



nami

National Alliance on Mental Illness

Southern New Mexico

NEWSLETTER

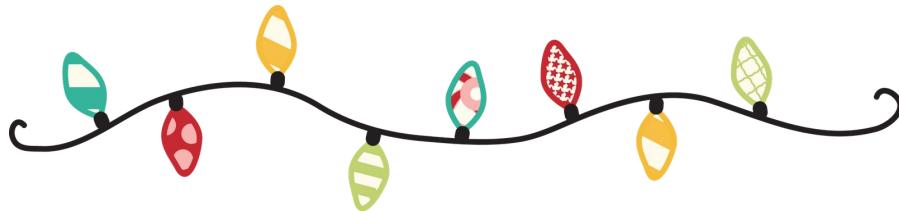
Las Cruces, NM

December 2020

HOLIDAY PARTY

This year, NAMI Southern New Mexico will hold its holiday party via Zoom! Join us on December 15, 2020 from 6:00 PM—7:30 PM for trivia night and our annual meeting. Show your holiday spirit by dressing up, decorating your Zoom box or us-

ing a virtual background. Santa may be making an appearance and you definitely don't want to miss out on that! To register for the holiday party, e-mail Alicia Blasingame at alblasningame@hotmail.com



FAMILY OF CHOICE

By Cass Calway

The holiday season is usually viewed in the media has a joyous season filled with friends and loved ones. It can be a beautiful picture for some families, but it is not that way for everyone. The pandemic has isolated us, and many people are feeling the weight of loneliness during this holiday season and loss of family members.

In May of this year I lost my father, he passed away after a battle with cancer. I have mixed and confusing feelings about how I should feel. I believe that it is okay to wrestle with

our emotions, not just during the holiday season but whenever we do not feel at ease.

I know that I will be leaning on my support system. If you have biological family, chosen family, a support group or another source of support, use it. We all need support at times and if people are willing and able to provide it, we should use it, there may come a day when you can be that support for someone else when they need it. During the holiday season and year-round, we need to give ourselves a break, realize that it is okay to feel and not shy away from self-care.

Inside this issue:

Holiday Party	1
Family of Choice	1
Affordable Care Act	2
Connection during Holiday	2
Local Collaboratives	3
Contact Info	3
LC3 Logo Contest	4
Grandma—3 parts	5
COVID Fatigue	5
Current Programming	6

AFFORDABLE CARE ACT

By Micah Pearson

On November 10th, 2020, the Supreme Court heard oral arguments in a case that could determine the future of the Affordable Care Act (ACA). This is an important case to which to pay attention. To say that the ACA has had a beneficial impact on persons living with mental health conditions and their families is a lot like saying the ocean is bigger than a puddle. It's true, obvious, and quite an understatement. An estimated 20 million people gained insurance coverage through the ACA, including 15.3 million who became eligible for Medicaid. But the effect is even greater than that. One of the biggest barriers to insurance coverage was the "pre-existing" conditions flag. Prior to the ACA, insurance companies frequently would deny coverage to people with that flag on their files, which included people living with mental health conditions and substance use disorders. To make this perfectly clear: before the ACA, there was not a single private insurance plan that covered mental health. In

other words, if you didn't work for a larger company, you could not get mental health coverage. The ACA ended that discrimination while also prohibiting insurance companies from charging higher premiums based on such conditions. In the same vein, Mental Health Parity, long the goal of NAMI and other mental health advocates, received extended protections under the ACA by ensuring insurance companies provide the same level of care as other medical services by extending the Mental Health Parity and Addiction Equity Act to individual and small group plans. Next and equally important, prior to the ACA, the vast majority of treatment research was done by pharmaceutical companies, which had a fair number of problems. The first is that the number of people living with severe mental illness, those illnesses that would most benefit from revolutionary treatment options, is fairly small in comparison to the general population. Bipolar disorder? Roughly 1% of the population. Schizo-

phrenia? 1.1%. Why is this important? Because pharmaceutical companies are large corporations driven primarily by profit margins and, frankly, there aren't enough people affected by these conditions to warrant spending billions of dollars in research for new treatments. Nor was there a financial incentive in researching alternative treatments like meditation, acupuncture, or different therapeutic practices. Enter the Patient-Centered Outcomes Research Institute (PCORI), which was established by the ACA and paid for in part by taxing insurance companies. The purpose of this organization is to focus on the patient itself, and look at long-term treatment options that benefit the patient, but are not necessarily commercially viable for the big companies. In other words: Results, not profit. All of these things can and will go away with the ACA, and thus it is very important to remind your community and elected officials of its importance.

NAMI CONNECTION SUPPORT GROUP

By Alicia Blasingame

The holidays can be of particular stress to people. COVID is not making it any easier this year as many folks are missing family, friends and traditions.

NAMI Connection facilitators are dedicating their time to make sure that people have somewhere to turn for the holidays. This year, group will be held on

Christmas day from 3:00 PM—4:30 PM on Zoom. Please email Alicia Blasingame at alblasingame@hotmail.com to register!

LOCAL COLLABORATIVES

By Alicia Blasingame

In recovering from the 2013 behavioral health shutdown, many things have changed. Of these changes, the creation of behavioral health collaboratives have been one of the most positive changes. In particular, two collaboratives stand out.

First, the Local Collaborative 3, or LC3 for short, has stood out in bringing different members of the community together. The goal of the LC3 is to provide services that address gaps in the behavioral health system so that they begin to develop a system that works for all of us. Using the collective impact strategy framework, they work toward building the ideal behavioral health care system. They represent a cross-sector of public and private organizations and agencies. Many of the organizations individuals are providers, but they are also clients. The more the leadership

table looks like the community, the better they will be able to represent and create what the community needs in behavioral health.

LC3 meets every third Tuesday of the month from 11:30 AM—1:00 PM via Zoom. Please contact Jessika Romero at jromero@fyinm.org or Rose Ann Vasquez at rvasquez@fyinm.org to register or ask questions.

Rose Ann Vasquez adds, “The LC3 Collaborative is intended to be local, serving our communities needs at the grassroots level, so all are invited to be at the table, to create the future of behavioral health in our community”.

See the flyer on the next page of a contest for LC3 to find their new logo! The deadline is December 11 and you can e-mail Maria Bagwell at

lc3.logo.contest@gmail.com with your entry or questions.

Another collaborative to come out of the shutdown is the Mayor’s Suicide Prevention Task Force. This collaborative was started by Mayor Pro Tem Kasandra Gandara in 2016. This collaborative has a primary focus to raise awareness, educate, train and support the community by developing and sustaining partnerships, provide technical assistance and contributing to policy and legislative initiatives related to suicide prevention.

The Mayor’s Suicide Prevention Task Force meets the third Wednesday of the month from 12:00 PM—1:00 PM via Zoom. To register for the next meeting contact Shannon Hernandez at shhernandez@law-cruces.org.



“I don’t know ... there’s a small part of me that just wants to erase my childhood.”

By
Harry Bliss
GoComics.com

CONTACT US

Mail:
P.O. Box 2556
Las Cruces, NM 88004

Phone:
(510) 770-NAMI (6264)

E-Mail:
nami.s.new.mexico@gmail.com

LC3 COLLABORATIVE LOGO CONTEST

OPEN
TO THE
PUBLIC

\$100
CASH
PRIZE*

DEADLINE:
Fri., Dec. 11,
2020

The logos will be
presented and voted
on at the LC3 event,
"State of Behavioral
Health of Doña Ana
County" on Dec.15,
2020.

LC3 Behavioral Health Collaborative needs
your help to create a logo that represents our
collaborative, and the community that we are
a part of; New Mexico and Southern New
Mexico. If you are creative, have ideas and
want to be a part of this please submit logo
designs to:

Maria Bagwell LC3 Collaborative
Communications Committee Chair
lc3.logo.contest@gmail.com



NMBHC's Logo



Other example

About LC3 Behavioral Health Collaborative

- Includes members throughout Southern NM who have an interest in the behavioral health system in Doña Ana County and beyond
- Works together to create the Ideal Behavioral Health System for our community
- Represents many parts of the community including providers, educators, the fire and police department, general community members, etc.
- Discuss what we think is working, what needs improvement and what we can do to be a part of the change
 - Topics include improving access to facilities/services for all, educating the community, discussing policies in place and ones that need to be changed or added, addressing the needs of the community and many more
- Meets on the 3rd Tuesday of each month at 11:30-1pm via Zoom. (Contact for Zoom link)

*Prize may be in the form of a prepaid card or check

LC3 Contact Information

Rose Ann Vasquez | LC3 Collaborative Coordinator | rvasquez@fyinm.org | 575-644-6260
Jessika Romero | LC3 Collaborative Community Organizer | jromero@fyinm.org | 575-800-4839



MY GRANDMOTHER IN THREE PARTS

By Ana Rodriguez

1989 – I met my Ana Curet on my first trip to Puerto Rico. I was 4 years old and I was meeting an entire side of my family for the first time. She was my grandmother, and the woman for whom I was named. I remember being so very confused by her behavior. The things she said were so foreign and the way she behaved was so alien to my young mind. She spoke in odd phrases and made funny faces at me when no one was looking. She was silly, but not in a way that I understood. Adults were not supposed to behave this way; they were not supposed to be silly all the time. I was at once fascinated and confused.

1996- My grandmother came to live with us in the South Carolina. By this time, I knew she had

been diagnosed with schizophrenia in the 1960s. I was familiar with the concept of mental illness, but this made me feel more embarrassment than sympathy. I was a pre-teen, and everything embarrasses you at that age. What middle schooler wants to explain to their friends that their grandmother talked to herself? I tried to avoid being seen with her in public, but at home I would sit in her room while she smoked stolen cigarettes. She would blow the smoke out the window so my mom wouldn't find out, and at eleven I felt some kinship with this woman who had some secrets of her own.

2010- My grandmother came to live with my family a second time. I no longer felt any sense

of shame or embarrassment when she was around. In the intervening years I'd come to appreciate how, no matter the situation, she was always her authentic, unapologetic self. I recognized all that I had inherited from her beyond my name. Like her I have strong personality, a sharp tongue, and a calling to serve others. She was a nurse before her diagnosis and I'm a social worker. Every day after work, I would go upstairs and watch movies with her. More often than not, it would be Snow White. We would chat while she held my infant son until she got tired of us both and told us to leave.

COVID FATIGUE

By Alicia Blasingame

The COVID-19 Pandemic has resulted in an overall surge in new cases of depression and anxiety and an exacerbation of existing mental health issues. Peers, family members and providers are all handling the stress differently.

For Providers there are limited resources, longer shifts, disruptions to sleep and to work-life balance on top of the occupational hazards associated with exposure to COVID-19. (1)

For peers, the already scary world in dealing with our mental

health conditions has become increasingly more difficult to manage. From increased social anxiety to having access to medications and medical care, life with COVID has shaken up the routines that keep us grounded.

For family members, learning to navigate the stressors of this new normal in addition to caring for a loved one who could be struggling can be more than folks can handle.

No matter the side you are looking at, and perhaps you are in more than one category, manag-

ing the additional, unfamiliar stress is important to getting through it.

The widespread emotional exhaustion that now has the name "COVID fatigue" hurts more than our mental health. It puts our physical health at risk too.

Find a NAMI support group or class. Not only does NAMI provide support groups for peers and family members, these groups offer community and friendship in a safe environment.

NAMI PROGRAMMING

UPCOMING PROGRAMMING

To register for any program, e-mail Alicia at alblasinglegame@hotmail.com

NAMI Connection support group meets every Friday from 3:00 PM—4:30 PM via Zoom.

NAMI Family Support Group meets the 2nd & 4th Wednesdays of the month, 6:30 PM—8:00 PM via Zoom.

NAMI Peer-to-Peer Education will begin Wednesdays, January 21, 2020—March 10, 2021 from 6:00 PM—8:00 PM via Zoom.

NAMI In Our Own Voice Presentation will happen on Wednesday, February 17, 2020 from 10:00 AM—11:00 AM via Zoom.

****SPANISH**** NAMI Family-to-Family Education will be held in Spanish coming February 2021. Dates & Times to be determined.

****SPANISH**** NAMI Albuquerque is offering its Family Support Group in Spanish on the 2nd & 4th Thursday Via Zoom! Go to <https://namialbuquerque.org/join-family-support/> to register for this support group!

As always, NAMI Programming is free! Come meet like-minded individuals and begin your advocacy journey!

NAMI FAMILY-TO-FAMILY

NAMI Family-to-Family is a class for families, significant others and friends of people with mental health conditions. The course is designed to facilitate a better understanding of mental health conditions, increase coping skills and empower participants to become advocates for their family members. This program was designated as an evidence-based program by SAMHSA.

NAMI PEER-TO-PEER

NAMI Peer-to-Peer is a class for adults with mental health conditions. The course is designed to encourage growth, healing and recovery among participants.

NAMI PROVIDER EDUCATION

NAMI Provider is a class for mental health professionals. NAMI Provider is designed to expand the participants' compassion for the individuals and their families and to promote a collaborative model of care.

NAMI FAMILY & FRIENDS

NAMI Family & Friends is a 4-hour seminar that informs and supports people who have loved ones with a mental health condition. Participants learn about diagnoses, treatment, recovery, communication strategies, crisis preparation and NAMI resources. Seminar leaders have personal experience with mental health conditions in their families.

NAMI IN OUR OWN VOICE

NAMI In Our Own Voice is a presentation for the general public to promote awareness of mental health conditions and recovery.

NAMI CONNECTION

NAMI Connection is a support group for people with mental health conditions. Groups meet weekly, every other week or monthly, depending on location.

NAMI FAMILY SUPPORT GROUP

NAMI Family Support Group is a support group for family members, significant others and friends of people with mental health conditions. Groups meet weekly, every other week or monthly, depending on location.

COMING SOON: NAMI HOMEFRONT

NAMI Homefront is a class for families, caregivers and friends of military service members and veterans with mental health conditions. The course is designed specifically to help these families understand those challenges and improve their ability to support their service member or veteran.