2017 NAMI Board Candidate Questions Worksheet

This worksheet is to help you compile your required answers to the candidate questions. This is a tool that can be used to compose your responses before entering them online in the 2016 NAMI Board Candidate Questions Survey Monkey form.

Once composed on the worksheet, the responses can be cut and pasted into the requested areas of the online form.

Using this worksheet can also help correct spelling and grammar issues using the Spell Check and Grammar Check tools in Word. You can also check word count using this worksheet. If you highlight all the text of one answer, your word count for the specific response will be indicated in the lower left-hand side of the document (see image below).



You may also work directly in the Survey Monkey system. As long as you don’t get to the last page and click “Done,” the system will save your responses. You can then go back to the form to edit and update until you are satisfied with your responses.

In support of NAMI Standards of Excellence, you are expected to adhere to [NAMI’s Style Guide](http://www.nami.org/identity) in preparing your personal statements. Statements will not be edited and will be presented as submitted. Statements that exceed the word count limit will be cut off at the indicated 50 or 300 words.

Respond to the following questions that have been put forth by NAMI leaders. The responses should be entered in the Survey Monkey form here - <https://www.surveymonkey.com/r/2017_Candidate_Questions>.

To ensure compliance with NAMI’s bylaws, 75 percent of the NAMI Board must be “persons who have or have had lived experience with serious mental illness, or parents or other relatives, including civil partners, thereof.” Candidates are asked to make a statement to this effect.

Provide a brief statement (max. 50 words) with the detail you feel is pertinent in explaining how you have answered the above question on the Candidate Certification Survey form. This statement will be included both in the Elections Issue of the *Advocate* and in your candidate profile on the NAMI website at [www.nami.org/voting](http://www.nami.org/voting).

 I am a doctor, parent, husband, son, and runner. Growing up I had a Grandparent, Aunt and Uncle with Psychotic Disorders. At age 15 I had a short lived Depression. At age 15 my son developed Schizophrenia. Fortunately an optimal clozapine regimen has resulted in his robust recovery.

In not more than 300 words total, summarize responses to both these items. These responses will be used in your profile for the Elections Issue of the *Advocate.* They will also be included as part of your candidate profile on the NAMI website at [www.nami.org/voting](http://www.nami.org/voting).

1. Explain what brought you to NAMI and what roles you have played in your NAMI Affiliate and NAMI State Organization.
2. Summarize how you will use your position on the Board of Directors to drive NAMI forward as laid out in the [2015-2019 NAMI Strategic Plan](http://www.nami.org/getattachment/About-NAMI/Our-Structure/2015-2019-Strat-Plan-and-Narrative.pdf).

 I am running on the “Focus on Serious Mental Illness” ticket with Rettaglia, Zdaowociz, and Jaffe. Please vote for all of us. If elected I will direct NAMI to advocate for our “lost” adults the 4% with serious mental illness. We need more supported housing and more hospital beds. We need laws that allow the use of assisted outpatient and involuntary treatment. Stigma can only be obviated by effective treatment. Focusing on Stigma alone is a lost cause. Anosognosia, the unawareness of illness, is a neurologic condition and if we do not fight antipsychiatry we will doom our loved ones.

 When my son Daniel developed Schizophrenia both my wife and I, both Physicians, felt lost and hopeless. We were shocked at his abysmal care. The bar for recovery was set very low. This was unacceptable. We would only accept a robust recovery that would allow Daniel to live a life of purpose and meaning. It was apparent that Daniel after failing 4 antipsychotics would only have a chance if given clozapine in an integrated global approach that ameliorated clozapine’s side effects and enhanced clozapine’s benefits. We expanded our medical practice to do that for others. It has been my most gratifying professional experience. One of the major reasons I am here is to spread our evidence-based approach.

 I serve as the head of Advocacy for NAMI-Westchester. I serve on the New York State Board. I have lectured on integrated treatment for the seriously mentally ill at multiple NAMIs and given Grand Rounds at Psychiatric institutes. We need to devote appropriate resources so that everyone can have the same opportunity as my son. Daniel graduated college on the Dean’s list and now lives independently in NYC and is a Stand-Up comic. He is an active member of our charity Team Daniel Running For Recovery From Mental Illness. Together let us raise the bar.

Please describe how your skills, knowledge and experience will contribute to the NAMI Board of Directors role in delivering on the strategic plan. Using no more than 300 words per driver, respond to each of the five drivers in the [2015-2019 NAMI Strategic Plan](http://www.nami.org/getattachment/About-NAMI/Our-Structure/2015-2019-Strat-Plan-and-Narrative.pdf). These longer responses will only be posted on the NAMI website as part of your candidate profile at [www.nami.org/voting](http://www.nami.org/voting).

Driver 1: Build A Movement - NAMI will broaden public awareness and inclusion in every part of the alliance.

 I have over 35 years of experience taking care of the sickest of the sick. I have learned that with “Bad” disease you will invariably have a bad outcome unless you provide appropriate care. We need to reeducate our mental health community to use the appropriate evidence based tools at our disposal. For example NAMI is advocating a 0 Suicide initiative. Yet the underutilization of clozapine, lithium, ECT, and CBT to prevent this scourge is appalling. We need to have an active voice in not accepting the status quo and push for these life saving measures. I have had an active voice and will continue to lead the charge. I with my family and Louis Opler are writing a book about our journey. As a NAMI director I hope to magnify my voice and get my message to more. Knowledge can equip our families to force the often intransigent Psychiatric community to provide the best care. We need NAMI to step up and focus on admitting that often our untreated seriously mentally ill population is more violent than the general population. We need NAMI to demand laws and resources to change this dismal reality. Lastly for the last 4 years a charity that my wife and I formed, Team Daniel Running for Recovery From Mental Illness, has teamed with local NAMIs to raise awareness and bring in substantial funding to support our core mission of helping all people affected by severe mental illness.

Driver 2: Leverage Technology - NAMI will expand use of technology to build capacity and connection.

 There are great opportunities to expand NAMIs footprint with social media. We should be continually striving to not only educate the public, but be a source of information for the Psychiatric community. For example SAMHSA is making a major push to increase the utilization of clozapine. To quote, “If clozapine was used appropriately we could save millions of lives.” I could be instrumental with Dr Duckworth to provide on line tutorials and be able to answer difficult clozapine management questions. At present NASMHPD (the National Association of State Mental Health Program Directors) estimates that people with serious mental illness live on the average of 25 years less than the general population. In Schizophrenia 30% of this comes from the 10 to 15 % that succumb to suicide. The other 70 % comes from life style choices. Cigarettes (the 4 % the seriously mentally ill smoke 50 % of all cigarettes), nutrition, and lack of exercise all dramatically decrease life expectancy. We could use the NAMI website to provide useful links and general information to help reduce this terrible loss. The big elephant in the room is Anosognosia which affects approximately 50 % of people with Schizophrenia. This leads to 50 % of these suffering individuals getting no treatment. There are ways to approach this group. We could provide on line tutorials about Amador’s LEAP (Listen/Empathize/Agree/Partner) and provide information on Crisis Intervention Training. Also it would be extremely useful if information on Assisted Outpatient Therapy (AOT), Involuntary Commitment (IVC), and Guardianship was provided.

Driver 3: Drive Advocacy - NAMI will lead advocacy efforts that drive increased access and quality.

 NAMI needs to stay focused on its true core mission and beliefs. We are an organization that needs to be honest. We must admit that violence especially against family members is dramatically more common in untreated psychotic individuals. We need to admit that despite our best efforts some of our loved ones may not recover. These people need our continued active support in a therapeutic environment. These people should never be warehoused in institutions or worse yet allowed to die pitiful deaths on the street or be trans- institutionalized somewhere in the criminal justice system. We need to not let more Psychiatric hospital beds disappear and if we are going to treat these people in the community we need funding for truly supported housing and wrap around services. The way we treat the 4 % (Persistent Severe Mental Illness) has become a National Shame. We need to be loud and boisterous. We need to treat this group with the most effective medicines and modalities presently available and in that 50 % without awareness of illness we need laws that allow us to rescue them. Yes they are suffering and we must admit this. Finally our treatments are imperfect and I agree we must advocate for continued research. For example at present the most effective treatment we have for Resistant Schizophrenia is Clozapine. The most effective way of delivering a medicine to someone with Anosognosia is by Depot injection. Wouldn’t it be nice if we had a Depot Clozapine.

Driver 4: Focus on Youth - NAMI will develop and implement strategies that engage youth, young adults and their families, expanding our reach across the lifespan.

 I am an adult doctor. Until I became so involved in using Clozapine in an optimal fashion for those that need it I limited my practice to 18 and over. However since then I have changed this so that I will see patients 16 and over. Despite 50 % of people developing a mental illness before the age of 14, this is often an illness that will not disable them or significantly shorten their lifespan. On the other hand persistent and severe mental illness that disables and kills rarely requires therapy before the age of 16. I know that Schizophrenia Spectrum and Bipolar Illnesses all share a complex polygenetic origin and trauma can be a powerful epigenetic trigger that can lead to a neurodegenerative course. I also know that decreasing the duration of untreated psychosis can change the trajectory of the illness. However I also know we are extremely poor at predicting who will go on to develop an illness that needs medical treatment. So as we need to be involved with severe mental illness whenever it appears we need to be realistic and not divert resources to the worried well from the millions that desperately need our help. We need to focus on our adults. As for families I think it is critical that we continue to support and educate. Over my 35 years of medical practice I have found that my most compliant patients are those with an involved and educated family. Over the last several years when managing people with severe mental illness I have found that my patients that comply best do the best. Families must be part of the team.

Driver 5: Strengthen the Organization - NAMI will grow and develop financing, infrastructure and capacity that support a vibrant and bold organization.

 NAMI needs to be everywhere. We need to be present in all Medical offices. We need to be there when the next person with a serious untreated mental illness commits a hideous act. NAMI needs to be willing to confront our government at all levels and demand more resources and if need be legislate evidence based treatments. We need to be willing to confront those promoting guns and get guns out of our community. I ask every new patient that I see if they own a gun as I know that this availability greatly (4 fold) increases the chance of fatality be it suicide or homicide. We need to be the organization that families turn to for direction in times of need. We need to act locally and think globally. We need to be an organization that people turn to for answers to chronic homelessness, decreasing the jail population and changing the fact that only 10 % of people with Schizophrenia are gainfully employed 5 years after diagnosis. We need to be the organization that restores the lives of as many as we can. If we do these things we will be a bold and vibrant organization and I guarantee that finances will not be an issue. We need to defeat learned hopelessness. We need to live by our motto, “Find help and Find Hope. “