P.O. Box 612 Winnetka, IL 60093 May-June 2004

Screening Youth across the Nation: The TeenScreen Program for finding mental illness and suicide risk

by Laurie Flynn, National Director, PATH director, Carmel Hill Center, Columbia University
(Reprinted with permission from "NAMI Beginnings," Spring 2004)

The problems of mental illness and suicide in our youth have reached crisis proportions. Suicide is the third-leading cause of death among young people ages 10 to 24 years, and nearly as many teens die from suicide as from all natural causes combined (CDC, 2001). This statistic alone is cause for alarm. And when you consider that each year an additional 520,000 youth require medical services as a result of suicide attempts, it's clear that something needs to be done.

It is estimated that one in ten youth suffer from a mental health problem serious enough to cause impairment, yet only one in five receive any treatment (Satcher, 2001). Studies have shown that 90 percent of youth who died by suicide were suffering from depression or another diagnosable and treatable mental illness at the time of death (Shaffer et al.,1996). More than half were symptomatic for more than a year before their deaths, which indicates a missed opportunity to find these youth and offer treatment. It is clear that we need to identify these youth and refer them to treatment long before suicide seems to be their only solution.

continued on page 4

NAMI CCNS GENERAL MEETINGS

Monday, May 24
Wilpower, Inc. – Services and Programs
Speaker: Sue Shimon, Executive Director

Monday, June 28
A Review of Psychopharmaceutics
Speaker: Dr. Robert Shulman, MD

Rush North Shore Medical Center
First Floor in the Sharfstein Center
9600 Gross Point Rd., Skokie, IL

Open to the public, but please register.
Call 847-724-1460 or 847-256-0775 to register.

Sign Up for Tag Day

May 14 and 15, 2004

Volunteers are needed to hand out information & candy, collect donations and have some fun.

We need your help in bringing our message to our community!

Family & friends welcome.

Where: Waukegan Road and Lake Street, Glenview (next to Boston Chicken). We will meet in the parking lot.

Times: Friday 7 am to 6 pm and Saturday 8 am to 6 pm.

To sign up for a 2-hour shift, contact Julie Savastio (847) 825-1835

PRESIDENT'S LETTER

Dear Members,

Has this happened to you? In the course of a conversation, someone reveals that a family member or friend is experiencing symptoms of what seems to be some form of a mental illness. They reveal their confused thoughts and negative feelings about the impact of these symptoms on their lives. As you listen, you realize that they haven't heard about NAMI and are thus in the dark about the range of information and support they could receive from this organization. You mention that NAMI-CCNS exists and give them a brochure or guide them to our website for further information. And then, you go separate ways and hope that they will follow-up on your suggestion to check into what NAMI-CCNS might be able to offer them. Sometimes you even get a follow-up call thanking you for this tip about NAMI and you get a warm feeling that perhaps you've been able to help someone else whose life has been impacted by mental illness. If this has been happening for you, I want to thank you for your individual acts of kindness toward others by sharing about NAMI-CCNS.

Unfortunately, many people who could most benefit from NAMI remain in the dark because they have not had the fortune to be engaged in conversations with people who could give them this information. That is why it is important to consider ways to bring the topic of mental illness to the surface and allow people to feel safe about talking about it. Naturally, the topic will not be of importance to everyone and one must be sensitive to how much to focus on it in any conversation. However, I have found that I can easily mention NAMI in many types of conversations and have learned to describe it in a brief way as an organization that provides assistance through education, support, and advocacy to individuals and families at any stage of the cycle of mental illness. I frequently have NAMI-CCNS brochures with me to give to people who ask for more information.

Another way to help promote the work of NAMI is through our organization's Tag Day event, which will be taking place the weekend of May 14th. Board member Julie Savastio is coordinating this event and would very much appreciate hearing from NAMI-CCNS members who would like to volunteer to participate. If you would like to donate two hours of your time during the two days for Tag Day, please contact Julie at JSAVASTCPA@aol.com or (847) 825-1835. I participated for the first time two years ago and found that it was a very rewarding experience as people waved me over to their cars to ask about NAMI and give a donation. I strongly encourage you to join us at this event to help raise awareness both about the functions of NAMI-CCNS as well as the funds to help fulfill its mission.

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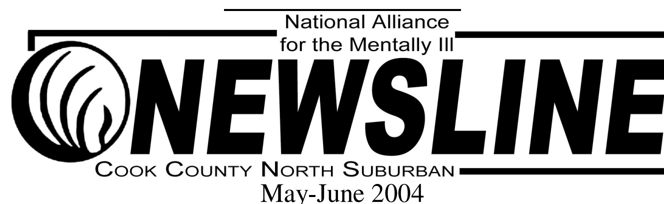

May-June 2004

P.O. Box 612 Winnetka, IL 60093
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Layout: Tom Maier

Questions, comments?
Please e-mail: ldatlarge@comcast.net

Visit our web site www.namiccns.org

Web site maintained by Tom Maier

PRESIDENT'S LETTER *(continued)*

Another board member, Ellen Roth, is working on the development of a directory of individuals whose work as a professional health practitioner or with a community organization may bring them into contact with people who might benefit from receiving information about NAMI-CCNS. It is our plan to send copies of our newsletter, NAMI-CCNS brochure, and the Family-to-Family and Visions for Tomorrow brochures to these resource people in order to increase public awareness about mental illness and the services provided by our organization. Please contact Ellen at SuperMo16@aol.com with contact information about any person or organization in your community whose role might make them ideal resources to share information about mental illness and NAMI-CCNS.

Finally, I would like to close with a big thank you to Beth Kordick who originally designed our website and managed it for the past few years. Beth has resigned from this position to move on to other activities and we will miss her wonderful assistance with this increasingly important tool for communicating about and with NAMI-CCNS. Tom Maier, our affiliate's immediate past president, has agreed to assume responsibility for the next stages of the website's development. Please send any suggestions or ideas about the website to namiccns@earthlink.net.

Board meetings are open to all members. We encourage you to attend. This is a good way to learn about what NAMI-CCNS is doing. The meetings are held at 7:30 p.m. at Wilpower, 444 N. Frontage Road, Northfield. The dates for the 2004 board meetings are May 13 , June 16, July 14, August 11, September 15, October 13, November 10, and December 8. If you would like to contact me directly, please do so by email: CHughesNamiCCNS@aol.com or call the NAMI-CCNS telephone number: 847-724-1460. ▫

COGNITIVE BEHAVIORAL THERAPY: WHAT IT IS AND WHO BENEFiTS

Cognitive Behavioral Therapy: What It Is and Who Benefits was the subject of a program presented by Dr. Karen Cassiday, PhD at the March NAMI CCNS meeting at Rush North Shore Medical Center.

Cognitive behavioral therapy (CBT) involves Socratic thinking and the focus of power is on the patient, not the therapist. Treatment involves a great deal of homework, not journaling and, in contrast to psychotherapy which involves years of therapy, it is of shorter duration – usually six to eight months and then tapers off.

Initially a diagnosis is made and then a treatment plan which emphasizes a good outcome is developed. Homework involves small doable tasks to be accomplished. When approaching problems, attitude is everything and patients learn to handle anxiety better. Traits such as compassion, forgiveness, curiosity and humor are emphasized rather than "why or why me". Patients learn to be non-blaming and non-materialistic. The success rate of CBT is 60% to 90%, except for paraphilia.

Dr. Cassiday suggests contacting the following professional organizations for listings of therapists who are likely to have formal graduate training and advanced postgraduate training in CBT:

Academy of Cognitive Therapy (academyofct.org) or (610)-664-1273

Association for the Advancement of Behavior (aabt.org)

After locating a list of therapists, it is important to ask the following questions:

What is your training?
Will you give a diagnosis?
What are treatment options?
What are intermediate steps I will have to take?
What homework is involved and how hard will I have to work?
What if I don't make progress – will you fire the patient?
Will you refer to a psychiatrist for medications? ▫

SCREENING YOUTH *(continued from page 1)*

The Columbia University TeenScreen Program

In July 2003, the President's New Freedom Commission on Mental Health Report asserted that early mental health screening, assessment, and referral to services should be common practice to prevent a downward spiral that can include school failure, depression, and suicide. The commission's report, "Achieving the Promise: Transforming Mental Health Care in America," calls for schools and primary care settings to implement mental health screening. The goal is for youth who are living with, or who are at risk for, mental illness to be identified and linked to treatments that could prevent disability and suicide. We are very proud to announce that the commission report named the Columbia University TeenScreen Program as a model program for mental health screening and early intervention.

The Columbia University TeenScreen Program is based on more than 12 years of research by the Division of Child and Adolescent Psychiatry at Columbia University. The TeenScreen Program works by creating partnerships with schools and communities across the nation to implement mental health screening programs for mental illness and suicide risk in youth. Our staff works with interested groups to develop screening programs that are based on the TeenScreen model, but that are also adapted to accommodate the specific needs and resources of each community. Consultation, training, screening instruments, materials, and technical assistance are provided free of charge to qualifying schools. Communities in 29 states have already partnered with the Columbia University TeenScreen Program, and 400 additional partners are being sought to implement screening programs in their own schools and communities.

The Columbia University TeenScreen Program uses a two-stage process to identify at-risk youth. First, all youth who have parental consent, and who themselves assent to participation, complete the DISC Predictive Scales (DPS). The DPS is a 10-minute, self-administered, computerized questionnaire that screens for major depression, suicidality, panic disorder, social phobia, generalized anxiety disorder, obsessive-compulsive disorder, and alcohol, marijuana and other substance abuse. Teens who are negative on the DPS are dismissed from the screening, and those who are positive are advanced to the second stage, where they are assessed by a mental health clinician to determine if further evaluation or treatment would be beneficial. If professional services are recommended, the youth and his or her family are assisted with the referral process.

Research conducted on the program revealed not only that it effectively identifies at-risk teens, but also that the majority of the youth it uncovers are not already receiving services and are not even known to have problems. In a study of approximately 2,000 high school students, only 31 percent of students with depression, 26 percent who were contemplating suicide, and 50 percent who had made a prior suicide attempt were known to have problems or were of any concern to school personnel (Shaffer, 1996). This study indicates that the majority of students who are suffering from a mental illness and are at risk for suicide are currently not detected. They can be found, however, through the implementation of a simple early-identification screening program, and lives can be saved.

Positive Action for Teen Health

The Columbia University TeenScreen Program is part of a national initiative to promote mental health checkups for all adolescents before they graduate from high school. This initiative, Positive Action for Teen Health (PATH), is working at the federal, state, and local levels to close the gap between the promise of science and the unacceptably high rates of adolescent depression and suicide. PATH is committed to raising awareness of the problems of adolescent suicide and untreated depression and to helping policymakers and communities implement effective solutions. PATH has been endorsed by a variety of health and education organizations, including the American Academy of Child and Adolescent Psychiatry, the National Education Association, the American Psychiatric Association, the National Alliance for the Mentally Ill, the Depression and Bipolar Support Alliance, and the National Association of School Psychologists.

To continue the momentum created by the recognition we received from the President's New Freedom Commission on Mental Health, PATH released a report entitled "Catch Them Before They Fall." The report calls attention to the serious problems of mental illness

and suicide in youth and details specific action steps for parents, policymakers, educators, health professionals, and community leaders to take to help save young lives by promoting and implementing mental health screening programs in their communities. Please go to www.teenscreen.org to download a copy of this new publication, or e-mail us at teenscreen@childpsych.columbia.edu and we will send you a printed copy.

What Can You Do?

Adolescent depression came home to my family when my daughter made a suicide attempt in her senior year of high school. She had deteriorated inexplicably and rapidly, moving quickly from senior-year stress to depression. Thankfully she was successfully treated and went on to college and graduate school. She was recently married. My family story has a happy ending, but thousands of parents and teens are not so fortunate. That's why I speak out everywhere urging mental health checkups for youth. We need you to raise your voices, too. Parents are the most powerful advocates for children's mental health. If you are a parent and you believe that mental health screening should be implemented in your child's high school, then let the schools in your community know about the TeenScreen Program. We will be happy to send you information to take to the school administration. You can also contact your members of Congress and let them know that mental health screening is vital for our nation's youth.

If you are a teenager and believe this program could help kids who are having mental health problems and may be at risk for harming themselves or others, talk to your guidance counselor or your principal about the TeenScreen Program. Contact our office and we will send you information to take to your school.

If you are an education professional and would like to see mental health screening implemented in your area, contact our office to learn more about the TeenScreen program and how we can work together to bring it to your school or community.

If you are a mental health professional or work in primary health care, we can help you to add mental health screening to your current services. Some of our most successful screening programs are in school-based health centers where youth come in for routine medical care and are screened while waiting to see the clinician.

If you are a policymaker, we have many public policy initiatives that could use your support. Congresswoman Rosa DeLauro (D-CT) has reintroduced the Children's Mental Health Screening and Prevention Act (H.R. 3063). The bill creates a federal grant program to fund demonstration sites to implement evidence-based preventive screening programs to detect mental illness and suicidal tendencies in school-age children. Similar resolutions are being introduced in many states. To learn more about the Columbia University TeenScreen Program or PATH, please visit www.teenscreen.org, call the program office at 866-TeenScreen (866/833-6727) or e-mail teenscreen@childpsych.columbia. edu. Thank you.

Editor's note: Laurie Flynn is the former executive director of NAMI. Before assuming her current leadership position at Columbia University, she dedicated many years of outstanding leadership to NAMI in working to improve the lives of people living with mental illnesses.

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MEDICATION UPDATES

FDA Public Health Advisory

March 22, 2004

WORSENING DEPRESSION AND SUICIDALITY IN PATIENTS BEING TREATED WITH ANTIDEPRESSANT MEDICATIONS

Today the Food and Drug Administration (FDA) asked manufacturers of the following antidepressant drugs to include in their labeling a Warning statement that recommends close observation of adult and pediatric patients treated with these agents for worsening depression or the emergence of suicidality. The drugs that are the focus of this new Warning are: Prozac (fluoxetine); Zoloft (sertraline); Paxil (paroxetine); Luvox (fluvoxamine); Celexa (citalopram); Lexapro (escitalopram); Wellbutrin (bupropion); Effexor (venlafaxine); Serzone (nefazodone); and Remeron (mirtazapine).

Warning Information

* Health care providers should carefully monitor patients receiving antidepressants for possible worsening of depression or suicidality, especially at the beginning of therapy or when the dose either increases or decreases. Although FDA has not concluded that these drugs cause worsening depression or suicidality, health care providers should be aware that worsening of symptoms could be due to the underlying disease or might be a result of drug therapy.

* Heath care providers should carefully evaluate patients in whom depression persistently worsens, or emergent suicidality is severe, abrupt in onset, or was not part of the presenting symptoms, to determine what intervention, including discontinuing or modifying the current drug therapy, is indicated.

* Anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness), hypomania, and mania have been reported in adult and pediatric patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and nonpsychiatric. Although FDA has not concluded that these symptoms are a precursor to either worsening of depression or the emergence of suicidal impulses, there is concern that patients who experience one or more of these symptoms may be at increased risk for worsening depression or suicidality. Therefore, therapy should be evaluated, and medications may need to be discontinued, when symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms.

* If a decision is made to discontinue treatment, certain of these medications should be tapered rather than stopped abruptly (see labeling for individual drug products for details).

* Because antidepressants are believed to have the potential for inducing manic episodes in patients with bipolar disorder, there is a concern about using antidepressants alone in this population. Therefore, patients should be adequately screened to determine if they are at risk for bipolar disorder before initiating antidepressant treatment so that they can be appropriately monitored during treatment. Such screening should include a detailed psychiatric history, including a family history of suicide, bipolar disorder, and depression.

* Health care providers should instruct patients, their families and their caregivers to be alert for the emergence of agitation, irritability, and the other symptoms described above, as well as the emergence of suicidality and worsening depression, and to report such symptoms immediately to their health care provider.

FDA is continuing to review available clinical trial data for pediatric patients with depression and other psychiatric disorders to try to determine whether there is evidence that some or all antidepressants increase the risk of suicidality. Later this summer, the FDA plans to update the PDAC and Peds AC about the results of this review.

FDA plans to work closely with each of the nine manufacturers of the antidepressants that are the subject of today's request to continue investigating how to optimize the safe use of these drugs and implement the proposed labeling changes and other safety communications in a timely manner. ◘

ZYPREXA

March 1, 2004

Re: Safety data on Zyprexa ® (olanzapine) – Hyperglycemia and Diabetes

Dear Doctor,

Eli Lilly and Company would like to inform you of important labeling changes regarding Zyprexa (olanzapine). The Food and Drug Administration (FDA) has asked all manufacturers of atypical antipsychotic medications, including Lilly, to add a Warning statement describing the increased risk of

hyperglycemia and diabetes in patients taking these medications, including Zyprexa. In addition to Zyprexa, the atypical antipsychotic class includes Clozaril ® (clozapine, Novartis), Risperdal ® (risperidone, Janssen), Seroquel ® (quetiapine, AstraZeneca), Geodon ® (ziprasidone, Pfizer), and Abilify ® (aripiprazole, Bristol Myers Squibb and Otsuka American Pharmaceutical). Accordingly, the Zyprexa prescribing information has been updated with the following information:

WARNINGS
Hyperglycemia and Diabetes Mellitus
Hyperglycemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics including Zyprexa. Assessment of the relationship between atypical antipsychotic use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population. Given these confounders, the relationship between atypical antipsychotic use and hyperglycemia-related adverse events is not completely understood. However, epidemiological studies suggest an increased risk of treatment-emergent hyperglycemia-related adverse events in patients treated with the atypical antipsychotics. Precise risk estimates for hyperglycemia related adverse events in patients treated with atypical antipsychotics are not available.

Sincerely,

Dr. Paul Eisenberg
Vice President, Global Product Safety
Eli Lilly and Company ◻

CLOZARIL

FDA and Novartis notified healthcare professionals of revision to the WARNINGS section of Clozaril [clozapine] labeling, describing the increased risk of hyperglycemia and diabetes in patients taking Clozaril.

FDA has asked all manufacturers of atypical antipsychotic medications, including Novartis, to add [a] Warning statement to labeling. ◻

ABILIFY

Bristol-Myers Squibb Company
P. O. Box 4500 Princeton, NJ 08543-4500
March 25, 2004

Dear Healthcare Practitioner:

The Food and Drug Administration requested that a warning be added to the prescribing information for all atypical antipsychotics regarding the risk of hyperglycemia and diabetes. This warning advises in part that hyperglycemia, in some cases extreme, has been reported in patients treated with atypical antipsychotics. Attached for your review is the updated full ABILIFY™ (aripiprazole) prescribing information.

The new warning provides information that is specific to ABILIFY, hyperglycemia, and related adverse events:

* "There have been few reports of hyperglycemia inpatients treated with ABILIFY."

* "Assessment of the relationship between atypical antipsychotic use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia..."

* "[E]pidemiological studies which did not include ABILIFY suggest an increased risk of treatment-emergent hyperglycemia-related adverse events in patients treated with the atypical antipsychotics included in these studies."

* "Because ABILIFY was not marketed at the time these studies were performed, it is not known if ABILIFY is associated with this increased risk."

While, as noted above, there have been few reports of hyperglycemia in patients treated with ABILIFY, an exhaustive review of the ABILIFY database revealed no increased signal for diabetes. Additional information is needed to confirm this. However, as noted in the new warning, it is prudent to monitor patients treated

Continued on page 8

MEDICATION UPDATES

(continued from page 7)

with atypical antipsychotics for signs and symptoms of diabetes. Patients with risk factors for diabetes mellitus (e.g., obesity, family history) who are starting treatment with atypical antipsychotics should undergo baseline screening and routine monitoring throughout therapy to mitigate the risk of developing serious metabolic complications.

ABILIFY is indicated for the treatment of schizophrenia. Clinical data demonstrates that ABILIFY delivers proven efficacy with a mean weight change of only 1 kg over 1 year, and is comparable to placebo with respect to lipids.

Sincerely,

Freda Lewis-Hall, MD
Senior Vice President, Medical Affairs
Bristol-Myers Squibb Company ▫

LEGISLATIVE UPDATES

HB 4827 WHICH HELPS TO ESTABLISH MENTAL HEALTH COURTS PASSES THE HOUSE.

HB 4827 which provides that if a county establishes a Mental Health Court, it may assess a $10 fee for processing criminal cases upon the conviction of an individual (excluding traffic and civil offenses) has passed the Illinois House. This money can then be used to set up a jail diversion program for the mentally ill. The bill is now in the Senate.

With 16% of the mentally ill in jail or prison many who have been convicted of misdemeanors, this represents a tremendous victory for NAMI.

In Cook County presiding judge Timothy Evans has already begun to establish a mental health court system which hopefully will be up and running in May.

NAMI members are now urged to contact their State Senators and request that they support HB4827. ▫

URGE YOUR CONGRESSMAN TO SUPPORT BILL TO REDUCE CRIMINALIZATION OF PEOPLE WITH MENTAL ILLNESS

In 2003, the U.S. Senate passed the "Mentally Ill Offender and Crime Reduction Act of 2003" (S. 1994), a bill that authorizes $100 million in federal grants that states or local communities can use for a variety of purposes including:

Creating jail diversion programs;

Providing treatment to adults with serious mental illness and juveniles with serious emotional disturbance who are incarcerated;

Funding cross-training of criminal justice, law enforcement, court and mental health personnel; or

Providing mental health services to individuals with serious mental illnesses upon reentry into the community.

This year, a virtually identical bill – HR 2387 - is before the House of Representatives. Sponsored by Rep. Ted Strickland (D. Ohio), HR 2387 has been referred to the House Committee on the Judiciary, Subcommittee on Crime, Terrorism and Homeland Security. In addition to Congressman Strickland, the bill now has two co-sponsors, Rep. Spencer Bachus (R-AL) and Rep. William Delahunt (D-MA).

Action Needed: Advocacy at this time should be focused on finding more co-sponsors, particularly Republicans who serve on the Subcommittee on Crime or the full Judiciary Committee. ▫

INSURANCE PARITY FOR MENTAL ILLNESS STILL NEEDS ACTION

Although 69 Senators and 245 members of the U.S. House of Representatives support and President Bush has said that he supports The Senator Paul Wellstone Mental Health Equitable Treatment Act (S.486 and H.R.953), action on these bills have been blocked by the leadership in Congress. NAMI members and their family and friends are urged to contact their representatives in Congress and ask them to pressure Senate Majority Leader, Bill Frist and Committee Chairman Senator Judd Gregg and House Speaker Dennis Hastert.

You can write, or call the toll free number at the Capitol Switchboard: 1-800-839-5276. ▫

CALENDAR

NAMI Meetings, Support and Social Groups

May 11, Tuesday 7:30 p.m.
"Care and Share" support group
Rush North Shore Medical Center

May 13, Thursday 7:30 to 9:00 p.m.
Visions for Tomorrow support groupKenilworth Union Church211 Kenilworth Avenue, Kenilworth

May 30, Sunday 1:00 to 3:00 p.m.
"Sundays at One" social group for young adults. For information and registration call Alan at (847) 736-4587 or Nathan at (847) 446-8416

June 8, Tuesday 7:30 p.m.
"Care and Share" support group
Rush North Shore Medical Center

June 10, Thursday 7:30 to 9:00 p.m.
Visions for Tomorrow support group
Kenilworth Union Church
211 Kenilworth Avenue, Kenilworth

June 27, Sunday 1:00 to 3:00 p.m.
"Sundays at One" social group for young adultsFor information and registration call Alan at (847) 736-4587 or Nathan at (847) 446-8416

September 8-12
NAMI National Conference Washington, D.C.

October 15-17
NAMI Illinois Conference Lisle, Illinois

November 12-13
"Piecing It All Together: How Children's Mental Health & Mental Illnesss Affect Family, School & Community"
Fairview Heights, Illinois
Contact Jane Roennigke (618) 465-8876 or jjroennigke@msn.com

Other Organizations

Sunday, June 6
3rd Annual Community Conference on Erasing the Stigma of Mental Illness.
"Children and Adolescent Depression"
Beth Emet Synagogue in Evanston
Keynote Speaker: Harold S. Koplewicz, M.D., Psychiatrist, author: "More Than Moody: Recognizing & Treating Adolescent Depression"

Depression & Bipolar Support Alliance Greater Chicago (DBSA) - 2004 Spring Education Series (773-465-3280)
May 10 "Mindfulness & Mental Health: Ancient Wisdom for Today's Ills" Dorothy Jerome, MA
June 14 "Hypnotherapy" Jay Stone, PhD, host of Inner QuestChicago Cable TV show, author of Sacred Cycles

Family Resource Center on Disabilities
(312-939-3513)
May 15 "Least Restrictive Environment: How to Make It Work for Your Child Assistive Technology: How It Can Help Your Child"
June 12 "What Parents & Professionals Need to Know About Autism"

Autism One
May 27-30 Autism One 2004 Conference
The Westin Michigan Avenue Hotel
909 North Michigan Avenue, Chicago
www.autismone.org for information

NAMI CCNS Education Classes, Support Groups and Other Services

***Visions for Tomorrow A**n 8-week course designed for primary care givers of children with mental disorders. The class covers disorders such as ADHD, bipolar disorder, schizophrenia, anxiety disorders, eating disorders, as well as brain biology treatments and medications, communication and coping skills. Class is free of charge. Call Barb Maier for information 847 446-8416

Family to Family)* A 12-week class designed for family members and close friends of individuals with brain disorders. The course presents comprehensive information on schizophrenia, major depression, bipolar disorder, borderline personality disorder, panic disorder, obsessive compulsive disorder, co-occurring addictive disorders, as well as medications, coping skills and advocacy. Class is free of charge. To register, call Joyce at 847-853-6191

General Monthly Meeting is an educational program featuring speakers with expertise in mental-health related topics. Meetings are held the last Monday of the month at Rush North Shore Medica Center, 9600 North Gross Pointe Road, Skokie. *(See Calendar for details)*

Visions for Tomorrow Support Group. This group ,which meets the second Thursday of each month, is for parents of children, adolescents and young adults with mental disorders. Call Barb Maier, facilitator, for information. 847 446-8416 *(See Calendar for details)*

Care and Share A support group open to all. Meets the second Tuesday of the month at Rush North Shore Medical Center.

Response Team A "warm line" (*not* a crisis hot line) for anyone looking for resources, referrals (or just a chance to connect with others) about dealing with mental disorders. Call the NAMI CCNS office and leave a message, 847 724-1460 (messages are picked up three times a week by our response team members)

"Sundays at One" is a new social meeting group for young adults (ages 18-35) coping with mental disorders (such as depression, bipolar disorder, anxiety, schizophrenia, eating disorders, OCD). Run by Alan Carlile and Nathan Maier, who also struggle with chemical imbalances, the group will emphasize good mental health and offer activities for young adults who want to do things together. 1:00 p.m.-3:00 p.m. at Borders Bookstore, 49 S. Waukegan Road, Northbrook (corner of Waukegan n and Lake Cook Roads). For information and registration, call Alan at 847 736-4587 or Nathan at 847 446-8416.

Other Organizations

Anorexia Nervosa and Associated Disorders (ANAD) invites interested parties to call for referrals, information and local support groups. Call Dawn (847) 831-3438

The Depression Support Group meets the fourth Monday of every month at the Kenilworth Union Church, 211 Kenilworth Avenue, Kenilworth at 7:30 p.m. Group invites individuals and families interested in learning more about depression and manic depression (bipolar disorder) to attend. Call (847) 251-4272 for more information

The Child and Adolescent Bipolar Foundation (CABF) is a national, parent-led organization of families raising children diagnosed with (or at risk for) bipolar disorder. For information on support groups, on-line library and other activities visit www.bpkids.org or call (847) 256-8525

Depression and Bipolar Support Alliance of Metropolitan Chicago (DBSA) offers support for persons affected by depressive or manic-depressive disorders. Call (773) 275-3230

Depression and Bipolar Support Alliance (DBSA) meets the second and fourth Mondays of each month at the Devon Bank, 6445 N. Western Ave., Chicago, at 7:30 p.m. Call Chet for details (773) 465-3280

Obsessive Compulsive Disorder Support Group meets weekly Thursday evenings at Resurrection Hospital, 7435 W. Talcott, Chicago. 7:30-9:00 p.m. Call Carol Miller, facilitator, for information 773-774-3019

Obsessive-Compulsive support group Professionally-led group for adults (and their support persons) with OCD per session. Meets the first Monday of each month at Anxiety and Agoraphobia Treatment Center, Frontage Road, Northbrook. 7:30-9pm. $25 per session. Call Alona Ramati, M.S. 847-559-0001 ext. 8 before attending first meeting for information.

NAMI Cook County North Suburban
P.O. Box 612
Winnetka, Illinois 60093

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