



NAMI

Montgomery County

Since 1978, improving the lives of individuals affected by mental illness.

11718 Parklawn Drive • Rockville, MD 20852 • 301-949-5852 • www.namimc.org

JUNE 2011

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UPCOMING EVENTS

Education Meeting Thursday 6/9 7:30 PM

Hospitalization—What It Means for You and Your Loved One

Dr. Elizabeth DeOreo, an attending psychiatrist at the Psychiatric Institute of Washington Adult Psychiatric Service, will speak about the doctor/patient relationship and how to best navigate the behavioral health system. To RSVP for this lecture, send an email to: ydiaz@namimc.org.

We look forward to seeing you!

NAMI MD Annual Meeting Thursday 6/16 4:00 PM

Election for the NAMI Maryland Board of Directors

Attend the annual meeting at the Hawthorn Center, Hickory Ridge Village, 6175 Sunny Spring, in Columbia. You must be a member of NAMI MD or one of the MD affiliates in order to vote. Go to www.namimd.org to download the proxy ballot.

Conflict Resolution by Ellen F. Kandell, Esq.

Are these conflicts suitable for mediation?

- Two brothers came to the NAMI MC office looking for assistance. The younger brother, Bob, had been diagnosed with a mental illness many years ago. During their discussion with a helpline volunteer they bickered and fought. Towards the end of the conversation Joe, the older brother, indicated that they lived together but that the living situation was becoming intolerable for both of them. Joe said he needed to find a way for them to stay in the same house but that he refused to care for his brother anymore.
- An older woman in her 70's with a long standing mental illness, had signed guardianship over to her daughter. She was medicated and very strict about her treatment regime. Her decision to sign over guardianship was based on fears of not being able to take care of herself in the future, but in her opinion she was doing fine right now. She was not happy with some of the decisions being made and wanted to find a way to address her concerns with her daughter as she was wondering if a different family member might be a better guardian based on the wishes she was expressing.

Before we answer the question above let's look at some basic principles about conflict and mediation.

What is conflict?

Conflict is a serious disagreement over needs or goals. It results from differences in interests, perceptions or values. The dictionary definition of conflict uses negative metaphors such as hostility, aggression and war. Negative aspects of conflict include weakened relationships and organizations, low morale, tension and reduced cooperation and commitment. However, conflict has positive connotations as well. Opportunity, journey, understanding and peace portray the positive side of the term conflict. In this context conflict can create energy, growth, insight and stronger relationships.

What is mediation?

Mediation is a process whereby a third party neutral helps the parties resolve their own dispute. A mediator helps the parties recognize the strengths and weaknesses of their respective claims, understand each other's perceptions and consider the personal and financial impact of resolving a dispute through other means. It has been used successfully by business, government agencies and non profits to resolve a wide variety of disputes at very little cost.

Mediation is often confused with arbi-

(Continued on page 4)

NAMI MC is currently enrolling participants in Fall trainings & classes. Call 301-949-5852 to register.

SUPPORT GROUPS

NAMI MC encourages and collaborates with support groups so that those affected by mental illness can find a support system.

All NAMI support groups are free and no registration is required. We encourage you to attend a group a few times. Often times individuals have the best results when they make connections with others in the group, which can take a few visits.

We also have many community support groups listed on our website under "Help & Support" - or go directly to www.namimc.org/support.asp

Looking for a support group to help you cope with an issue not covered by our existing groups? Call 301-949-5852 to request a new group. 4-5 individuals are required for a new NAMI group.

FOR FAMILY MEMBERS

GENERAL FAMILY SUPPORT

2ND SAT OF EACH MONTH (9:30 AM)

Montgomery General Hospital, Conf. Room C, 2nd Floor Community Learning Center, Olney
Dara 301-949-5852 / dbaylinson@namimc.org

GENERAL FAMILY SUPPORT

2ND WED OF EACH MONTH (2:30 PM)

Rockville Unitarian Universalist Church, 100 Welsh Park Drive
Dara 301-949-5852 / dbaylinson@namimc.org

FAMILY OF PERSONS W/SCHIZOPHRENIA

3RD THU OF EACH MONTH (7:00 PM)

NAMI Office
Dara 301-949-5852 / dbaylinson@namimc.org

SPOUSE SUPPORT

3RD FRI OF EACH MONTH (7:00 PM)

NAMI Office
Dara 301-949-5852 / dbaylinson@namimc.org

GRUPO DE APOYO PARA FAMILIARES

4TH THU OF EACH MONTH (7:00 PM)

NAMI Office
Adriana 301-949-5852 / abustios@namimc.org

PARENT / CAREGIVER OF CHILDREN & ADOLESCENTS

2ND TUE—JUNE 2011 (7:30 PM)

NAMI Office
Dara 301-949-5852 / dbaylinson@namimc.org

PARENT / CAREGIVER OF CHILDREN & ADOLESCENTS

1ST SUN OF EACH MONTH (3:00 PM)

NAMI Office
Dara 301-949-5852 / dbaylinson@namimc.org

FOR CONSUMERS

NAMI Connection is a peer-based support group for people facing the challenges of recovering from mental illness.

NAMI CONNECTION

3RD & 4TH SAT—JUNE 2011 (3:00 PM)

Silver Spring Wellness & Recovery Center, 7961 Eastern Ave
Rose 301-949-5852 / rhalper@namimc.org

NAMI CONNECTION

2ND & 4TH MON OF EACH MONTH (7:00 PM)

Montgomery General Hospital, Room 623, Olney
Rose 301-949-5852 / rhalper@namimc.org

NAMI CONNECTION

2ND & 4TH FRI OF EACH MONTH (7:00 PM)

NAMI Office
Rose 301-949-5852 / rhalper@namimc.org

GRUPO DE APOYO

4TH THU OF EACH MONTH (7:00 PM)

NAMI Office
Adriana 301-949-5852 / abustios@namimc.org

HOW TO DONATE TO NAMI MC

Did you know that you can donate to NAMI MC in a variety of ways? Donations are tax deductible and so easy to make! Your donation makes a difference!

RENEW YOUR MEMBERSHIP & GIVE A GIFT MEMBERSHIP!

When you renew your membership, include an additional donation to support our work. You can also purchase a gift membership for as low as \$3 for a friend or family member.

ONLINE

Visit www.namimc.org and click on "Donate Now Through Network for Good" on the left hand side. NFG makes it as easy to donate online as it is to shop online, and they make it simple for all nonprofits, of any size, to recruit donors online. Working with NFG helps keep our costs lower to do our online fundraising.

SPONSOR THE NEWSLETTER

For \$350 you can sponsor one issue of our newsletter. We will print your personal dedication on the front page.

GOOD SEARCH

Choose www.goodsearch.com instead of google! Select NAMI MC as the recipient. This is a free service & easy way to help us!

UNITED WAY / COMBINED FEDERAL CAMPAIGN

Speak with your payroll administrator at work to donate through the United Way / CFC. NAMI MC's United Way # is 8687. CFC # 27615.

MATCHING GRANTS

Many workplaces offer matching grants when you donate through work.

VEHICLES

Donate your used vehicle to us! Just call our office.

STOCK

To donate stock call our office at 301-949-5852.

WILL

Include NAMI MC as a beneficiary in your will.

IMPORTANT PHONE NUMBERS

MONT. COUNTY POLICE

Emergency 911
Non-Emergency 301-279-8000

DISTRICT COURT FOR EMERGENCY PETITIONS

Rockville 1-800-944-1341
Silver Spring 301-608-9647

MONT. COUNTY CRISIS CENTER 240-777-4000

MHA HOTLINE 301-738-2255

MD YOUTH CRISIS HOTLINE 1-800-422-0009

NAT'L SUICIDE PREVENTION LIFELINE 1-800-SUICIDE

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Ph: 301-949-5852 • Fax: 301-949-5853 • www.NAMIMC.org

NAMI Montgomery County is a grassroots organization for families and consumers, dedicated to improving the lives of children and adults living with mental illnesses in Montgomery County, Maryland.

We provide self-help, support, education and advocacy.

Mental illnesses are biologically based brain disorders that can profoundly disrupt a person's ability to think, feel, & relate to their environment and others.

"Montgomery County's Voice on Mental Illness"

A Message from the Executive Director...

It is the-end of the fiscal year at NAMI MC and we're excited about what's coming up in the next year. The board and I have met frequently throughout the year to discuss strategic planning, fundraising, financial oversight, strengthening of our programs, as well as goal setting. At the same time, my staff and team of volunteers have reflected on our successes over the last 12 months.

You ask, how are we able to keep our commitment to improve the lives of those impacted by mental illness in our County despite trimmed budgets? The answer is simple—with great attention, care, and compassion.

You've seen and heard us throughout the community. Most recently, at NAMI Walks in downtown Silver Spring. When you called, we answered our Help Line and provided countless referrals for service beyond our office doors. Upon the release of the County Executive's proposed budget, we united and demonstrated the need for continued funding for services at the Mental Health Budget Forum. We took it a step further a few weeks later and pro-

vided testimony at the County Council- sponsored public hearings. On a regular basis, we've conducted outreach to diverse groups and organizations as well as disseminated information to the public at health and resource fairs.

While the summer season is a great time to lounge around and relax, we're getting re-energized and remaining focused on how to enhance our services. Please complete and return the membership survey that will be sent directly to your inbox over the next few weeks.

Join us on Thursday, June 9, for our Annual Meeting when board officers will be elected. Immediately after the election, Dr. DeOreo, of the Psychiatric Institute of Washington, will lecture on psychiatric hospitalizations during our General Education meeting.

Thank you for your continued support and we wish all dads a Happy Father's Day!

~ Katie Slye-Griffin, *Executive Director*



NAMI Events Calendar

JUNE 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2 ● NAMI Connections 7:00 PM	3	4
5	6	7 ● Board Meeting 7:15 PM	8 ● Family Support 2:30PM	9 ● NAMI MC Annual Meeting 7:00 PM ● General Ed. Mtg. 7:30PM	10	11 ● Family Support 9:30 AM
12 ● Parent/Caregiver of Children and Adolescents Support 3:00 PM	13 ● NAMI Connections 7:00 PM	14 ● Parent/Caregiver of Children and Adolescents Support 7:30 PM	15	16 ● NAMI Connections 7:00 PM ● Family Support (Schizophrenia) 7:00 PM	17 ● Spouse Support 7:00 PM	18 ● NAMI Connections 3:00 PM
19 ● Father's Day	20	21	22	23 ● Latino Support 7:00 PM	24	25 ● NAMI Connections 3:00 PM
26	27 ● NAMI Connections 7:00 PM	28 ● Latino NAMI Connections 7:00 PM	29	30		

(Continued from page 1)

tration another dispute resolution process, where the neutral third party functions like a judge and makes a decision on the dispute. Arbitration is useful when you need a binding decision and the parties have very divergent views of the issues in dispute and need someone else to make a decision.

Confidentiality is a hallmark of mediation. What is said in the mediation conference stays in the room. This allows the participants to fashion a solution that meets everyone's needs.

Another feature of mediation is self-determination. This means that each participant in mediation makes free and informed decisions about the mediation process and the outcome.

When people have a long term relationship and will continue to work together or do business with each other mediation is often the best process to use because it allows people to air their differences, rebuild trust, improve communication and reduce misunderstanding.

What mediation is NOT?

Mediation won't force you do to anything you don't agree to. A mediator will not make decisions for you or give you an opinion on what issue is important or who is right or wrong. A mediator does not evaluate the merits of a case.

How mediation works?

Mediation works best if both parties voluntarily choose to participate. In mediation you will get to tell the story about your dispute. Then you will listen to the other person's story of the issues in dispute. The mediator carefully listens to what each party says and skillfully paraphrases it in such a way that enhances the other side's ability to hear it. Then the mediator helps the parties to find any common interests or needs. Finally, the mediator helps the parties develop and assess the options for resolving their dispute.

How to find a mediator?

You can look for a mediator the same way you look for other trusted

advisors and professionals by asking for referrals from friends who have been through mediation. Another great source is the Maryland Program for Mediator Excellence (<https://jportal.mdcourts.gov/apps/mpme/>) which is an online directory of mediators that is searchable by geographic area and expertise. This site also contains a consumer guide to mediation. You can also search sites like www.mediate.com which lists mediators as well as other resources.

When hiring a mediator it is important to feel comfortable that they have the skills and the temperament for your case. Mediators are required to have a minimum of 40 hours of training. Other relevant criteria are any special expertise, amount of case experience, other relevant professional credentials and references. You will need to provide enough information so that you and the prospective mediator can make sure there is no conflict of interest.

Can a friend of mine mediate a case for me?

No, a friend would not be neutral, which is a critical feature of mediation. However, a friend could come along as your advocate so long as you let the other person know that you are bringing someone with you and they have the right to do the same.

Do mediators have special training in mental health issues and disabilities?

Mediators who have been trained to work with families or Americans With Disabilities Act cases have special training on family dynamics, child development and some mental health awareness issues. Mediators who mediate child abuse and neglect cases through the courts also have some background in mental health issues.

Are these conflicts suitable for mediation?

Absolutely.

The brothers' dispute: In this case the mediator must first assess whether both parties understand mediation and can make decisions for themselves. It is possible that the younger brother might benefit from an advocate to help him articulate his needs

and interests and what care he needs.

The guardianship case: Here capacity or competence is not an issue but the parties need to have a neutral third party to enable them to have a safe discussion on challenging issues about decision-making.

Ellen F. Kandell, Esq. is President of Alternative Resolutions, LLC, (www.alternativeresolutions.net) and Maryland Family Mediation (www.marylandfamilymediation.net) which provides conflict resolution services, large group facilitation and training. She is also President of the Maryland Council for Dispute Resolution (www.mcdr.org) the oldest professional mediation organization in Maryland.

NAMI MC ANNUAL MEETING

NAMI MC's Annual Meeting will be held on Thursday, June 9, 2011, at 7PM before the regularly scheduled General Education Meeting.

At this short meeting, the membership in attendance will be asked to vote in new board members for the 2011-2012 Fiscal Year.

Board candidates have been published via email and on the NAMI MC website.

Please attend this important event.

A Mother's Story of Psychiatric Hospitalizations by Denise Fay-Guthrie

My husband and I have two sons, both with multiple mental health diagnoses (including bipolar disorder). When they were 11 and 13, we moved from Salt Lake City, UT, to Montgomery County, MD. I love my children and was appalled when the mental health system in Salt Lake treated our sons as if they were delinquents instead of people with serious illnesses. My boys were never hospitalized there; perhaps, because of the prevailing attitudes about childhood mental illness and lack of available adolescent psychiatric beds.

When we arrived to Montgomery County, our sons did not cope well with the move in addition to struggles with mental illnesses. My younger son, Phillip, was cutting and had cut himself very seriously. I don't know if it was a serious suicide attempt, but he had no impulse control and this really scared me. I was sleep deprived worrying about Phillip harming himself and fearing that my older son, Ian, would burn down the house in the middle of the night. I was hardly functioning. My son's doctor advised us not to make a big deal out of it and suggested he was 'faking it' and that we send him to school the next day. We contacted his psychological assessor and brought him to an ER per her advice.

When Phillip was admitted, I was relieved because I could no longer deal with the situation. It was terribly difficult leaving him and I felt that I was abandoning him. Daily visits were exhausting; but, better than trying to shadow him 24/7 and keep him safe at home. He improved with medication changes and quality therapeutic programs. However, the family therapist treated us as if we were incompetent and that we had caused his mental illness. Her consultations were unhelpful, insulting, and dangerous. Soon after Phillip's discharge, Ian became ill and we admitted him to the same hospital where Phillip was previously. Unfortunately, he did not improve and de-

spite the hospital discharging him, I picked him up because I wasn't comfortable leaving him there. Meanwhile, Phillip was exhibiting self-harming and impulsive behavior. My husband was out of town and I was on my own. Since we had recently moved, we didn't have friends or relatives in the area to help us.

I tricked Ian into accompanying Phillip and I to the local ER and told Ian that we were going for his brother. Ian was very hostile when he realized that he was also being admitted and fought me. Hospital staff were nice but not very helpful. Due to a hospital policy regarding relatives on the same unit, my sons were not permitted to stay at the same facility. It was an exhausting experience that began at 4 PM in the afternoon and ended the next day at 7 AM. I had difficulty completing paper work from stress and fatigue.

Much to my chagrin, the hospitalization didn't go well for Phillip due to poor medication management. The staff insisted on giving him a drug for agitation that gave him migraine headaches and caused him excruciating pain. Against my request, Phillip was given the medication and suffered all night. The hospital's patient advocate defended the facility and my husband and I signed papers for Phillip's release.

It was challenging trying to place Phillip in a school setting following his release. We had an educational consultant for a while and discovered NAMI Basics. While attending that class, we were referred to other supportive community resources. I am proud to say that my son Phillip has done very well since then and found success at Montgomery College. Currently, he is applying to UMD and plans to go to law school.

Ian's hospital experience wasn't any better. He was miserable and developed lithium poisoning. Although he was safe during his stay, an effective program wasn't in place. Ian watched "Spiderman" 27 times in 5 days. There should be a program for

hospitalized youth where advocates visit the children and lend support to families because it is difficult and stressful going at it alone. Extended family is not always available and they might be judgmental.

Ian was placed at a non-public therapy-integrated school where he had a wonderful experience and a top-notch education following his hospitalization. Like Phillip, Ian also found success at Montgomery College. He is currently in a metal machinery apprenticeship program and enjoys it immensely.

Besides securing appropriate school placement, we found competent psychiatrists which made big differences in my sons' lives. Today, my family is doing much better and we are very hopeful about the future. It took a lot of patience, perseverance, hope, and support from our community as well as LOVE.

At the first sign of your child's mental health challenge(s), find competent mental health providers. Address issues at school promptly. Visit pastoral counselors who share your values. Support one another, as caregivers, and do not blame. Seek help from advocacy organizations such as NAMI. Understand this may be a biological illness and medication may be necessary. Trust your instincts. Have hope. Know that many options exist if hospitalization is needed. Discuss hospitalization with your advocates and mental health providers. Research facilities in advance. Have a plan. Dealing with mental health issues can help you appreciate the important things in life and bring your family closer together, knowing that you can count on each other through tough times. I wish you the best possible outcomes and peace.

Denise Fay Guthrie, and long time NAMI MC member, is a family member and consumer advocate.

"Hope costs nothing."

~Sidonie Gabrielle

Local Psychiatric/Behavioral Health Services

Maryland

Adventist Behavioral Health

Main 301-251-4500

Johns Hopkins Psychiatry

Adults & Young Adults 410-955-5104

Children & Adolescents 410-955-5335

Montgomery General Hospital

Crisis Intervention 301-774-8888

Sheppard Pratt Health System

Main 410-938-3000

Springfield Hospital Center

Main 410-970-7000

Suburban Hospital

Inpatient Behav. Health Svcs

301-896-2331

Montgomery County Crisis Center

240-777-4000

Virginia

Dominion Hospital

Main 703-536-2000

INOVA Fairfax Hospital

Behav. Health Svcs 703-289-7561

No. Virginia Mental Health Institute

Main 703-207-7100

District of Columbia

Children's National Medical Center

Inpatient Psychiatry 202-476-3230

George Washington University Medical Center

Dept. of Psychiatry 202-741-2888

Georgetown University Hospital

Dept. of Psychiatry 202-944-5400

Howard University Hospital

Dept. of Psychiatry 202-865-6611

Psychiatric Institute of Washington

Main 202-885-5600

Saint Elizabeth's Hospital

Main 202-562-4000

Walter Reed Army Medical Center

Psychiatry (Adult) 202-782-8030

Psychiatry (Child) 202-782-5945

Washington Hospital Center

Dept. of Psychiatry 202-877-5767

Disclaimer: References to institutions in this section does not constitute the endorsement or recommendation by NAMI MC. This list is provided for public access to resources.

Recognizing Schizophrenia by NIH News in Health

What would it be like to hear voices or see people or things that aren't really there? How would you feel if people seemed out to harm you, and you weren't sure who to trust? Would you recognize that something was wrong?

Unfortunately, most people with schizophrenia are unaware that their symptoms are warning signs of a mental disorder. Their lives may be unraveling, yet they may believe that their experiences are normal. Or they may feel that they're blessed or cursed with special insights that others can't see.

Schizophrenia is a brain disorder that affects about 1 in 100 people. It affects men and women equally in all ethnic groups. Symptoms often start between ages 16 and 30 but most often between 18 and 22. It's unusual to develop schizophrenia after age 45.

A few decades ago, researchers thought that schizophrenia was caused by inappropriate parenting. Now scientists recognize that a combination of genes and the environment are to blame.

"We know from studies of identical twins that when one twin has schizophrenia, the other twin has a 50%

chance of having the disease, indicating that genes may account for half of the mechanisms involved in schizophrenia," says Dr. José A. Apud, clinical director of the schizophrenia research program at NIH.

But since these twins are genetically the same, other factors must also contribute to schizophrenia. Some scientists have identified environmental factors that may play a role. But researchers don't yet fully agree on whether or how these factors trigger the disease.

Several genes have been linked to schizophrenia. But each seems to have only a small effect on the chances of getting the disorder. "If we could understand the genes and mechanisms, we might be able to develop drugs that better target the disease," says Apud.

Although schizophrenia has no cure, 2 main types of treatment can help. "The first line of treatment is always medication, especially antipsychotics," says Apud. "Second, we use supportive types of psychotherapy and psychosocial treatments." These can help with everyday living skills and possibly finding an appropriate job.

Patients often try different medications to see which work best. Some

types of antipsychotics can cause weight gain, which can lead to diabetes or high cholesterol. Other types can cause a disorder where a person cannot control muscle movements. Despite these drawbacks, antipsychotics greatly improve the lives of most patients.

Problems arise when patients stop taking their medications, which is common. One NIH-funded study found that most patients stop taking antipsychotics within the first 18 months of treatment. "Because of problems with judgment and insight, they may not feel that they need treatment," Apud says. "Side effects also play a major role in patients' poor compliance with medications." People with schizophrenia often must rely on family or friends to get them into treatment. Caring for and supporting a family member with schizophrenia can be challenging. It may help to find a support group. Talking to others who care for people with schizophrenia may help your whole family.

Source: *NIH News in Health, May 2011*
<http://newsinhealth.nih.gov/issue/May2011/Feature2>

Additional Resource: *NIH Schizophrenia Fact Sheet*

<http://report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=67&key=S#S>

- **Tiene un familiar que padece de una enfermedad mental?**
- **Quiere saber más sobre la enfermedad mental y como ayudarlo?**
- **Llámenos! Nuestros programas educativos son gratuitos!**

NAMI, La Alianza Nacional para Enfermedades Mentales, es una organización comunitaria de auto-ayuda, apoyo y abogacía para familias y personas que padecen de enfermedades mentales. NAMI ofrece sesiones educativas, grupos de apoyo, información, abogacía y un boletín nacional de noticias, El *Advocate*, para todos sus miembros.

NAMI es compuesta de familiares y personas que padecen de enfermedades mentales.

NAMI es una organización para personas de todas edades y especialmente para personas preocupadas por algún pariente o amigo que sufre debido a desórdenes cerebrales. Nosotros abogamos específicamente por las personas que sufren de depresión severa, trastorno bipolar, esquizofrenia, trastorno obsesivo compulsivo y trastorno de pánico.

NAMI Montgomery County es un afiliado de NAMI Nacional y NAMI Maryland. Somos una organización comunitaria sin fines de lucro que ofrece los servicios de NAMI para familias y personas que padecen de enfermedades mentales y viven en el Condado de Montgomery en Maryland.

Para más información, llámenos

301-949-5852 x 100

www.namimc.org

Línea de ayuda en Español

Consumer's Corner by Susan Kornspan

So you needed to be hospitalized—was it your first time? During my first hospitalization, I was overwhelmed by meetings and went to the seclusion room to feel calmer until medication levels adjusted. Did you like your doctor? Mine was cautious about telling my family or me my diagnosis. Consequently, once I got out, I tried to put all this behind me and focus on college and work.

More hospitalizations occurred with deep depressions and suicidal feelings. Fortunately, I was open and honest when hurting inside and made long-lasting friendships. I learned that staff can provide really good advice. Groups which were particularly helpful were medication

education, OT, exercise, goal setting, relaxation, and discharge planning. I only wish that I'd made a list of those medications which failed to work.

One should not feel down about being hospitalized. Each hospital stay has its own purpose such as achieving a medication change or obtaining referrals to services, for example.

Over time, and with much support, symptoms can be managed without hospitalization. Depressive dips don't last as long. Some symptoms, such as self-mutilation and binge eating (in my case), have disappeared. My hospitalizations were opportunities to learn new coping skills and regain hope. Consider your hospitalization a chance to do the same and more!

If you have questions about submitting an article you can call Katie at 301-949-5852 or email to namioffice@namimc.org. Please include a phone number with any email.



GRATITUDE FOR OUR THRIFT STORE AND OFFICE VOLUNTEERS!

We truly appreciate those individuals who help us every month! If you would like to volunteer your time, please call the NAMI MC Office at 301-949-5852.

THANK YOU TO OUR MEMBERS & DONORS!

Thank you for the generous contributions.

Contributors (\$100-\$249)

- Colonel Armstrong

Friends (Up to \$99)

- Yvonne Colaco
- An Anonymous Friend

- William Banta & Rochelle Banta
- Roberta Mancini & Shelley Ott
- Nancy Blinkhorn
- Steven Hirsch & Jennifer Hirsch
- Meagan Smith

FAST FACTS: MDE AND TREATMENT AMONG ADOLESCENTS

- An estimated 2 million adolescents, or 8.1 percent of the population aged 12 to 17, had major depressive episode (MDE) in the past year.
- Rates of past year MDE increased between the ages of 12 and 15 (from 3.6 to 10.4 percent), and females aged 12 to 17 were over twice as likely as their male counterparts to have had past year MDE (11.7 vs. 4.7 percent).
- About one third (34.7 percent) of adolescents who had MDE in the past year received treatment for depression in the past year.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality. (April 28, 2011). *The NSDUH Report: Major Depressive Episode and Treatment among Adolescents: 2009. Rockville, MD.*



11718 Parklawn Drive
 Rockville, MD 20852
 Phone: 301-949-5852
 Fax: 301-949-5853
 namioffice@namimc.org
 www.namimc.org



United Way #8687
 CFC #27615

THRIFT SHOP

Shop NAMI!

When you donate or shop at the NAMI MC Thrift Shop you are supporting the programs and mission of NAMI MC. All of our programs are free to our community. Support Our Thrift Shop! It Supports Us!

Donations Accepted

Monday-Saturday 10 AM-5 PM

Shop Hours

Monday-Saturday 10 AM-6 PM

Need More Information?

Call 301-949-5731
 Visit www.namithriftshop.org

BOARD OF DIRECTORS

- | | |
|-------------------|-------------------------|
| Diane Kupelian | President |
| Beryl Hosack | Vice-President |
| Les Ulanow | Treasurer |
| Joe Hopper | Secretary |
| Eric Collier | Howard Zuckerman |
| Gil Knight | Elaine Vrooman |
| Tamra-Shae Oatman | William Rooker |

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- Dara Baylinson**
Family & Youth Programs Coordinator
- Rose Halper**
Consumer Programs Coordinator
- Sudipa Mustafi**
Executive Assistant - Programs
- Becky Hosselrode**
Executive Assistant - Thrift Shop
- Rhona Sollod**
NAMI MD Walk Liaison
- Yesenia Flores Diaz**
Communications & Outreach Coord.
- Rose Financial Services**
Accountants

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NAMI MC MEMBERSHIP FORM

Become a part of a grassroots organization — with over 220,000 national members and over 1000 members in Montgomery County alone. NAMI MC is a 501(c)3 organization so your dues and donations are tax deductible!

MEMBERSHIP BENEFITS...

- Support from people who understand
- Concurrent membership at local, state and national NAMI levels
- Our informative monthly affiliate newsletter
- Reduced fees for programs

CONTACT INFORMATION...

Dr. Mr. Mrs. Ms. **Name:** _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Referred by: _____

MEMBERSHIP DUES...

- | | |
|--|---|
| <input type="checkbox"/> Basic (\$45) | Additional Contribution \$ _____ |
| <input type="checkbox"/> Patron (\$100) | TOTAL \$ _____ |
| <input type="checkbox"/> Lifetime (\$1000) | <input type="checkbox"/> Check (# _____) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa |
| <input type="checkbox"/> Open Door (\$3) | Acct# _____ |
| | Ex Date _____ |

MAKE CHECKS PAYABLE TO...

NAMI Montgomery County, 11718 Parklawn Drive, Rockville, MD 20852

HELP NAMI MC GO GREEN!

RECEIVE YOUR NEWSLETTER BY EMAIL
 CONTACT NAMIOFFICE@NAMIMC.ORG TO SIGN UP

