

Recovery

Recovery does not mean that the illness has gone into complete remission. Over time, and after what for many can be a long and difficult process, individuals can come to terms with their illness by first learning to accept it and then moving beyond it.

This includes learning coping mechanisms, believing in themselves as individuals by learning their strengths as well as their limitations, and coming to realize that they do have the capacity to find purpose and enjoyment in their lives in spite of their illness. RECOVERY IS POSSIBLE!!

If you are a family member with a loved one who has mental illness:

- ◆ Take care of yourself.
- ◆ Take NAMI's Family-to-Family course, join a Family & Friends Support Group and/or take NAMI Basics if you have a loved one who is a child or adolescent.
- ◆ Family, friends and partners of military service members and veterans can take NAMI's Homefront course.
- ◆ Learn about your loved one's illness.

NAMI Programs & Services

ADVOCACY*

We offer advocacy for individuals with mental illness as well as for family members. You or your loved one may ask us about patient rights, how to obtain quality mental health services, and more.

EDUCATION

Family to Family*: A 12-class course for family and friends of adults with mental illness.

Homefront: A 6-class program for family and friends of Military service members and Vet's.

NAMI Basics: A 6-class course for parents and caregivers of children or adolescents with a mental illness.

Peer to Peer*: A 10-class course for people with mental illness focusing on recovery.

In Our Own Voice*: A presentation given by individuals with mental illness providing their testimonies.

Ending the Silence: An early intervention program that engages students in mental health education and discussion.

Parents and Teachers as Allies: An in-service education program for school professionals, parents, and agencies working with children and adolescents.

SUPPORT-Family and Friends Support groups*

NAMI Connection*: a weekly recovery support group for those with mental illness.

Heart to Heart: A friendship program for those with mental illness to get together to talk and participate in social activities.

Expressive Arts and Creative Arts Groups: For those with mental illness who want to explore different art forms.

NAMI FaithNet: A program for faith communities to help train congregation leaders, provide NAMI materials and more.

**Program or Service Available in Spanish*

ANOSOGNOSIA

SHOW YOU CARE. WEAR A SILVER RIBBON.



- Help break down the barriers to treatment and support.
- Help reduce stigma —talk about it!



**FIND HELP.
FIND HOPE.**

Mental illness affects 1 in 5 people. We provide resources and support to all those affected by mental illness.

**NAMI SOUTHERN ARIZONA DEPENDS ON YOU.
THERE ARE MANY WAYS TO HELP.
BECOME A MEMBER, VOLUNTEER OR DONATE.**

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Tucson, AZ 85711
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NAMIsa.org



Educational information and local support provided by:



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What is Anosognosia?

When a person cannot understand that he or she has a serious psychiatric illness, a tremendous challenge to family members and caregivers can ensue. About one-half of people living with schizophrenia, and a smaller percentage who live with bipolar disorder, have this clinical feature.

Individuals with Alzheimer's disease and dementia also often have this feature. The medical term for not seeing what affects them is anosognosia—also known as “lack of insight” or “lack of awareness.” Having a lack of awareness raises the risks of treatment and service non-adherence.

From their point of view, if they feel they are not ill, why should they go to appointments, take medication or engage in therapy?

Why can't people see what is so apparent to those around them?

The best thinking indicates this is a core feature of the neurobiology of the mental illness. Frontal lobes organize information and help to interpret experiences. In conditions like schizophrenia and Alzheimer's disease, frontal lobe difficulty is central to the neurological processes that underlie the disorders. Psychological denial is not the reason for the lack of insight in these illnesses.

What can you do?

Efforts to get people to see that they are ill are frequently fraught with frustration and may be met with denial or anger.

Approaching the person in a supportive way will be beneficial for your relationship. Finding out what goals a person has, such as getting a job, forming relationships and living independently, can be a good place to start engaging in next steps. Check to see if the service system has outreach workers who work on engaging people who lack insight. Working with the person's goals does not mean you have to pretend he or she is well. For example, if the person applies for disability services, encourage the doctor to review the diagnosis; getting a person to agree to disagree can be a first step. You don't need to argue about a diagnosis to have a person participate in-or respect-basic household chores and rules.

There are situations where a person's lack of insight can create dangerous situations. This combination of no insight and dangerous acts often requires intervention. In more than 40 states, there are laws for Assisted Outpatient Treatment (AOT), also known as outpatient commitment. AOT status requires a person to engage in treatment and gives the state authority to bring the person to a treatment center if he or she does not. All states that have these

laws have protections and a process for assessing whether this intervention is appropriate. In most states, a judge decides after doctors submit an affidavit of the person's state and the reasons for the requested AOT status.

Recommended reading

I'm Right, You're Wrong, Now What? Break the Impasse and Get What You Need, Dr. Xavier Amador (2008)

They happen everyday— those circular “I’m right, you’re wrong!” arguments. At home, at work, in courtrooms or on the street, people lock horns about all kinds of things. These situations frustrate both parties, stall progress, and hurt relationships. But they don’t have to. In his book on using LEAP for all kinds of relationships, Dr. Amador shows you how to turn even toxic arguments into healthy disagreements that strengthen relationships and get you what you need.

I Am Not Sick, I Don't Need Help! How to Help Someone with Mental Illness Accept Treatment, Dr. Xavier Amador (2010 edition)

In this edition of Dr. Amador’s best selling book, you will learn why so many people with serious mental illness are in “denial” and refuse treatment. Whether you are a health care professional, family member or

friend, you will learn how to build trust and succeed at helping someone with mental illness to accept treatment and services.

The Man Who Mistook His Wife for a Hat: And Other Clinical Tales, Author Oliver Sacks

Recounts the case histories of patients lost in the bizarre, apparently inescapable world of neurological disorders’ stories of individuals afflicted with fantastic perceptual and intellectual aberrations: patients who have lost their memories and with them the greater part of their pasts; patients no longer able to recognize people and common objects; patients stricken with violent tics and grimaces or who shout involuntary obscenities; patients whose limbs have become alien; patients who have been dismissed as retarded yet are gifted with uncanny artistic or mathematical talents.