

## President's Letter

### Who we are and what we do

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by Barbara Nettles-Carlson

As NAMI Orange County approaches its 20<sup>th</sup> year as a local affiliate of NAMI North Carolina it's a good time to recall our beginnings, who we are and what we hope to do with your help.

Recently, while looking through the archives, I found a flyer from 1984 inviting people to an organizational meeting. The headline read, "Is someone in your family mentally ill? Have you experienced frustration in coping with the impact of mental illness and dealing with health care structures to get services for your loved one?"

A small group of interested people gathered in response to that invitation. An organizational meeting was held on May 12, 1984 at the Church of Reconciliation in Chapel Hill, to "form a group of family members with common concerns for mutual support and advocacy for improved services". (We remain grateful to the "Rec" Church for continuing to provide meeting space).

From those early beginnings we've become a community wide organization with members and friends among family members, consumers, and professionals in Orange and Chatham counties. Our mission, consistent with that of our founders, is support, education and advocacy. We are passionate about destigmatizing brain disorders, and our perspective is informed by personal experience.

From early on we have had leaders who advocated for improved community services, safe and decent housing for persons with mental illness and decriminalization of mental illness. Our first president, **John Baggett**, was a local advocate who later served as the first executive director of NAMI North Carolina.

Perusing the archives also turned up a clipping of a news article entitled "Time to Open the Door for the Mentally Disabled", written by **Barbara Dennis**, one of our past presidents. The message is still relevant. "It is not de-institutionalization that failed, it is the failure of policy makers and planners to allocate sufficient resources in the community to provide the comprehensive package of services and housing that would allow people to live with freedom, privacy, security, and dignity. If we are an enlightened community, we will not continue to lock them out." (*Chapel Hill News*, 11-94). **Bill Meade**, another past president, was an early advocate for establishing what is now the mental health court or "community resource court" in Orange County.

We believe family education fights stigma and empowers for advocacy. In 1999 we first offered the Family-to-Family Education program, a nationally known signature NAMI program designed for family members and friends of persons with mental illness. Trained local volunteers lead the program. We hope to extend Family-to-Family with outreach to Hispanics.

We also focus on education through outstanding speakers. Mutual support is available through a confidential sharing time at meetings. We operate a helpline and a website, conduct an education outreach to faith communities during Mental Illness Awareness Week, publish a quarterly newsletter and sponsor awards of excellence to caregivers at John Umstead and UNC Neuroscience Hospitals.

NAMI Orange County is a grassroots organization, operated by volunteers. We need your help to grow. The people we serve need your help. "Alone we scream in silence, together we can move mountains".

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## NAMI OC Elects Officers

by David Bibb

A slate of officers was presented to the membership at the October 11 annual meeting. Elected by acclamation were Barbara Nettles-Carlson, President, Raymond Atwater, President-elect, Ruth Morrow, Secretary and Muriel Easterling, Treasurer.

This year the nominating committee, in addition to preparing the slate as required in our bylaws, took on the expanded role of recruiting new volunteers in general. In doing so, we hoped to make the president's job less burdensome and more attractive.

We took stock, reviewing the roles and tasks that need to be done to fulfill our mission. As a result we wrote job descriptions and created and filled several new volunteer positions. Volunteer leaders include both those who are brand new and "tried and true, completely recycled, reusable, practically indestructible volunteers".

In addition to our Board of Directors (adjoining box), we want to recognize new volunteer leaders:

Family-to Family coordinator (Susana Burns)  
Mailing Team coordinator (Rebecca Bailey)  
Mental Illness Awareness Week (Susan Spalt)  
Sharing time facilitators (Len & Susan Sellet)  
Volunteer coordinator (David Bibb)  
Refreshment coordinator (Nita Donaldson)  
Website manager (Phillip Brubaker)  
Helpline coordinator (Wadleigh Harrison)

Thanks also to the many additional volunteers who help mail the newsletter, distribute flyers during Mental Illness Awareness Week, and host potluck dinner socials. Let's not forget to thank nominating committee members Ray Atwater, Gove Elder, Muriel Easterling, Molly Zaragoza, David Bibb (chair)

Positions currently vacant: Newsletter Editor, Program chair and Advocacy committee chair. For more information about volunteering, contact David Bibb, [bibb@raleighconsulting.com](mailto:bibb@raleighconsulting.com) or phone 783-1866.



### Board of Directors

**Ray Atwater, president-elect**  
732-1512, [atwaterhome@earthlink.com](mailto:atwaterhome@earthlink.com)  
**Nancy Clayton, professional representative**  
962-9798, [nancy\\_clayton@med.unc.edu](mailto:nancy_clayton@med.unc.edu)  
**Muriel Easterling, treasurer**  
918-3538, [easterling@mindspring.com](mailto:easterling@mindspring.com)  
**Gove Elder, Faith community outreach**  
967-5403, [ggelder@email.unc.edu](mailto:ggelder@email.unc.edu)  
**Gary Gaddy, publicity & development**  
403-9520, [garygaddy@mindspring.com](mailto:garygaddy@mindspring.com)  
**Miriam Green, membership**  
933-0966, [mwgreen@mindspring.com](mailto:mwgreen@mindspring.com)  
**Wadleigh Harrison, At-large**  
942-0355, [wadleigh67@yahoo.com](mailto:wadleigh67@yahoo.com)  
**Ruth Morrow, secretary**  
968-2110, [gmmorrow@aol.com](mailto:gmmorrow@aol.com)  
**Barbara Nettles-Carlson, president, newsletter**  
942-1393, [unikorn@bellsouth.net](mailto:unikorn@bellsouth.net)  
**Molly Pratt, meeting manager**  
929-6888, [pratt.p@worldnet.att.net](mailto:pratt.p@worldnet.att.net)  
**Tim Sussman, consumer representative**  
933-5584, [eagleclawAone@bellsouth.net](mailto:eagleclawAone@bellsouth.net)

*Please feel free to contact board members with your comments, questions, concerns. The Board meets every other month. Meetings are open. The next meeting is November 16, 3-5 pm in the conference room at Carol Woods retirement community.*

**NAMI-Orange County is a local affiliate of the National Alliance for the Mentally Ill, a non-profit organization for support, education and advocacy on behalf of individuals with severe mental illness and their families.**

**Information, support and referrals:**  
**Local Helpline 929-7822**  
**North Carolina Helpline: 1-800-451-9682**

#### Websites

**Local:** [www.namiorange.org](http://www.namiorange.org)  
**State:** [www.naminc.org](http://www.naminc.org)  
**National:** [www.nami.org](http://www.nami.org)

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## The Reindeer Store

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By Tim Sussman

The Reindeer Store is a perfect way to give to patients at John Umstead Hospital during the holiday season. This event is the newest component of the traditional "Operation Santa Claus" operated by the JUH volunteer services. Now in its fifth year, the Reindeer Store is designed as a one-day intergenerational "mall experience" to give patients a shopping experience to enjoy during the holiday season.

On Wednesday December 5 the hospital's gym will be transformed into a shopping mall. The gym will be set up in "storefronts", each selling different types of items from baked goods to clothes. Patients of all ages purchase items with the only allowed currency--"reindeer bucks". Each patient receives \$25 in "reindeer bucks".

Director of Volunteer Services **Linda Dameron** says this event has won the hearts of patients and staff alike. Staff from the various units in the hospital are very involved, using their imagination to create storefronts such as "Toys are U", and "JC Bucks". In addition, a visit from Santa & Mrs. Claus is a highlight of the day.

### Here's how you can help:

- **Donate gifts.** Gifts suitable for children, adolescents and adults are needed. Toys, books, clothing, baked goods, CDs, tapes, jewelry, perfume, toiletries, games. ALL ITEMS MUST BE NEW AND UNWRAPPED.
- **Donate money.** Your donations help buy gifts and cover the costs of event setup.

Tim Sussman will receive gifts and transport them to the hospital. Contact Tim by phone 933-5584 or email [eagleclawAone@bellsouth.net](mailto:eagleclawAone@bellsouth.net)

*Mail monetary donations to:* Operation Santa Claus, Volunteer Services/Community Relations, John Umstead Hospital, Butner, NC 27509-1626.

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## Personal Notes

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By Barbara Nettles-Carlson

**Len & Sue Sellet** report the first sharing time went well; around a dozen people participated in mutual support and problem-solving. This feature will continue from 9:30-10:15 at affiliate meetings. Participant **Wadleigh Harrison** remarked later, "one thing that came out of the sharing time is that I am going to start working on housing and the morass of Section 8" (federal housing subsidy vouchers). What a great example of moving from support to education to advocacy!

We were saddened to learn of the death of **Joshua Field Seay** on October 26. He was 33. We extend sympathy to mother **Lee Smith** and all the family. Josh lived life bravely to the full despite mental illness. Memorial gifts may be made to NAMI North Carolina or Caramore Community, Inc.



**Dr. Jack Haggerty's** lively "Ask the Doctor" session at a recent meeting provoked so many questions and comments that we went past the scheduled stopping time but I noticed noone squirming in their chairs. We appreciated his thoughtful responses to questions ranging from why do anti-depressants quit working, to childhood schizophrenia and the effectiveness of early intervention.

**Barbara and Gove Elder** note the current fully enrolled Family-to Family class of 25 is a strong group representing diverse needs and situations. Some are interested in taking the F-to-F teacher training course. To learn about future classes call **Ray & Cheryle Atwater**(712-1512) or **Susana Burns** (932-4304).

We extend hearty thanks to Mental Illness Awareness Week Project leaders **Muriel Easterling** and **Susan Spalt**, and volunteers **Maureen Adams, Shirley Arnold, Jonathan Barker, Frances Boyd, Susana Burns, Pat Detitta, Gove Elder, Gary Gaddy, Barbara Nettles-Carlson, Sue Sellet, Tim Sussman, Nancy Taylor, Ed Wright.** 12,000 informational flyers were distributed to churches from Pittsboro to Hillsborough and points in between.

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## Mental Health Reform Highlighted in NC Medical Journal

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By Barbara Nettles-Carlson

The September-October issue of the *North Carolina Medical Journal* contains a wealth of current information and thoughtful analysis of mental health reform issues in North Carolina.

In the lead article, “Mental Health Care in North Carolina: Challenges on the Road to Reform”, authors Marvin Swartz and Joseph Morrissey describe the state’s public mental health system, and the history of mental health reform. They examine the problems and pitfalls of mental health reform, including managing a privatized system, the issues of promoting innovation vs. maintaining accountability, enhancing provider quality, competition vs. continuity of care, co-opting the advocates, financing the reformed system, clinical capacity and workforce issues. Finally, the authors point to the critical need for skillful leadership across the board, from Governor, legislators, the NC Dept of Health and Human right on to grassroots advocates and local leaders.

Ten more articles in this rich issue address a variety of perspectives such as legislative (Verla Insko), clinical (Suzanne Landis), housing (Lane Sarver), vision (Rich Visingardi), consumer/family (Kay Flaminio), and more.

I was moved by the special article entitled, “A Parents’ Tale”. It’s an extensive interview, conducted by Donald Madison with Victor and Johanna Smith of Wilmington, who are NAMI leaders in that part of the state. The Smiths’ son lives with serious and persistent mental illness, and they vividly and generously share experiences that for many of us are all too familiar.

The *North Carolina Medical Journal* is online at [www.ncmedicaljournal.com](http://www.ncmedicaljournal.com). Phone: 919-401-6899. Email: [ncmed@nciom.org](mailto:ncmed@nciom.org). The Journal, published by the NC Institute of Medicine, is sent free to NC physicians, nurses, administrators and physician assistants who belong to their cosponsoring professional organizations.

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## Evidence-based Practice: Mental health services that work

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Evidence-based practices are practices that have consistently demonstrated positive outcomes in multiple research studies. Recently Robert Drake and colleagues at the New Hampshire-Dartmouth Psychiatric Research Center have identified evidence-based practices for people with severe mental illness in six areas:

- assertive community treatment
- supported employment
- medications management
- family psychoeducation
- illness self-management
- integrated services for co-occurring mental health and substance abuse disorders

Evidence-based practices enhance recovery efforts, reduce symptoms and increase quality of life. Yet, evidence-based practice is not yet the norm in service delivery.

To address the gap between what is known and what is translated into practice in the community, the National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Administration (SAMHSA) have partnered to promote and support implementation of evidence-based mental health treatment practices. This partnership provides grants for state implementation of evidence based practices. North Carolina is one of the grant recipients.

The North Carolina Science-to-Service Project was initiated June 2003. Project Director is **Beth Melcher**, PhD. ([beth.melcher@mindspring.com](mailto:beth.melcher@mindspring.com)). The Project will promote evidence based practice by helping consumers and families access effective services; by helping providers develop the skills necessary to deliver effective services, and helping administrators set up mechanisms to support and maintain effective services. Check the Science to Service Project website [www.ncs2s.org](http://www.ncs2s.org)

Source: NAMI NC Clippings and Science to Service Website

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# The Evolving Language of Mental Health

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Editor's note: this article and the chart on page six are reprinted with permission from *Reintegration Today*, autumn 2003 issue. For a free subscription email RT magazine @reintegration.com or phone 800-809-8202

Language is a powerful tool for societal change, and trying to influence language's evolution is serious business. Ask any disenfranchised group of people who have developed new terms to define themselves and then led changes in language that have affected society as a whole. Sometimes they succeed. "Businessman has given way to "businessperson". "Colored" has given way to "African-American". Some words don't make it: anyone remember "Afro-American"?

For the mental health community, an important goal is to develop language focused on the humanity of the person with the illness and to combat dehumanizing, discriminatory language. Consciously seeking to tweak the language evolution in this regard is the International Association of Psychosocial Rehabilitation Services (IAPRS). Its May 2003 Language Guidelines state, "It is the intent of IAPRS that print and online documents and publication will use person-first language, which refers to people in a way that emphasizes or focuses attention on the fact of their humanity and personhood, rather than on the existence of a disability, illness, condition, or characteristic."

While most people in the mental health community would agree on the overall concept of putting people first, not everyone agrees on the adoption of individual new words and phrases. The Guidelines indeed acknowledge that, "Expressing person-first philosophy and adhering to it are two separate matters."

The word "consumer," for example, is now being used in some circles (this publication included) to mean a person with a mental illness, or "mental disability," as some might prefer. Not surprisingly, "consumer" has not been universally accepted within the mental health community, let

alone by the general public. The word struggles for survival in the jungles of the natural selection process.

Whatever the fate of individual words, the overall news from the language front is good. The vocabulary used in news media surrounding mental illnesses appears to be improving. Words that demean and dehumanize and that perpetuate prejudice and discriminatory policies are in retreat. This trend is occurring in part because organizations such as the National Alliance for the Mentally Ill (NAMI) and the National Mental Health Awareness Campaign (NMHAC) scrupulously track and take action against language lapses in the media that inevitably influence everyday discourse.

The words and phrases we use in relation to mental illnesses evolve, just as all living organisms change and adapt over time

The evolutionary process may be moving in a positive direction but the road is rocky and slow. Even thoughtful people may use negative words and phrases innocently, not realizing they are inaccurate, outmoded or simply insulting. Some terms may in fact have been used and were long ago abandoned by health care professionals, but endure in society at large, perpetuating negative bias against people with mental illnesses.

People may resist adopting new terms for a number of reasons. For one thing, it's just plain difficult to suddenly change longstanding patterns of how people think and speak. Some people are hesitant to give in to what they might construe as excessive political correctness. Then again, a careful study of a word's dictionary definition may turn up undesirable associations. For example, in its first entry for "consumer," the Oxford English Dictionary defines the term as, "he who or that which consumes, wastes, squanders, or destroys." People may avoid newly proposed words for very conscious and rational reasons.

Among the words and phrases relating to mental health that survive today, some will become extinct tomorrow. It's the unending evolutionary process at work. \_\_\_\_\_

## Evolution of Mental Health Words and Phrases

Source: *Reintegration Today*, Autumn, 2003

<p>Dehumanizing, insulting -----</p> <p>wacko, nut, fruitcake</p>	<p>Humanizing</p> <p>Person in recovery, consumer, person with a mental disease</p>
<p>A system that "Does to"-----</p> <p>"Dr. Jones treats Bob's bipolar disorder"</p>	<p>System encourages participation</p> <p>"Dr Jones works with Bob, who has bipolar disorder"</p>
<p>Is (the disease)-----</p> <p>"schizophrenic" (the person <i>is</i> the illness)</p>	<p>Has(the disease)</p> <p>" A person who has schizophrenia" (the person <i>has</i> an illness)</p>
<p>General terms-----</p> <p>"mental illness" in singular form is simplistic "I ncidences of mental illness are rising."</p>	<p>Specific terms</p> <p>Specific diagnoses or plural form "I ncidences of mental illnesses are rising."</p>
<p>Subjective terms-----</p> <p>"Jane suffers from schizophrenia" (assumes person's feelings)</p>	<p>Objective terms</p> <p>"Jane has schizophrenia." (describes objectively without assumptions)</p>
<p>Outmoded clinical terms-----</p> <p>Insane, lunatic, deranged, mad</p>	<p>Currently accepted terms</p> <p>Person with a mental disease "insane" is still acceptable in legal sense</p>
<p>Popularly misused clinical terms-----</p> <p>"Congress has been schizophrenic on the issue."</p>	<p>Replace with accurate terms</p> <p>"Congress has been of two minds on the issue."</p>

### In the news

#### Mother of Modern Nursing may have had Bipolar Disorder

Nursing pioneer Florence Nightingale, the founder of the first modern nursing school, may have had bipolar disorder, according to an analysis by Katherine Wisner, MD professor of psychiatry at the University of Pittsburgh Medical Center. Dr. Wisner's diagnosis was based upon a close examination of Nightingale's letters, which described long periods of severe depression and auditory hallucinations interspersed with periods

of incredible productivity. Although Nightingale's illness has historically been attributed to an infection she may have contracted during the Crimean war, Dr. Wisner recently suggested that a diagnosis of bipolar disorder might have also contributed to her condition.

Florence Nightingale was hailed in her native England for improving sanitary conditions for and drastically reducing the mortality rate of British soldiers fighting in the Crimean War in the mid-1800s. Nightingale's concerns for sanitation and hospital planning influence nursing practices today. *Source: The Washington Post, May 3, 2003*

It's a Party!

## **Holiday Potluck**

6:30pm Saturday, December 20

Home of Nancy & John Bauman  
505 Booth Rd, Chapel Hill

**Bring your favorite dish!**

To Celebrate the Holidays and Recognize  
Our NAMI -OC Volunteers

Directions: Take 15-501 South toward Pittsboro to the traffic light at the intersection of Smith Level Rd and 15-501(Star Point Center area). Just past this intersection, turn right onto Booth Rd. Go about ¾ mile, and the Bauman home is at the bottom of the hill, on the right side.

RSVP( email preferred)

[momofstorm@yahoo.com](mailto:momofstorm@yahoo.com) or phone 933-7872

### **Don't miss these 2004 programs**

The January 10, 2004 program at the Church of Reconciliation will feature a panel discussion on a hot topic: statewide reform of the public mental health system. The focus will be *local reform progress & challenges*. Panelists include **Tom Maynard**, Director Orange Person Chatham(OPC) Area Program; **Margaret Brown**, Chair Orange County Commissioners; **Sandra Herring**, chair OPC Area Board; and **Edward Wright**, OPC Consumer/Family Advisory Council.

The February 14 program will feature a distinguished and interesting speaker, **Dr Marvin Swartz** of Duke University. He will speak on "Psychiatric Advance Directives".

Remember, at each meeting sharing time begins at 9:30AM. Program follows at 10:30.

**MARK YOUR CALENDAR: NAMI North Carolina Spring Conference:** April 24-25, North Raleigh Hilton

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**RECOVERY INC** offers self-help techniques for anger management, stress reduction and controlling anxieties. A local Recovery group meets Friday mornings at 10:30AM at the Caramore Community Building, 550 Smith Level Rd, Carrboro. For more information, call Nita Donaldson, 918-3677.

**SHARING TIME: SUPPORT AND PROBLEM-SOLVING IN A CONFIDENTIAL ATMOSPHERE. AT NAMI-OC MEETINGS FROM 9:30-10:15AM.**

The Mental Health Association in Orange County sponsors several support groups. Meetings are held at the MHA office, 302 W.Weaver St., Carrboro, 942-8083.

**Depression/Bipolar** This group is for people who are in treatment for depression or bipolar disorder. The meetings are held on the first and third Wednesdays of the month from 7 to 8:30pm.

**Parents and Caregivers of Children with Emotional Difficulties.** (Family Advocacy Network). Call Linda Boldin or Maureen Adams at MHA office 942-8083

**Schizophrenics Anonymous:** A self-help support group by and for people with schizophrenia or schizoaffective disorders. Meets first and third Fridays of each month, 7-8:30pm.

### **Another resource for families:**

**North Carolina Families United** Helping Link Children and Families with Mental Health Challenges to Support, Advocacy, and Resources. Phone;800-962-6817.

Email:[NCFamiliesUnited@ecacmail.org](mailto:NCFamiliesUnited@ecacmail.org)

Website: [NCFamiliesUnited.org](http://NCFamiliesUnited.org)

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## Research Volunteers Needed

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### If you:

- ✓ Have diagnosis of schizophrenia or schizoaffective disorder
- ✓ Are a male between the ages of 18-35
- ✓ Have no current problems with alcohol or drugs

### Then you may be eligible to participate in:

A BRAIN IMAGING STUDY, investigating the relationship between social cognition (how one perceives themselves and others) and brain activity in people with and without schizophrenia. In this study you will be interviewed about your psychiatric history, current and past symptoms. You will then be asked to complete tasks that involve thinking and perception skills. You will be asked to do some tasks while in an imaging session. These assessments should take no more than four hours (which can be completed over one or two meetings) for which you will be paid \$15.00/hour.

A SOCIAL COGNITION AND SOCIAL FUNCTIONING STUDY, investigating social cognition (how we perceive other people) and social functioning among persons with autism and schizophrenia. In this study, you will be interviewed about your psychiatric history, current and past symptoms. You will then be asked to complete tasks that involve cognitive (e.g., memory) and social cognitive skills (e.g., identifying the emotions on others' faces). These assessments should take about 3-4 hours (which can be completed over one or two meetings) for which you will be paid \$12.50/hour, for a maximum total of \$50.00.

To find out more about these studies please call **Dr. David Penn** at (919) 843-7514 or email him at [dpenn@email.unc.edu](mailto:dpenn@email.unc.edu).

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## NAMI'S Family to Family Program

By Violette Blumenthal, RN, NAMI-Durham

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*[Editor's note: adapted with author's permission from her article in the NC Medical Board Forum, Vol.8, No 3, 2003].*

Over 30 years ago I was in the spring semester of my last year in college, taking a course studying the various symptoms and causes of mental illnesses. A fellow student asked our professor what was THE cause out of those we had studied. She replied, "I think it's biochemical, but I can't prove it."

Almost twenty years later, this time as a nursing student in my second bachelor degree program, I was assigned to a patient with schizophrenia on a locked hospital unit. She was acutely ill, curled in a fetal position, begging us to do something about the bugs crawling in her head and the worms crawling in her belly. Two days later, back on her medication, she was as normal as anyone.

Thanks to these two experiences I was in a better position than most to accept that my 16 year old son was ill when he was diagnosed with bipolar disorder in 1993. He wasn't bad. He didn't need to just shape up and get on with his life. And, it wasn't my bad parenting that caused his problem. This is not information that most family members of the mentally ill have.

However, nothing in my training or experience prepared me for being awakened at three in the morning by a manic 16 year old needing to talk. Nothing prepared me for the terrible fear that he would never have a normal day again. Nothing prepared me for the lack of day treatment in my area and no transportation provided to the only program available, 17 miles away. (I worked nights as a nurse, drove him there in the morning, slept there during the day, brought him home in the afternoon and was grateful to do it- otherwise he's get no help and keep me up all day).

Unfortunately my prior training and experiences led me to believe all he had to do was take his pills and he would be fine. (*Continued on next page*)



*NAMI Family-to Family program by Violette Blumenthal, contd*

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Even as a nurse, just the medications were difficult- at one point my son was on nineteen pills a day!

After two and a half years, five hospitalizations and trials of practically every psychiatric medication known to man, my son reached an almost miraculous stabilization that continues to this day. I'm grateful to his psychiatrists, therapists, to hospital workers, to a good friend/relative who is a psychiatric nurse, to my son for being the kind young man he is.

And, I am very grateful to NAMI—especially its Family-to-Family program. This incredible program covers five major mental illnesses(major depression, schizophrenia, bipolar disorder, panic disorder, obsessive compulsive disorder)- their symptoms, brain chemistry, basic medication, coping skills, crisis intervention, listening and communication techniques, empathy, self-care for the caregivers, rehabilitation, recovery, stigma and advocacy. Developed largely by Dr. Joyce C. Burland, a Ph.D. in Clinical Psychology and family member, this 12-week FREE Program has helped 60,000 family members in 44 states. It is a unique peer education program.

The psychiatrists and therapists were wonderful but they didn't have 2.5 hours for 12 weeks to teach me what this class did. One mental health professional did suggest that I take the Family-to-Family course and that I get involved with NAMI. I did. It was such a relief to not feel alone, to know that the other people there knew what I was going through, to get concrete suggestions for dealing with my son, and to hear that there was hope.

I am not alone in my gratitude for the NAMI Family-to-Family program. Evaluations are part of the last class meeting. One class member was a psychiatrist, who happens to be the daughter of a mentally ill parent. She took the class to cope with her mother more effectively; to ensure herself of the accuracy of the material so that she could be comfortable in referring patients' family members to the program; and to hone her skills for relating

to family members. She wrote, "Your course turned out to be a treasure that I fervently wish had been presented to me during my training instead of ten years into my practice...the course was so accurate and helpful that I recommend it highly to any of my patients' family members who show up in my office."

Class members have reported that the program helped them to understand:

- Why diagnosing and finding the right medication can take time
- How to communicate better with the affected family member
- That their relative was not spoiled or lazy
- How to cope with the loved one

Class members also reported feeling less anger toward and more empathy with their loved ones, and less guilt and isolation for themselves.

There has been a pilot study of Family-to-Family's effectiveness. Dr. Lisa Dixon of the University of Maryland School of Medicine is the lead author in a 2001 published article for the American Psychiatric Association. The study results suggested that the program "enhanced family members' empowerment and reduced their subjective burden of mental illness by diminishing worry and displeasure...by the end of the 12-week program...and for six months after program completion."

When mental illness strikes a family, anything that can alleviate guilt and isolation, anything that can increase the family's coping skills, and anything that gives the family hope for dealing with the illness is immensely valuable. This class does all that.

Referrals from therapists and psychiatrists are a major source of students for this program. Please consider letting us help your patient's families help themselves and, in doing so, help your patients. Please call the NAMI NC office, 919-788-0801, for a Family-to-Family class near you.

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If you are not a member we encourage you to join. Annual dues are \$35.00. Open Door membership, \$3.00 is available for those with limited income. Your dues give you membership in the Orange County, North Carolina and National NAMI. Please make checks payable to NAMI Orange County. Mail your check

with this completed form to: NAMI Orange County, PO Box 4201, Chapel Hill, NC 27515

Our membership year begins January 1, 2004

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_ Annual membership enclosed (\$35.00 regular or \$3.00 open door)

\_\_\_ Contribution (tax deductible)

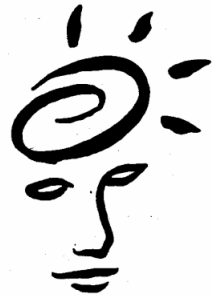
\_\_\_ Please remove my name from your mailing list

*NAMI Orange County is a 501(c)(3) organization. Your contribution is tax deductible.*



**Mental illnesses  
are brain disorders**

NON PROFIT ORG.  
U S POSTAGE  
**PAID**  
Chapel Hill, NC  
Permit No. 380



**Open Your Mind**



Local Affiliate of the National Alliance for the Mentally Ill

PO Box 4201 Chapel Hill N.C. 27515-4201

[www.namiorange.org](http://www.namiorange.org)

Helpline 929-7822

NAMI NC Helpline 800-451-9682

<b>NAMI Orange County 929-7822</b> <b>(<a href="http://www.namiorange.org">www.namiorange.org</a>)</b> <b>Club NOVA 968-6682</b>	
<b>NAMI Orange County Board</b>	
<b>Name/Title</b>	<b>Ph Nu</b>
President Vacant	
Secretary, Ruth Morrow	968-211
Treasurer, Muriel Easterling	918-353
Fam-to-Fam Coord. Cheryle & Ray Atwater	732-151
Church Outreach, Gove Elder	967-541
Publicity, Gary Gaddy	403-95
Membership, Miriam Green	933-091