

EXHIBIT 8DATE 5/11/09HB 612**Sandy Mihelish**

From: "Sandy Mihelish" <2mihelishes@bresnan.net>
To: <Undisclosed-Recipient:>
Sent: Sunday, January 04, 2009 5:02 PM
Subject: Early Intervention Improves Recovery, Saves Lives and Money

Excerpt from the Fall/Winter 2008 issue of the NARSAD RESEARCH QUARTERLY:

Renowned schizophrenia investigator Jeffrey A. Lieberman, M.D. was a featured presenter at a NARSAD Symposium on the Treatment of Schizophrenia; Current Limitations, Future Promise.

Dr. Lieberman holds several key posts at Columbia University as the Lawrence E. Kolb Professor and chairman at the College of Physicians and Surgeons and director of the New York State Psychiatric Institute. He is also Lieber Professor and director of the Lieber Center for Schizophrenia research, established with support from longtime NARSAD donors and board leaders Connie and Steve Lieber. A recipient of NARSAD's Lieber Prize for Schizophrenia Research and Distinguished Investigator Award, Dr. Lieberman is a principal investigator for the National Institute of Mental Health CATIE (Clinical Antipsychotic Trials of Intervention Effectiveness) programs.

Dr. Lieberman defined the ultimate goals of schizophrenia treatment as threefold: TO ALLEVIATE PSYCHOTIC SYMPTOMS, TO PREVENT BRAIN DETERIORATION INCURRED BY THE DISORDER AND TO RESTORE BRAIN FUNCTION TO THOSE ALREADY DISABLED. As he explained, the dysfunctions of neurotransmission—errors in nerve cell communication—occurring in schizophrenia lead to actual changes in brain structure. Excessive release of neurotransmitters such as dopamine or glutamate induces a toxic reaction that erodes the gray matter, the cells of the cerebral cortex, the higher thinking center of the brain. Drugs currently available can quell symptoms of psychosis, but cannot repair brain damage once the process has begun. The cognitive defects incurred cannot, at present, be reversed.

Schizophrenia is currently treated with one or more of some 30 antipsychotic drugs. They differ in effectiveness and side effects, but, Dr Lieberman said, they all work essentially the same way, by blocking dopamine receptors. He said current efforts are underway to improve their effectiveness and to develop drugs that act on receptors for other neurotransmitters, such as glutamate and serotonin. For example, it is believed that in schizophrenia certain glutamate receptors respond inappropriately, causing the system to overcompensate and release too much glutamate. Recent research indicate that glutamate acts in concert with serotonin. Another "bright spot on the horizon," Dr. Lieberman said is drug development targeting a serotonin receptor.

The search has also begun for desperately needed treatments that can stimulate regeneration of brain cells damaged by schizophrenia, based possibly on stem-cell technology or the use of growth factors or other neuroactive molecules. Meanwhile, Dr. Lieberman said, MORE NEEDS TO BE DONE TO STAVE OFF CELL DETERIORATION THROUGH EARLIER IDENTIFICATION AND TREATMENT OF PEOPLE AT RISK.

What this means: With each psychotic episode there is damage to the cells of the cerebral cortex which results in a decrease in cognitive function. The earlier we can intervene, the less damage there will be and the less cognitive function will be lost. If we can intervene before we need to hospitalize people, there will be less damage to the brain and they can obtain a higher level of RECOVERY. And fewer hospitalizations mean less cost to the state. EARLY INTERVENTION MUST BE THE GOAL

Gary Mihelish, President
 NAMI-Montana

Sandy Mihelish

From: "Sandy Mihelish" <2mihelishes@bresnan.net>
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Sent: Friday, December 26, 2008 4:44 PM
Subject: Letter to the Editor

December 26, 2008

LETTER TO THE EDITOR

Last weeks tragic shooting death of Gregory Ray Baumann/Ramsey by Missoula police officers continues to emphasize the failure of the mental illness treatment system in Montana. If I remember correctly, Greg is the third Montanan suffering from severe mental illness who died as a result of a confrontation with law enforcement officers in 2008. For those of us having family members who live with severe mental illness or advocate for people who suffer from severe mental illness it is a preventable tragedy. Greg's story is all too familiar to those of us in the NAMI family. Severe mental illness strikes in late adolescence or early adulthood. Our family members descend into madness, access an illogical mental illness treatment system, are committed to the Montana State Hospital, begin a lifetime of medication and then are released to a system of care where nobody is responsible for their treatment.

By all accounts Greg did well when he took his medication and was receiving treatment. But he made a choice to stop his medication and treatment. There was nobody who would or could be responsible for his care. Although there is a Montana law which would have forced him to accept community treatment, this law is rarely utilized. The prevailing philosophy of the Montana justice system and the mental illness treatment system is one of "imminent danger". An individual must be of "imminent danger" to himself or others before he can be committed to treatment and care. Montana needs to move past the "imminent danger" criteria. We need to get individuals like Greg treatment before they need to be committed or before they become dangerous. We allowed Greg to become an "imminent danger" to himself and then we killed him.

Dr. Gary Mihelish, President
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