THANK YOU SO MUCH!!!

We want to say a very special thanks to our many friends in SW WA who played instrumental roles in helping us with the two biggest events we have faced this year: our office move that took place on Monday, November 25th and the very successful holiday celebration on Friday, December 6th.

THE MOVE: The move took place in a surprisingly orderly way because of the help of staff, board, and volunteers. Boxes got packed during the week before the move. Our shed was emptied and prepared for sale since our new office already has outside storage. Trucks and special movers were enlisted. Friends and family, volunteers and staff, all played key roles in preparing us for the move. We got the keys to the new space on the Friday before the official move and over the weekend we were able to move some items that really couldn’t be packed easily.

On the day of the move we also had an event at our old office in preparation for the holiday celebration. This was the day to stuff almost 400 stockings in preparation for the big celebration and to ensure that we would have extra stockings to deliver to sites where we do outreach in our three counties. Volunteers such as Eric Froshnider, Chelsea McCarthy, Jim Du Bois, Rick Falter, Mike Cassidy and Joe Ferguson very efficiently completed two loads into the U-Haul so that we were able to return the truck by 11 am, freeing space for the stuffers at the old office.

Later that afternoon professional movers, who happened to have just completed the Family to Family class were able to move the heavy desks, printer and other equipment while our IT specialist, Paul Brooks was hooking our computers up in the new office so we would be ready to function on the next day.
Dear NAMI Members and Friends,

As the year draws to a close I am thinking back on the many changes that have taken place for our affiliate this year. For many of you Jan McKenzie’s departure was and is a major tragedy. Several of you keep in close touch with her and provide us with updates on a regular basis. For those who missed our update in the last newsletter, Jan is under hospice care and is spending precious time with her family and close friends. She loves to get cards and letters from her many friends. Please send them to her at: Jan McKenzie, 4485 SW 180th Ave, Aloha, OR 97007. Our warmest thoughts go out to her and her family.

Since Jan’s departure from NAMI we have undergone some significant changes. Our move to our new offices is a big one! Please come to visit us at the new space at 8019 NE 13th Ave in Vancouver. Although the space isn’t a whole lot bigger than our previous office it is laid out in an absolutely wonderful way that provides us with a large classroom, a nice-sized support group or confidential meeting room, a large room for volunteer activities and our library, and lovely office space for Jenny and me. We have lots of parking and even have a backyard with grass. A teak picnic table with umbrella and six chairs was donated by a member of our most recent Family to Family class. Special thanks here to Becky Anderson and her daughter, Rebecca, who taught that class and formed such special ties with all the participants that most of them have already been heavily involved with affiliate activities.

Our name change is another big event for us. We will officially become NAMI SW WA sometime shortly after the first of the year. We are already including Cowlitz and Skamania Counties as part of our service area. Tim Krueger, Ombuds for our Regional Support Network, will be sharing his office in the Cowlitz Community Health building with us. Tim is the former president of the Board for NAMI Cowlitz County. He has become a NAMI SW WA board member and will remain active with NAMI.

Our Board which includes volunteers from Clark, Cowlitz, and Skamania Counties is setting plans for 2014 that will make this year a very exciting one for all of us in this region. We are asking that everyone who receives this newsletter join our affiliate to help ensure that we can carry out all the plans for this next year. We can’t do it without you.

Best regards and may you each have a wonderful 2014.

Peggy McCarthy
Executive Director

Notice: All recipients of SWBH services and anyone who is Medicaid-eligible must reenroll for services for 2014. Even if you are currently enrolled you need to be recertified. Check with your provider or go to the Washington State Healthcare Authority at www.hca.wa.gov
When he was 23, my friend Steve took his own life, and although I don’t think of him every day, I do think of him often, and I wonder what kind of life he’d have now if he’d gotten help for his depression. Today, as a 41 year old recalling being 23, I can’t imagine a person ending a life that is just beginning.

I haven’t ever felt suicidal, but I do have depression and anxiety. I suffered for no good reason for decades, until I couldn’t reconcile my awesome life with my feeling terrible all the time. Talking therapy wasn’t ever enough for me, and I was very resistant to medication because I believe — and continue to believe — that we are an over-medicated culture.

The thing is, I wouldn’t just sit around and suffer if I had a treatable non-mental illness. I wouldn’t “just deal” with a broken arm. I wouldn’t refuse medication if I was experiencing a serious physical illness, like when I had H1N1. But I was afraid that medication for my brain would change who I was. I was afraid that it wouldn’t work. I was afraid that I was going to spend the rest of my life struggling to just get out of bed every day. I kept thinking about some friends of mine, both incredibly successful and creative people, who speak very openly about their mental illness. Though it was a little scary for me, I worked up the courage to talk about it with them. I asked them about their experiences and medications, and afterward, I wasn’t afraid of getting help. I made an appointment to see a doctor, and I got better.

Now, I take some medication every day, and it has made all the difference in my life. I also talk about my depression in public, because I don’t want anyone else to go through what I did, when getting help is a phone call away. I talk about it because maybe someone who admires me the way I admire my friends will hear me, and make that phone call.

I remember the first week after I started my medication, my wife and I were out for a walk. I felt her hand in mine, and realized that I didn’t have any lingering tension or unhappiness buzzing around in my skull. I was just enjoying the walk with my wife and holding her hand. And I began to cry, because I was so happy.

“It’s like I was in a loud room for so long, I didn’t know how loud it was,” I said, “and all I have now is the ringing in my ears.”

She squeezed my hand and I said “I’m going to remember that ringing in my ears, so I never go back into that room again.”

That was about five years ago, and I’m happy to say that I’ve stayed out of the loud room. I can actually enjoy my friends, my family and my life. I have bad days from time to time. But I know they’ll pass, and — most important of all — I may have depression, but depression doesn’t have me. I know that’s sort of corny, but it’s pretty accurate too.

Please know this: If you have depression, you do not have to suffer. NAMI is there to help you.

NAMI is just a phone call or a click away and can provide you with resources to help you get support and information on finding safe, effective treatments and services, so even if you have depression, depression won’t have you. The NAMI education programs are available in towns and cities throughout the country and help thousands of individuals living with mental illness and their families every day. I am proud to support NAMI because NAMI supports people like me when we need it the most.

But for NAMI to be able to support people like me in times of need, it needs your support too.

(Continued on page 4)
So, please if you or someone you know are affected by depression or another mental illness — with or without thoughts of suicide — please talk to someone, and get help from a doctor. As my friend Jenny Lawson says, “Depression lies, and you don’t need to let it control your life.”

My Story: In Rachel’s own Voice

I am a 26 year old female here at Clark County work center; I am an addict and need help. Unfortunately, being incarcerated has not scared me enough to make changes on my own. This is my second time in jail and you’d think I might have learned from my experience the first time in jail but you need for an experience to be life altering. I needed more.

I am out on January 9th and was given the option to leave for an open bed in a treatment facility if one became available for inpatient. I have been in jail for over 40 days and had almost given up on the idea of getting into a bed and was planning on just figuring things out through outpatient for the second time, but, lo and behold, God does work for you when you let Him.

Barb, a guard here at JWL, has been working with me, along with many other inmates, to get us into this entry program. She worked her magic and got a man named John from CSNW treatment to do an assessment for me to see if I was eligible for the program. That 1 ½ hours of questions and harsh reality ended up being a blessing and will be the best thing I could have imagined happening to me, even better than being home for holidays. I got accepted and recommended as an “intensive inpatient”. I know it sounds crazy that I feel this way, not realizing how fortunate I am to have this opportunity. I can’t express how much I want the help to stay sober and I am willing to do anything to make it happen. Because of this program I feel like my life has not only just started but even more so, my life is saved.

Not only will I be set up in an inpatient facility for up to 30, 60 or 90 days, but I will also have support every step of the way.

John was so naturally easy to talk to and helped me feel not only unjudged, but made it clear that he was only there to help me. Something about him made me feel completely open to tell him the truth about my use of drugs, truth I hadn’t even really admitted to myself. It’s easy to ignore things or the times of using, definitely when you’re still trying to get by day by day. But I am so thankful my evaluation was done with complete honesty. It makes me feel hope for his recommendation and the hope he left with me for a better life, for a life of sobriety is a hope I can’t explain.

I will say I went to sleep Wednesday praying harder than ever with pure gratitude and thankfulness for people like John, who help save lives and put the lost souls and the sick where they need to be whether they want it or not. I’m also thankful or Barb, who makes you think twice as an inmate when you say you dislike the “cops” and instead see a woman who sees this place as a window of opportunities for us, treats us like humans and wants better for all of us not to have this be a revolving door. She puts the effort and work into it for those who reach out to her, and to the people who started this amazing program at the jail and to those who fund it.

If it makes you feel better please know that your tax dollars are not being wasted and have saved at least one person’s life. That’s my story.
To Treat or Not to Treat: In Frank’s Own Voice

All my life, I have been incredibly fortunate. And for over twenty-eight years, my wife has been at the center of that good fortune. The fastest way to describe it is to quote how Ann Bancroft described being married to Mel Brooks: “When I heard the key in the door, I knew the party was about to begin.” Except I was the one coming in the door.

But even that description is trite. My wife is also my best friend, my eternal partner, my best counselor and, with our two daughters, the love of my life.

From 1985 to 1998, simply stated, all was great. I was a naval officer, and we moved a lot. In 1993, our first daughter was born. Life changed, but only for the better. Moves and separations became trickier, but nothing we could not handle together.

But in 1998, when my wife was pregnant with our second daughter, something happened. She began to suffer from increased depression and intense anxiety. I was initially confident that it would pass. But it didn’t, and, by December, we were in a full crisis.

Fairly quickly, we found the right medicine to check the anxiety—at least so she could go to sleep at night. But the depression was a slow, ever-present, never-ending, brutal grind from moment to moment. I could see that it was serious depression and had nothing to do with who she was; but she couldn’t. We were close enough that I could tell her, and she sort of believed me and sort of did not.

And then, about the time our second daughter was born, my wife’s depression lifted as inexplicably as it came. We moved to a new duty station, and she loved it. I remember her saying that every day was like a vacation.

But then it came back.

In 1998, 1999, 2000, 2001 and 2002, she was herself for six months and then in some sort of hellish death crawl for six months. I learned the drill. Mornings were the worst, it would lift a little in the afternoon, and nights were better—but it never really ever was good, except for sporadic moments, which I tried to understand.

Then in 2002 it lifted and she was good until 2004, when her much-loved father died. She wobbled for a few months and then crashed and burned. We were in another six months of darkness.

During those six month periods, we always got treatment. However, I learned how unique individual humans are. The doctor would say that some people had success with a particular type of drug, so we would try it. The transitions from one medicine to another were always terrible, so I knew to disregard her reaction for the first week or two. After that, I would look for some sign of improvement. Any improvement was so slight that I never knew for sure whether there was improvement or I was just imagining it. We would then just grind our way through until we tried the next drug. With no disrespect for our care providers, I understood that in this area, medicine was “by guess and by god”—but I was grateful for the possibility. Sometime after six months, the depression would just lift and she would get herself back (I always knew I had her, somewhere).

For some reason, in early 2005, her psychiatrist recommended that she try lithium. The doctor warned that it would take a couple of weeks to see any improvement—which I was ready for. But it was like throwing a switch. Boom, she was back. It was about six months into the depression at that point, so maybe her body was just ready to shoot back. However, the six
month cycles were over (at least up to now). The lithium had its side effects, but I think we have dealt with them as well as can be hoped.

I always thought of the myth of Proserpina, the classical goddess who was abducted by Hades to spend six months in Hell, and then be returned to renew the earth for six months. It was like I saw her die and suffer, and then return in full bloom. Part of me handled the cycles by thinking that she could have died in 1998, but she didn’t — so what I got was, and continues to be, bonus time. The bonus time always made everything else an easy decision.

Since 1998, we have talked a lot about mental health and mental illness. The combination of the terrible illness, the robust health and the conversation has given me a different view of mental health. It is pretty easy to see my own issues, as well as those of other family and friends, even though most of us have never sought treatment. I can understand the impulse not to seek treatment, because mental illness still carries a major stigma. Ironically, even though someone “treated” may suffer unnecessary discrimination, someone “untreated” can cause terrible damage to themselves and others — and yet still nobody can recognize the underlying illness which did it.

Attitudes about mental health have gotten a lot better in my lifetime (I’m in my late 50’s), but they still could be a lot better. Maybe some day people will laugh, or shudder, that we cared more about our teeth than our psyche.

Beans of all sorts are high in nutrition. Dried beans are high in protein and low in fat and contain a wide array of amino acids that are a large part of the nutritional requirements for humans. They are also inexpensive and come in a wide variety of colors and flavors. You can eat them alone or mixed, with or without other foods. One of the best uses of beans of all types is Bean Soup, a welcome treat for the cold weather we are having here in SW Washington.

The most important tip for preparing dried beans of any sort is to first rinse them in cold water, removing any small stones that might have mistakenly been packed into your bag of beans. Then soak the beans in a large pan, pot or bowl, using at least twice as much water as beans. For example, if you have a small bag of beans, usually about 16 ounces, add four cups, or more, of water for soaking. Change the water several times during the soaking period; this seems to help remove some of the by-products of beans that makes us all think of the old poem many of us learned as children: Beans, beans, the magical fruit; the more you eat the more you toot! Soak the beans at least twelve hours, so if you want soup for dinner begin soaking your beans early in the morning, changing the water at 11, and again at 2 and maybe at 4. Soaked beans only take about an hour to become terrific, tasty soup. Un-soaked beans can take hours and hours to cook and often remain hard, even then.

Here is a quick recipe for Bean Soup. If you follow the traditions of the south you might make this with black-eyed peas where it is the tradition to serve this dish right after midnight as the first food eaten in a new year. However, this soup can be made with any type of dried bean and it is equally delicious with navy, white, garbanzo, pinto, black or any other type that you like or have on your shelf.
16 ounces of dried soaked beans, of your choice
7 cups of water
1 ham hock (or the bone from a ham)
2 cups of diced ham (optional)
¼ cup of minced onion
½ cup of sliced celery
½ cup of sliced carrots
½ teaspoon salt (to taste)
pinch of pepper (to taste)
1 bay leaf (if you have it)

Put everything but the carrots and celery into a pot and bring it to a boil. Then turn down the heat to simmer, and cook the soup for about an hour and fifteen (75 minutes) or until the beans are soft. The soup will form a bubbly thickened surface while it is cooking. You can skim these bubbles off several times during this cooking phase to help reduce the possible after-effects of eating beans. When the beans are soft, add the carrots and celery and cook the soup for another five to ten minutes or until those vegetables are cooked. Enjoy the smiles on the faces of your family members for this wonderful home-cooked meal. Leftover soup tasted even better the following day as the flavors blend even more.

"Often it isn't the initiating trauma that creates seemingly insurmountable pain, but the lack of support after."
Kelley Harrel

"Your present circumstances don't determine where you can go; they merely determine where you start."
Nido Qubein

Brain illnesses are stressful—not only for the person who has the illness but also for the companion or family member who is caring for that person. When our role has unexpectedly become that of “caregiver,” we soon find it is an entirely different world than just fluffing up pillows and ladling out chicken soup.

The life of a caregiver can be demanding, usually more stressful than we had ever imagined. Faced with baffling medical symptoms, we may find ourselves having to make doctor appointments, keep track of medications, take care of finances—only to be the target of undeserved criticism and abuse. When did we sign up for this? When things in our life upset us on a continuing basis, our feeling of being frazzled and overwhelmed may be our bodies warning us that our own health may be getting dangerously out of balance.

Scientists tell us that stress is a normal response to circumstances that are making us feel threatened. When our bodies go into a “fight-or-flight” reaction mode, sometimes referred to as stress response, it is our way of protecting our self. It’s automatic, and can even save our life. However, specialists also warn us that beyond a certain point too much stress stops being helpful and can cause significant damage to our health, more than we may realize.

Stress overload can affect our mind, body and behavior in a number of ways. We’re told that different people experience stress differently. Some of us become agitated or angry and overly emotional. Others become depressed and withdraw from normal activities. Sometimes, unfortunately, an overload of stress can even paralyze us.

Knowing our stress limit is very important. If we feel our tolerance level maxing out it may be time to talk to a therapist or doctor. Supportive friends and family members can help; we don’t want to allow ourselves to isolate. It’s important to keep an optimistic outlook, and this may be a time when spiritual guidance could make a positive difference. We should all learn how to be-
A special thank you to all of our wonderful volunteers, who have helped us so much with both the move and the Holiday Party!


We hope we have listed everyone’s name. If not let us know and we will give you special recognition in our next newsletter. Any oversight is simply because we had so much going on that we know a few things feel between the cracks.

(Continued from page 7)

...come calm without resorting to drugs or alcohol. Remember, we are the best ones to monitor our stress level. It’s very important for caregivers to always have that in mind in order to keep our emotions in balance while maintaining our own health. Caregivers must take care of themselves if they’re going to be physically and mentally able to care for a loved one who has a brain illness. There are few things more important than caring for an ailing loved one. Caring for ourselves first, however, may be one of them.

(Continued from page 1)

Another participant in the recent Family to Family class, Curt Stoeckel. who is a professional handyman, voluntarily removed two very large storage cabinets from the old office and transported them to our new space where he installed them in our storage closet. He has since remodeled one of our bathrooms to make it accessible.

After the move, Jean Curtis, Martha Vogeler and Mary Caroll quickly organized many of the communal spaces in the new office. Their organizational skills are top notch and their ability to work quickly is greatly appreciated by all of us.

At the new office on the days before the event our multi-purpose room became Santa’s workshop, filled with gifts, toys, stockings, candy, wrapping paper and decorations. Every day volunteers filled the room wrapping packages, stuffing stockings, and preparing for the big event. Cindy Falter, Chief Elf, played a major role throughout this time along with Melanie Maiorino, the terrific Mistress of Ceremonies, and Terry Gertsen, Board Member.

We registered over 300 people for the party. We had seats for 288 with a maximum room occupancy of 300 for the space at the Leupke Center. Many volunteers who helped with serving the dinner and managing gifts and entertainers ate in the kitchen!

The day of the event was hectic, to say the least. A storm had hit, temperatures were below freezing, and roads were icy.

Calls came in from our registered guests,—especially those who live a distance away—cancelling their reservations. We could not reschedule the event since the caterer, Dragonfly Catering, had already prepared the dinner and the space was reserved—both at large cost. We hoped for the best and assumed that some people might simply show up without reservations.

As we hoped, many people came who were not registered. We filled the dining room and people enjoyed the turkey dinner served by our many volunteers who, after serving, were able to relax and enjoy their own dinners. Entertainment started at 6 PM and included Sam Weaver reciting The Night Before Christmas just before Santa Claus and Mrs. Claus entered the dining room accompanied by Elves Eric Johnson and Isaiah Black. While children and adults visited with Santa in the special room set aside for this treat, guests in the dining room enjoyed comedy from “Stand-up for Mental Health”, the Battleground Jazz Ensemble, and group singing led by Sam Weaver.

At 8:00 we began distributing stockings and gifts to attendees prior to their departure. Volunteers were already working to clean up the rooms, pack boxes to return decorations and other items that will be in storage until next year’s event. By shortly after 8:30 we were all dragging our tired bodies out of the Leupke Center, knowing that the hard work was all worthwhile and thinking about ways to improve the celebration next year.
Zylocaine, Zylocaine please stay!
Nothing left, mouth pain
The Angels never came
The Blood Lady came with her basket
I'd give all the blood she wanted
Until my arm became blue, paralyzed
The Angels never came
Without warning
Lithium washed my mind
The Angels never came
They were always there
(About my five months stay at American Lake VA Medical Center, Tacoma WA)

You can set up an appointment to discuss your benefits with Cindy by calling the NAMI office at (360) 695-2823 or stop by during her office hours.

Seasonal Anxiety Disorder (SAD)

Seasonal Anxiety Disorder is one condition that seemed to name itself so it could have this acronym: SAD. SAD is brought on by the change of seasons and the reduction of time that the sun shines. It is more common in those areas most affected by the change of seasons when sunlight is greatly reduced at either pole of the earth during winter months. SAD is common in our area of SW WA where, until just last weekend, the days were growing shorter and shorter, and with the rains and bits of snow, we have had few times when the sun and blue skies can be seen. However, on the winter solstice that happens either on December 21st or 22nd, the days begin to get longer. New Year’s day in SW Washington, is already over 4 minutes longer than on the day of the solstice. By the end of January each day is already an hour longer.

Women may be more affected by SAD, however this disorder is not well understood. There does appear to be some genetic connection since most people who are diagnosed with SAD can identify a close relative who is affected by a psychiatric disorder most commonly severe depression an/or substance abuse. The brain chemical serotonin seems to be involved. Since sleep cycles are also affected by SAD, the role of melatonin is also being studied.

Symptoms for people with SAD who live in SW WA begin to appear in October or November, along with our rainy season and the shortening of daylight hours. Depression is a common symptom. Other symptoms include oversleeping, craving of carbohydrates, along with a winter weight gain. Fatigue is common, and lack of interest in normal activities and decreased socialization occur for many. In addition, libido (sex drive) often decreases.

SAD can often be treated successfully with the use of light. Daily exposure of 30 minutes or longer to a “light box” that contains bulbs that simulate the light of the sun during the season when the person is affected can be very helpful. Antidepressant medications may also be helpful. Both fluoxetine (Prozac) and bupropion (Wellbutrin) have been studied with people with SAD and have been shown to be successful.

If you have SAD, and have also been diagnosed with bipolar disorder, treatment is often a bit tricky since use of light therapy, like the use of some antidepressant therapy, has been shown to trigger manic phases. If you are diagnosed with both conditions talk with your prescribing healthcare provider and be prepared for a possible bumpy road until you and your prescriber can determine what works best for you.

NAMI to Help You Access Benefits

Cindy Falter is a federal and state trained Peer Support Specialist trained in educating people with disabilities about working, earning more money, and maintaining medical coverage, as well as informing people about other benefits. She has been assisting people around our region for the past 10 years. She knows how to navigate these systems because she has lived and worked with them as she has had to access her own benefits including SSDI/SSI and Medicare/Medicaid. She is a problem solver, especially if paper work is what you need help with. Cindy has worked at Disability Resources, Columbia River Mental Health, and Consumer Voices Are Born (CVAB). Cindy is passionate about recovery and ending the stigma associated with people receiving disability benefits. Starting in January she will be working at NAMI every Tuesday and Thursday from 11 to 5.
My journey with bipolar disorder began in 1998 when I was pregnant with my youngest daughter. It began seemingly suddenly and with a ferocity marked with depression and anxiety that was paralyzing and threatened to destroy everything that I held dear. I had a precious five year old daughter, a wonderful, supportive husband of 13 years, financial stability, friends, insurance and extended family support. I was terrified to ask for help. I didn't even know where to start to ask for it. I lived with crippling anxiety that turned me from an outgoing person with a passion for life, into a terrified woman who lived in fear of bringing shame to her family because of my complete failure as a person.

When I could no longer take it, I asked my husband to take me to the emergency room at the nearest military facility. After waiting for hours, I finally saw a doctor. I was told that because I was pregnant there was nothing that could be done. The Doctor said, "If you think you're, umm —going to hurt yourself—come back to see us."

Reeling by that ridiculous response, I gathered what little strength I had left after months of suffering and called my insurance company. They were wonderful and got me into a provider that day. I was told that because I was pregnant there was nothing that could be done. The Doctor said, "If you think you're going to hurt yourself—come back to see us."

Let me be very honest...when I heard the diagnosis of "bipolar disorder". It felt like a death sentence. The next thing I heard from the doctor's mouth was. "Lithium."

Here's what I pictured: me, drooling in a corner, unable to work, or to care for my children and being an embarrassment to my husband and family. Let me flash forward nine years: I returned to school, finished my Bachelor's degree, returned to work as a Family Advocate for Head Start for four years and will be returning to school next month to work towards my Master's Degree in Counseling.

I'm still an embarrassment to my children but just not in the way I had feared all those years ago.

Let me flash back: sometimes we don't want to say the word "suicide" out loud. Did I ever think about it? Sometimes, it was all I could think of. I remember begging to a God that I was 99% sure I didn't believe in to spare my family the shame of having this weak person who was a non-hacker in their lives. But my goodness...what I would have missed. And how I would have devastated my husband and children, my parents, and my friends.

If there is a message in all this, I think it's just that we owe it each other to share our stories. Every time I tell my story, someone is kind enough to tell me about a friend, a family member or their own journey with mental health. Be brave enough to listen to the stories that are hard to share.

I like this quote by Abraham Lincoln. I don't think he was referring to his mental illness at the time, but it could well fit:

"Broken by it, I, too, may be; bow to it I never will."
Join us for our Annual Meeting at 7 PM on January 28th at the NAMI office in Vancouver. All NAMI members are invited to attend and participate in electing new Board members and officers as well as approving our proposed budget for 2014. Tasty refreshments will be provided and, if you haven’t visited our new offices this will be a great time to have a tour and meet our teachers, trainers, and support group facilitators. When the business is finished we will have a short program to honor our many volunteers who have worked so hard this past year during this time of significant transition. Our corporate donors will also be recognized. Please plan to attend!!!!

Family-to-Family Education Program is a 12-week course for families and friends of individuals with brain disorders called mental illness. The course is taught by trained family members who have lived with this experience. All course materials will be furnished at no cost to you. Many family members describe the impact of this program as life changing. The class will begin January 27th, every Monday from 6:30pm to 9pm and will be held at the Vancouver VA Medical Campus. Call (360)695-2823 for more information.

Lyn Pattison formerly of Catholic Community Services will join us in January to coordinate a program in parenting for people living with a mental illness diagnosis or who are parenting children with a mental illness diagnosis. The program will be developed through VISTA with Lyn becoming an official VISTA member in early spring. We are thrilled to have her bring her vast experience to our offices. You will hear more about Lyn, her background, and this program in our February newsletter. If you are a parent who might like to learn new skills and gather many important tools for parenting, please call NAMI at 360.695.2823 to register.

A BASICS class will begin January 22nd. The class will be held at the Vancouver office, 8019 NE 13th Avenue every Wednesday for six weeks from 6:30pm to 9pm. BASICS is a great course for parents who have a child who is newly diagnosed with a mental illness including ADD and ADHD, autism spectrum disorder (ASD), depression or anxiety to bipolar disorder or schizophrenia, obsessive compulsive disorder (OCD) or any other brain problem. The course leaders are experienced parents who were once in your shoes, wondering how to best navigate the murky waters of determining how to get the best services for their children in and out of school. One of the most common statements from parents who take the class is, “I only wish I had taken the time to take this course right after my child was diagnosed!” Give yourself a gift this year and enroll in this very important class!

Ending the Silence is a new NAMI program that is designed to help reduce the stigma of mental illness in high schools. NAMI SW WA will train lead presenters and “young adult” presenters for this program beginning in February, 2014. Lead presenters can be people who are already trained as NAMI Basics or Family to Family teachers or NAMI Peer to Peer mentors. The young adult presenters include young adults who have been trained for NAMI In Our Own Voice or as presenters for Parents and Teachers As Allies. Formal applications will need to be submitted to NAMI SW WA by January 17, 2014. If you are interested in applying for training call (360) 695-2823 for an application. Once the application is complete you will be interviewed. We will need to have all final applications submitted by January 22, 2014. The first training is online during the first week of February.
Future NAMI Member

NAMI Southwest Washington
P.O. Box 5353
Vancouver, WA 98668
RETURN SERVICE REQUESTED

ANNUAL MEMBERSHIP - $35.00

OPEN DOOR ANNUAL MEMBERSHIP - $5.00
(No one is refused membership due to economic hardship)

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Help support the one in four Americans who will be affected by mental illness this year.

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