



# NAMI NEWSLINE

**NAMI McHenry County • Summer 2004 • Your Voice on Mental Illness**

## NAMI-MC Calendar

**NAMI Support & Education Meetings**, 3rd Thursday each month, 7 p.m., Mental Health Board, 620 Dakota, Crystal Lake

**July 15, Aug. 19, Sept. 16**

**NAMI CARE: Support for those who are recovering**, 2nd Monday each month, 2 pm, McHenry Co. Clubhouse, 109 S. Jefferson, Woodstock

**July 12, Aug. 9, Sept. 13**

**Family to Family:** NAMI's nationally acclaimed 12-week course for family members

**September 22**

**NAMI Board Meeting:** 1st Monday each month, 5 p.m., Mental Health Board, 620 Dakota, Crystal Lake

**July 5, Aug. 2, Sept. 6**

**For more information call 815-444-9991.**

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## ADVOCACY

### A Message from your President, Merna Drewno

Twenty-five years ago a small group of families and friends of people with mental illness met in Madison, Wisconsin, and formed NAMI, The National Alliance for the Mentally Ill. At that time, families were routinely blamed for causing mental illness. They were often scrutinized by mental health professionals within a system that did not recognize mental illnesses as serious disorders of the brain. Families felt alone in their grief, and carried their burden in silence. It was a difficult time in the history of mental illness. There few mental health programs that addressed the needs of people with serious mental illnesses. As more and more patients were being released from state facilities, the homeless mentally ill population was on a sharp increase. In 1979, people with serious mental illness, their families, and the mental health system itself, were in a full blown crises. It was in this time of crisis when the birth of our grassroots organization took place that would someday grow to over 250,000 members across the United States.

Much has changed for the good since NAMI began. Science has proclaimed without a doubt that illnesses such as schizophrenia, bipolar disorder and depression are serious brain disorders, yet highly treatable with

proper diagnosis and treatment. There are new medications and support services that help people through the process of recovery. Over the years NAMI has stayed true to its grassroots foundation. The heart and soul of NAMI remains with the family members in our own communities, who volunteer their time to give those in need support, edu-

*This issue of the NAMI Newsline focuses on Advocacy, and how ordinary families like yours and mine can pave the road to the future towards improved mental health services.*

cation and advocacy.

Today families with mental illness are well educated through NAMI's Family-to Family 12-week course and our new Visions for Tomorrow course for families of children and teens. We continue to play a critical role in helping our loved ones through the under-funded maze of community mental health services. Today we know that mental illnesses are highly treatable, yet families still face many barriers of the past. The stigma of the past still persists, and it is the stigma that directly affects the problems we face. There continues to be a lack of evidence-based services, and a lack of funds to address the needs of people with serious mental illness. Consequently, they often find themselves

*(Continued on page 2)*

NAMI-MC publishes four issues of **NAMI NEWSLINE** each year. It is distributed without charge to NAMI members and to individuals and organizations interested in Mental Health.

NAMI's mission is to improve the quality of life for all whose lives have been touched by mental illness.

NAMI offers help and hope to families and friends living with mental illness through support, education, and advocacy.

NAMI-MC is affiliated with NAMI (National Alliance for the Mentally Ill) and NAMI Illinois.

If you wish to become a member of NAMI-MC or to receive complimentary copies of NAMI NEWSLINE, see the application on the back cover of this NEWSLINE.

For more information, call 815-444-9991, or consult our web site: [www.namimchenry.com](http://www.namimchenry.com)

**Address Changes:** Call 815-444-9991

## A Message from Your President

*Continued from page 1*

left standing alone with few or no choices. There is often no insurance coverage. Many times the person may be too ill to recognize symptoms of relapse, and the law of confidentiality creates a barrier for families seeking help even when they know their ill loved one desperately needs treatment. For some families there is no "program" that is designed to meet their child's needs. It comes down to the hard reality of lack of funding and what is affordable.

This issue of the NAMI *Newsline* focuses on Advocacy, and how ordinary families like yours and mine can pave the road to the future towards improved mental health services. It addresses two of the six major issues confronting Americans with mental illness today, as reported by NAMI's Policy and Research Institute:

## Family-to-Family Course: Register Now

NAMI of McHenry County is offering the fall session of its "Family to Family Education Program." This 12-week program for family members and close friends of those suffering from brain disorders begins Wednesday, September 22, 2004, in Crystal Lake, Illinois. If your relative is diagnosed with schizophrenia, major depression, bipolar disorder, panic disorder or obsessive compulsive disorder, this class is for you!

The program includes current research and treatments available, and crisis/relapse management. We also focus on care of the care giver and help you deal with the stress, worry and emotional overload.

The class meets for two-and-a-half

school failure and emergency room care. You can access the entire report entitled "Spending Money in All the Wrong Places" at [www.nami.org](http://www.nami.org), and view additional papers on the uninsured, jails and prisons, the homeless, and unemployment. The best advocate is a well-informed advocate. The next time you write a letter to your state representative, or the editor of your local paper, etc., use the enclosed materials to help bring understanding to scope of the issues we face. NAMI is "The Nations' Voice on Mental Illness" and we never give up hope. When large numbers of people take up a cause it truly does make a difference. Educate yourself and become an advocate for change. Together we can make a difference as a united and well-informed grassroots advocacy organization.

hours each week. Workshops in this small group environment cover communication skills, problem solving and listening skills. Finally, we will connect you with local support and services to help deal with the ongoing crisis of brain disorders in the family.

The class will be taught by two experienced, trained family members, Bob Wasberg and Mike Bowen. There is no fee and all materials are free and yours to keep for future reference.

The class meets from 6:30 to 9:00 p.m. for 12 weeks beginning Wednesday, September 22, 2004.

For information or registration call NAMI at 1-815-444-9991.



## WHAT'S A PARENT TO DO?

### NAMI Releases Task Force Report On Children & Psychiatric Medications

**Arlington, VA**—For children and teenagers with mental illnesses, the greatest risk may be to do nothing, NAMI (National Alliance for the Mentally Ill) warned recently, in releasing a report on "Children and Psychotropic Medications."

"Mental illnesses are profound and life-threatening illnesses. That's the reality before anyone even starts to talk about medications," said NAMI medical director Kenneth Duckworth, M.D. "Life is uncertain. Risks are real and must be carefully weighed. But sometimes the worst risk lies in doing nothing."

The report is available on-line at [www.nami.org/kidsmeds](http://www.nami.org/kidsmeds), reflecting the conclusions of a task force convened by NAMI's Policy Research Institute.

The report comes at a time when the U.S. Surgeon General has warned that one in ten children or teenagers struggle with mental illnesses, but 80 percent never get the help they need. At the same time, the Food & Drug Administration (FDA) currently is reviewing the safety and effectiveness of using some psychiatric medicines with children. Questions also have arisen in other contexts, such as the role of schools in helping to identify early warning signs of mental illness.

The report does not seek to judge competing clinical studies, but instead emphasizes principles of sound clinical practice and overarching policy concerns, which Duckworth said "go to the heart of what it means to practice medicine." They include the right of parental choice, the nature of the physician-patient relationship, and rights of access to effective treatments.

Duckworth is a former Massachusetts Commissioner of Mental Health and an assistant professor at Harvard Medical School. He is board certified in adult, child and adolescent, and forensic psychiatry, and maintains an active clinical practice.

#### The NAMI report recommendations include:

1. The National Institute of Mental Health (NIMH) must make children a priority and increase investment in scientific research focused both on the early onset of mental illnesses and long-term studies of the use of psychotropic medications in children.
2. One size does not fit all in treating mental illnesses. Individual treatment decisions must be based on the best information available as part of an evidence-based intervention (EBI) system. That includes full disclosure or "transparency" of existing clinical research studies.
3. Broad education is needed about early warning signs of mental illness in children. Parents must be supported by physicians and other child-serving professionals in making decisions on the use of psychotropic medications through informed consent, based on a careful weighing of risks and anticipated benefits. Use by children must be closely monitored and frequently evaluated.
4. Policymakers—whether in Congress or local school boards—should be guided by the medical principle of "First, do no harm." They should not interfere with rights of access to treatment or communication between parents, physicians, schools, and other potential support partners. Legislative or regulatory actions must be guided by sound scientific research and testimony from well-qualified medical and mental health professionals and families.

"Education, information, and communication are essential," Duckworth said. "So is pushing forward with scientific research. That is the foundation on which parents and doctors must make their decisions."



## 2004 Mental Health Rally and Lobby Day

From the NAMI of Madison County, Illinois, Web site, <http://madisoncty.nami.org/rally.htm>

**More than 1400 persons attended the Mental Health Rally and Lobby Day in Springfield, Illinois, on May 11, 2004.** The theme for this year's rally was: "The Illinois Mental Health System: CODE BLUE." Dan Yohanna spoke as the representative of the Illinois Psychiatric Society, which is comprised of 1200

psychiatrists. Dr. Yohanna reminded the crowd that the state intended to balance the budget on the backs of the mentally ill and expected us to fix it with a poorly planned Fee For Service program. As a doctor, Dan Yohanna declared the Mental Health System of



Illinois to be **CODE BLUE**. Dr. Yohanna advised us that the Mental Health System is going to need life support. "It needs us to breathe life into it, by seeing your legislators and voting in the fall. This time, it's not going to be the doctors that save the patient, it's going to be everyone of us who's going to save the patient."

Representatives Lang, Coulsen, Bellock, Krause and Daniels addressed the crowd. Senators Crotty, Trotter and Watson were scheduled to attend but the Senate was in session and they sent their apologies. Also speaking were Kristy Worthen and Mary Worthen from Arkansas (a consumer and her mother) who are touring all 50 states with a Mental Health Awareness flag designed by Kristy. Lt. Gov. Pat Quinn arranged to have the flag flown for the day and also spoke at the rally. Suzanne Andriukaitis, Tony Kopera, Tony Zipple, Jim McNish, and Murray Manus also spoke.

## SAVE THE DATE!

### Public Forums on the Children's Mental Health State Plan



The Illinois Children's Mental Health Act of 2003 requires that the Illinois Children's Mental Health Partnership (ICMHP) develop a Children's Mental Health Plan for the State of Illinois. The preliminary version of this plan will be submitted to the Governor in September 2004 with the final plan being submitted in June 2005. These forums are your opportunity to give input into the State Preliminary Plan. The Preliminary Plan will be available for review on the website [www.ivpa.org](http://www.ivpa.org) beginning Friday, July 9, 2004.

#### interested parties!

Monday, July 19	Champaign-Urbana	1:00–5:00 p.m.
Tuesday, July 20	Mt. Vernon	9:00 a.m.– 1:00 p.m.
Wed, July 21	Edwardsville	9:00 a.m.–1:00 p.m.
Thursday, July 22	Rockford	1:00–5:00 p.m.
Friday, July 23	Chicago	9:00 a.m.–1:00 p.m.

Please address questions about specific locations to Laura Hurwitz at [LHurwitz@voices4kids.org](mailto:LHurwitz@voices4kids.org).

**Please participate in these forums and invite all**

## Taking Charge Against Stigma, One Mind at a Time

By Kathy Zander

I had always taken an interest in discoveries about the brain. How we tick engages human curiosity. Split personalities, right and left hemispheres, primal therapy, and Alzheimer's were some of the developments I followed avidly. Finding the patterns in mysteriously irrational behavior held the appeal of an especially good thriller.

But nothing I had learned prepared me for the mental illness that overtook my family three years ago. When the bizarre became the norm in my own home, it wasn't academic curiosity that motivated my inquiry anymore. It was desperation that began the search for a cure for my high schooler's misery, a return to family normalcy, and a reason to exonerate myself. If "What did I do wrong?" was my immediate question, it had to be on the tip of everyone else's tongue as well.

There was a period before my child began effective treatment when I labored under guilt and fear. I never knew when the phone's ring would turn into the daily horror of a call from the school dean, the guidance counselor, or the local police, alerting me of yet another new twist on behavior that transcended childish irresponsibility.

The stigma of mental illness is real. The manifestations are still widely considered the result of poor parenting and not the symptoms of a biological dysfunction of the brain. I avoided family and friends, who lacked interest in our child's bipolar diagnosis. On the job, I gave vague excuses for the many absences for doctor appointments and family therapy sessions. I had heard otherwise rational colleagues refer to bipolar sufferers, and they may as well have been talking about Frankenstein.

Then I found NAMI's Family-to-Family education program. It was an astonishing 12-week crash course in mental illness, conducted by veterans of what our family was going through, and attended by other sensitive and thoughtful people with loved ones similarly stricken with

brain disorders. In the course of the workshop, our teachers Mike Bowen and Bob Wasberg turned us around emotionally. We started as victims and finished as advocates. Armed with knowledge and now capable of empathy for our mentally ill loved ones, we were better prepared to care for them, for our families, and for ourselves.

Rather than shrinking from social relationships, I'm empowered to share the new understanding of mental illness that really, everyone should have. I've already given a Family-to-Family class flyer to the high school guidance staff. Next stop, the police station....

Speaking out can be empowering. It's also effective. While progress still needs to be made, mental health activists have done a lot to educate the public and reduce stigma in recent years. When you are ready to join the fight, here are some things you can do to help educate people about mental illness.

- ◆ If you see an inaccurate, negative or stereotypical image of mental illness in the media, write a letter or make a phone call or send an email to producers and networks. Don't forget the product sponsors who underwrite the shows. Make your letter calm and factual. You might be angry but a rational calm approach is more effective than an angry tirade.
- ◆ When someone makes an unkind joke or slur take the person aside and gently explain the truth about mental illness. Make your comments in private so you won't embarrass the other person
- ◆ Join NAMI's Stigma Busters. Numbers count: the more members, the more clout! Visit [www.nami.org](http://www.nami.org) for more information.

## NAMI Policy Research Institute White Papers



### SPENDING MONEY...

## Emergency Departments

Emergency Departments (EDs) are overcrowded:

Overcrowding in EDs is the biggest issue affecting hospitals nationwide. A 2002 study found that 90% of large hospitals' EDs are operating at or over capacity. ED visits in 2000 rose 14% since 1997, up to 108 million from 95 million, while hospitals providing emergency care decreased in number to 3,934 from 4,005. Wait times average over an hour for more than 40% of ED patients.

**Costs:** While physicians' offices typically collect 85% of their fees, EDs only receive payment for approximately 50% of their fees. Many EDs are operating in a deficit and are facing threat of being closed down. EDs must treat all patients who enter the ED, and with the uninsured population in the United States numbering 43 million, the financial burden on EDs is astonishing.

**Due to overcrowding, patients are being diverted to other facilities:** ED patients typically require immediate care, but many are diverted to other hospitals because of overcrowding, which delays care and threatens patient health. Among urban hospitals, 66% reported diverting patients at some point in November 2001.

**A lack of inpatient beds forces a large number of people with mental illness to seek services in the ED.**

- ◆ The U.S. maintained only 3.6 psychiatric beds per 10,000 population in 2000.
- ◆ Psychiatric beds continue to be lost due to state budget cuts that lead to decreases in mental health care funding. State spending on mental health care decreased from \$16.5 billion in 1955 to \$11.5 billion in 1997 (inflation adjusted).
- ◆ The number of resident mental health patients in the U.S. was 54,000 in 2000, down from 559,000 in 1955.
- ◆ Between 1992 and 2000, the number of state mental hospitals decreased by 29%; private mental hospitals decreased by 38%.

**Psychiatric EDs are reaching their limits as well.**

- ◆ While psychiatric EDs divert people with mental illness from general EDs, they are at capacity as well, with up to nearly five-hour wait times for patients transferred to a psychiatric bed.
- ◆ Psychiatric EDs typically treat more than 7,000 patients annually, far more than they are prepared for.
- ◆ Without more specialized care, people with mental illness will continue to access care in general EDs, exacerbating the problem of overcrowding and financial deficits.

**Spending Money in the Right Places:**

**Improving access to inpatient, emergency and community mental health care would alleviate the burden that people with mental illness place on overcrowded, financially strained EDs.**

## ...IN ALL THE WRONG PLACES: School Failure

### **Many Americans do not complete high school:**

The national graduation rate is 72% for females and 64% for males, according to a 2004 report. Of all the students who entered ninth grade in 2000, only 68% will graduate in 2004. Of the 9.6 million 15- to 24-year olds enrolled in high school, approximately 500,000 dropped out of high school.

### **A lack of education correlates with crime**

**rates:** A one-year increase in average education levels reduces arrests rates by 11%, lowers the murder and assault rates by 30%, motor vehicle theft by 20%, arson by 13%, and burglary by about 6%.

### **The lack of a high school diploma is costly to states and society as a whole:**

In 2001, 16% of 20- to 24-year olds without a high school diploma were unemployed. There is \$200 billion in lost earnings and unrealized lost tax revenue for each high-school dropout over the course of a lifetime. One state estimated savings of \$130 million annually if high school dropouts had graduated and received public assistance at the same rate as other high school graduates. Adults without a high school diploma had a median income of under \$12,000 in 2001—only \$3000 over the federal poverty level.

### Spending Money in the Right Places:

**Investing in early identification and intervention for serious emotional disturbances helps children graduate and lead independent and productive lives.**

### **Approximately 50% of students labeled with emotional or behavior disorders dropped out of school: only 42% of those who remained in school graduated with a diploma.**

- ◆ Children with mental disorders fail more courses, earn lower grade point averages, and miss more days of school than children with other disabilities.
- ◆ 11 million children and adolescents in America have psychosocial mental health or developmental problems that contribute to barriers in learning.
- ◆ Only 60% of youth with mental illness are employed a year after leaving high school and less than 10% move on to post-secondary education.

### **10% of children and adolescents suffer from mental illness severe enough to cause impairment, yet nearly 80% do not receive needed services.**

- ◆ Currently there are 513 students per school counselor; the recommended rate is 250:1.
- ◆ For nearly half the children with serious emotional disturbances who received services, the school was the only provider.
- ◆ A study of 12 special education classrooms found that children with emotional disturbances did not receive appropriate services until they were 10 years old.

### **Untreated mental illness among youth leads to school failure, delinquency, substance abuse, and entrance into the criminal justice system.**

- ◆ 65% of males and 75% of females in the juvenile justice system have at least one psychiatric diagnosis.
- ◆ Over two-thirds of all dollars spent on juvenile justice go to housing mentally ill youth in juvenile detention facilities.
- ◆ Youth prisons with little or no mental health programs cost more than college tuition - approximately \$37,000 annually per year.

# NAMI Annual Conference Scholarships Available

NAMI Illinois has a limited amount of funding which has been set aside for scholarships for consumers to attend the Annual Conference. Conference Scholarships are for the purpose of assisting consumers who may not otherwise be able to attend the NAMI Illinois Conference October 15 – 17, 2004 at the Hilton Hotel in Lisle, Illinois.

Scholarship applications are available on NAMI Illinois Web site: [il.nami.org/scholarships.htm](http://il.nami.org/scholarships.htm). The **deadline for submitting your scholarship application is August 15, 2004**. Applicants will be notified by the NAMI Illinois Consumer Council Scholarship Committee no later than September 3, 2004 regarding your requested scholarship.

Please make sure the contact information is accurate. **Priority will be given to NAMI Illinois Members.** Please print and answer all questions. Submitting this application does not guarantee you will be awarded a scholarship.

Should you have any questions, please contact the NAMI Illinois state office.

Holly McCaffrey  
NAMI Illinois  
218 West Lawrence  
Springfield, Illinois  
(217) 522-1403  
(800) 346-4572  
Fax: (217) 522-3598  
<http://illinois.nami.org>



**Changing Minds,  
One Step at a Time:  
Sunday,  
October 3, 2004**

**From Merna Drewno:** Volunteers are needed to help plan NAMI's annual walk through Moraine Hills State Park on Sunday, October 3rd. Your participation will help raise public awareness of mental illnesses, as well as support research and your local NAMI. The Volunteers Meeting for NAMI's annual walk will be held on Thursday, July 15th, 6 p.m., at the McHenry County Mental Health Board, 620 Dakota in Crystal Lake, just prior to NAMI's monthly support group. If you are interested in volunteering, please join us.

With your help, we can make this year the best walk event ever, and continue to support the following important programs for families and people with mental illness: NARSAD Research (National Alliance for Research in Schizophrenia, & Depressive Disorders), NAMI McHenry County's Support and Education programs, NAMI Group Homes, McHenry County Clubhouse, Thresholds Drop-in Center, MCC Scholarship program for people who have a mental illness, and the Mental Health Board Emergency Medication Program.

This is the first of only two meetings that we will have, so we need as many volunteers as possible to attend. If you can't make the meeting and would like to help, let us know by e-mail. Please feel free to e-mail me if you have any questions at [mdrewno@ameritech.net](mailto:mdrewno@ameritech.net).

# Crisis Intervention Training for Police

By Pat Doyle

As a NAMI member I have often dreamed of training for police officers who respond to family members in crisis. Because of a grant from the Illinois Law Enforcement Training & Standards Board, that dream has become a reality. Shelley Daunis is the coordinator of the 40-hour program. I had the privilege of attending one of these training seminars.

## Skills Taught

So what skills can be learned through this training? Police Officers need to be educated that when responding to a call someone who is acting out might be acting out because of going into diabetic shock, or a potential head injury from days before might leave them combative, or finally it may be a person experiencing mental illness.

## Asking the Right Questions

It will take a trained police officer to ask the appropriate questions. Ask any family members what medications they might be on or if they know what is causing the distress. If no family members are present to look for any medicine in a cabinet or out on a counter. HIPPA laws prevent a call to someone's Doctor or pharmacy to release this critical information. A responding police officer will need to work closely with the paramedics to try to identify the type of medication someone might be taking.

## Hearing voices

But this training does not stop at just the physical

assessment; it shares the experience of a schizophrenic re-enactment. Police officers experience auditory voices much like someone suffering from schizophrenia. Through education and direct conversation with family members and consumers the police officers are better equipped to respond to calls dealing with mental illness.

## Act Now!

The changes in the law regarding involuntary confinement need to be understood by all of our police officers; this training brings that awareness. Crisis intervention role play gives officers opportunity to practice skills before real life emergencies. Please send a letter to Dr. Thomas J. Jurkanin thanking him for supporting C.I.T. training. Funding at the State level is on shaky ground... please ask they continue funding this long overdue program! The benefits of safety for our police officers, loved ones and potential liability reduction are great reasons to continue funding!

## Send letters to:

Illinois Law Enforcement Training Board  
 Dr. Thomas J. Jurkanin  
 600 S. Second Street Ste 300  
 Springfield, IL 62704-2542





## Legislative Updates

### NAMI Illinois:

**Good News:** Now this is certainly not the last word, but we found out June 16, that the \$2.7 million for supportive housing services *is* in the budget that Gov. Blagojevich and Senate Pres. Jones are using as the basis of their negotiations. We also learned that Rep. Sara Feigenholtz, Chair of the Human Services Appropriations Committee, is *very* committed to keeping this in the budget.

However, as you know from reading the newspaper or listening to the news, the budget negotiations are not over. An interim one-month budget was enacted on June 30, pending the budget approval. Speaker Madigan, Gov. Blagojevich, and Senate Pres. Jones are still slinging mud at one another. They may be only \$200 million apart, though. So keep going with the postcards and letters!

**Bad news:** Mental health providers are getting their contracts from IDHS.

The word is that supervised residential housing (supportive housing for people with mental illness with staff on site 24 hours) is only slated to get 50% of their expenses paid with "capacity" grants, and supported residential housing (supportive housing for people with mental illness with staff on site 12 hours) is only slated to get 25% of their expenses paid with "capacity" grants.

None of this will go into effect until after a pilot that will last at least three months. However, **this is the time to stop this**--for the mental health providers and to keep a precedent from being set that could effect all of housing adversely.

### *Chicago Tribune* Journalist Looking for a Family to Profile

*Tribune* writer Bonnie Rubin is developing a story on the shortage of children's mental health providers and the toll that it takes on their families. "I am looking for a Midwest family that has had a tremendously difficult time getting help for their child's mental illness -- long waits, traveling far distances, etc. Did the delays/roadblocks exacerbate symptoms? Lead to some bad outcome? I'd like for *Chicago Tribune* readers to get a sense of the toll this takes emotionally, physically, financially -- especially since the Child Healthcare Crisis Relief Act -- which has been introduced in Congress -- could provide some relief."

If your family fits the criteria and you are interested in being involved in this story, please contact Bonnie directly at [brubin@tribune.com](mailto:brubin@tribune.com).

**NAMI Experience  
the Revolution**  
★ ★ ★ ★ ★ **JOIN TODAY!**

Join forces in our grassroots effort, with over 300,000 families nation wide who support NAMI's mission to improve the quality of life for all people whose lives have been touched by mental illness.

Support education, advocacy and research, and receive the NAMI Advocate Magazine, NAMI Illinois Stateline Newsletter, and your local NAMI Newsline.

Use the form on the back page of this newsletter. Become a part of the solution and join NAMI today.

**2004 NAMI Memberships are due now.**



### State Support Group Leadership Training

The third State Support Group Leadership Training took place in McHenry at the Hampton Inn, May 21-23. Sixteen NAMI members from Northern Illinois took the class. Leadership of a support group is so important. A good leader keeps the group dynamic positive, always has resources available, and enables the group to work together. They are catalysts for people becoming connected and helping each other, empowering them to help their loved ones with mental illness.

There is another training class scheduled in the fall. A winter class will also be held. To enroll, contact Kathy Schacht at (815) 344-2597, or contact her by e-mail at [kathyschacht@comcast.net](mailto:kathyschacht@comcast.net).

### From a New Support Group Leader

By Melda Pfennig

Training to be a support group leader was an educational, strengthening experience, a requirement for the task and rightfully so. It is very clear in the training that it takes a leader to guide and direct people who are coping and seeking support or affirmation as well as hope. The training taught tested techniques to address the spectrum of problems presented to engender hope and affirmation to those seeking them. The time spent was an investment in increased competency in the difficult arena of living and working with mental illness. The leaders were diligent teachers and experienced with the material presented. A good experience indeed that sent me home with confidence to go out there and *just do it*.

## New Course Offers Parents of Children and Teens Hope

**NAMI's "Visions For Tomorrow" is a free 12-week education course for caregivers of children diagnosed with a brain disorder.** The curriculum balances educational materials and skills training with self-care, emotional support, and empowerment. The program includes information on brain biology, coping and self care, empathy, problem management, rehabilitation, recovery and transition, advocacy, and stigma. It will cover many brain disorders such as: ADD/ADHD; PPD; autism; Tourette's syndrome; conduct, bipolar, , and eating disorders; depression; anxiety; schizophrenia; schizoaffective, anxiety, and obsessive compulsive disorders; separation anxiety disorder, panic disorder, and phobia.

The class starts Saturday, September 11th, 9 a.m. to 11:30 a.m. at the McHenry County Mental Health Board, 620 Dakota Street, Crystal Lake. **To Register call 815-444-9991.**

### NAMI MC Newsletter Staff

We were delighted to meet Kathy Zander at our spring session of NAMI's Family to Family education course. An experienced editor for a local business, Kathy has graciously volunteered her time and talents to help out with our quarterly newsletter. Thank you, Kathy!

**Special thanks to Charles Elliott**, who has devoted many years as a volunteer for the NAMI *Newsline*. Charles has helped out with everything from editing, cutting and pasting, and proofreading, and will continue to contribute his skills to the newsletter production. Thank you, Charles!

NAMI MCHENRY COUNTY  
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## NAMI-MC NEWSLINE

*For more than two decades NAMI has been a leading grassroots organization, promoting research and improved services for persons who suffer from serious brain disorders, increasing public awareness through community education and offering support to families and friends whose lives are affected by mental illness. NAMI offers hope to us...*

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### NAMI MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email\* \_\_\_\_\_

How did you find NAMI? \_\_\_\_\_

\_\_\_\_\_ Please check if you would like to become a NAMI volunteer

**Please check the membership of your choice:**

\_\_\_\_\_ Family Member \$35

\_\_\_\_\_ Special Member \$ 5 (for recovering persons)

\_\_\_\_\_ Associate Member \$50

I would like to make a donation to NAMI in the amount of \$ \_\_\_\_\_

\*If you want to receive NAMI news updates via e-mail, enter your e-mail address here:  
.....

**Make checks payable to:  
NAMI McHenry County  
PO Box 1391,  
Crystal Lake, IL 60039-1391**

*Your contribution is tax deductible.  
All members receive newsletters from your local, state and national NAMI*

*Mark Your Calendars for  
NAMI Summer '04 Meet-  
ings: July 15, Aug. 19, Sept. 16*