health issues and, thereby, to raise our awareness of their silent suffering.

Awareness-raising is precisely where NAMI Ending the Silence is so valuable. As a presentation to middle and high school students, teachers, and parents, NAMI Ending the Silence provides information on mental health warning signs and ways for people to get help for themselves or someone they know who is struggling with symptoms of mental illness.

This information is offered alongside a young adult with a mental health condition who shares his or her story of recovery. Altogether, NAMI Ending the Silence has been proven effective in changing students' knowledge and attitudes toward mental health and seeking help. (If you are interested in participating in NAMI Ending the Silence, please visit nami-pw.org for contact information.)

As Sue Klebold said in a recent TED Talk, "We cannot control what our loved ones think or feel, and we have to forgive ourselves for this. Even the most vigilant and responsible of us may not be able to help. But for love's sake, we must never stop trying to know [what might be] unknowable."



What is the NAMI Family-to-Family Education Program?

NAMI Family-to-Family is a free, 12-session education program for family, partners, friends and significant others of adults living with mental illness. The course is designed to help all family members understand and support their loved one living with mental illness, while maintaining their own well-being. The course includes information on illnesses such as schizophrenia, bipolar disorder, major depression and other mental health conditions. Thousands of families describe the program as life-changing. The program is taught by trained teachers who are also family members and know what it is like to have a loved one living with mental illness.

DUMFRIES

Tuesday and Thursday evenings

June 19 - July 31, 2018
6:00 p.m.-9:00 p.m.

ACTS

3900 Acts Lane, Dumfries, VA 22026



Participant Perspectives

"This course overall was the single most, without a doubt, helpful and informative thing ever offered in all my years searching for answers... It has helped me to understand better and communicate more effectively with my brother."

"The course has helped me to realize that my son is still inside the body that is often times hidden by the mental illness and that I am not alone in this."

Call to NAMI-PW to Register: 703-659-9983

Hosted By:  **ACTS**
ACTION in Community
Through Service

Wear Green on Thursday, May 24, and mark your calendar to Join NAMI Prince William for its
Go Green for Mental Health 5K Walk/Run
October 6, 2018



ACCOMMODATING MENTAL HEALTH IN THE WORKPLACE

April 25, 2018 by *Kim Spilker Medwar*
Nonprofits Insurance Alliance Group

The Americans with Disabilities Act (ADA), and many state laws, afford protections for employees with disabilities to promote equal employment opportunities, both in the application process and during employment. These protections include prohibiting discrimination and retaliation on the basis of disability, and require that employers provide reasonable accommodations to enable individuals with disabilities to perform essential job functions, providing equal benefits and privileges of employment. Conversations around accommodations typically focus on physical, apparent disabilities, but over time, the need to address mental health has expanded this focus.

Over the past 15 years, the disability discrimination filings with the Equal Employment Opportunity Commission (EEOC) involving mental health conditions have increased significantly. For example, in 2002 there were no complaints logged for post-traumatic stress disorder, but by the end of 2017, 1,177 complaints had been filed. Disability discrimination complaints involving anxiety increased from 649 in 2002, up to 2,196 in the last year alone. It is no wonder why so much attention is being placed on accommodating mental health in the workplace and in protecting applicants and employees from discrimination or retaliation as a result of mental health issues.

Mental health conditions under the law are treated no differently than physical health conditions. Employers therefore are required to engage in the interactive process to accommodate individuals with mental health disabilities just as they would expect to for someone with a physical disability. So, while often-times a disability is thought of as something that manifests through physical limitations and is easily identifiable, employers must also consider the un-

seen conditions that affect mental health in the workplace.

Some examples of mental health issues that employers may need to accommodate include anxiety disorders, panic disorders, bipolar disorder, depression, post-traumatic stress disorder (PTSD), schizophrenia and adjustment disorders. Mental health issues that do not require accommodations include those that manifest as illegal conduct (e.g. illegal drug use, certain sexual disorders and kleptomania).

Because mental illness affects everyone differently, even two individuals suffering from the same diagnosis, it is critical to engage with employees on an individualized basis. There is no one-size-fits-all approach, but rather, it is important to understand specific limitations. Accommodating a mental health condition will require creativity, in addition to regular monitoring to ensure the chosen accommodation is effective.

Common accommodations for mental health disabilities may include altering break schedules or schedules to accommodate therapy appointments, moving an employee to a quiet area, allowing headphones in the office, and/or modifying supervisory approaches (e.g., providing written feedback rather than verbal conversations). Employers are not required to lower production standards, reduce performance expectations, excuse conduct violations (job related and consistent with business necessity), remove essential functions, monitor medication, or employ an accommodation that would result in undue hardship to the organization. Employers need not accommodate the inability to get along with others, violent outbursts or behavioral problems.

Additionally, safety is of paramount concern and employers need not accommodate where there is a others, and where the risk cannot be reduced or

Cont.d on page 6

significant risk of substantial harm to the employee or eliminated through reasonable accommodations.

When dealing with a mental health disability, employers may obtain reasonable documentation of the disability and need for accommodation, but may not request a diagnosis or more information than is necessary to determine there is a disability and need for accommodation. Employers providing mental health services to clients are cautioned against acting as mental health professionals for their employees.



Overall, employers should follow the same process for accommodating mental health disabilities as they do for physical disabilities. Additional resources are available through the EEOC at www.eeoc.gov.

May General Meeting with Manassas Therapy Dogs

On May 23, Sandy O'Bannon and Gretchen Anderson from Prince William Community Services introduced their therapy dogs, Indy and Shyla, to delighted affiliate members. With their dogs, Sandy and Gretchen form two teams that visit schools, hospitals, health fairs, Walks, nursing homes and other facilities to provide comfort and to help people share the kind of "in the moment" mindfulness that canines are known for.

Those four are part of the organization known as Manassas Therapy Dogs, begun in 2003 by Shirley Way and her Pembroke Welsh Corgi, "Dilly." There are now more than 50 teams serving Greater Prince William.

O'Bannon (pictured) spoke of the differences between service dogs, therapy dogs, and emotional support dogs. Service dogs, for example, are working dogs—not pets—trained to help people with disabilities such as impaired vision, seizure disorders, diabetes, and mental illness. Among many other tasks, they can be trained to pull a wheelchair or remind someone to take their medication.

On the other hand, therapy dogs don't have to be trained to perform certain jobs. They give comfort and affection, and being around them has been shown to lower blood pressure, reduce anxiety, and increase levels of endorphins and oxytocin. They usually work with groups of people.

Finally, emotional support dogs provide calming, emotional support through companionship. With a letter from a physician, these dogs can fly with a person who has an emotional or psychological disability. They can also qualify to live in housing that generally forbids pets.

For more information on these valuable mental health resources, please visit manassastherapydogs.org



MEN'S MENTAL HEALTH: A Silent Crisis

An exploration of factors behind high rates of mental health problems in men.

PsychologyToday.com by [Rob Whitley, Ph.D](#) Posted Feb 06, 2017

Numerous researchers have recently stated that there is a silent crisis in men's mental [health](#). This is based on robust evidence that men have high rates of various mental health issues.

These include elevated rates of suicide and [substance abuse](#), as well as low rates of mental health service use. Sadly, male [gender](#) often intersects with other variables to produce even higher rates in some sub-groups.

Suicide

Men make up over 75 percent of suicide victims in the United States, with one man killing himself every 20 minutes. Men living in small towns and rural areas have particularly high rates of suicide. Indeed, flyover states such as Wyoming, Montana, New Mexico and Utah have the highest rates of suicide in the country. Alaska also has very high rates.

This has been attributed to various factors. One factor is the massive decline in traditional male industries such as manufacturing, forestry and fisheries, leaving large swathes of men in certain regions unemployed or under-employed.

In the current economy, many men are finding it difficult to fulfill a breadwinner role, leaving them without a powerful sense of pride, purpose and meaning in life.

Very high rates have been observed in veterans, young American Indians and gay men. A common factor among these groups may be perceived (or real) rejection from mainstream society, leading to strong feelings of alienation and isolation. These factors are explored in the poignant video below about low-income men struggling after [divorce](#).

Substance [abuse](#)

Substance use is a predominantly male problem, occurring at a rate of 3 to 1 in comparison to females. Substance abuse is sometimes referred to as "slow-motion suicide," given that it can often end in a premature death for the person concerned.

Research indicates that many men engage in substance abuse in response to stressful life transitions including unemployment and divorce. Indeed, almost 50 percent of marriages end in divorce. Many men report negative experience in family courts, with data suggesting that only about 1 in 6 men have custody of their children, often with minimal visitation rights. This separation and loss can be soul-destroying for the men concerned, again leaving them isolated and alienated from mainstream society. As such,

substance abuse may be a maladaptive response to a malevolent situation.

Again high rates of substance abuse are observed in certain sub-groups, including veterans as well as American Indians, implying the need for targeted interventions in these groups.

Mental Health Service Utilization

Evidence suggests that men are significantly less likely to use mental health services in response to a mental health issue in comparison with women. This is especially so for Black, Latino, and Asian men, who have much lower utilization rates than white men, as well as women in general.

In other words, men who are [suicidal](#) or have substance abuse problems are much more likely to suffer in silence, especially minority men.

This is often attributed to stubbornness in men, rooted in traditional American notions of masculinity that emphasize "true [grit](#)" doggedness. However, another explanation is that formal mental health services are not finely attuned to men's needs, especially minority men. Indeed, these services tend to emphasize [medication](#) or talk-[therapy](#). But some research suggests that men prefer action over words in the face of stressful situations.

This may explain the growing popularity of practical interventions such as "men's sheds." These are physical spaces where isolated and lonely men can gather together for practical activities such as woodwork and repairs, while receiving valuable peer-support in the process.

Solutions

What can be done to improve men's mental health? Firstly, men's mental health should be recognized as a social issue as much as a health issue, with attention paid to issues such as unemployment and familial disruption. Secondly, there should be more choice in the formal mental health system, with more male-tailored options that respond to men's unique needs. Thirdly, health departments at the various levels of [government](#) should create specific strategies to improve men's mental health, with the setting of targets and [goals](#) based on recent research.

This may go some way to reducing the silent crisis of men's mental health. <https://www.psychologytoday.com/us/blog/talking-about-men/201702/mens-mental-health-silent-crisis>

NAMI PRINCE WILLIAM FAMILY SUPPORT GROUPS

The challenges of mental illness do not only affect an individual's family members but also friends, teachers, neighbors, coworkers and others in the community. "Family member" and "caregiver" refer to anyone giving emotional, financial or practical support to a person with a mental health condition. Whether you're providing a lot of assistance or very little, the information and support you receive from a NAMI Family Support Group can help you better understand the issues that you might face. (Excerpt from: <http://www.nami.org/Find-Support/Family-Members-and-Caregivers>.)

The most important thing to know is YOU ARE NOT ALONE. Below are the three NAMI Family Support Groups currently being held in Prince William County:

WOODBRIIDGE

Second Tuesday of the Month, 7:00 pm to 9:00pm

Sentara Potomac Hospital
 Room "C" in the Hylton Education Center
 2300 Opitz Boulevard, Woodbridge, VA
 Contact: Donna Fortunato, 571-437-4579



Third Sunday of the Month, 4:00 pm to 6:00 pm

Sentara Potomac Hospital
 Room "D" in the Hylton Education Center
 2300 Opitz Boulevard, Woodbridge, VA
 (Group focus is families with dependent children – youth through age 26, but open to all.)
 Contact: Liz Downey, 561-578-1370

Most family members attend the groups when their loved one is in crisis. When the crisis is over, they stop coming. Get in the habit of attending every month, whether things are going well or not. That way, if a crisis does hit, you know where you need to be. And remember, there are others who are new to this journey, and they need the support you can offer.

HAYMARKET:

Third Tuesday of the Month, 6:30 pm to 8:00 pm

Haymarket Gainesville Community Library
 Community Room
 14870 Lightner Road, Haymarket, VA
 Contacts: Liz Downey 561-578-1370 and
 Bonnie Cuppett



Do you have a mental health condition? Are you interested in enhancing your recovery? We are in the process of planning our next free, 10-session NAMI Peer-to-Peer Education. Call NAMI Prince William now to get on the wait list, 703-659-9983.

VOLUNTEER POSITIONS AVAILABLE

NAMI Prince William is looking for:

BOOKKEEPER - Must be able to provide bookkeeping/accounting services for a min. of 6 hrs. per month. Experience required.

DEVELOPMENT COORDINATOR - Must have passion for planning and coordinating community outreach and fundraising events. Experience required.

Qualified candidates, please submit your resume by email to info@nami-pw.org



MEMBERSHIPS: Household \$60 Regular \$40 Open Door \$5
SPONSORSHIPS: Family \$55 Professional \$65 Corporate \$250

P.O. Box 1423
Woodbridge, VA 22195-1423
T 703-659-9983
Email: info@nami-pw.org
Website: nami-pw.org

NAMI Membership exists at 3 levels: Affiliate, State & National. **NAMI Prince William (NAMI-PW)** is a 501(c)(3) non-profit, charitable organization—contributions are tax-deductible to the fullest extent allowed by law. Together, we can continue to fight for all those affected by mental illness. **PLEASE NOTE: If making a donation, in order for NAMI-PW to receive your full donation, please send your donation to the NAMI-PW office.** Thank you!
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Members are NAMI-PW's lifeblood; your membership helps us continue to provide free outreach, support & education. In bringing mental health issues to wider attention, we advocate for better treatment. As our membership base grows, our voice becomes stronger.

Respect, Compassion & Hope ... NAMI Works!

Check here for renewal: Date: _____
Name: _____
Address: _____
City/St: _____
Zip: _____ Phone: _____
Email: _____

I'd like to support NAMI-PW with a donation of:
___ \$25 ___ \$50 ___ \$100
other: \$ _____

I'd like to volunteer for NAMI-PW's 2018 Go Green for Mental Health Walk/Run.
 I wish to receive NAMI National's solicitations.