



Medication Update

FDA warns of cardiac effects with haloperidol

(Haldol, Haldol decanoate, and Haldol lactate)

Johnson and Johnson and FDA informed healthcare professionals that the WARNINGS section of the prescribing information for haloperidol has been revised to include a new Cardiovascular subsection regarding cases of sudden death, QT prolongation and Torsades de Pointes (TdP) in patients treated with haloperidol, especially when given intravenously, or at doses higher than recommended. Although injectable haloperidol is only approved by the FDA for intramuscular injection, there is considerable evidence that the intravenous administration of haloperidol is a relatively common off-label clinical practice.

There are at least 28 case reports of QT prolongation and TdP, some with fatal outcome in the context of off-label intravenous haloperidol. Healthcare professionals should consider this new risk information when making individual treatment decisions for their patients.

Source: FDA MedWatch

Modafinil (Provigil) linked to serious skin reactions

The FDA has been monitoring cases of serious skin reaction, including erythema multiforme (EM), Stevens-Johnson syndrome (SJS), and toxic epidermal necrolysis (TEN). In its post-marketing reviews of adverse event reports associated with the use of modafinil. The product labeling for modafinil has been recently updated to include a bolded warning for serious rash. Although modafinil was

approved for use in narcolepsy, shift-work sleep disorder, and other wakeful conditions, many doctors have used modafinil off-label to treat ADHD and depression with fatigue. ■

Source: FDA Drug Safety Newsletter, October 2007

Professionals and consumers:

Did you know you could report adverse medication effects directly to the FDA? Through the agency's MedWatch program, interested individuals are encouraged to send in adverse event reports. You may visit MedWatch online, call 1-800-FDA-1088, or write MedWatch, Central Triage Unit 5600 Fishers Lane, Rockville MD, 20852-9787. For drug inquiries, call the FDA at 301-827-4570.

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From the Co-Presidents

Dear Members,

As this *Newsline* approaches its deadline, we, at NAMI CCNS, are celebrating several major accomplishments. Under the leadership of Board Member, Jim Brodnicki, and his wife, Laura, we have completed our first NAMI Walk for the Mind of America, part of a national campaign to build awareness about our country's need for treatment and a recovery system for people with mental illness. On a lovely September day, members, families and friends gathered at Grant Park for an inspiring walk along the lakefront. (*For more information and photos from the walk, see page 3*)

At the NAMI Illinois Annual Conference in October, NAMI CCNS members Joyce Schladweiler and Tom and Barb Maier will be the recipients of this year's "Katie Petray Excellence in Education" award (Barb received this award in 2005). This award is given to the NAMI Illinois members who have made outstanding contributions to further education in serious mental illness. NAMI CCNS will be further honored when Nate Maier and Candice Savastio receive the "Most Innovative Mental Health Program" for their program, "Sundays at One." "Sundays," a monthly social group for young adults recovering from brain disorders, arose from the vision of members Nate Maier and Alan Carlile and nurtured by past President Tom Maier and current Executive Director Barb Maier. The program is now flourishing under the leadership of Chris Jordan and Kate Hutchins and sponsor Brenda Jordan. Later in the program, Barb will award "Visions for Tomorrow" teachers Agnes Byrne and Helene Rhodes awards for their teaching.

CCNS Breaking News: Three members of our affiliate- Avigal Rhodes, Candice Savastio and Lisa Weintraub — were recently trained and certified in facilitating the "Connection Recovery Support Group." They are very excited about leading this new group. (*For more information, see page 9*)

NAMI CCNS Executive Director Barb Maier is looking for parents of children and adolescents coping with brain disorders to become teachers of a new 5-week psychoeducation course called "NAMI Basics." This new class will be for parents whose children have been recently given a diagnosis and need information and support quickly. The first training will be November 16, 17 and 18. Hotel, meals and materials are provided. Call 847-716-2252 if you are interested in learning more.

Finally, we invite you to become more involved with NAMI CCNS by attending an education program, board meeting, or participating in a support group. From time to time we also have volunteer opportunities. For further information, check the Calendar or call the NAMI CCNS office at 847-716-2252.

Respectfully Yours,

Ann George and Julie Savastio

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Joyce Shatney

Wendy Smith

420 W. Frontage Road #106

Northfield, IL 60093

847-716-2252

Editor: Linda Logan, Ph.D.

Questions, comments?

Please e-mail:

Ldatlarge@comcast.net

Visit our website: www.namiccns.org

Website maintained by Tom Maier

October November 2007



NAMI CCNS News Update

NAMI WALKS

By Wendy Smith

On September 23, I took five 10-year-old girls to the NAMI Walks-Chicago, an event co-sponsored by NAMI CCNS and NAMI Greater Chicago. Two of them were my daughters, who are very well aware of what mental illness means and why we were walking. Another child's mother had spoken to her for the first time about mental illness in her family. A fourth girl thought mental illness was the same as profound developmental disabilities. The other girls corrected her thinking on our drive down to the walk. Finally, the fifth child has a severely mentally ill aunt; she said that she was walking for her.

The girls all made colored paper shoes to pin to the bulletin board at the Walk's launching point. Some of their lovingly decorated shoes were meant to memorialize my brother who died and the other who is sick, some for the other little girl's aunt. They then marched every foot of that three mile walk. They were hot, with hurting feet, and exhausted by the end. They saw a number of people taking a short cut that would have significantly reduced their effort. All five children refused to do so, saying that they wanted to walk every foot for those who are ill.

Along the route, we talked about the meaning of stigma, why some people who are ill smoke, and that many times you can't tell if someone is sick just by looking at them. They were exceedingly proud of themselves when they finished the route and collapsed on a hill in the shade.

For me, the moral to the story is this: if we can capture children while they are still open, curious, and full of the idealism of youth, their generation just might finally put stigma in its proper place - in the trash along with yesterday's stories of Britney Spears. ■



Judy Graff (left) with organizer of NAMI CCNS Walks-Chicago, Jim Brodnicki and friends.



Peggy Wonders (Julie Savastio's sister), Julie Savastio, Jill Friedberg Rubin, Ann George, and Judy Graff.



Todd Logan, Jill Friedberg Rubin, Judy Graff, and Frieda Ankin.



Ann George (center) with her family.

Diagnosing and Treating Bipolar Disorder in Children: A Perspective from the NIMH

The National Institute of Mental Health

A recently published paper in the September 2007 issue of the *Archives of General Psychiatry* reported a 40-fold increase in the rate of diagnosing bipolar disorder in children over the past decade. The paper raises three important questions:

1. Were physicians under-diagnosing bipolar disorder in the past?
2. Are they over-diagnosing currently?
3. Are more children developing behavioral disorders than in the past?

It is unclear exactly what is causing this increase, but current evidence suggests a combination of each of these and possibly other factors. The following is intended to discuss the paper's findings within the broader context of what we know about the diagnosis and treatment of bipolar disorder in children and adolescents.

The survey recorded the number of office visits instead of the number of individual patients, so some people may have been counted more than once. Because the survey was conducted only over one week, it was not possible to study the length and progress of treatment. In addition, information on the doses of some medications was not available. Finally, while a 40-fold increase seems large, the base rate (25 bipolar diagnoses per 100,000 people) suggests that the diagnosis was rarely used in 1994-1995. The recent rate of 1,003 bipolar diagnoses per 100,000 people is indeed much higher than the 1994-1995 rate, but still well below the rate of bipolar disorder for adults (1,679 bipolar diagnoses per 100,000 people).

How do physicians currently diagnose bipolar disorder in children? The current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) lists criteria to define bipolar disorder in children. These criteria are based on how the disorder typically appears in adults and have not changed over the past decade. Research indicates that there are children whose symptoms clearly meet these criteria, as well as a much larger group of children who show some but not all symptoms. It is in this latter group, who frequently show excessive irritability and impulsivity, where there is disagreement as to whether these are symptoms of bipolar disorder or of a broader spectrum of mood disturbances. Such mood disturbances may have been diagnosed differently or may not have come

to a physician's attention a decade ago.

Co-occurring disorders can also make diagnosis more difficult. As many as 60 percent of children diagnosed with bipolar disorder in most studies also have attention deficit hyperactivity disorder (ADHD), raising questions about whether the current diagnostic criteria are specific enough to distinguish symptoms of bipolar disorder from symptoms of other related illnesses in children.

Recent research has demonstrated that many adult mental disorders begin in childhood. The NIMH-funded Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) trial found that about 65 percent of adults with bipolar disorder describe the onset of symptoms before age 19, suggesting that the disorder may have been insufficiently recognized in the past. It is not yet clear, however, that all of the children currently diagnosed with bipolar disorder will grow up to be adults with bipolar disorder.

A current NIMH supported study is following a group of children and adolescents diagnosed with bipolar disorder to determine the course of their symptoms over time. In this and other research studies for which having bipolar disorder is a requirement, only a small fraction of children referred for participation actually meet criteria for the disorder. It seems likely therefore, that many of the children and adolescents in the community diagnosed as having bipolar disorder do not have the same illness as adults with bipolar disorder. In this sense, the diagnosis may be over-used or misused in children. This is not to say that these children and their families are not in distress. While these children may not all have bipolar disorder, it appears that physicians are reporting a true increase in the number of children and adolescents presenting with severe behavioral problems, including irritability, aggression, and erratic moods.

NIMH is committed to the development of biological tests that can help validate the diagnosis of bipolar disorder in children. Recent research advances showed that electroencephalograms (EEGs) and magnetic resonance imaging (MRI) studies of the brain can reveal differences between bipolar disorder and related behavioral syndromes which cause some of the same symptoms in children as bipolar disorder causes. In addition, recent studies have identified novel candidate genes that may increase risk for adults with bipolar disorder. NIMH researchers also recently found that parents of children diagnosed with bipolar disorder appear more likely to themselves have bipolar disorder, compared with the parents of children with severe irritability but without the classic mood episodes of bipolar disorder. This suggests that genetics should ultimately prove

Continued on page 7

Legislative Update

National

Bush vetoes SCHIP

On October 3, the President vetoed a critical measure renewing the State Childrens Health Insurance Program (SCHIP). Efforts in the House and Senate to override this veto are expected later this month. On September 27, 2007 the Senate passed SCHIP by a vote of 62-29. On September 26, 2007, by a vote of 265-159 (and one member voting “present”) the House cleared legislation reauthorizing the State Children’s Health Insurance Program (SCHIP). This is unfortunately 19 votes short of the level necessary to override the expected President veto. Even though the House fell short of the support needed to override President Bush’s promised veto, there are critical improvements in this legislation (HR 976) which include a new requirement for equitable coverage of mental illness and a 6-month moratorium on regulations curbing rehabilitative services under Medicaid.

Senate passes parity; House action needed

The U.S. Senate passed the Mental Health Parity Act of 2007 (S 558), legislation requiring health plans to cover treatment for mental illness on the same terms and conditions as all other illnesses. The bill now moves to the House, where efforts are underway to move it forward later this fall. NAMI would like to express appreciation to the sponsors of S 558 - Senators Pete Domenici (R-NM), Edward M. Kennedy (D-MA) and Mike Enzi (R-WY) - for their persistence and leadership in bringing parity legislation forward. NAMI also thanks all our grassroots members whose efforts have made this victory possible. We now need to ask you help again, to push parity through the House. As Ann George and Julie Savastio write, “NAMI has been instrumental in moving this bill forward. We would like to thank all of our members for helping with this important legislation. It is your individual membership and our collective strength in numbers that allows us to be the ‘Nations’ Voice on Mental Illness.”

Support mental illness research funding

Congress is still considering its funding bills for fiscal year 2008 - which means that there’s still time to push for increased funding for mental illness research. The Senate bill (S 1710) funds the National Institute of Mental Health (NIMH) for FY 2008 at \$1.436 billion, which is \$32.4 million more than last year’s level and \$31 million more than the President’s request. The Senate level is also \$11 million more than the comparable level for NIMH in the House

companion bill. Please act today to make sure that Congress adopts the increased funding for NIMH in the Senate bill! We all know that better research can lead to better treatments. Across the entire National Institutes of Health (NIH), the Senate bill provides \$29.9 billion for FY 2008, which is about \$250 million above the House-approved level and \$1.2 billion more than the President’s request.

Proposed Medicaid rule threatens services for people with mental illness

The Centers for Medicare and Medicaid Services have issued proposed rules on the Medicaid Rehabilitation Services option. The Rehabilitation Services option is the most important funding source of services for people with mental illness such as assertive community treatment (ACT), multi-systemic therapy for children and adolescents (MST), and other important evidence-based services. NAMI is concerned that the proposed rules may have a negative impact on the ability of states to pay for these services.

Housing

Data released earlier this year by the Consortium for Citizens With Disabilities (CCD) Housing Task Force and the Technical Assistance Collaborative (TAC) demonstrates that people with mental illness and other disabilities living on SSI are completely “priced out” of the rental housing market. On average, people living on SSI are at 18.2% of area median income and must pay (on average) more than 113% of their monthly income to rent a modest 1-bedroom apartment. An affordable Housing Trust Fund - as envisioned in HR 2895 - will place the federal government back in the business of developing affordable rental housing to individuals and families with extremely low-incomes such as those living on SSI. It is therefore critical to support passage of HR 2895. On October 10, the House of Representatives will consider important legislation to authorize a new Housing Trust Fund to develop rental housing targeted to individuals with extremely low incomes, including people with serious mental illness living on Supplemental Security Income (SSI). NAMI strongly supports this legislation (HR 2895) as a critical step to development of new affordable housing targeted to individuals living on SSI. NAMI is extremely grateful to House Financial Services Committee Chairman Barney Frank (D-MA) for bringing this important legislation forward.



Help override Governor's line item veto of mental health funding

Here are some talking points about the Governor's line item vetoes of mental health funding and our effort to override those vetoes. As always it is particularly important to talk about how important the services are to you or your loved ones and the problems posed to the agency you work at/get services from.

The Mental Health Summit urges the legislature to reinstate \$14 million that Governor Blagojevich removed from the Fiscal Year 2008 budget in his veto message on August 22, 2007. The Governor eliminated in their entirety the following appropriations:

- Article 285, Section 96, page 465-66. The sum of \$8 million to cover the "safety net" for the provision of community mental health services during the transition to a Fee for Service funding system.

The Fee for Services conversion is the biggest change in mental health services in the history of the state. Already staffs are being laid off and services cut across the state. Providers are being told to terminate patients or conduct bake sales to pay for their care since they will no longer be paid for by the state.

- Article 285, Section 125, page 475. The sum of \$6,620,000 to cover an increase in the cost of doing business (CODB) for agencies providing substance abuse services. A cost of doing business increase is no increase at all—it just allows an agency to keep up with inflation. Every year in which there is no CODB means an actual cut in services since providers must pay more for salaries, insurance, gas, electricity, etc.

Summit members understand that this has been a difficult budget year. However funding for behavioral health services has been inadequate for a very long time. That is why Illinois was one of eight states recently given an "F" by the National Alliance on Mental Illness.

Special Education bill signed into law

Special Education: The Governor Signs SB 396 into Law. Public Act 95-372 provides, consistent with IDEA 2004, for the transfer of parental rights to a student with a disability at age 18 unless the student is adjudicated incompetent. The new law also allows the student to delegate his or her rights to another adult by executing a revocable Delegation of Rights form. The new law goes into effect immediately.

Additional housing funds escape veto

Judy Graff and Supportive Housing Providers Association report that the \$3.9 million addition (to the \$14.84 million budget) to fund services in 707 new units of supportive housing will save 900 men, women, and children from homelessness and other shameful living situations. The addition made it to the final budget without being vetoed. Judy writes, "All of you did extremely good work over a very long period of time to make this happen. On behalf of our 95 members and the 900 plus people that will benefit, a very heartfelt thank you to each of you."

Senate Bill 234 signed into law

Ann George and Julie Savastio write, "At the state level NAMI Illinois is credited by the Treatment Advocacy Center for a legislative victory achieved in which Senate Bill 234 was signed into law. The new law will go into effect in June 2008 and it will remove the requirement for "dangerousness," before people with incapacitating symptoms can be court-ordered into mental illness treatment. This loosening of a previously overly strict standard will allow for earlier intervention, reduce rates of hospitalization, homelessness, arrests, and incarceration, and save both lives and money." ■

Sources: Ann George, Julie Savastio, Judy Graff, Sally Mann, NAMI National e-Alerts, Mark Heyrman, Mental Health Summit, Janet Hasz, Supportive Housing Providers Association, Phil Milsk, The Arc of Illinois.

To locate your legislator by zip code, go to
<http://capwiz.com/nami/dbq/officials>

Or
www.senate.gov
www.house.gov

helpful for validating bipolar diagnoses in children.

Whatever the issues are in diagnosis, the Archives paper also described widespread prescribing of medications not FDA-approved for children diagnosed with bipolar disorder. Currently, there are no antidepressants approved by the FDA for treating bipolar disorder in children and adolescents, and only one approved atypical antipsychotic, risperidone (Risperdal).

More research is needed to determine the safety and effectiveness of the many medications currently used to treat bipolar disorder in youth, as well as to identify other types of appropriate treatment. Several NIMH-funded clinical trials seek to accomplish this goal, including the Treatment of Early Age Mania study, involving children (ages 6-15) who have mania, which is comparing the effectiveness of three medications commonly used to treat bipolar disorder in adults. An additional study is focusing on teens (ages 13-17) diagnosed with bipolar disorder to examine the effectiveness of family-focused therapy (FFT) in conjunction with medication treatment. Another promising area of study lies in the ongoing trials of early diagnosis and interventions for children at risk for developing bipolar disorder because of a strong family history.

The apparent inaccurate use of the bipolar diagnosis and questions about the safety and effectiveness of medications being prescribed to young children raise real concerns. These concerns need to be balanced by recognizing that psychiatric illnesses can cause disabling and sometimes dangerous symptoms during a critical period of physical and cognitive development, with many potential long-term effects for a child's future. Parents and physicians concerned about the risk of treatment need to consider the risks of not treating children who may have impulsive behaviors that can threaten themselves or others and make it difficult or impossible for the child to function well at home, at school or with peers. Children currently in treatment should not discontinue medication without consulting a physician.

Information on current trends in mental health care can help to highlight specific areas for further research and to assess ongoing efforts. Clearly, more studies are needed to determine the best ways to define, diagnose, treat, and perhaps someday even prevent, the range of mood disorders that affect children and adolescents. By supporting a broad range of rigorous research in this area, NIMH seeks to ensure that concerns about under-diagnosis or over-diagnosis can be resolved with valid diagnostic methods and safe, effective treatments. ■

Mental Health and the Brain: A Lifelong Learning Symposium

Presented by the Foundation for Human Potential

The Foundation for Human Potential (FHP), in association with Cognitive Neurology and Alzheimer's Disease Center, Northwestern University Feinberg School of Medicine, is presenting a two-day program, Mental Health & the Brain: Implications for Lifelong Learning November 15 and 16 at Northwestern University's Thorne Auditorium, Chicago. Registration is \$350; reduced fee, \$175 for students (with copy of ID and letter from dean) and members/staff of mental health organizations (name and contact information of mental health organization required with registration).

The symposium will address the growing need to advocate for mental health throughout one's lifespan. The two-day program has four objectives:

- 1) to present an engaging look at issues pertaining to mental health and mental disorders
- 2) reduce the associated stigma for both children and adults
- 3) underscore positive behaviors which can and do exist with mental illness
- 4) examine mental health in the context of home, education, and work environments

The moderator is Sharon Begley, Science Columnist for *Newsweek Magazine*. The lecturers include, among others, keynote speaker, Frederick K. Goodwin, M.D., Professor of Psychiatry; Director, Center on Neuroscience, Medical Progress and Society, George Washington University, and the Former Director of the National Institute of Mental Health. Among the 16 presenters also speaking at the symposium will be Nancy C. Andreasen, M.D. PhD., University of Iowa Carver College of Medicine, Jacques d'Amboise, Founder of the National Dance Institute, New York, Joseph LeDoux, Ph.D., New York University, Bruce McEwen PhD., Rockefeller University and Arthur Kramer, Ph.D, Professor, Department of Psychology, University of Illinois. Also speaking are Todd and Linda Logan of NAMI Cook County North Suburban.

Participants can register online at www.fhponline.org/symposium2007. For more information, please contact The Foundation for Human Potential at www.fhponline.org or call 312-467-9484. ■

Calendar

October 4 “Visions for Tomorrow Parent Support Group” for parents of children and adolescents dealing with mental disorders. 7:30-9:00 pm at Kenilworth Union Church, 211 Kenilworth Ave., Kenilworth. For information, call Barb Maier, 847-716-2252.

October 5-7 NAMI Illinois Conference. For information, visit <http://il.nami.org/agenda.htm> or call 800-346-4572.

October 5-11 Mental Illness Awareness Week Just in time for Mental Health Week, Canvas, a film Starring Emmy Award-winner Joe Pantoliano and Academy Award-winner Marcia Gay Harden, CANVAS is the story of a family’s struggle with schizophrenia. It educates as well as entertains. It will build awareness about mental illness and strike a blow against stigma—but only if enough people see it. Starting **October 12**, AMC Loews, 600 North Michigan Ave., Chicago.

October 10 NAMI CCNS Board of Directors meeting, 7:00 pm at WilPower, Inc. 444 Frontage Rd., Northfield. All members are welcome to attend. For information, call Barb Maier, 847-716-2252.

October 28 “Sundays at One” is a social group for young adults (ages 20-35) dealing with mental illness. Call Kate, 847-446-5907 or Chris, 847-220-0199 for information.

November 5 “Care & Share” support group is open to anyone dealing with mental health issues. 7:00-8:30 pm at the Kenton-Knox Conference Center, Rush North Shore Medical Center, 9701 N. Knox, Skokie. For information, call Jan Magoc 847-297-0396.

November 7 Board of Directors meeting (*see October 10 listing*)

November 8 “Visions for Tomorrow Parent Support Group” (*see October 4 listing*)

November 12 Education Program, 7:00-8:30 pm at Kenton-Knox Conference Center, Rush North Shore Medical Center, 9701 N. Knox, Skokie. Tucker Wildes, LCSW and Amy Smith, LCSW, from Thresholds will speak on intervention and crisis management. For information, call Sandra Shovers, 847-486-0231.

November 15-16 Mental Health and the Brain: A Lifelong Learning Symposium presented by the Foundation for Human Potential. Northwestern University’s Thorne Auditorium, Chicago. Reduced rates for NAMI members. Former director of the NIMH Frederick K. Goodwin and other well-known figures in the field will be featured. NAMI CCNS members, Todd and Linda Logan will also speak. For information or to register online, visit www.fhponline.org/symposium2007 or call 312-467-9484 (*see page 7 for more information*)

November 25 “Sundays at One” (*see October 28 listing*)

Please note: The next “Family to Family” class will begin the first week in March 08. Call Joyce Schladweiler for information or to register, 847-853-6191. ■

A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty.

Sir Winston Churchill

NAMI CCNS News Update

CCNS launches "NAMI Connection Recovery Support Group"

A new support group for people with mental illness

By Barb Maier

"Talk to someone who understands - someone just like you" This is the tag line for a new recovery support group for people with mental illness.

Research has shown that having someone to talk to is instrumental in the recovery process. Recovery requires a connection with community, a community that offers support, encouragement, and insight. "NAMI Connections" is one avenue to recovery. It is designed to fit in with— not replace—individual treatment plans. NAMI CCNS "Connection Recovery Support Group" will meet weekly for 90 minutes in a flexible and casual environment, one without any set agenda, topic, or educational format. This support group is open to all adults with mental illness, regardless of their diagnosis. People challenged by mental illness can drop in to share feelings, thoughts, problems, success stories or to offer encouragement. Meetings are non-judgmental and free of charge.

Illinois is one of 15 states that will launch the "NAMI Connection" program this year. Affiliates in Cook County were trained in September, with a second training scheduled for late October. NAMI's goal is for anyone with mental illness to have access to a recovery support group any day of the week, no matter where they live, by the year 2010.

"Connection Recovery Support Groups" will be run by trained facilitators living with mental illnesses and who are at a point in recovery where they want to "give back." NAMI CCNS members Avigal Rhodes, Candice Savastio and Lisa Weintraub recently completed an intensive three-day training by NAMI national trainer, Anna Goodwin.

Candice says, "In the past we have had support groups for family members, [spouses, children, parents, aunts, uncles, friends] and one just for parents of children and adolescents. We've never had a support group just for people with mental illnesses. The NAMI Connections Recovery Support Group is important to NAMI CCNS." Candice believes her experiences with mental illness have given her insight into how others feel and the troubles they encounter.

Facilitator Avigal Rhodes said people living on the affluent North Shore may not think people with mental illnesses need support. "But," she says, "when I first started having difficulties I looked for support groups and could not find one that was right for me. I think I can lead this kind of support group. NAMI CCNS has given my parents a lot of insight to helping me when they took the "Visions for Tomorrow" psychoeducation course, and I want to give back to NAMI."

Support group facilitator Lisa Weintraub, new to NAMI CCNS, visited the NAMI web site at her doctor's suggestion and found the "NAMI Connections Recovery Support Group" information. Lisa contacted our office and volunteered.

If you are interested in finding out how you can become a trained "NAMI Connections Recovery Support Group" facilitator, contact the NAMI CCNS office at 847-716-2252. ■



Do you or a loved one have a birthday or anniversary coming up?

Why not make a donation to NAMI CCNS to honor the occasion? We will notify the recipient of your contribution as well as send a thank you letter to the person who made the donation.

You can also send a contribution in memory of a loved one or friend. This is a wonderful way to honor or memorialize someone. Your tax-deductible contribution will support education, advocacy, and help families struggling with mental illness.

Send your donations to
NAMI CCNS P.O.Box 612
Winnetka IL 60093.





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NAMI CCNS EDUCATION CLASSES, SUPPORT GROUPS AND OTHER SERVICES

**NAMI CCNS psychoeducational classes*

***WRAP** A free, 12-week self help and recovery course taught by adults in recovery to adults recovering from mental disorders. WRAP is designed to: decrease and/or prevent intrusive or troubling feelings and behaviors; increase personal empowerment; improve quality of life; and assist people in achieving their life goals and dreams. For information and registration, call NAMI CCNS at 847-716-2252.

***Visions for Tomorrow** An 8-week course designed for primary care givers of children with mental disorders. The class covers bipolar disorder, schizophrenia, anxiety disorders, eating disorders, ADHD, as well as brain biology, treatments, medications, communication and coping skills. Class is free of charge. Call Barb Maier for information at 847-446-8416. Next class starting in March 08. Call Joyce Schladweiler for information 847-853-6191.

***Family to Family** A 12-week class designed for family members and close friends of individuals with mental illnesses. The course covers schizophrenia, 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 Meeting is an educational program featuring speakers with expertise in the mental health field. (See Calendar)

Care and Share is a support group for people with mental disorders, as well as their friends and families. (See Calendar)

Visions for Tomorrow Support and Discussion Group is for parents of children, adolescents, and young adults with mental disorders. Call Barb Maier for information at 847-716-2252. (See Calendar)

Response Team A "warm line" (not a crisis hot line) for anyone looking for resources, referrals, or support about dealing with mental disorders. Call the NAMI CCNS office and leave a message at 847-716-2252.

Sundays at One is a social meeting group for young adults (ages 18 to 35) coping with mental disorders. Run by Alan Carlile, Candice Savastio, and Nathan Maier (who struggle with chemical imbalances). Call Nate at 847-446-8416. (See Calendar)

Other Organizations

Anorexia Nervosa and Associated Disorders offers information on referrals and local support groups for eating disorders. Call Dawn at 847-831-3438.

Autism Society of America, North Suburban Autism Support Group is held the first Tuesday of the month and is open to anyone interested in meeting families, professionals, and others involved with autism spectrum disorders. Skokie Village Hall (Community Room, lower level), 5127 W. Oakton, Skokie, 7:00 p.m.

Child and Adolescent Bipolar Foundation is a national, parent-led organization of families raising children diagnosed with bipolar disorder. For information on support groups, visit

www.bpkids.org or call 847-256-8525.

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

Depression Support Group meets the fourth Monday of every month at the Kenilworth Union Church, 211 Kenilworth Avenue, Kenilworth, 7:00-9:00 p.m. Individuals and families interested in learning more about depression and bipolar disorder are invited to attend. Call 847-251-4272 for information.

Obsessive Compulsive Disorder Support Group meets the first Monday evening of each month at the Anxiety and Agoraphobia Treatment Center in Northbrook. \$20 fee. Call Alana at 847-559-0001, ext. 8.

Obsessive Compulsive Foundation of Metropolitan Chicago has a complete list of area support groups. Call 773-880-1635.

Panic Disorder Support Group meets Wednesday evenings at the Anxiety and Agoraphobia Treatment Center in Northbrook. \$15 fee. Call Marleen Lorenz for information at 847-559-0001, ext. 6.

Recovery, Inc. is a self-help group for people with mental disorders. Call 312-337-5661 for meeting places and times.

TARA Chicago Personality Disorder/Emotion Dysregulation Family Support Group Professionally led group for family members of persons with borderline personality disorder or other emotional dysregulation issues. Meets the third Wednesday of each month at Feinberg Pavilion (3rd floor), Northwestern Memorial Hospital, (conference room F), 251 E. Huron, Chicago. 6:30-9:00 p.m. Suggested donation \$5. Contact rh5mail-tara@yahoo.com before attending for information.

Drop-in Center for Adults with Mental Illness open Mondays, Tuesdays, Thursdays from 5:00-9:00 pm. Sundays from 11:00 am-3:00 pm. Snacks provided; meal on Sunday. Josselyn Center, 130 N. Waukegan Road, Suite 102, lower level, Deerfield. For information, call 847-441-5600 X 350. \$2 donation.

Trichotillomania support group meets monthly at the Anxiety and Agoraphobia Treatment Center in Northbrook. Call Karen Cassiday, PhD at 847-559-0001, ext. 3 for information, dates and times.

Raising Complicated Children support group is for mothers of complicated children. Mothers of children suffering from multiple diagnoses and developmental delays are welcome. Meets at the Anxiety and Agoraphobia Treatment Center on Northbrook. Call Karen Cassiday, PhD for information at 847-559-0001, ext. 3 for information.

Social Anxiety Disorder support group forming at the Anxiety and Agoraphobia Treatment Center in Northbrook. Call Karen Cassiday, PhD, for information at 847-559-0001, ext. 2. ■