Help NAMI! October 19 Is Coming Soon!

NAMI Board Vice-President Ann Donnelly and her husband, Michael, are sponsoring our major local fundraiser on October 19th. Please bring your friends and family to the event that begins at 7:30 a.m., rain or shine, and enjoy a walk, run or bike ride around lovely Vancouver Heights before taking part in a delicious breakfast prepared by the Donnelly’s with help from other Board members, staff, and volunteers. Maps of the area will be provided, and the fall colors should be quite nice!

We have a significant goal for this event that will play a large role in our ability to provide expanded mental health services here in Vancouver as well as across our SW WA region. Along with your bike or walking/running shoes, and possibly rain gear, please bring your checkbook or cash. We will also have pledge forms and membership applications available. If you are not already volunteering with NAMI, you will be able to sign up to do that, as well.

We are asking for a minimum donation of $20 per person, however anyone is welcome. We will gratefully accept much larger donations, of course, and hope that many of you will be able to provide larger amounts. All of our services are at no cost to the public, however each class, support group, newsletter, or other event costs the organization. We can’t do what the community wants and needs us to do without your support. Thanks so much, and we look forward to seeing all of you and your neighbors and friends at 4305 Oregon Drive, Vancouver 98661 on October 19th!

Bites, Bucks, and Burgerville

Over the next couple of months we plan to hold fundraisers at all the Burgervilles in Clark, Cowlitz, and Skamania Counties. As part of their community goodwill, Burgerville is allowing NAMI SW WA to come to the restaurants and talk to their customers about mental health as we work to reduce the stigma of mental health in our community. We have selected five locations scattered throughout the region for October: Central Park, Hazel Dell, Camas, Fisher’s Landing, and Woodland. We hope to see you at each location. See the schedule on our calendar and on page 3 in this newsletter.

In return for having our volunteers clear and clean tables as we talk to customers and provide them with NAMI information and handouts about mental health, Burgerville will provide us with 10% of their revenues for that time period. Please come to any and all of the Burgervilles with your family and friends. Eat there so we can meet and talk with you or drive through to get your food to go, if you prefer. Let’s make this a real success for NAMI SW WA and for Burgerville. If you would like to volunteer to help us with this opportunity, please call our office (360) 695-2823 to sign up to volunteer at any location. All volunteers will get a NAMI t-shirt!
Dear NAMI Members and Friends,

Lots of activity has been taking place at NAMI in Vancouver and in Longview this month as we prepare to move from being NAMI Clark County to NAMI Southwest Washington. This change should become official sometime in October, but we are already planning and participating in activities in both Cowlitz and Skamania Counties. To provide the many services we have planned for all three areas we will have a very strong focus on fund-raising as 2013 comes to a close in just over ninety days.

To help make these actions more possible our Board, now comprised of members from all three counties, approved the hiring of Jenny Black as Administrative Assistant several weeks ago. Jenny’s presence in the office, her very strong capabilities with IT and computers, and her dedication to NAMI as a volunteer since late 2012, makes her the perfect person to hold down the fort, so to speak, while I spend more time out working in our expanded geographic area.

For those of you whose membership in NAMI has expired or is about to expire, we invite you to renew your membership. If you have joined NAMI at our reduced rate and you are more able to pay the full rate now, please increase your membership amount. If you have been a member at the full annual rate, please consider joining with an increased amount. Anything over the $35 standard membership rate is tax deductible. Many members are now donating a flat monthly rate that can be charged to a credit card or taken directly from their bank accounts. This sustaining membership is very helpful to us as we plan monthly expenditures and our annual budget. While all of our services are at no cost to anyone who comes to NAMI, they are costly to the organization, so we truly need all the help we can get through your generosity.

In this issue of the newsletter you will read about our annual Vancouver Heights Walk/Run/ Bike event on October 19th. Please plan to join us for the fun of touring that lovely neighborhood and then for a terrific home-cooked breakfast at the home of Ann and Michael Donnelly (4305 Oregon Drive). We hope to raise many thousands of dollars at this event so don’t forget your wallets or checkbooks. We will also begin our fund-raisers at Burgervilles throughout SW WA. We have five scheduled in October and more will take place in November. Please plan to visit each of the Burgervilles on those dates for a tasty meal that features local produce, naturally raised beef, excellent fish, a variety of salads, and, of course, their specialty seasonal shakes to help us with these campaigns.

Thanks for all your support and we think you will be very pleased as we roll out our many new programs throughout Clark, Cowlitz, and Skamania Counties as we emerge in our expanded role as NAMI SW WA.

Do stop by to visit us at our offices in Vancouver!

Peggy McCarthy
Executive Director
It's not about being perfect. It's about effort, and when you bring that effort every single day, that's where transformation happens, that's how change occurs.

A Path of Depression: In Cindy’s Voice

I was first diagnosed when I was 39 years old. I had symptoms all my life but things worsened. I started falling asleep driving. I had to quit the job I just started and go into a lesser position. Lots of tests were done and the end diagnosis was depression. My life was so stressful and my days so long and problems so great. I didn’t want to go on! I was put on a medication that became one of many. I felt hopeless! I had responsibilities! I must go on! I found myself on top of the 405 bridge. I was tired of taking medications that didn’t work or the side effects were not worth the gain. I had no hope! When I looked down at the water my thought was what happens if I don’t die. Instead of jumping I went to the hospital... one of many trips. The suicide thoughts and actions continued. I was in therapy, but it took many different kinds of therapy: Cognitive, Dialectical Behavioral Therapy (DBT), Electrical Shock Treatment, Individual and Group Therapy. I started to collect different tools and places that helped me. I volunteered at (CVAB) Consumer Voices are Born and NAMI. I had to get outside of myself. I was eventually diagnosed with bipolar disorder, also. This brought more medications. During this time, I accepted the Lord Jesus Christ as my Savior. I now had a church family to help me also.

What is depression?

About 25 million American adults will experience depression this year. About 70% of the diagnoses of depression are in women. Depression is also being diagnosed and treated in children as young as pre-school age. Major depression is a mood state. It goes well beyond temporarily feeling sad or blue. It is a serious medical illness that affects our thoughts, our feelings, our behavior, our mood, as well as our physical health. Depression is a life-long condition in which periods of wellness alternate with periods of severe depression. Without treatment, the frequency and severity of these symptoms tend to increase over time.

The symptoms of depression included sadness, poor concentration, insomnia, changes in appetite with a particular craving for carbohydrates that is often seen with weight gain, excessive guilt, fatigue and the need to stay in bed for long hours, and thoughts of suicide. Some researchers believe that about 10% suicides in the U.S. are committed by people who are suffering from major depression.

Getting an accurate diagnosis is important. Understanding the psychiatric infectious diseases context—including the risk of bipolar disorder and the assessment of safety risk—is also an essential aspect of an evaluation.
Before I start, I want to ask how many of you in your head are reading this and wondering if is this real or not? Well let me give you some facts before you tell me your answer, because I know its real! I am one out of the 4500 Dissociative Identity Disorder cases that have been reported. Out of those 4500 people with DID or MPD (Multiple Personality Disorder, as it is called internationally), 85% of them are woman which I also fit into. Did you know that 1-5% live in America and that only 5% of them are in psychiatric wards? What that says to me is that I am not the only functioning DID patient in Washington State, even possibly my county.

What is DID specifically? Well if you go to our own www.nami.org, Dissociative Identity Disorder (DID), previously referred to as multiple personality disorder (MPD), is defined as a dissociative disorder involving a disturbance of identity in which two or more separate and distinct personality states (or identities) control the individual's behavior at different times.

I myself, Karen (right now) have five alternates (as called by professionals) including myself that I know of and possibly 2 more that are surfacing as I type this up. The five that I know of all have their own names (they have given to me), their likes/dislikes, opinions, way of reacting, the way they like to dress, do my hair, some like to smoke and some don't, some curse and some don't even know how to talk at all. If that doesn't make things complicated, they even have their own allergies and reactions to medications I take. Some of them don't know how to read, write, ride a bike, or even drive a car! (That can be very frustrating when I am trying to get somewhere for an appointment)

I would love to talk more about myself (and will!) but I don't want to overwhelm any of you, like I am beginning to feel. So come to the meetings where I will be sharing my story and you can ask as many questions as we have time for. Until we see you, keep an eye out for us in the newsletter!

Identities that helped with this newsletter: Ashly, Mediator, and Karen Brackett.

Just in case you're wondering who did what, Ashly did the excited exclamation point stuff, the mediator did the facts and parentheses stuff, and I put it all together and organized it to make sense.
**Growing Up With a Family Member with Mental Illness.**

**In Keristan’s Own Voice**

My mother has bipolar disorder, borderline personality disorder, post traumatic stress disorder (PTSD), as well as post traumatic black-outs. So as I was growing up as a kid and a teenager, when I heard my friend’s joke around and say “Oh ha, ha, ha! My mom’s crazy” they had no idea. I hate that word: Crazy.

Growing up with a parent that has mental disorders is most definitely not an easy thing to handle. My mother has four children ranging from ages 24 to 14. I am 22 years old, and when my mom came home with another child when I was five years old I don’t even know the feelings that came from me. It was a mixture of being so happy I could cry and so scared that I wanted to run away.

After the youngest was born that was when things got really bad. Mom had a new boyfriend to impress and four young children to take care of. So naturally I got the bulk of the work thrown at me. At the time I didn’t feel like this was a big deal. I loved taking care of the kids. I loved feeling needed. My mom’s mental disorders blinded her from making healthy choices for herself as well as her children. We were pretty much tossed aside like used shoes, or at least that’s how I feel it happened. Her interpretation may be a different feeling.

One day when the youngest child was a bit older I decided to go out to the river with family. My mom and her boyfriend and all the kids were there. It started out just fine, but because my mom, with her mental disorders, and the other adults had a few drinks in the hot sun. Things quickly got out of control, which meant that my younger siblings and I got to enjoy a nice stay in the foster care system. Nobody understands what that means unless they’ve lived it!

I will never forgive the family that we stayed with. They were abusive to my siblings and to me. But do you think once we were in my mother’s custody again, that the foster care system would believe children? Heavens no! Coming home after not seeing our mom for over a month was a truly amazing feeling. Even though we knew it would be just a matter of time before another one of her freak-outs. Not to sound rude, but that’s just what we kids called it.

To make a really incredibly horrible long story short, people with mental disorders need extra help. It’s just the plain and simple truth. After our stay with CPS, we received what was allotted to us. It was a certain amount of hours of in-home therapy. It wasn’t enough.

Not even close to enough. If a program for children with moms and dads like my mother existed I do believe it would have been beneficial.

I know there are lots of other kids and adults out there that have had to deal with the same stuff that I had to deal with on a daily basis. It would have made me not feel so alone in the constant battle that I had no control over, if I could have gotten to know some of them.

Anyone reading this who has or knows a child or teen who is trying to deal with a similar situation to what I dealt with, please, please give this article to them.

Our parent/parents love us. It’s not the every day kind of love either. It’s the deepest, truest form of love. They just have a much different way of showing it. So try your hardest to not turn your back to them. Because they need you more than you will ever know.

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“Every Champion was once a contender that refused to give up”

Rocky Balboa

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NAMI SWWA is launching the Parents and Teachers as Allies program to help reduce the stigma of mental illness in Southwest Washington. Trained facilitators will go into schools to provide information that will be helpful to children who like Keristan struggle with parent’s diagnosis, or their own.

Agencies like Family Reconciliation Services, Children’s Home Society, Children’s Center, and the Catholic Community Services can also be a helpful.
Living Productively with Schizophrenia: In Eric’s Own Voice

I was first introduced to mental health services at the age of 18 with a surprise diagnosis of schizophrenia. My diagnosis was very frightening and felt hopeless. However, with medication management, proper sleep, and lifestyle I have managed to beat the odds. I’ve lived independently most of my adult life with only a few brief hospital stays and normal life challenges.

During the 90’s I owned and operated my own event planning service in downtown Oklahoma City. The Oklahoma City bombing in 1995 greatly affected my business, my health, and my wellbeing because I was leaving the building when the bomb blast occurred. I received a traumatic brain injury (TBI or severe concussion) along with other injuries and ended up in the hospital along with almost 700 other victims who were fortunate to survive the blast. I decided to sell my business and move to Vancouver Washington in 2001 where I continue working freelance as an event décor specialist.

After a particularly difficult psychotic break in 2005, I started my recovery journey again as a volunteer Peer Support Specialist. In late 2008 I was trained to be a NAMI Connection group facilitator and started an internship with NAMI Clark County. I proved to be very sharp, especially with handling people who came into the offices in crisis situations. I feel I have exhibited great compassion and an ability to find creative solutions and/or resources. I have continued as a volunteer program leader for over three years, and I am also a trainer for the NAMI mental health programs called Peer to Peer.

In the community, I have served on the board of several local charities and currently serve on the Mental Health Advisory Board and Quality Review Team for Southwest Behavioral Health (SWBH). I am the facilitator of the Thursday afternoon Connection Support Group at the Vancouver NAMI office (see the calendar). I also volunteer and participate in other mental health projects such as Stand Up For Mental Health where I perform a live comedy routine, poking fun at my remarkable life journey. I will be performing at the NAMI holiday celebration but hope to bring Stand Up For Mental Health to Vancouver so that others can learn to tell their stories and discover the healing power of laughter.

What Is It Like To Be at a Support Group?

Connection is a place where people with any mental illness diagnosis meet to make connections with others. Eric Johnson is the facilitator for Connection in Vancouver; we are hoping to start Connection groups in Cowlitz and Skamania Counties by the end of this calendar year or early next year.

We asked one of our members to write about being at a group meeting.

“Connection is a support group for people suffering with a mental illness. I have been attending the group for about three months. Connection is a place where you can feel safe sharing your experiences without the worry of being judged. The leader of the group is a caring and compassionate person. When I am at Connection, I feel supported. It is a good place for me to go because I know I can feel safe talking about my issues. My experience with the Connection group has been a positive one.”
Living with Depression; In Jeanne’s Own Voice

My struggle with mental health started when I was an adolescent. As a 13 year-old army brat, I began having stomach problems. I couldn’t really explain what was wrong. My parents took me to the doctor repeatedly. They checked for everything they could think of. When they started asking about feelings and what was happening at home, I stopped telling people when it hurt. I became more and more depressed. I didn’t want to do anything; nothing was fun anymore. Everything seemed hard. I didn’t like being around people. Food didn’t taste good. I didn’t have an appetite. I had trouble sleeping. Over the next four years, I was miserable. I became irritable and sullen. I would cry at night because I couldn’t sleep. I knew it was miserable being around me and didn’t want to inflict myself on anyone. I started thinking more and more of death.

People couldn’t understand what was wrong with me. They kept telling me, “you look so pretty when you smile,” or “things can’t be that bad.” We moved to Germany in my sophomore year. After this move, I made friends. I had my first boyfriend. I had some days when I was happy, but only when I was with my friends. With my family I was withdrawn. I didn’t want to do anything. I would go to castle ruins, European cities, etc. under extreme duress. My sister said I constantly sulked.

My senior year we moved to Frankfurt. The bottom dropped out. I fell into a deep dark black hole. I thought about suicide daily. They had a teen health clinic. I saw a doctor one day who noticed I was depressed. She suggested I see one of the counselors there and take an antidepressant. She made me promise that I wouldn’t use it to kill myself. I didn’t. The counselor was no help. He argued with me about whether or not I was angry. I worked on my suicide plan. I tried to figure out where and when to do it. My rationale was that people would be better off if I was not on the planet. I took the medicine for a month or so, decided I didn’t want to take it anymore and stopped on my own. I finally decided that the senior class trip to Barcelona, Spain that would be a good time. To make a long story short, I made my attempt. I was “rescued.” I was extremely angry. My father flew down and brought me back to Frankfurt where I was committed to the military hospital. At the time, the psychiatric unit was also a detox facility. I was 17 and the only kid in the place. There were wives of military men, soldiers who had been pulled in drunk or loaded. I was there for two weeks. They wouldn’t release me unless I signed a contract agreeing not to attempt suicide and to continue taking medication. I wish I could say my life got better from there. I didn’t attempt suicide again, but I continued to struggle with depression and addiction.

I have struggled with depression since then, but have been able to have a significant recovery from it and from addiction. With the help of medication, self-help groups and therapy, I graduated from the University of Oregon twice, once with a Bachelor’s Degree and once with a Master’s. I have a career that I love. I have a great family, a house and five cats (don’t judge me).

It is important to me that people understand what mental disorders are and what we can do about it. I have two fatal illnesses that I have been successful at overcoming. Life is good.
Ho! Ho! Ho! Elf Cindy Falter contacted Santa at the North Pole and he has confirmed that he will once again break away from making toys to spend time with all our friends in SW WA who attend the holiday celebration on December 6th. The celebration will be held at the Leupke Center, at 1009 E McLoughlin Blvd. in Vancouver. We are expecting friends from three counties: Clark, Cowlitz, and Skamania. Be sure to get your reservation in to the NAMI office (360) 695-2823 so we can save a place for you and your family members. You can also make your reservation through your mental health provider. Space is limited!!!

Because we know that Santa gets busier every year we want to help him out as much as we can. We need lots of help with fundraising. You can help by making donations on behalf of the celebration directly at the NAMI office in Vancouver or by mailing your checks to us. Our goal is to raise $6,000, and we have quite a ways to go before we reach that goal.

We also need help with gathering up many of the gifts that Santa will distribute once he arrives. We will be taking letters to stores that might provide items such as gloves and mittens, hats and sox, games and toys, and other items for our guests. We are also requesting anyone who might want to contribute special gifts that can be given away as door prizes in drawings that will occur throughout the evening. In addition, we are looking for people to work on various committees including the fundraising and gift-getting committees, decorations, set-up and clean-up committees, and many other functions. Please call the office if you are willing to do any of these things or more.

Many more helper elves are needed, so please step up and help our mental health consumers begin their holiday with this wonderful celebration that also includes entertainment and music.

Parents and Teachers as Allies

In September, seven people from NAMI SW WA were trained to conduct the NAMI Parents and Teachers as Allies program. Beginning this month we will be going out to K-12 schools throughout SW WA to present this program to faculty and staff and then to parents. During the one to two hour presentations, four presenters will talk about the signs and symptoms of mental illness that children in school may be showing. These include things like disrupting the classroom, that is often a sign of conditions like ADD and ADHD, but may also be signs of a developing behavior disorder or other mental illness; on the other hand, these behaviors could also be actions from a child who is desperately in need of attention.

The presentation also includes a more didactic part that includes a review of the most common mental illnesses and the common signs and symptoms that may show up in children of any age to help both teachers and parents to become more aware so that they can reach out for help early before the child drops out of school or fails in other harmful ways. Excellent NAMI booklets describing all the common mental illness diagnoses will be given to each attendee at the presentations.

The program will help teachers and parents better understand the children and to learn more about when and how to seek professional help when it is needed. The program goal is to help both teachers and parents to recognize early-onset mental illness in children and adolescents.
We should never have had children. My father, although never professionally diagnosed, had all the symptoms of paranoid schizophrenia. My mother had a sister who spent the last 30 years of her life in a mental institution. My wife's mother had at least a touch of schizophrenia and her father had siblings with it.

Sure enough both our children came down with mental illness. Our older one, the daughter, had a severe case of major depression. She was very suicidal so it is a miracle she is still alive and now functioning healthier than most people. She always was willing to get help and now we couldn't ask for a more wonderful daughter.

Our son, on the other hand, has schizophrenia, but doesn't think he has a problem, so he will only get treatment when he breaks the law and is required to. His probation ends October 8 and he has told his therapist and me that he is quitting then. She thinks he is deteriorating.

Toward the late 1970s my wife was a member of the Kelso library board. There she met a couple named Bob and Lois Haskell who had a son with severe schizophrenia. They were making frequent trips to Vancouver to attend support meetings there. My wife, Marcia, shared with them our children's situation. Bob then asked, "Why do we have to go all the way to Vancouver to get support? Why don't we start a group here?" Thus was born Cowlitz Alliance for the Mentally Ill (CAMI) in 1981. The Haskells did all the work in launching it, and we supported them. Marcia and I shared the office of vice-president.

Bob worked for Weyerheuser which laid off some employees in 1982. He looked for work locally for a year and then gave up. They moved to Albany, Oregon where their daughter and husband ran a greenhouse and could use Bob's help.

So in 1983, as Marcia and I became co-presidents and for the next 28 years tried to keep the group going. Various members took over for a while and in every case, for various reasons, had to give up, and we retook the reins to keep the group going.

We made some innovations over the years. NAMI National created a formula for naming the state and local chapters which we adopted so we became NAMI-Cowlitz. We found there was not enough time in our monthly meetings to do support, advocacy, and education, so we started separate weekly meetings to give support for those trying to recover and another monthly meeting for family members support to cope. When the national introduced the Family to Family Workshops, we got some members to train for it and conduct them.

Every October our program was to invite the candidates for the state legislature for our legislative district. One candidate in 1978 won

(Continued on page 10)
the election and sponsored the bill that created the Regional Support Networks in 1979. When he was asked how he knew so much about mental illness, he said he learned about it when he was a guest speaker at our meeting. I feel very proud about that.

We also worked hard for housing for the mentally ill and were gratified when the Columbia and Chinook Hotels were converted to this use; they are still being used for that purpose. We also advocated for parity by health insurance companies in the coverage of mental and physical illnesses. Therefore, we were very pleased when the national government passed legislation to accomplish that.

During our presidency we attended state NAMI meetings whenever and wherever they occurred. At one of them the police chief of Chattanooga, Tennessee was the guest speaker and told about the Crisis Intervention Team training (CIT) he pioneered to help law enforcement officers cope with mentally ill suspects. When we returned to Cowlitz County, I sent the police chief of Kelso the literature that came with his presentation. Chief Wayne Nelson then instituted CIT training for all law enforcement agencies in the county, and I appointed one of our members to work with him and our local appropriated funding for the project. To my knowledge it is still being used today.

Also during our attendance at state meetings we met members’ of Clubhouses in the host communities, and I was taken with the members positive feelings about their treatment. When I was asked to be a member of the Lower Columbia Mental Health Center's board of directors, I asked that we start a Clubhouse here and also have a staff member of the Center as one of the Board of Directors. It turned out that the Clubhouse in Auburn was being closed, so a week after I made my request, the director came and spoke to the board and was hired to start a Clubhouse here, which is still going and ably managed by Kathleen Wilson. The next year a staff member was included in the Board of Directors.

On January 22, 2011 my wife and I were going 60 miles an hour north on I-5 through Vancouver, and I passed out at the wheel. It turns out my heart was defibrillating which I didn't know. I now wear a pace-maker. Fortunately it was a one-car accident, but it did turn our lives upside down. Vice-president Tim Krueger took over the presidency and has been doing a better job than I was. Thelma Blanchette and Teri Robinson did more than their share to keep things going — Thelma as secretary-treasurer, and Teri keeping the family support group going. Tim is keeps the recovery support group going as well as his other services.

Since the accident, I don't have faith in myself to drive the highway. Also Marcia can no longer stand on her own. I am her full-time caregiver. Therefore, we are limited in what we can contribute, especially with this consolidation of the three counties into one RSN requiring our traveling the highway for

NAMI SW WA is extremely grateful to Bernie and Marcia whose time, energy, interest, and many contributions over almost a half-century of involvement with the mentally ill in Southwest Washington has helped to keep NAMI alive in this area. We look forward to seeing them at meetings or social gatherings, when they are able, and to being able to phone them to discuss issues because their years of experience are invaluable and will help to guide all of us as we proceed as NAMI SW WA.
“...all these stories make me who I am. But to insist on only these negative stories is to flatten my experience and to overlook the many other stories that formed me. The single story creates stereotypes and the problem with stereotypes is not that they aren’t true, it’s that they are incomplete, they make one story become the only story.”

Chimamanda Ngozi Adichie

The danger of a single story.

“In the end, we only regret the chances we didn’t take, the relationships we were afraid to have and the decisions we waited too long to make.”

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Starting in October the NAMI SW newsletter will be mailed at the beginning of the last week of each month to ensure that you receive it by month’s end throughout the region. We hope this change will be helpful to you and your family as you plan which NAMI programs you will attend.

When we go out into the community to talk about NAMI, when we work to change the laws that make it better for anyone with mental illness, when we work in our local communities to reduce the stigma of mental illness in schools, the work place or the law enforcement system we need to say, “We represent thousands and thousands of families and individuals across Southwest Washington. This will help us make a difference! Please join NAMI if you are not a member. If you are a member and need to renew your membership, please do so right away. And please think about how you can help NAMI through cash donations, in-kind service as a volunteer, or helping us to buy items we need. We still need at least one more bookcase from Office Depot (cost: $400)

Our NAMI Southwest Washington Board meets on the 1st Tuesday of the month. These meetings are open to the public. They are held at the NAMI office on 2801 Ft. Vancouver Way in Vancouver, beginning at 7:15 p.m.

We are starting to form Basics Classes for Parents and Caregivers of Children under the age of 18, if you would like to sign up for this free class call our office at (360) 695-2823. The class will be on the 19th & 26th of October and November 2nd (all Saturdays) from 9am-11pm)

NAMI SW WA plans to offer training programs for In Our Own Voice and Peer to Peer in the next few months. If you are interested in becoming a course leader for either of these NAMI programs please call our office (360) 695-2823

Ellery Holesapple joined us early in September to do an eight month internship with NAMI Southwest WA. He is in a Masters of Social Work graduate program at the University of Southern California and will graduate after his internship is completed. His specialty is in mental health with a sub concentration in military family and veterans. While with NAMI he is helping to establish NAMI programs with the VA in SW WA as well as working with us to help establish NAMI programs in the jails. Prior to his graduate program he spent seven years as a substance abuse counselor in Southern California.

On Monday October 21st NAMI Southwest Washington will present a Community Education Program on the new Health Care Act (“Obamacare”). Please join us at 7 pm at the NAMI office, 2801 Fort Vancouver, Way, Vancouver WA, 98661.

To help all our Volunteers take better care of themselves so that they are better able to care for others, NAMI SWWA has started a biweekly Selfcare Support Group. This group meets from 4pm—5:30pm on Friday October 4th and October 18th. If you are currently volunteering for NAMI you are welcome to participate.
ANNUAL MEMBERSHIP - $35.00

LOW-INCOME 1-YEAR MEMBERSHIP - $5.00
(No one is refused membership due to economic hardship)

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- NAMI National Advocate Magazine, quarterly
- Washington Friday Facts, weekly e-mail by request
- NAMI SW WA Newsletter, monthly
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Please return your payment and completed form to:

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

To use a credit card and join online, go to www.nami.org
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Thank you for being part of the team!

National Alliance on Mental Illness
Help support the one in four Americans who will be affected by mental illness this year.