

National Alliance on Mental Illness

MISSION: To empower persons affected by mental illness and their family members to achieve a better quality of life by providing them with mutual support, practical information, referral, advocacy and educational resources.

NOTES FROM THE EXECUTIVE DIRECTOR

DOES OUR MENTAL HEALTH SYSTEM PROMOTE A CULTURE OF DEFICIENCY?

In **John McNight's "The Careless Society: Community and Its Counterfeits**, McNight describes the tension between institutions and what is called 'communities of care'. Organizational institutions, including NAMI, often describe and "treat" people according to their needs, their diagnosis, their deficits and their disabilities, as opposed to their gifts, their skills and their passions. These minimalistic half empty descriptions and perceptions of people can unintentionally dis-empower the people whom they are intended to serve. If we start by labeling, managing and treating people according to their needs, we perpetuate stigma. Isn't that why we're always searching for a better word than 'consumer' or 'peer' to describe someone diagnosed with a mental illness? There isn't a better word if you're defining a person from a position of a disability.

Dr. McNight provides insightful analysis and an interesting perspective on the medical, human and criminal justice systems, all of whom "serve" those with mental illness. McNight believes that professional services and institutions are the ones being served and are beneficiaries of programs. He writes about how the work performed by professionals seems appropriate and reasonable, but in the end it is often ineffective and sometimes harmful. "Medicine [and each of the helping professions] has the unintended side effect of mystifying the cause and cure of malady". He goes on to write that the problem with healthcare, and I thought about the world of "behavioral health care" in particular, is that it has been turned in to a consumable commodity which has then turned individuals and families into 'consumers' of that commodity. Sound familiar? Professor McNight writes: "Effective [mental] health action must convert from a professional-technical problem into a political communal issue".

McNight provides evidence about the ability of communities to heal themselves. Sound like **NAMI**? We started out as a community of people who wrestled power from institutions and openly challenged an environment that too often discriminated and blamed the people it had intended to serve. How well are we doing lately on that front? Is stigma really any better today than 30 years ago? Dr. McNight concludes with a chapter on "Regenerating Community" and makes a persuasive argument for restoring power to its rightful place, with 'citizens' and 'communities of care' (think of **Family-to-Family** or **Peer-to-Peer**) taking the lead in, and, becoming a central part in the process of healing and recovery.

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Holiday Party:



Friends and fun



for all.

Views expressed in this newsletter are those of the writers and not necessarily those of our officers, staff or funding sources.

NOTES (con't)

NAMI'S 2011 HOLIDAY PARTY

Over 60 members and volunteers attended **NAMI Greater Cleveland's** holiday party on December 3rd. **Kari Kepic** prepared the main course(s) and guests brought appetizers and desserts. There were delicious treats to go along with such good company. A brief program allowed each attendee to share about their experience(s) with **NAMI**. Guests were also entered into a drawing for door prizes which were given out. Thank you to all who attended.

MOVIES IN TOWN THAT ADDRESS MENTAL ILLNESS

TAKE SHELTER

Schizophrenia and/or Prognostication

Plagued by a series of apocalyptic visions, a young husband and father diagnosed with schizophrenia questions whether to shelter his family from a coming storm, or from himself.

If you missed the movie when it was in town, it will be available on DVD and Blue Ray on February 14th, 2012

A DANGEROUS METHOD

Therapy Questioned

Early in his career, psychiatrist **Carl Jung** takes on the challenge of a seemingly impossible case, a deeply disturbed, beautiful young woman named Sabina. Jung employs his mentor **Sigmund Freud's** experimental "talking cure" in treating Sabina and the treatment proves to be successful however their relationship muddies the water of this non-conventional treatment method that came of age in the early part of the 20th century.

Coming to the Cedar Lee and Capital Theatres on January 17, 2012

NAMI OHIO

NAMI Ohio has awarded **NAMI Greater Cleveland** \$1,000 to support our part in working with law enforcement personnel through **Crisis Intervention Training (CIT)**. The funding was made possible by a grant awarded to NAMI Ohio from **Attorney General Mike DeWine's** office. **Carole Ballard** Forensic Specialist with **ADAMHS Board** and **Cleveland Police Officer** and **facilitator** of CIT training, **Melissa Dawson** assisted us in obtaining the funding by writing support letters on our behalf. **Ellen Riehm, Community Education Coordinator** from our staff coordinates our CIT efforts.

NAMI Ohio held its **Regional Town Hall Teleconference** with local affiliates on December 6th. Staff presented updates from regional meetings and **Director Terry Russell** spoke about how the state office will be part of the chartering process as early as

March 2012 – this is part of the **Standards of Excellence** program rolled out by **NAMI National**. National's plan is to have all local affiliates like ours engaged by the end of 2012. One of the more controversial parts to the credentialing process is the requirement to standardize dues that will only allow for \$35 membership and open door membership at \$3. We'll keep you posted on this issue as our membership committee takes a closer look at this critical issue going forward.

NAMI Ohio's 2012 Annual Meeting will be held on **April 28th**. The theme will be "**The Great Mental Health Debate: Acknowledging the Elephant in the Room**". Representative **Patrick Kennedy** will be the **Keynote Speaker**. Several workshops will also be presented.

EMAIL CHANGES IN 2012

*****Please note: As of January 2012 NAMI national will no longer be providing Email service for local affiliates and state organizations. As of January 31st, **each NAMI Cleveland staff member will have new email addresses**, which are noted on the back page of this newsletter under the staff directory. Instead of nami.org, **we will be namicleveland.org**.

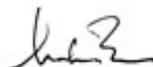
NEW FUNDERS FOR NAMI IN 2012

Thank you to **Kaiser Permanente** for their support of the **Family-to-Family** program, **Marilyn M. Bedol Philanthropic Foundation**, and **Bill and Belinda Sholomon/Malkin Philanthropic Fund** for program support. They join a group of major supporters that are key stakeholders and help us to achieve our mission in empowering family members to improve the quality of their lives.

CONTINUED SUPPORT FOR NAMI

Over the past few months, several grants were awarded to NAMI Greater Cleveland. Our thanks go out to **Ingalls Foundation** (Community Education), **NAMI Ohio** (CIT training), **The Margaret Clark Morgan Foundation** (Peer Programs), **Mt. Sinai Healthcare Foundation** (Multicultural Outreach), **Talty Foundation** (program support), and **United States Steel Foundation** (Family to Family, Peer to Peer and NAMI Basics). The generosity of great partners like these foundations makes for the continued success of NAMI programs. ■

Yours and best,



Michael Baskin
EXECUTIVE DIRECTOR

Your Best Weapons Against the Winter Blues

Wish Jack Frost would stop nipping at your nose already? Grab a hot cup of cocoa, add some knee-slappers to your Netflix queue, and get ready to enjoy the season without the winter blues.

By Madeline Vann, MPH.

Medically reviewed by Pat F. Bass III, MD, MPH

Dark mornings, darker evenings, and chilly gray days in between. Ever wish you could hibernate straight through the year's dreariest season?

Estimates vary, but some experts say that about 20 percent of Americans fall victim to winter blues. This isn't a surefire sign of seasonal depression (the more severe condition, also known as seasonal affective disorder, only affects about 2 percent of Americans and is characterized by feelings of hopelessness and despair), but that doesn't mean you should brush off your blah feeling.

"Feeling blue for a period of time is not, per se, normal," says Jacqueline Gollan, PhD, director of the Translational Stress and Depression Laboratory at Northwestern University in Evanston, Ill. "When people feel blue, it's a signal that something in their life needs attention."

10 Weapons That Belong in Your Winter Armory

This winter, get your hands on these bad-mood zappers:

Running shoes. Getting at least 20 minutes of vigorous activity four times a week has been shown to reduce depressive mood, says Golan. "And there are a variety of ways to get exercise," she points out. Get a gym membership if that's what it takes to keep you warm and working out, but you could also try riding your bike to work or running up and down the stairs.

Your alarm clock. Tempting as it might be to sleep in on dark mornings, it's best to stick with a regular sleep schedule — which means waking up at the same times on weekdays and weekends. Establish a routine wake-up time and a soothing bedtime ritual, and if you aren't already in this habit, allow three or four weeks to get used to it, advises Gollan. Also, make sure that your sleeping area is comfortable, slightly cool, and free of noisy distractions.

A few laugh-out-loud films. Experts believe that laughter actually stimulates processes in your brain that counter depressive symptoms. And since chuckling is downright contagious, you can invite a few pals over to share the popcorn.

Hot chocolate. It's a good idea to make a few tweaks to your diet during the winter, says dietitian Susan Kleiner, PhD, RD, author of *The Good Mood Diet*. First, get cozy with some homemade hot chocolate, using natural cocoa powder. "This gives a wonderful sense of something delicious, a treat, and a ritual to look forward to," she says. She also recommends cocoa in the evening to prepare you for sleep. Make it with fortified milk, which provides a combination of carbohydrate, protein, and vitamin D — nutrients that could help reduce your blues.

Kleiner also recommends eating fish (especially fatty fish rich in omega-3 fatty acids) three to five times a week; plenty of whole

grains, fruits, and vegetables; and at least one egg (with the yolk) each day, preferably for breakfast.

A hostess crown. 'Tis the season to deck the halls and host a small seasonal party. This will give you something to anticipate — and it could put you on other people's invite lists (more fun for you!). On a cautionary note, however, Gollan says that "chronic interpersonal hassles do increase perceived stress." So if there's a relationship in your social circle or family that's an ongoing source of stress, give yourself a present and work it out (ideally before the party).

A mop. It's important to build activities into your day (even chores like cleaning the floor) that will give you a sense of competence. Balance the hard work with little things that bring you pleasure, like treating yourself with fresh flowers or, yes, that homemade cup of hot cocoa.

A completed to-do list. Groan! But what this really means is to complete the business you need to take care of and do it on time. "Behavioral activation is an important strategy," says Gollan. Decide to stop procrastinating on the unpleasant stuff that could just snowball into more stress later, like unpaid bills. Get the tools you need to get organized.

A one-way ticket to your staycation destination. Most people get a lift when they have something to look forward to. If your co-worker's upcoming Bermuda vacation has you dreaming of traveling, Gollan says you can save money and still get a boost by planning mini-getaways closer to home. You may not have the budget or the vacation days for a truly rejuvenating vacation, but almost everyone can enjoy an afternoon ice skating with friends, taking a special holiday season tour of a nearby town, or going to a concert.

Fake sunshine. It's dark when you leave for work and dark when you get home, so where are you going to get your daily dose of natural sunshine? If you have the flexibility, schedule in an early-morning walk or lunchtime stroll. If you don't, consider this option, which is especially beneficial for people with full-fledged seasonal depression: a full-spectrum light box. Light therapy has been shown to work for a wide range of mood disorders, not just SAD. However, cautions Gollan, these are actually pretty powerful tools (and pricey!) so you really should work with a doctor or mental health professional who can advise you on when during the day to use it (and for how long).

A doctor's appointment. "Blues can be part of some other system," points out Gollan. Chronic pain, headaches, sleep disorders, and even heart disease are all linked to depression symptoms, so check in with your health care provider to make sure you're solving the right problems to treat your winter blues. ■

Reprinted from *Everyday Health* www.everydayhealth.com

Seasonal Affective Disorder

If you notice periods of depression that seem to accompany seasonal changes during the year, you may suffer from seasonal affective disorder (SAD). This condition is characterized by recurrent episodes of depression – usually in late fall and winter – alternating with periods of normal or high mood the rest of the year.

The usual characteristics of recurrent winter depression include oversleeping, daytime fatigue, carbohydrate craving and weight gain, although a patient does not necessarily show these symptoms. Additionally, there are the usual features of depression, especially decreased sexual interest, lethargy, hopelessness, suicidal thoughts, lack of interest in normal activities, and social withdrawal.

What should I do if I think I have SAD?

If your symptoms are mild – that is, if they don't interfere too much with your daily living, you may want to try light therapy as described above or experiment with adjusting the light in your surroundings with bright lamps and scheduling more time outdoors in winter.

If your depressive symptoms are severe enough to significantly affect your daily living, consult a mental health professional qualified to treat SAD. He or she can help you find the most appropriate treatment for you. To help you decide whether a clinical consultation is necessary, you can use the feedback on the Personalized Inventory for Depression and SAD at www.cet.org. ■

Printed from www.nami.org

Reviewed by Michael Terman, Ph.D., Director, Winter Depression Program, New York State Psychiatric Institute at Columbia University Medical Center. New York City (February, 2004).

Affordable Care Act Guidance

U.S. Department of Health and Human Services Issues Guidance on Essential Health Benefits
On Dec. 16, 2011, the U.S. Department of Health and Human Services (HHS) released an information bulletin outlining how it plans to implement the Affordable Care Act's requirement that insurance plans offer at least a minimum set of essential health benefits. This guidance is important because it sheds light on what kinds of services will be available to individuals enrolled in the Medicaid expansion and in plans on their state's health insurance exchange.

Under the Affordable Care Act, individuals who are newly eligible for insurance coverage will be enrolled in benchmark plans. These plans must cover at least the essential health benefits package, which includes ten specified categories:

- ambulatory patient services;
- emergency services;
- hospitalization;
- maternity and newborn care;
- mental health and substance use disorder services, including behavioral health treatment;
- prescription drugs;
- rehabilitative and habilitative services and devices;
- laboratory services;
- preventive and wellness services and chronic disease management; and
- pediatric services, including oral and vision care.

In the bulletin, HHS announced that it intends to give states flexibility in selecting a benchmark plan that reflects the scope of services offered by a "typical employer plan" in their state. The possible benchmark insurance plans are:

- One of the three largest small group plans in the state by enrollment;
- One of the three largest state employee health plans by enrollment;
- One of the three largest federal employee health plan options by enrollment;
- The largest HMO plan offered in the state's commercial market by enrollment.

The default benchmark if a state does not select one of the above options is the small group plan with the largest enrollment in the state.

Compliance With Federal Parity Required

Of particular importance to NAMI, the bulletin confirms that mental illness treatment services are a required benefit category that these benefits must be offered at parity with medical/surgical benefits. If the plan that is selected as the state's benchmark plan does not currently include these services at parity, modifications must be made to the benchmark plan. Parity applies to individual plans as well as small group plans – a provision that was inserted into the law due to an amendment by Senator Debbie Stabenow of Michigan during the health reform debate. This amendment makes clear that all plans offered through the state Exchanges must comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. NAMI is extremely grateful for Senator Stabenow's leadership in ensuring that parity is broadly applied to insurance products sold in the exchanges.

Concerns Regarding State Flexibility

Of particular concern to NAMI are some of the options available to states for selecting a benchmark plan for Essential Health Benefits. While adherence to parity will be a critical feature, it is worth noting that in many states, the largest small employer plan may still contain gaps in coverage that parity cannot resolve. For example, in the case of prescription drug benefits, the bulletin specifically notes that coverage can be limited to a single medication in each therapeutic class. The bulletin also declares that critical access protections under the Medicare Part D plans will not apply as part of Essential Health Benefits. This includes a requirement for plans to include "all or substantially all" of the medications in certain therapeutic classes such as antipsychotics and antidepressants.

Public Comments on Essential Health Benefits

HHS will be collecting public comments on its proposed approach through the end of January 2012. NAMI will be submitting comments and developing model comments for state and local affiliates to submit as well. ■

Posted at www.nami.org December 19, 2011

Terrace Towers Apartment Emotional Wellness Workshops Completes First Round of Sessions!

The first group of residents to participate in the Emotional Wellness Workshops at the Terrace Towers Apartments located in East Cleveland, took part in a celebration on October 14, 2011 hosted by Jacquelyn Adams of Stephanie Tubbs Jones Health Center (formerly with Huron Road Hospital). At the gathering, core members of the group honored Ms. Adams as a champion for the people of Terrace Towers and East Cleveland and thanked her for bringing NAMI Greater Cleveland (NAMI GC) to the building.

Eight core members attended seven of the nine sessions and 3 members had perfect attendance. Members with perfect attendance received 2 tickets each to a performance of The Black Nativity thanks to the Karamu House and Dr. Natalie Whitlow's efforts. Twenty six residents attended at least one session and nineteen attended between 2 to 4 sessions. The following are exact quotes of participants' comments on the impact of the program on their lives that were collected at the focus group evaluation conducted in October by Dr. Evelyn Rivera:

- **"I'm more confident"**
- **"Taking medications better"**
- **"I feel less depressed"**
- **"I feel better, more social"**
- **"It made me relax more and be more considerate to others, and be more patient"**
- **"We are walking together to bible study, encouraging me to go when I don't go"**

When the Mt. Sinai Foundation Board made a site visit to the building in November while considering NAMI-GC's funding request, Clarence Bacon, Service Coordinator for Terrace Towers, reported that he has seen a "big change" in the participants of the program and that "police visits to the apartment has decreased due to behavior outbursts." The Mt. Sinai Foundation granted NAMI-GC Multi-cultural Outreach (MCO) \$10,000 to continue the program at Terrace Towers in 2012.

In addition, five of the Terrace Towers core members are now attending NAMI's MCO monthly support group run by Rentia Allen, LISW to build confidence, coping skills and become wellness building leaders. NAMI MCO is proud of this program and committed to continuing its effective outreach to at-risk, inner city, low income minorities and provide them with quality psycho-education programs to help them overcome the mental health disparities they face. ■



Back row left to right: Jame Brown, Robert Harper, Rev. Rochelle Mitchell, Delores Crosby BSW (wellness support coach) and Rentia Allen LISW (co-facilitator & support group leader); middle row: Henrietta Hunter, Jacquelyn Adams (Huron Rd Hospital/Stephine Tubbs Jones Health Center), and Debra Register; front row: Dr. Natalie M. Whitlow (facilitator, curriculum developer), Larry Pinkard and Marsha Mitchell-Blanks MSW (MCO Coordinator & Mental Health Wellness Workshop concept creator).

NAMI's Latest Brochure Bipolar Disorder Now Available

This four-color brochure takes a deep look at bipolar disorder and covers topics such as medicines and research around this serious mental illness. Great for families and individuals facing the illness, Bipolar Disorder is also an appropriate tool for support groups, physician's offices, conventions, health fairs and the workplace.

Bipolar Disorder is available online for free as a downloadable PDF. Go to www.nami.org, click on "Mental Illnesses", then "Bipolar disorder", then "download brochure" below the gray rectangle with Bipolar Disorder on it, on the right hand side of the page.

You can also order packs of 25 from the NAMI store. 25 brochures, Member price \$13, non-member \$25. ■

Four Spiritual Care Tasks

By Chaplain Craig Rennebohm, Seattle Mental Health Chaplaincy

Over the years as chaplain on our county inpatient psychiatric units, I have found myself providing spiritual care in four basic ways. First, I receive the person as a whole and look at the symptoms as one part of their life experience. Together we explore the impact of mental disorder on the soul. Depression, mania, hallucinations and delusions, trauma and anxiety can profoundly alter our faith. Our spiritual capacities may be deeply disturbed or diminished. Together we assess what is of the illness, and what is of authentic spiritual importance to the person.

Linda was convinced that all hope was gone and that God had utterly abandoned her. These were feelings and thoughts consistent with depression, not a sign of too little faith. Her inability to focus on a line of scripture, remember a favorite passage, concentrate on a prayer, leave the house and go to church, were also consistent with a debilitating depression. But Linda was not at fault. She was ill. Just as our spiritual wisdom and traditions help us understand our vulnerability as human beings, the fields of medicine and psychology also shed light on our suffering. A second task of spiritual care is to help a person understand and explain their illness holistically-- from a bio-psycho-social spiritual perspective. Spiritual care attends to the mental and emotional struggles, and assists the individuals in working with mental health providers. We refer and support an individual in building a care team, helping them develop a relationship of trust with medical care and social service providers.

As a person seeks to recover from a serious mental illness, a third task of spiritual care is to help them grow in their faith and develop spiritual practices that support health and well being. An individual who has experienced depression may welcome someone simply checking in regularly with them. They may find encouragement from the support of a small group. This connection to others, having a safe place to share, the welcome and support of an understanding community can be very helpful in the recovery process.

It may not always be easy to find a supportive spiritual home. A fourth spiritual care task is to help individuals and families open the door and educate faith communities about mental illness. Together we have an important role in helping congregations understand mental illness and learn with us what makes for a healthy life.

NAMI FaithNet recognizes the tremendous range of religious traditions and spiritual beliefs in this country. With respect for each person's viewpoint, we recognize that for many, faith is an important factor in recovery and that congregations can be a source of solace and support. As with any acute or chronic disease, mental illness entails human suffering. Spiritual care bears the burden of our suffering. It helps us understand our condition, symptoms and treatment possibilities. Spiritual care collaborates with others on the care team to promote recovery and wellbeing. Spiritual care seeks to offer maximum hope for a life full of purpose and meaning. ■

Printed from the NAMI National website. www.nami.org

Congratulations to Pat Chopka, Craig Fallon, Nancy Mueller, and Mary Spada who were the winners of the \$25 Giant Eagle card drawing. Thank you to everyone who purchased Giant Eagle cards to help support our programs. We hope you will continue to purchase Giant Eagle cards.



NAMI/Giant Eagle Gift Card Order Form

_____ \$10 Cards	<input type="checkbox"/> Amount due	\$ _____
_____ \$25 Cards	<input type="checkbox"/> Amount due	\$ _____
_____ \$50 Cards	<input type="checkbox"/> Amount due	\$ _____
_____ \$100 Cards	<input type="checkbox"/> Amount due	\$ _____
TOTAL AMOUNT DUE		\$ _____

Please submit your check payment with this form. We will mail you the card(s). Please make checks payable to: *NAMI Greater Cleveland*

NAME _____		STREET ADDRESS _____	
CITY _____	STATE _____	ZIP _____	PHONE _____



THE QUIET ROOM: A Journey Out of the Torment of Madness

BY LORI SCHILLER AND AMANDA BENNETT

By Doug Bradley, NAMI HelpLine Information and Referral Associate

Writer's Note: I volunteered as a mental health aide intern on Lori Schiller's unit at New York Hospital-Cornell Medical Center, Westchester Division during the summer

of 1989. During that time I observed some of what is described in The Quiet Room, though not, of course, the therapy sessions.

Lori Schiller developed, although was not immediately diagnosed, schizophrenia as a young adult. When she was working as a camp counselor at age seventeen she first experienced the "Voices," which constantly belittled and insulted her. Forced to leave camp early that year, she began a long journey to understand what was happening to her.

For many years she did not believe she was sick. She coped by rationalizing her illness and by using street drugs such as cocaine, which briefly made her feel better but ultimately made the Voices and paranoia worse.

After college, Lori had several hospitalizations during which she still maintained she was not ill. Individuals with mental illness, family members and friends will find this section sadly familiar; she was prescribed many different medications, all of which had little success and many side effects. Substance abuse also impeded her recovery, as did her inability to see her illness.

While most of the book is told from Lori's point of view, there are chapters written by others in her life. These chapters show how many people were touched by her schizophrenia and, more importantly, by Lori herself. Anyone who has seen a friend or family member develop a psychiatric illness will relate to these tales of confusion and concern about Lori's increasingly erratic behavior. Her roommate tells how Lori graduated from college in spite of her as-yet undiagnosed illness and the strain it put on their relationship.

Lori's family members also contribute their perspectives to the story. Her father and mother describe the heartache of not knowing what is happening to their daughter as well as the difficulties, long before parity, in getting insurance to pay for her treatment. Her two brothers also relate how hard it was to understand their sister's behavior and the impact it had on their dating, scholastic, and personal lives.

Dr. Jane Doller, Lori's tireless and incredibly empathetic psychiatrist and one of her therapists, writes about the difficulties of finding the right medication. Eventually, clozapine was prescribed and, despite the side effects, the Voices began to recede. For the first time in years Lori felt that she "wanted to live." Just as importantly, Dr. Doller and other therapists helped Lori understand her emotions before and during her recovery. As any individual with mental illness knows, "normal" feelings can be frightening when one is used to experiencing only anxiety, depression and psychosis.

This book was originally released in 1994 and the author received many inquiries as to how she is currently. The new 2011 version of The Quiet Room contains an afterword in which she describes her life now. She is honest about having been a speaker for Sandoz (now Novartis), the maker of Clozaril, for which she credits for much of her recovery. Despite occasional setbacks, she has married, moved to Florida, found a psychiatrist and therapist she likes, and volunteers with several local mental health groups, including NAMI. While she is still visited sometimes by the Voices and her medicine has side effects, her life is "unremarkable and utterly remarkable; normal, yet a miracle, too." This outcome is something many individuals living with mental illness strive for.

Recalling Dr. Doller's lines in the foreword, this book is a great reminder that it is the individual, not merely a diagnosis or set of symptoms, that mental health professionals should be trying to help.

Grand Central Publishing (2011), \$13.99 ■

amazon.com[®]

Shop Online with Amazon.com and help

NAMI, too! Every purchase you make through Amazon.com can help NAMI improve the lives of people living with serious mental illnesses.

Visit the NAMI Store @ Amazon.com. For anything you purchase from one of the 26 categories (see the NAMI store www.nami.org for the details). NAMI National will automatically receive a percentage of the total sale (5 to 8 percent, on average).



Community Education Programs

Family-to-Family

A twelve-week course for family caregivers of individuals with mental illness.

Thursday, January 26, 2012

Grace Christian and Missionary Alliance Church

7393 Pearl Road

Middleburg Hts. 44130

7 - 9 p.m.

NAMI Basics

A free 6 week educational program to foster learning, healing and empowerment for parents/caregivers of children mental illness such as ADHD, Bipolar Disorder, Depression and schizophrenia.

Monday, February 6, 2012

Calvary Lutheran Church

6906 West Pleasant Valley Road

Parma, 44129

6:30-9:00 p.m.

Project Cope

A four class seminar for teens with epilepsy and their parents. The COPE program teaches teens and their parents about the importance of emotional/mental wellness in their lives. Upcoming Project COPE Classes:

Latino Cope Class - en español:

Día(s)/Hora: 14 de Marzo, 4 de Abril 2:30-5:30 pm

25 de Abril, 2 de Mayo 3:30-5:30 pm

Lugar: **ADAMHS Board**

2012 W. 25th Street

Piso 6, Salon #600

Cleveland, Ohio 44113

Para mas informacion acerca de COPE favor de contactar a Dr. Evelyn Rivera al 216-256-1308.

Peer-to-Peer

A ten-week experiential education program on the topic of recovery for any person with serious mental illness who is interested in establishing and maintaining wellness.

Thursday, March 8, 2012

Marymount Hospital,

12300 McCracken Road,

Garfield Hts., 44125

1-3 p.m.

African American Cope Class:

Days: **Saturday June 9 am – 4 pm**

Saturday June 23 · 10 am - 2:30 pm

Location: **Cleveland Heights Library**

2345 Lee Road

Cope Class For All Families:

Days: **Wednesday June 20, 27 · 5:30-8:30**

Wednesday July 11, 18 · 6:30- 8:30

Attendance in all 4 classes is required.

Location: **Cleveland Clinic Foundation**

Education Building and Lerner

Research Institute

Corner of Carnegie and E. 100th Street

For more information or to register for Project COPE, please contact: Laurie Sperry, Research Coordinator 216-444-0514

The program is a partnership of NAMI GC and the Cleveland Clinic, Child and Adolescent Psychiatry Department/Pediatric Epilepsy Center. A grant from the Department of Health and Human Services funds the project.

In the event of bad weather, some classes or support groups may be cancelled. Please call the NAMI office to confirm.



The 2012 NAMI National Convention will be held at the Seattle Sheraton Hotel, June 27-30.

The Sheraton is located in the heart of Seattle, an area rich with restaurants, shopping, attractions, and the world famous Pike Place Market. Our 2012 convention theme, Think, Learn and Live: Wellness, Resiliency and Recovery, highlights this year's focus on developing effective programs and resources to increase resiliency and advance recovery.

The 2012 National Convention program will feature:

- Top-notch researchers and clinicians providing information and tools to increase resiliency and advance recovery.
- People living with mental illness and their families providing their own important perspectives.
- Presenters that are diverse in perspective and demographics to best connect with diverse audiences.
- The country's keenest minds and savviest policymakers offering strategies and tactics to effectively advocate for changing the mental health system in our nation.
- Abundant networking opportunities so we can learn from each other about how we can improve the lives of all people living with mental illness and their families
- Inspiration, innovation, and an exhilarating four days in one of America's most beautiful city. ■

Recommended Reading:

A new book recommended by E. Fuller Torrey who describes ***What A Life Can Be: One Therapist's Take on Schizo-Affective Disorder*** by Carolyn Dobbins Ph.D., as "an inspiration for all who have ever experienced psychosis".

Dr. Thomas G. Burish, professor of psychology and Provost of Notre Dame says the book is "powerful and revealing and provides a unique insight into chronic mental disease".

"It will challenge your thinking about mental illness, about hope, about faith, about who you are." George E. Doebler, M Div., Special Advisor, Dept. of Pastoral Care, U of Tennessee Medical Center, Executive Director, emeritus: Association of Mental Health Clergy (now Association of Professional Chaplains).

These are from the advance reviews for ***What a Life Can Be: One Therapist's Take on Schizo-Affective Disorder***.

Reverend Doebler went on to say that ***What a Life Can Be*** is a study of the life of a woman with a major psychiatric disease; technically labeled Schizo-Affective Disorder. It is much more, it is a book about each of us, with whatever label we might have. ***What a Life Can Be*** shares a personal story of a woman with mental illness...The dialogue between the therapist and the patient is philosophical, witty, sad, frightening, caring – and lovingly done."

The NAMI online Advocate in September said "The author of this book shows how people are more than their illness, their profession or their position in a family. It is the sum of all parts that makes a person. It is Carolyn's acceptance of her situation that has contributed to her success."

Dr. Dobbins is a Ph.D. graduate of Vanderbilt University and lives and works in Knoxville, TN

What A Life Can Be: One Therapist's Take on Schizo-Affective Disorder, ISBN 978-0-9866522-2-6, 226 pages, \$19.95 and distributed by Ingram.
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NAMI Greater Cleveland members receive educational material and information about mental illness, the mental health care system and community resources. Speaker nights are scheduled several times during the year and a quarterly newsletter keeps members and others up-to-date on mental health issues and advocacy. NAMIGC advocates for better medical care, education, housing, jobs, and the elimination of the stigma of mental illness. Your annual membership includes NAMI Greater Cleveland, NAMI Ohio and NAMI National memberships and their newsletters. NOTE: You will not receive this newsletter if you only join at the State or National Level.

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