

Mental Health/ Mental Illness IP Project



The 2016 *Conference Agenda Report* included a survey to determine priorities for recovery literature. The topic that most regions prioritized for the next information pamphlet or booklet was “Mental Health.” That same Conference passed a motion, **“That the NA World Board develop a project plan which includes a budget and timeline to create an informational pamphlet specifically about mental illness and recovery for consideration at the 2018 World Service Conference.”**

The Conference agreed to prioritize the topic mental health/mental illness and collect input from the Fellowship over the course of this cycle about the focus and content of the piece. Your input will help shape a project plan which will be included in the 2018 Conference Approval Track material and voted on at WSC 2018.

Much like *By Young Addicts, for Young Addicts*, this would be a piece of “targeted literature,” geared specifically for recovering NA members who have a mental illness in addition to addiction. It can be difficult for some members who are not part of the population targeted by a piece of literature to give input. You don’t have to answer all of the questions below. We welcome any input you have.

This piece would be a pamphlet and so it must be short and focused. The average length of an IP is only about 1,000 words. A booklet would be able to contain more text, but booklets are less widely distributed. An IP would be much more accessible.

1. What are the two or three most important ideas you’d like conveyed to the readers of this pamphlet?

One of the issues that was discussed at the Conference was the terminology differences: the motion passed by the Conference refers to *mental illness*, while the survey option refers to *mental health*. Some organizations outside NA use terms like *dually diagnosed* or *co-occurring disorders*. We would like the IP to be as clear as possible—the focus of the pamphlet will be recovery for those who are diagnosed with a mental illness in addition to addiction. But at the same time, we would like to focus on recovery, not illness per se. As *In Times of Illness* reminds us, “We leave medical issues up to doctors. As NA members, our primary purpose is to carry the message of recovery to the addict who still suffers, not to give medical advice.”

2. Do you have thoughts about terminology? What kind of language can we use that is both clear and inclusive?

Our booklet, *In Times of Illness (ITOI)*, has a section titled “Mental Health Issues” that includes members’ experiences. Here is a link to that booklet: www.na.org/itoi

3. Should the proposed mental health/mental illness IP include some of the same content in *ITOI*, and if so what? Are there ideas or topics you would like to see added or expanded upon?

The paragraphs below were taken from the “Mental Health Issues” section of *In Times of Illness*. We have some questions stemming from these passages that will help us to gather experience and ideas for the pamphlet

In NA, our identification as addicts is what we have in common. This allows us to focus on our similarities instead of our differences. It is possible to find freedom from active addiction in NA and to be taking medication prescribed by an informed healthcare professional for a mental illness.

4. How do we apply the principle of powerlessness when we are facing a mental illness diagnosis?
5. What stages of acceptance do we walk through and which NA Step(s) or principles can be especially helpful when dealing with mental illness?

Effective leadership is highly valued in NA, and being of service is a principled action. We may want to inventory our decisions and motives with service. We talk to our sponsor and NA friends; they can help us avoid self-deception. Some members have found that they were fully capable of fulfilling their service commitments while taking medication to treat an illness or injury, while others have made the choice to step down. We will want to consider what is best for both the fellowship and ourselves.

6. Questions often arise about serving NA while on medication. Do you have thoughts about what an IP focused on mental health/mental illness might say about the topic?

Our collective attitude should be one of loving acceptance toward all addicts, regardless of any other problems they may experience. Whether we are the newcomer or have years clean in NA, anonymity means that we all have an equal opportunity to recover.

7. What can we do about members who are afraid of or judgmental about our illness?
8. How can we support members with mental illness?

Optional Question: In our effort to better help focus this pamphlet, we are asking whether you have direct experience with a mental health diagnosis and/or receiving medication for Mental Health. We welcome your input whether you choose to respond to this question or not.

9. I am an NA member who has or has previously had a mental health diagnosis. Yes No
10. I am an NA member who is currently or has previously taken medication for mental health. Yes No

Who are you?

I am from _____ region.

This input comes from an individual/group/area/region. Circle one.

Deadline

Please send your input by 1 June, 2017. You can fill out these questions online at www.na.org/mhmi, email your written input or photo of your input to worldboard@na.org, or mail input to NA World Services, 19737 Nordhoff Place, Chatsworth, CA 91311.