

Jim and Carol Howe: NAMI Inspirations

Pioneers Receive State and National Recognition

James (Jim) and Carol Howe were honored both by NAMI Maryland and NAMI National this past month. At NAMI Maryland's June 4th Annual Meeting, they were honored by having the Lifetime Achievement Award named after them. At the NAMI National Convention in June, they received the Outstanding NAMI Member Award, the highest honor given to a family member. Jim and Carol have been involved with NAMI since its inception. Both were at the founding NAMI meeting in Madison,

Wisconsin, and Jim was one of the first NAMI National presidents, developing the state's role in NAMI. Carol was instrumental in addressing the needs of children with mental illness and headed the NAMI Children and Adolescent Network to bring together resources for families. In Maryland, they put their energy into the local affiliates, serving as presidents and growing the ability of multiple affiliates. They have set the standard for NAMI tradition, energy and passion, and advocacy for mental illness



at the national, state, and local level. They have both been trailblazers on many fronts and have been guiding forces in our organization, moving NAMI forward in many ways with their vision and leadership. We appreciate their lasting impact in NAMI.

Deanna Green

Outstanding Consumer Advocate Provides Leadership at the National Level

Deanna Green, the Coordinator of Recovery Programs for NAMI Howard County, has received national recognition in recent weeks because of her continual empowerment of, and advocacy for, consumers. At the NAMI National Convention in June, she received the Distinguished Service Award for her outstanding work, leadership, and vision on behalf of people living with mental illness through



the Peer-to-Peer Recovery Education Course. She also is currently featured in The New York Times's interactive multimedia health series, *Patient Voices*, where she shares her experiences of living with bipolar disorder. To view the series, visit <http://www.nami.org>.

For those of you who don't know her, she is an example of confidence and openness. She is fun-loving and welcoming, both of which add to her natural charisma. She has an honesty that encourages self-honesty in those around her. She also sees the heart of a problem and tackles that with determination and dedication. These characteristics make her an excellent role model for those around her.

She also understands the needs and challenges of living with a mental illness and can therefore empower others to take a hold of mental illness and regain a stable and fulfilling life. Through her advocacy and outreach,

she has opened many doors to consumers and brought awareness of mental illness and NAMI to the community. She is a leading member of consumer councils on the local and state levels. She is immersed in her work for the In Our Own Voice, Connection, and Peer-to-Peer programs as presenter, facilitator, mentor, and coordinator. This immersion has led her to be a state and national trainer for many of these programs.

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From the Director's Desk

Lynn H. Albizo



As I approach my second year as executive director, I look back with pride at what we have accomplished and I look forward with anticipation to the many challenges that we have before us. We just completed a very successful annual meeting; an evening event complete with music and dinner and featuring Oscar Morgan as our keynote

speaker. As a result, we had an excellent turn out in which to celebrate our achievements.

I am happy to report that we are in excellent financial health with the help of our membership, donations, contracts, grants and the WALK. With Chrissy's hard work, and the work of all the affiliate leaders, staff, volunteers, and walkers throughout the state, we met our goal this year of raising over \$200,000 to benefit the state office and the affiliates. As a result of our financial successes, we are able to transition Chrissy Thornton into a full-time Fundraising and Special Events Coordinator.

We have some exciting projects that we will continue to work on in the coming year. With funding from the state transformation grant, we have a pilot project developed and led by consumers to create and distribute mental health resource materials to hospitals and physicians' offices in Montgomery and Anne Arundel counties. We will also train affiliate representatives throughout the state to successfully advocate at the local and state level and teach others in their affiliate to be effective advocates.

We are currently planning the Educational Conference scheduled for October 30, 2008. Our keynote speaker, Michelle Sherman, will be speaking on the effects of trauma and mental illness on underserved populations and their families. We also have various workshops, including such topics as Assertive Community Treatment Teams, Crisis Intervention Teams, Mental Health Courts, Veterans, The Aging Population, and the connection between trauma and mental illness.

With Heather's hard work, we continue to offer more state trainings to allow expansion of programs in the affiliates. We held our first Connection training, and will now offer De Familia a Familia training to reach out to the Spanish-speaking community. In addition, we continue to expand

Peer-to-Peer and Family Support Groups, partnering with providers and affiliates throughout the state. In the coming year, we hope to be able to provide more NAMI programs to conduct outreach and to benefit both families and consumers.

I would like to thank Peggy Anderson, our outgoing president, for the leadership and commitment she has shown as president of NAMI Maryland. Peggy has been incredibly supportive of our efforts to move NAMI Maryland forward these past couple of years.

I have begun working with our new president, Janet Edelman, to further develop policies and improve office systems and board development. We continue to challenge ourselves to move NAMI Maryland from good to great.

Local NAMI Maryland Affiliates

NAMI Allegany	1-800-467-0075
NAMI Anne Arundel	410-757-0774
NAMI Carroll	410-857-3650
NAMI Cecil	443-326-1485
NAMI Frederick	240-379-6186
NAMI Harford	410-879-0111/410-893-4968
NAMI Howard.....	410-772-9300
NAMI Lower Shore.....	410-641-6809
NAMI Metro Baltimore.....	410-435-2600
NAMI Montgomery.....	301-949-5852
NAMI Prince George's.....	301-429-0970
NAMI Southern MD.....	301-904-9926
NAMI Washington.....	301-824-7725

If your affiliate is making great strides in development or you have a special event that you want to share, please let us know so we can recognize your efforts in the state newsletter! Please e-mail your news to Heather Henry, hhenry@nami.org.

From the President's Desk

Janet Edelman



It is with great pleasure that I start my term as president of NAMI Maryland. I have served on the board for many years in various capacities and now have the honor of taking on the presidency. While each board has its challenges, ours is starting off with many advantages: our board has many talented members, we have an excellent

staff, NAMI Maryland is training people to offer signature programs across the state, our affiliates are growing, and we have just completed a successful NAMIWalks. I see our organization poised to move forward and grow. We have opportunities to offer new NAMI programs across the state, to work with others in the state on System Transformation of the public mental health system, and to start or revitalize affiliates in counties where we do not have a strong presence.

In order to achieve our potential, we need to tap the energy and skills of our members. As a grassroots organization, there are many ways to participate depending on your interests and skills. For example, you can be trained to teach others, or provide support, or advocate for services, or you can help out in the office or with our annual walk. Please consider donating your time to help us help others!

The NAMI convention was held this year in June in Orlando, Florida. I always find the NAMI conventions to be inspiring and energizing. It is an opportunity to hear from experts on research, public policy, and NAMI programs. It is also a chance to meet our NAMI counterparts in other states to learn about their successes, to listen to and ask questions of the NAMI board and staff, and to participate in the business of the organization through elections. Approximately 30 of us from Maryland were able to attend this year. A highlight for me was the honoring of Jim and Carol Howe, who are both past NAMI Maryland presidents, with the Outstanding NAMI Member Award. Their dedication to NAMI since its founding and their vision and hard work since the early years of our organization have done so much to make NAMI the great organization that it is today.

I am looking forward to working with many of you over the coming year on our many projects to benefit those with a mental illness.

26TH ANNUAL EDUCATION CONFERENCE

Spotlight on the Underserved: Building an Inclusive Mental Health Environment

Date: October 30th, 2008

Time: 8:30am – 4:30pm

Location: The Conference Center at Sheppard Pratt
6501 N. Charles St.
P.O. Box 6815
Baltimore, MD 21285-6815

Keynote speaker: Dr. Michelle D. Sherman, Director of Family Mental Health Program at the Veteran Affairs Medical Center, nationally recognized expert on effects of trauma and mental illness on the family.

Workshops topics include:

- » Veterans issues
- » Assertive Community Treatment Teams (ACT)
- » Crisis Intervention Teams (CIT)
- » Mental health courts
- » Trauma informed care
- » Aging population
- » Employment issues

For more information, contact NAMI Maryland at 410-863-0470 or namimd@nami.org.

Did You Know?

That Ludwig van Beethoven had what we would now diagnose as bipolar disorder? His highs and lows spurred his creative composition, which gave him the passion to become one of the most influential classical composers in history.



For more insight, read *Beethoven: The Universal Composer (Eminent Lives)* by Edmund Morris.



Ask the Doctor

By Mark S. Komrad, M.D.

“To Go, or Not to Go—That is the question”

Question:

I was recently faced with the dilemma of whether or not my wife was a danger to herself and others, and whether or not to take her to the emergency room as a psychiatric emergency. Are there any guidelines or suggestions as to when it's best to take a loved one to the hospital?

Answer:

This is one of the most challenging issues in all of psychiatry – both practically and ethically. So I can only attempt to address it in a most preliminary fashion in this article. The easy answer is: call your wife's psychiatrist. I believe that all physicians should have a system to be available in the case of possible emergency. That is a fundamental ethical principle we are taught in medical school. Every patient and family should be familiar with how to contact the psychiatrist in the case of emergency. One of the most common reasons psychiatrists are reached in an emergency is to consult on just this situation – whether or not a person should go to an emergency room (ER). As a part of residence training, all psychiatrists have extensive experience with this scenario. What if the doctor can't be reached or if there is no psychiatrist on the case... yet? The primary concern is safety – hers and yours. If there is any question that your wife is unable to control her behavior to maintain safety, it is reason enough to have an evaluation in the ER. Safety includes considerations of violence to self and others, as well as

other kinds of safety such as fire safety, fall risk, or medical risk. A diabetic who is refusing to eat, a person with unstable hypertension who is highly agitated, a person who has fallen into an unmoving catatonia and isn't acting to take care of his basic needs, a person whose environment has deteriorated to a fire or health hazard: these are all examples of various cases from my own clinical experience that have been appropriately brought to the ER. So, if the doctor says go – go. If you feel there is risk of harm afoot – go.

A final consideration in your decision: if someone has never been in for treatment, an ER evaluation can open the door to mental health treatment, and is sometimes the only first step a person is willing to take.

What if she refuses to go? I want to use this question to describe the process that takes place in Maryland when a person with a mental disorder needs to go to the ER, but refuses. NAMI Maryland publishes a brochure entitled “What to do in a Psychiatric Crisis in Maryland.” This is available on the NAMI Maryland website in printable form at <http://md.nami.org/help/crisishelp.htm> or a free printed brochure is available by contacting the NAMI Maryland office. The brochure walks you through the process from voluntary options to, when appropriate, involuntary options and includes phone resources. This is something with which every family in NAMI needs to be familiar.

The criteria for filing a petition for emergency evaluation can be made only if the petitioner has reason to believe that the individual has a mental disorder and presents a danger to self or others. Certain mental health professionals and law enforcement officers may file a petition without getting as judge's approval. The mental health professional must deliver the petition to a law

enforcement officer in order to have the person picked up and transported to the ER. If called directly, the police officer may make the determination himself from observations and from information obtained by the family or others present. A number of counties have mobile crisis teams who can be called and can determine if the person needs hospitalization and if there are alternative resources, and the team can issue petitions and work with the police to transport the individual to the hospital.

Alternatively, a family can go to the nearest courthouse and ask for the magistrate who handles “emergency petitions” for medical/psychiatric situations. You can fill out a petition, and a judge will decide if the criteria are met and order the police to find the person and take the individual to an ER. There is much wisdom among NAMI members about the most effective way to fill out a petition to ensure that the judge has all relevant information.

Remember that once in the ER, whether the person has arrived there voluntarily or in the company of police, the process is only beginning. The first step is a proper medical and psychiatric evaluation. The result of that process will decide whether or not the problem can be stabilized right there in the ER. If it can, perhaps the patient can then return home. If not, there may be alternatives such as community crisis beds or referrals to rehabilitation programs. Hospital diversion programs in Montgomery and Anne Arundel counties are helping to make these alternatives more available to people. If those are not appropriate or available, then the emergency medical team will make their recommendation for hospitalization.

A patient can accept or refuse that recommendation. If the person refuses, then the team must determine whether

or not to hospitalize the patient involuntarily. At that point, the criteria requires that a person has a mental disorder, needs inpatient care, presents a danger, is unwilling to go voluntarily, and there is no less-restrictive alternative. If someone meets those three criteria, they are sent to the nearest available psychiatric unit. However, if the person is medically unstable, say after an overdose, they may not be transferred to a psychiatric unit medically and physiologically stable. Not every emergency room is attached to a hospital that has a psychiatric unit in the same hospital, so it's not unusual for patients to have to then be transported from one particular emergency room to another hospital nearby, where there is a psychiatric unit with an open bed.

Once admitted to the psychiatric unit, there are two possible paths. One path is for the inpatient treatment team to offer the patient to change the status from involuntary to voluntary. That means that the person would be able to ask to

leave the hospital. The staff would have a right to keep the patient there for up to 48 hours after they asked to leave, for further treatment, or to try to convince them to stay. Alternatively, the team may decide to maintain the original involuntary status and take the person to an administrative law hearing in front of a judge within 7 to 10 days. These hearings are held right in the hospital. The judge reviews whether the patient meets the criteria for involuntary admission, and decides whether to retain or immediately release the patient. Family is often encouraged to attend this hearing to provide information and testimony that can help the judge make the decision, and it is a particularly vital role for family members in this process. Again, the wisdom of experienced NAMI families is incredibly helpful in navigating this process.

Many people are unaware that when asked on legal forms if they have ever been "involuntarily committed" to a psychiatric hospital, they only have to

say "yes" if they have gone through such an administrative law hearing and been retained in the hospital by the judge. If all they have experienced is the process up until that point, or if the judge releases them from the hospital at the hearing, they can legally answer "no" to this question.

Hopefully, you or your loved one will never have to go through this process. But it is good to know that it's there if you need it, what to expect, and how to get the best possible outcome from this system. It is designed to bring treatment to a group of people whose illness puts them or others in peril and degrades their judgment about how ill they are, as these kinds of illnesses sometimes, sadly, do.

Mark Komrad M.D.
www.komrad.yourmd.com

Please send "Ask the Doctor" questions to: namimd@nami.org or mkomrad@aol.com

Many thanks to each of you who participated in and contributed to the WALK. Your dedication to NAMI is appreciated. We exceeded our goal of \$200,000 to support NAMI Maryland and the affiliate offices throughout the state. By all measures this event was a great success. We had record crowds and raised more money than all previous walks. We'll soon be scheduling our volunteer information meeting for the 2009 NAMIWalks for the Mind of America in hopes that next year's event can surpass the success of 2008. The message to Stomp Out Stigma rang loud and clear, and it is our hope to continue to increase awareness throughout the state of Maryland.



NAMIMD '08

Annual Meeting

The NAMI Maryland Annual Meeting was a great success this year. It was held June 4, 2008 at Overhills Mansion in Catonsville and was attended by about 150 NAMI members and guests from across the state. The keynote was provided by Oscar Morgan, the vice president of Health Management Consultants and currently a consultant to the Maryland Transformation Project. One key point of his message was that in order to build a welcoming mental health system for all cultures, we need to challenge ourselves to see the world from the perspective of the consumers and their unique cultural background.

NAMI Maryland, in collaboration with all of the efforts of our membership, made a lasting impact in Maryland communities. Some of the highlights of our success over the past fiscal year include a growing diversity of funds to be used in program and service expansion, a 33% increase in membership, the introduction of new programs to the affiliates, delivery of education to over 600 individuals and families through Family-to-Family and Peer-to-Peer courses, outreach to over 3,200 community members through In Our Own Voice and Parents and Teachers as Allies presentations, and a successful NAMIWalks for the Mind of America, bringing together over 3,000 people to raise public awareness and funds. The 2007 Annual Report was presented at the meeting and is available by request or can be downloaded online.



Oscar Morgan



2008 NAMI Maryland Board of Directors

Outstanding efforts made by members and affiliates were honored during the meeting through the following awards:

- » **The newly dedicated James and Carol Howe Lifetime Achievement Award** was presented to Agnes Hatfield. Mrs. Hatfield has been instrumental on the national, state, and local levels of NAMI. She served as president of NAMI National, NAMI Montgomery and NAMI Prince George's Counties. She coordinated the Maryland Education Conference for many years, and brought attention to elderly issues, developing programs for older adults, including programs for aging caretakers and writing trusts. She also educated the public on mental illness topics through various publications, donating a large portion of the proceeds to NAMI Maryland affiliates. Agnes Hatfield has made a lasting impact on NAMI, providing hope and education to families across Maryland.
- » **The Program Outreach and Development Award** recognizes a program leader who has gone the extra mile to promote a program in the local affiliate. This year's award went to Linda Remsburg, who has played a significant role in the expansion of NAMI's newest program, Connection Recovery Support Group for consumers. As the Connection Coordinator in the NAMI Southern Maryland affiliate, she has worked tirelessly to expand the program throughout her three-county affiliate. We are honored to have her as a part of our program outreach and development efforts.
- » **The top three individual fundraisers for this year's NAMIWalks for the Mind of America** were recognized; Suki Kelley from Team Faith, Hope and Love in Howard County, Katie Coughlan from Team Rally for Rob in NAMI Southern Maryland, and Christine Capella from Team Remembering Rich in NAMI Metropolitan Baltimore. Together, these three individuals raised \$8,561 for team totals of \$14,056.
- » **The Outstanding Affiliate Award** went to Howard County. Howard has seen substantial growth over the past year. This growth is partly due to the development and expansion of their programs, as well as expansion of their partnerships with local organizations. Finally, they provided extensive support in making this year's NAMI-Walks for the Mind of America a huge success. ♦

PROGRAM UPDATES

Family Programs:

Family-to-Family – Our affiliates are gearing up for a great season of fall courses; we currently have fifteen courses scheduled throughout the state, and more on the way! National has put out a new video on the problem-solving workshop, and has sent out curriculum updates. These materials will be available for fall classes. Affiliates should make sure they submit information for fall courses. To join a Family-to-Family course in your area, please call your local affiliate or check <http://www.nami.org> for class listings.

Family Support Group – We have had a great response from affiliates on training facilitators; so much so that we had more people interested than spots available! The training this August will represent six affiliates from Frederick to Lower Shore. The importance of having a positive support network for families is uncontested, and we are excited to be bringing the model to more families through this training. Affiliates leaders should ensure their groups are maintaining fidelity to the NAMI Support Group model.

NEW De Familia-a-Familia – Due to the tireless efforts of Karol Espejo in Montgomery County, Maryland will be rolling out this Spanish version of Family-to-Family in the fall. We will be hosting the first training of the program at the end of August, and we are excited to provide this opportunity to the Hispanic community!

NEW NAMI Basics – Keep an eye out for NAMI’s new program, a future addition to Maryland programs! This program is especially for parents of youth and adolescents with mental illness. NAMI Maryland received a grant from National to introduce the program in 2009.



NAMI Connection trainers

Consumer Programs

Peer-to-Peer – Our signature consumer program is preparing for an exciting new year! The program is becoming more stable in many locations, and nine courses are scheduled for the fall so far. Local affiliates should submit information for fall courses. To join a Peer-to-Peer course in your area, please call your local affiliate or check <http://www.nami.org> for class listings.



NAMI Connection training

Connection – The consumer recovery support group is ever-expanding throughout Maryland. We trained eighteen people from six affiliates in May and seven affiliates will be running groups by the fall. Way to go facilitators! Affiliate leaders, coordinators, champions, and facilitators of

Connection should participate in NAMI Maryland’s monthly conference calls to share group wisdom.

In Our Own Voice – During fiscal year 2008, Maryland had the second-highest number of audience members reached out of all of the states with a total of 3,129 people. Congratulations to presenters for making a huge impact in reducing stigma! In Our Own Voice is a great way to reach out and educate the community by giving a face to mental illness; consider becoming trained for this important program.



NAMI Peer-to-Peer mentors

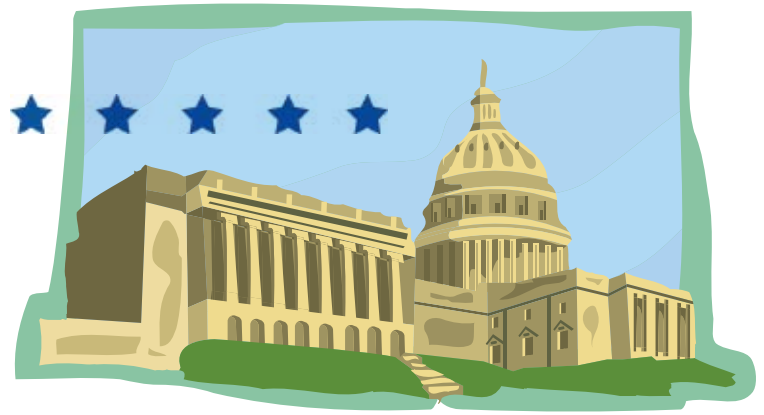


*Life gives us what we need when we need it.
Receiving what it gives us is a whole other thing.*
Pam Houston, writer

Victory on Medicare!

On July 9, 2008, the Senate passed legislation on Medicare beneficiary improvements. In addition to preventing a cut in fees to physicians, the legislation (HR 6331) also makes improvement to the Part D drug benefit and establishes parity for cost sharing for outpatient mental health services. The House and Senate then successfully overrode the President's veto on the legislation on July 15, 2008. The vote in the House was 383-41 and the vote in the Senate was 70-26.

There are numerous points in the law that directly affect Medicare beneficiaries. These changes will be phased in over a period of five years, with the total cost of the bill estimated at around \$20 billion. The benefits of the law include lower out-of-pocket costs for mental health services for participants in the federal insurance program for older and disabled Americans. Under the current Medicare system, participants pay 20% co-pay for other doctor visits versus 50% co-pay for



mental health treatment. Under this law, participants will now pay 20% for both.

The law will also boost preventive health care, laying the groundwork to add preventive or screening services, including weight-loss counseling and screening tests for breast cancer. In addition, some anti-anxiety drugs for sleep assistance will now be covered. However, consumers under private fee-for-service plans could face limitations on which doctors they can see.

NAMI is extremely grateful for the efforts of advocates who e-mailed, wrote, and called their Senators and House members. Your advocacy made a tremendous difference! Please take the final step of thanking members of Congress who supported the legislation and voted to override the president's veto.

Join Public Policy Committee – Help review bills, formulate positions, or write testimony. This is a chance to make your voice heard in Annapolis. Contact Gerri Gray at gerrigray@gmail.com. To view NAMI Maryland's Public Policy platform, go to <http://md.nami.org>.

Spotlight on an Affiliate: Howard County

NAMI Howard County has shown considerable growth and progress recently, thereby receiving the Outstanding Affiliate Award at this year's Annual Meeting in June. What stands out about NAMI Howard is the dedication of the staff and the successful inclusion of its volunteers, ultimately creating the feel of a family with passionate members. The sheer number of Howard volunteers at the NAMI Walks for the Mind of America is a prime example of the dedication of the affiliate to NAMI's mission. Howard's assistance with the WALK has without a doubt proved invaluable.

What also makes Howard a success is its constant outreach and public education efforts. They have used the In Our Own Voice program as a platform for educating hospital emergency room staff, the faith community, providers, and staff and patients at Clifton T. Perkins (a forensics psychiatric hospital). They have educated over 1,000 school staff members, students, and parents, with presentations on mental illness and early symptoms in children and adolescents.

The strength of Howard County is that they are not content to just offer NAMI's signature programs to families and consumers, but they are always looking



for ways to educate the community at large to eliminate the stigma of mental illness. Their inclusion of all populations and their constant dedication to educating, supporting, and advocating for those with mental illness and their families, make NAMI Howard County a model affiliate.

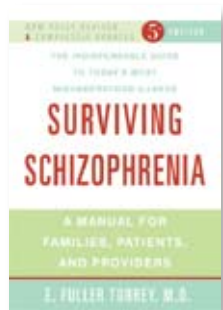
BOOK REVIEW

Heather Henry

Surviving Schizophrenia: A Manual for Families, Patients, and Providers

E. Fuller Torrey, MD; Collins, 5th edition, 2006

Surviving Schizophrenia, written by Dr. E. Fuller Torrey, is a well-written survival guide for those who are, or know someone who is, afflicted with schizophrenia. Torrey is the executive director of the Stanley Medical Research Institute, as well as the author or editor of eighteen books. He draws from both professional experience as a clinical and research psychiatrist, as well as personal experience as a sibling of a person living with schizophrenia.



This book has a wealth of information, not just about the medical developments and scientific understanding of mental illness, but also the human side of the illness, drawing from thousands of conversations with families. The book has gone through five editions, the original written in 1983. In this new edition, Dr. Torrey has updated the

coverage of the disease's symptoms, its treatments, and their adverse effects; he has also considerably expanded the section on advocacy and added a few more of his incisive and entertaining reviews of other books on the subject.

Torrey begins by giving statistical information on schizophrenia, and a wonderful insight into the mind of a person with schizophrenia. Torrey uses quotes from patients describing their sensory perceptions, which helps us understand the workings of the mind of the person with schizophrenia. Subsequent chapters deal with other conditions that are mistaken for schizophrenia, explain early symptoms of schizophrenia, summarize research findings on the disease, and cover theories about the cause of schizophrenia and treatment options. He also discusses issues surrounding schizophrenia, such as pregnancy and cigarettes.

Not only does Torrey delve into the description and medical background of schizophrenia, but he also addresses specific questions from families and consumers, ranging from "What will happen when the parents die?," and "Should you tell people that you have schizophrenia?" He broaches the topics of coping, both for individuals and families, as well as opportunities for advocacy and stigma reduction.

Torrey finishes his manual with further information of study. He lists the best and worst books on schizophrenia, videos, and useful resources (in addition to local NAMIs). *Surviving Schizophrenia* remains the best comprehensive introduction for families and friends of people with schizophrenia.

Poetry Stop

The face on the other side

On the other side there is only darkness.
All words and feelings disappear and fear is the only emotion.
Fear and emptiness become all I know.
There is a face with eyes and a mouth like mine but that is
where the similarities end.
The other face belongs to something else, a sickness that
envelops me in blacks and grays.
But the other face is not permanent.
When the love and warmth of my family shine in,
the face and the darkness are gone and they give me hope.

By *Kenneth W Linthicum Jr.*

Register for Online News—receive e-mail news about mental illness, legislative alerts, conferences, and more. To subscribe, e-mail Janet Edelman at jedelman@comcast.net and ask to subscribe to NAMI Maryland Online News.

NAMI Maryland's charity designation numbers:

- 4186:** The Maryland Charity Campaign for State Employees and Retirees (private and state donors) & Central Maryland—Private Sector
- 80114:** Combined Federal Campaign of the National Capital Area
- 8568:** The United Way
- 4158:** Combined Charity Campaign



Save the Date!

For more information about the following events, as well as future trainings and events in Maryland, visit md.nami.org – navigate to events and click on calendar. For a listing of local Family-to-Family classes, go to www.nami.org, navigate to Find Support – Education and Training, scroll down to Family-to-Family, and scroll down to view the current course schedule. Click on Maryland to see local classes. You may also contact your local affiliate or call NAMI Maryland at 410-863-0470 for assistance.

Contact your affiliate to sign up for the following trainings:

August 22–August 24, 2008

De Familia-a-Familia Teacher Training
Hilton Garden Inn, Columbia
Spanish contact: Karol Espejo
301-949-5852

September 5–7, 2008

Family-to-Family Teacher Training
St. Mary's Seminary, Baltimore
Application Deadline: August 20, 2008.

September 26–28, 2008

Peer-to-Peer Mentor Training
Bon Secours Spiritual Center,
Marriottsville
Application Deadline: September 10, 2008

October 5–11

Mental Illness Awareness Week

» Canvas Film showings
» Heroes in the Fight Awards Brunch
Accepting Nominations for Heroes in the following categories:
Healthcare Professionals, Community Supporters, Treatment Team, Media Professionals

For more information, visit
<http://heroesinthefight.org>

October 30, 2008

NAMI MD Annual Education Conference
Sheppard Pratt Conference Center,
Baltimore.
Contact Heather Henry for more information.

November 15–17, 2008

In Our Own Voice Presenter Training
Location to be determined.

For a list of trainings and to download applications, visit md.nami.org
For trainings, contact Heather Henry – (410) 863-0470 x 18 or hhenry@nami.org



NAMIMD '08



CONNECTIONS is published quarterly by NAMI MD – National Alliance on Mental Illness of Maryland. Letters, articles, and responses are welcomed and encouraged. NAMI MD reserves the right to edit all submitted materials. Please submit all materials no later than the dates listed below:

September 15, 2008 (Fall Issue)

December 15, 2008 (Winter Issue)

March 15, 2008 (Spring Issue)

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Glen Burnie, MD 21061

410-863-0470 or 410-863-0474 (fax)

hhenry@nami.org



**"So much more
needs to be done"**

—Dr. Paul Janssen



That's why we continue to define ourselves by Dr. Paul Janssen's vision. To keep going beyond medication to discover new, real-life solutions that change the way the world looks at mental health.

It can be patient advocacy, educational programs, new treatments, or community outreach—when it comes to enabling every person to have a healthy mind, **WE WILL** never stop doing more.



research



treatment



education



outreach

EXCLUSIVELY AND **PASSIONATELY** DEDICATED TO MENTAL HEALTH


Janssen.
Division of Ortho-McNeil-Janssen
Pharmaceuticals, Inc.

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GLEN BURNIE, MARYLAND 21061

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National Alliance on Mental Illness*

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