



# Columbus

With more than 1,200 affiliates, NAMI is America's largest grassroots mental health organization dedicated to improving the lives of all individuals affected by mental illness.



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**NAMI Columbus**

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**Georgia Crisis & Access Line**

Single Point of Entry to access mental health, addictive disease and crisis services 24/7/365  
 Adults, Children & Adolescents  
 1-800-715-4225



**Peer Support "Warm Line"**

1-888-945-1414 (toll-free)  
 The Georgia Mental Health Consumer Network operates a state-funded, consumer-directed "warm line" for anyone struggling with mental health issues, 24 hours a day



**Columbus ACT Team**

AmericanWork, Inc.  
 706-641-9663



## NAMIWALKS 2020...WHAT'S GOING ON?

When NAMI Columbus heard that the date for this year's NAMIWalks Georgia was October 10, 2020, we thought, whaattt?... how can we have a walk when so many places are still banning large group get-togethers? Well, we're having a virtual walk. Virtual, just like we do so many other things now-a-days.

**WE ARE STILL CELEBRATING MENTAL ILLNESS RECOVERY.** Even apart, we can come together!

As you may or may not know, NAMI Georgia has lost over 200 thousand dollars in state support for adult programs such as; NAMI Peer to Peer, NAMI Family to Family, and support groups due to budget cuts. THIS IS WHY WE WALK, so that NAMI GA can continue to provide education, support and advocacy across the state.

Last year, it was NAMIWalks Georgia. This year, 2020, it's **NAMIWalks Your Way (GA).**

**What is NAMIWalks Your Way?**

On October 10th, NAMIWalks will be a virtual experience and joined by NAMIWalks across the country. **NAMIWalks Your Way** means what it sounds like: participants get to make NAMIWalks their own. You can walk a 5K—through your neighborhood, around your backyard, on your treadmill. It's only 3,500 steps to make it be a 3K. Or we can do something else meaningful and fun to celebrate our virtual walk day.

Sue Marlowe and Vanessa Vivas are planning for our team this year. The **NAMI Columbus Masked Warriors** has already started planning events to raise money. We will be sending out emails to our membership about each of these events asking if you'd like to join us. For now, we are asking you to help us in one or two ways:

1. When you get your evite for an event, please join us in the fun. We will be asking for a donation with the evites.
2. Join or donate to our **NAMI Columbus Masked Warriors** team by clicking on this link:  
<https://www.namiwalks.org/team/39662>

The only limit of **NAMIWalks Your Way** is the reach of our imagination and the breadth of our compassion.



  
**Zoom**  
**Into**  
  
 National Alliance on Mental Illness RECOVERY SUPPORT GROUP

We may be socially distant, but we can still make a social connection by attending a virtual NAMI Connection Support Group meeting.

Saturdays - 1:00 pm to 2:30 pm  
 Thursdays - 6:00 pm to 7:30 pm  
 Email: [Vanessa.M.Vivas@Gmail.com](mailto:Vanessa.M.Vivas@Gmail.com)  
 for an invite (link) to either group.  
 (Please email at least 24 hours prior)

## NAMI Columbus CONNECTION Recovery Support Group Virtual Meetings

Although in-person support groups are still cancelled, NAMI Connection Support Groups are meeting virtually.

### The NAMI Columbus Mission

We will use **Support**, **Education** and **Advocacy** to throw out lifelines of hope and help to families and consumers seeking recovery. Our vision is to create an effective and active affiliate which delivers what consumers of mental health services and families need. We work to build an area where leaders and citizens work well together to create a caring, compassionate and educated public that realizes mental illness is a biological illness and is not a character flaw or due to bad upbringing.




**YOU ARE  
NOT  
ALONE**



**World Suicide Prevention Day**  
**Sept. 10, 2020**

[nami.org/suicidepreventionmonth](http://nami.org/suicidepreventionmonth)

### September 10<sup>th</sup> was World Suicide Prevention Day and **September is National Suicide Prevention Awareness Month**

— a time to share resources and stories in an effort to shed light on this highly taboo and stigmatized topic. We use this month to reach out to those affected by suicide, raise awareness and connect individuals with suicidal ideation to treatment services. It is also important to ensure that individuals, friends and families have access to the resources they need to discuss suicide prevention. NAMI is here to help.

Visit <https://nami.org/Get-Involved/Awareness-Events/Suicide-Prevention-Awareness-Month> for tools and resources.

If you or someone you know is in an emergency, call [The National Suicide Prevention Lifeline](https://www.nami.org/About-NAMI/What-We-Do/Prevention/Prevention-Lifeline) at 800-273-TALK (8255) or call 911 immediately.



# Tips for Getting an Insurer to Cover Mental Health Treatment

By Cari Schwartz, Esq.

Dealing with your insurance company to get mental health treatment covered can be confusing and complicated.

I work at a law firm that represents people with mental health conditions when their health plans refuse to pay for treatment. Often, these insurance companies claim that mental health treatment is "not medically necessary," which is, of course, inaccurate.

Below are some tips to help you maximize coverage for your mental health care.

## Know Your Coverage

There are two types of health insurance coverage: ERISA and Non-ERISA. ERISA stands for Employee Retirement Security Income Act. This is health insurance that is obtained through an employer (even if you pay some of the premium). ERISA is meant to protect individuals and requires health plans to comply with procedures for denying claims and appeals. If you have an ERISA plan, you should request a copy of your insurance policy from your employers' human resources department.

Non-ERISA benefits or individual insurance is purchased privately through an insurance agent or through an exchange (you pay the entire premium) or benefits may be from a government or religious employer exempt from ERISA. With this plan, you can request a copy of the policy from your insurance company, or in certain cases, from your employer.

Once you have a copy of your insurance policy from your employer or the insurance company, read it as thoroughly as you can and do your best to become familiar with it.

## Pay Attention To Important Plan Terms

Reading a health insurance policy can get confusing very quickly. Below are some important plan terms that you will likely see in your policy. Make sure you understand what these terms mean, and how they apply to your situation, before you get mental health treatment.

- **Precertification or pre-authorization:** Your policy may require precertification or pre-authorization (the process of gaining approval for coverage) for certain services before you receive them, except for emergency services. However, this does not guarantee that your health insurance or plan will cover the cost of the treatment.
- **Deadlines:** Every insured person has an obligation to submit claims to the insurance company in a timely manner. Make sure you know how much time you have to submit your claims. Timeliness gives the insurance company enough time to fully investigate the claim. This also benefits you because it may result in a prompt payment of your claim.
- **Appeals:** If you are denied coverage, you may be able to file for an appeal, or a reconsideration of the decision. However, there may be a limit on the amount of appeals you can make, so it's important to know how many appeals are allowed under your plan and what the deadline is to submit them.
- **Statute of limitations:** Some policies include a statute of limitations, which is the amount of time you have to file a legal action or bring a lawsuit. If the plan does not specifically include a statute of limitations, then state laws will determine the timeframe. For example, the statute of limitations in California for breach of contract is four years.
- **Binding arbitration:** Non-ERISA plans may have a provision for binding arbitration. Arbitration is when a neutral third party, called an arbitrator, hears evidence and then makes a binding decision. Once the arbitrator makes a decision, it is final, and the insured cannot file a legal action or bring a lawsuit.
- **Residential treatment center:** The plan might set forth their own definition of a residential treatment center. This is important to know before entering treatment.



## Be Aware Of Medical Necessity Guidelines

Mental health benefits are only provided for services that are deemed “medically necessary.” Insurance companies have developed medical policies or guidelines for mental health treatment. Most insurance company guidelines set forth criteria for acute inpatient treatment, residential treatment, partial hospitalization treatment and intensive outpatient treatment. Typically, the criteria are different for admission and continued stay.

Some guidelines are available on insurance company websites, but in some cases, you may need to ask for them. Familiarize yourself with the medical necessity guidelines and apply them to any explanations of your treatment. Consider the question: what makes the treatment medically necessary based on the guidelines? If you are submitting an appeal, then make sure to clearly explain this answer.

## Understand Appeals And Denials Rights

Understand your appeal rights and appeal deadlines. These will be provided in your policy and attached to any denial letters. Put your appeal in writing and submit it on time with a method of delivery confirmation. It's also helpful to submit treatment records with your appeal. Even better, submit a letter from your treatment provider explaining why your treatment is medically necessary based on the insurance company's guidelines. You can also submit a post-service claim if the denial was pre-service or during treatment.

Navigating insurance denials for mental health treatment can be incredibly overwhelming. However, knowledge is power in dealing with insurance companies. Make sure to learn the details and don't hesitate to enlist help if needed.



# Suicide Prevention: Saving Lives Now and Beyond

By Katherine Ponte, BA, JD, MBA, CPRP

Suicide is a public health crisis.

Suicide rates [rose](#) 25% in the U.S. from 1999 to 2016. In [2018](#), nearly 50,000 people died by suicide, around 11 million seriously thought about it, about 3 million made a plan and over 1 million attempted suicide.

These numbers represent immeasurable tragic losses to human life, friends, family and society.

There is an urgent need to address the causes. Most suicide prevention programs focus on the now — the risk factors, which are essential. However, these programs should also focus on protective factors to have a longer lasting impact on those vulnerable to suicide.

## What Are The Risk Factors Of Suicide?

Here are some of the primary risk factors for suicide, which may help us identify at-risk populations and individuals.

1. Previous attempt: The [leading](#) suicide risk factor is a prior suicide attempt.
2. Triggers: These can include a wide range of significant events, especially [relationship problems](#) and [unemployment](#). Additionally, a history of [child abuse](#), including [bullying](#) or [sexual abuse](#), [traumatic brain injury](#), [chronic pain](#) and [chronic health conditions](#) may heighten suicide risk.
3. Mental illness: It is [estimated](#) that nearly 90% of people worldwide who die by suicide have a mental illness. However, only about [half](#) of people who die by suicide in the U.S. are actually diagnosed.
4. Substance abuse: People who are dependent on alcohol or use drugs have a [10–14 times](#) greater suicide risk than the general population. This risk is even more [significant](#) when there is a co-

occurrence of substance use disorders and mental illness.

5. Impulsivity: One study found that [more than](#) 50% of suicide attempts were impulsive, which may explain in part why “[up to 50%](#) of people who attempt suicide make the decision to do so within minutes to an hour before they act.”
6. Access to firearms: a key suicide prevention measure is to reduce access to firearms, which can [significantly increase](#) suicide risk.
7. Ethnicity/race: the [highest rates across ages](#) are among American Indian/Alaska Native and white populations.
8. Sexual orientation/gender identity: LGB youth are almost [five](#) times as likely to have attempted suicide compared to heterosexual youth. Transgender adults are at even higher risk with [40%](#) reporting a suicide attempt in their lifetime

A combination of therapy and medication can help address some of these risk factors. But we also need to think about how we can protect the most vulnerable in other ways.

### **What Are Protective Factors For Suicide?**

We often take a “reactive” approach to suicide risk. We identify risk factors and watch for [warning signs](#). But sometimes, by the time warning signs are visible to others, it’s too late. An additional approach that may increase our impact is to identify protective factors that can help shield individuals from becoming at-risk in the first place.

Each person has their own “reasons for living” and recognizing them can be life-saving. The [Reasons for Living Scale](#) identifies possible protective factors for suicide, including meaningful relationships with friends and family, survival instincts, excitement about future plans, and the belief that happiness is an important part of life. These protective factors can not only reduce suicide risk, they can be good for general well-being and foster happiness.

During my extended periods of suicidal ideation in my struggles with bipolar, I would often reflect on my reasons for living. I felt that a suicide attempt or death would hurt my family too much, and I would not want them to suffer. I imagined the reactions of my spouse who had stuck by me. I imagined how my parents would take it after lovingly raising me and always being there for me. I imagined them heartbroken and filled with inconsolable grief and blaming themselves. I even thought of my cat, Dude, who never left my side in my darkest moments.

I also feared death. I’d hear examples of suicide in the news and it would heighten my own thoughts, but I ultimately couldn’t go through with it. I was scared of dying and knew deep down I wanted to live.

As I moved towards recovery, I discovered that I did have reasons for living and recovery itself gave me even more. My overwhelming pain and suffering, hopelessness and self-stigma had blinded me to these reasons and possibilities. I finally reached a point where I no longer thought of suicide, but instead recognized all the good in my life.

I realized that I had caring and loving social support, which I learned to accept. While this may not be for everyone, I also — very skeptically at first — learned to have greater faith in a higher power to “take care” of the things I could not control and help me in times of need. As my condition improved, my hope grew. Hope bolstered my belief that I had a future worth living, which I had to seize day-by-day. It would be a future supported by my friends and family.

We need to start coming together and speaking to each other more. We need to nurture and develop protective factors, especially among those closest to us. We need to stop missing opportunities to save lives through more caring and loving action among and between each other.

We can stop suicide, but we have to do it together. Suicide is not only an individual tragedy, it is a collective tragedy, our tragedy.



# Columbus

P.O. Box 8581  
Columbus, GA 31908  
(706) 320-3755  
**Our Area's Voice on Mental Illness**



Many people find their way to our classes by first attending a support group. If you are a NAMI Columbus "long timer" (we don't want to call you old), please attend either of the two weekly NAMI Connection support groups or the weekly Family support group. Newcomers can use your wisdom and hard-earned experience. Sharing a message of recovery gives the hope they are searching for. Many people tell us that the NAMI motto "You Are Not Alone" is the initial feeling they realize at their first meeting. If you are willing to train to be a support group facilitator, let us know!

### I want to support NAMI Columbus and NAMI's mission.

*✂ Please Cut and Mail ✂*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (do not enter a number if you do not want to be listed in the Membership Directory (members only).  
\_\_\_\_\_

E-Mail (Please include so we can be green and email you our monthly newsletter.)  
\_\_\_\_\_

#### **Please check type of membership desired:**

- Individual Membership - \$40 Dues
- Household Membership - \$60 Dues
- \$5 Open Door Membership (financial hardship)**  
(All dues are for 1 year and are tax-deductible.)

**All memberships include NAMI National, NAMI Georgia, and NAMI Columbus membership.**

I am not joining at this time, but I would like to make a contribution of \$ \_\_\_\_\_. (Thank you!!!)

NAMI National, NAMI Georgia and NAMI Columbus are dedicated to eradicating stigma and improving the lives of persons with mental illnesses thereby also benefiting their friends, family and community. Catch the wave and be a part of change.

NAMI Columbus is an affiliate of NAMI Georgia, which is a 501(c)3 non-profit charitable organization. Dues and donations are tax deductible. Membership includes a subscription to our monthly newsletter and access to immediate news on advocacy, treatment and support issues from our national, state and local organizations.

Please make checks payable to:  
**NAMI Georgia** & enter "NAMI Columbus membership" in the memo field.

Mail your check and membership form to:  
**NAMI Columbus**  
P.O. Box 8581  
Columbus, Georgia 31908

You can also join safely online at [www.nami.org/join](http://www.nami.org/join) .