

Educational Forums

Presented the 3rd Tuesday of each month at
Evergreen Hospital, Suite Tan 100
12303 NE 130th Lane, Kirkland, WA

Tuesday, April 19th

7-9 pm

Dr. David L. Dunner

Director, Center for Anxiety and Depression
& Professor, Department of Psychiatry and
Behavioral Sciences, University of Washington
Updates on the Treatment of Depression

Tuesday, May 17th

7-9 pm

Reverend Jeanette Keil

Author of "Invitation to Wellness"
A Journey of Recovery

Tuesday, June 21st

7-9 pm

John Childs, MD

Clinical Professor of Psychiatry,
University of Washington
Making Choices in Recovery

Call NAMI Eastside for more Information
425-885-NAMI (6264)

July-September Newsletter Deadlines:

Please email material for the
3rd Quarter 2005 Newsletter to
newsletter@nami-eastside.org no later than
June 15, 2005

NAMI Washington's NAMIWalks 2005 Kick-off Luncheon

Saturday, April 2, 2005

Noon to 2 PM

The Starbucks Center

2401 Utah Avenue South, 3rd Floor
(1st Avenue South between Utah and Lander Streets)
Seattle, WA 98134

FREE PARKING

This Kick-Off Luncheon is free for anyone interested
in learning more about the Walk and how they might
participate in it.

For more information and to RSVP, Call Denise Cugini,
Walk Coordinator

(206) 343-3031 or

Email: denise@dynamiceffectsinc.com

NAMIWalk

Saturday, May 21st

Magnuson Park at Sandpoint

Check In at 9:00 am • Walk Starts at 10:00 am

Puget Sound Conference on Children's and Adolescent's Mental Health

Saturday, May 7th

Cougar Ridge Elementary

4630 167th Ave. SE, Bellevue

Ximenita

(425) 844-3858

Robin

(425) 836-4136

NAMI Eastside is one of 27 NAMI Washington Affiliates and a member of NAMI National, the National Alliance for the Mentally Ill. We sponsor FREE Support groups, Family-to-Family Education Classes, Peer-to-Peer Educational Classes, Educational Forums and advocate for improvements to the Mental Health Delivery System in terms of access to care, standards of care, continuity of care, housing, rehabilitation and recovery.

NAMI Eastside Redmond Office

Family Resource Center Campus • 16315 NE 87th Street, Suite B-11
 Redmond, WA 98052
 (425) 885-NAMI (6264)

info@nami-eastside.org www.nami-eastside.org www.namieastbp.org

Support Groups & Education

- Parents of Children with Bipolar Disorder Support Group
 Robin (425) 836-4136 robinrodney@hotmail.com
- Children's Advocate
 Ximenita (425) 844-3858
- Vision for Tomorrow Classes
 Ximenita (425) 844-3858
 Robin (425) 836-4136
- NAMI-C.A.R.E. Peer Support Group
 Joan (425) 821-8125
- Peer-to-Peer Classes
 Office (425) 885-6264 info@nami-eastside.org
- In Our Own Voice presentations
 Dick (425) 747-5315 ioov@nami-eastside.org
 Gregory (425) 869-0167
- Family Support Groups**
 Bri (425) 747-2813
 Susan (425) 467-1180
 Veda (425) 865-9839
 Susan or Ray (425) 653-1310
- Spanish Support Group (Family & Consumer)
 Alba (425) 747-7892
 Raul (425) 881-3514
- Family-to-Family Classes
 Dick & Sue (425) 455-4236
 Sherri & Bud (425) 885-5361

Committee Contacts

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NAMI Eastside Newsletter

- Vacant** Editor

Family-to-Family Class Update

The 10th NAMI Eastside Family-to-Family class will graduate on May 26th. We have had a class filled with wonderful families who eagerly learned all about the workings of the brain, communication skills, and problem solving techniques, empathic understanding, and much more. Thanks to all those who contributed by helping with set up, snacks, organization, teaching, and resources. We welcome recently trained teachers to the Family to Family team: Linda, Sandra, and Renee. A big thank you to all and congratulations to the 10th graduating class!

The next Family-to-Family class will be held in the fall of 2005. Dates and place will be announced. Please call the NAMI Eastside office (425-885-6264) if you would like to attend this informative 12-week educational program for family members who have a loved one with a mental illness. You will be put on the wait list and will receive an email concerning the class during the summer when the class list is put together. There is no fee for taking the class.

New Name and Logo For NAMI Eastside Clubhouse

The Clubhouse Committee of NAMI Eastside has made huge strides towards building the first clubhouse for people with serious mental illnesses on the eastside. The clubhouse initiative, previously known as Project HEROES, is now officially called HERO HOUSE.

The logo for HERO HOUSE was designed by Sean Bennick.



NAMI Eastside is sending four members to South Carolina for training in the Fountain House Clubhouse Model. The training runs for three weeks during April and will help move the clubhouse further along by adding to the list of potential staff members and volunteers.

NAMI Eastside extends our deep gratitude to all who have helped us begin this exciting journey, which will benefit our eastside community and employers.

NAMI Joins Group Launching Resources for Families On Treating Depression in Children and Adolescents

February 2, 2005

On February 1, 2005 NAMI participated in a press conference to launch ParentsMedGuide.org, a new resource center developed by the American Psychiatric Association (APA) and the American Academy of Child & Adolescent Psychiatry (AACAP) for parents and caregivers of children and adolescents with depression. Darcy Gruttadaro, the Director of NAMI's Child & Adolescent Action Center, participated on a panel that also included family members and representatives from family advocacy groups, psychiatrists, and a primary care physician.

The newly launched web site includes a fact sheet for families titled "The Use of Medication in Treating Childhood and Adolescent Depression: Information for Patients and Families." The fact sheet, developed by the APA and AACAP in consultation with NAMI and other family advocacy groups, includes practical advice for families about treating depression in children and adolescents. It also includes information about the recent FDA decision to require a black box warning for antidepressant medications.

The ParentsMedGuide.org web site also includes a guide for physicians on treating depression in children and adolescents, including information on treatment alternatives and the latest science and research findings.

NAMI is developing a Family Guide for the Treatment of Adolescent Depression, which is currently being edited and will be available in the near future.

You can learn more about the APA and AACAP resource center by visiting the ParentsMedGuide.org web site.

Every Friday
NAMI Eastside Movie Day
 1:00 pm - 4:30 pm
 Community Psychiatric Clinic
 13133 Bel-Red Road in Bellevue
 Contact Gregory H at (425) 869-0167
 For more information and to verify time.

Federal Government Seeks "Voice Award" Nominations

The U.S. Department of Health & Human Services (HHS) is seeking nominations through the Substance Abuse & Mental Health Services Administration (SAMHSA) for "Voice Awards" to entertainment industry professionals—producers and writers of radio, television, and film—who have given a positive voice to people with mental illnesses.

Nominations must be received by Monday, April 18, 2005 for professionals who incorporated dignified, respectful and accurate portrayals of people with mental illnesses into scripts, programs and productions that were released during 2003-2004.

Submitting nominations is free and open to anyone. Details and reasons for a nomination must be provided in 200 words or less. Nominations can be mailed or faxed to the address below.

The Voice Awards
 Attention: Scott LaLonde
 2121 K Street NW Suite 300
 Washington, DC 20037
 Fax: 202-331-9420

More information is available at www.allmentalhealth.samhsa.gov/voiceawards. Questions can also be addressed to Scott LaLonde at 202-331-4323 or slalonde@vancomm.com. The Voice Awards are part of SAMHSA's Elimination of Barriers Initiative (EBI).

Stella March, National Coordinator
 NAMI StigmaBusters

Third National Conference Addressing Homelessness For People With Mental Illnesses And/or Substance Use Disorders

In October, 2005, SAMHSA's National Resource and Training Center on Homelessness and Mental Illness will hold its biennial National Training Conference Addressing Homelessness for People with Mental Illnesses and/or Substance Use Disorders entitled: "Preparing People for Change: Knowledge and Choice." The conference will be held October 26-29, 2005 in Washington, D.C. at the Hilton Washington. Please click [here](#) to view a flyer about the conference. The program brochure will be available in June and a registration form will be available on the web-site.

<http://www.nrchmi.samhsa.gov/pdfs/SaveDate.pdf>

Study Shows Anticonvulsant Drug Poses Greater Birth-Defect Risk Than Suspected

22 Mar 2005

Risk with valproate four time greater than with alternative medications.

Use of the anticonvulsant drug valproate during pregnancy may pose a significantly great risk of birth defects than does use of other antiseizure medications. In the March 22 issue of *Neurology*, researchers from the North American AED (Antiepileptic Drug) Pregnancy Registry at Massachusetts General Hospital (MGH) report that women taking valproate alone had a fourfold increased risk of having a child with a major malformation, compared with the risk among women taking other anticonvulsants.

"The basic message for women who take valproate is to plan ahead if they want to have children. Discuss the risks with their physician and consider taking alternative drugs," says Lewis Holmes, MD, chief of the Genetics and Teratology Unit at MassGeneral Hospital for Children, director of the registry and senior author of the *Neurology* paper.

Sold in the U.S. under the brand names Depakote and Depakene, valproate is used to treat seizures, migraines and such psychiatric disorders as bipolar disorder. Earlier studies have suggested a potential risk of birth defects, primarily neural tube defects such as spina bifida, but none had definitively established the level of risk and the types of malformations that most frequently occur.

The North American AED Pregnancy Registry was established in 1996 and has enrolled more than 4,000 women who took anticonvulsant drugs during pregnancy. The current study analyzed information from 149 women who took only valproate while pregnant during the years 1997 to 2003. Of those 149 women, 16 had infants with major birth defects. Three infants had spina bifida, and a wide variety of malformations was seen in the others, including developmental delays.

While the risk level among women taking valproate was 10.7 percent, the risk for women in the registry who took other anticonvulsants as single-drug therapy was only 2.9 percent. In a comparison group of infants whose mothers had not taken an anticonvulsant drug, the frequency of major malformations in infants born to women at Brigham and Women's Hospital was 1.6 percent.

"This is the first indication to many neurologists that they should focus on more than the risk of spina bifida with this drug," says Holmes. "Many physicians have just advised their patients taking valproate to make sure to take folic acid to prevent neural tube defects; but the women in our study who had children with spinal bifida or other malformations had all taken the recommended dose of folic acid." Holmes is a professor of Pediatrics at Harvard Medical School.

Co-authors of the *Neurology* report are first author Diego Wyszynski, MD, PhD, of Boston University School of Medicine and Public Health; Maya Nambisian, MPH, and Triptaa Surve, MPH, of Harvard Medical School; Caitlin Reilly Smith, MPH, of the MGH, and Rachel Alsdorf of Boston University.

The largest hospital-based pregnancy registry of any kind, the North American AED Pregnancy Registry is supported by grants from Abbott Laboratories, Elan Pharmaceuticals, GlaxoSmithKline, Novartis, Ortho-McNeil and Pfizer Pharmaceuticals. More information is available at <http://www.aedpregnancyregistry.org> or by calling toll-free 888-233-2334.

MassGeneral Hospital for Children, the pediatric service of Massachusetts General Hospital, is the oldest provider of pediatric services in Boston. It is consistently listed in the U.S. News and World Report Guide to America's Best Hospitals and was ranked number 17 in the 2004 edition. Through its growing network of community-based facilities and pediatricians, the hospital's excellent care is conveniently accessible to families throughout the region.

Massachusetts General Hospital, established in 1811, is the original and largest teaching hospital of Harvard Medical School. The MGH conducts the largest hospital-based research program in the United States, with an annual research budget of more than \$450 million and major research centers in AIDS, cardiovascular research, cancer, cutaneous biology, medical imaging, neurodegenerative disorders, transplantation biology and photomedicine. In 1994, MGH and Brigham and Women's Hospital joined to form Partners HealthCare System, an integrated health care delivery system comprising the two academic medical centers, specialty and community hospitals, a network of physician groups, and nonacute and home health services.

Contact: Sue McGreevey
smcgreevey@partners.org
617-724-2764

Massachusetts General Hospital
<http://www.mgh.harvard.edu>

Newer Epilepsy Drug Cuts Risk of Birth Defects

By Janice Billingsley - HealthDay Reporter

FRIDAY, March 25 (HealthDay News) -- A newer epilepsy drug designed to control seizures appears to reduce the risk of birth defects for women with the disorder who become pregnant.

Pregnancy for women with epilepsy can be difficult because the drugs they must take to control their seizures have been associated with a three-fold risk for birth defects.

The newer drug, lamotrigine, introduced in the last decade, appears to reduce the risk for birth defects to 2.9 percent, which is similar to the 2-to-3 percent risk for the general population, the study reported.

The finding is based on an ongoing 12-year registry that compiles information about the risk of birth defects among the children of some 400 women who took lamotrigine while pregnant. The registry is sponsored by GlaxoSmithKline, the manufacturers of lamotrigine, sold as Lamictal.

While the number of pregnancies reported in the registry is still too small to make absolute scientific conclusions, the findings consistently show that taking lamotrigine alone is associated with a lower risk of birth defects, according to the lead author of the study, Marianne Cunnington, the chief epidemiologist for GlaxoSmithKline.

"We have increasing confidence in the data and feel it is very important information that provides doctors with concrete data to base risk/benefit assessments," she said.

"You can say with some power that it [lamotrigine] looks pretty safe," agreed Dr. Patricia Penovich, of the Minnesota Epilepsy Group in St. Paul.

Conversely, this and other research in Neurology reported that valproic acid, a widely used older anti-seizure drug, was associated with a higher rate of birth defects as well as a higher incidence of neurophysiological problems among children whose mothers took the drug.

In the GlaxoSmithKline registry reports, the researchers found that if women took lamotrigine with valproic acid, their risk of having children with birth defects jumped to 12.5 percent.

Another study in the March 22 Neurology reported on 149 women who took valproic acid while pregnant. Among these women, there were 16 infants with birth defects -- a 10.7 percent birth defect rate. These women were three times more likely to have babies with birth defects than women who had taken other anti-seizure drugs. And they were seven times more likely to have a baby with a birth

defect than women in the general population, the study found.

The findings were based on a review of the North American Antiepileptic Drug (AED) Pregnancy Registry.

And in a third study in the journal, researchers found that children exposed to valproic acid while in the womb were more likely to have lower verbal IQ scores than children whose mothers took other epilepsy medication or who took no drug while pregnant.

What's more, 22 percent of the children whose mothers had taken valproic acid while pregnant had IQ scores in the extremely low -- or mentally impaired -- range. In the general population, only 2 percent to 3 percent of children would be likely to fall into this category, said the researchers, from the University Department of Neurosciences in the Walton Centre of Neurology and Neurosurgery in Liverpool, England.

The scientists recruited 163 mothers with epilepsy and their 249 children. They found in a series of tests that the 41 children who were exposed to valproic acid in the womb were more likely to have lower verbal IQ scores.

But, doctors note, choosing anti-seizure medication is more than just a matter of picking the drug with the least risk for birth defects.

"The first aim is to be seizure-free," said Penovich, because seizures can harm both a woman and her unborn child.

Also, people have idiosyncratic responses to anti-seizure drugs -- different drugs or combinations of drugs work differently in different patients. So some people might have better responses to the older drugs than to the newer ones, said Dr. John Messenheimer, senior director for clinical research on epilepsy at GlaxoSmithKline.

While two-thirds of people with epilepsy can be treated with one drug, called monotherapy, the remainder of patients need a combination of drugs to remain healthy, Penovich said.

"The older drugs are still widely used world-wide, and valproic acid and other drugs have value in terms of efficacy," Messenheimer said.

The bottom line is that as more scientific data becomes available to doctors and their patients, the more informed they can be about their care.

Penovich said that women who are planning families, and young girls newly diagnosed with epilepsy, should work with their doctors to come up with the most effective risk/benefit treatment plan with an eye toward future pregnancy.

For more information on enrolling in a drug registry if you have epilepsy and are planning to have a baby, visit the Epilepsy Foundation Website at www.epilepsyfoundation.org.

Wellness Tool: Changing Negative Thoughts to Positive Ones

You may have difficulty with troubling thoughts and feelings. I know I do. I have discovered they don't do me any good. In fact they make me feel much worse. Having more negative thoughts and feelings is, for me, an early warning sign that I might be getting depressed. Over the years I have learned some tricks that help me get rid of these negative thoughts. When the negative thoughts are gone, or at least I don't have so many, I feel better.

Negative thoughts or messages are often very specific things I say to myself, like "I am a jerk", "How could you be so dumb?" or "You are just a loser." They are often short, like "Stupid" or "Idiot". I tend to believe them no matter how untrue they are. I find myself repeating them to myself in my mind very quickly, without thinking, over and over again. Sometimes they include words like should, ought, or must.

From what I have learned in all my years of talking to people who have mental health difficulties, each person has her or his own negative thoughts. Everyone says these thoughts are hard to turn off.

They may include:

- self-doubts such as, "I'm not smart enough to go to college", "I am not creative", "I am not likable", or "I am not good at anything".
- irrational fears of specific objects or situations, which seem unreasonably frightening, like snakes, spiders, crowds, heights, airplanes, and darkness.
- making assumptions about how others feel without really knowing
- expecting the worst will happen
- continually comparing yourself unfavorably with others
- feeling that you are personally responsible for everything
- thinking everything must be fair or equal
- believing everything you feel must be true
- assuming your happiness depends on the actions of others and that if they would change, things would improve
- making someone else responsible for whatever is going badly
- expecting never to make mistakes, to always be perfect
- having a rigid set of indisputable rules about how everyone should act including yourself

The first step, for me, in getting rid of these thoughts was to make a list of my negative thoughts.

Unfortunately, when I first began doing this, my list was very long. Now, because I have been working on it, my list is much shorter and I don't have to work on it so much.

It helps me to analyze my negative thoughts by asking myself if these negative thoughts are really true, and if a nice person would say this to another nice person. If my answers are no, then I ask myself why I should be saying it to myself. Sometimes I ask other people that I like and trust if my negative thoughts are true.

For instance, I might ask my daughter, "Is it true that no one likes me?" Perhaps most important, I ask myself, "What do you get out of saying this to yourself? How does it help? How does it hurt?" By this time I usually realize that this thought is not at all helpful, and it is making me feel badly.

Then I work on developing positive things to say to myself to replace these troubling thoughts. In developing these positive responses to negative statements, I avoid using negative terms such as worried, frightened, upset, tired, bored, not, never, can't. I don't make statements like "I am not going to worry any more." Instead, I say something like "I will focus on the positive". I use only positive words like happy, peaceful, loving, enthusiastic, warm. I substitute it would be nice if for should. I always use the present tense, for example "I am healthy", "I am well", "I am happy", "I have a good job", as if the condition already exists. And I use I, me, or my own name.

Some of my most common ones are:

Negative Thought: I will never feel good again.

Positive Response: I feel great.

Negative Thought: I am not worth anything.

Positive Response: I am a valuable person.

Negative Thought: It is not OK to make mistakes.

Positive Response: It is OK to make mistakes.

Negative Thought: There is no reason for me to go on living.

Positive Response: There are many reasons I should live.

Troubling thoughts have often become so familiar that change takes persistence, consistency and creativity. It takes several weeks to several months of replacing the troubling thought with a positive response to effectively change it.

You may want to spend some time each day, maybe right after you get up or before you go to bed, working on reinforcing your positive statements by:

- repeating them aloud or to yourself over and over,
- writing them down over and over again-10 or 20 times,
- asking someone you trust to read your positive responses to you,

continued on page 7

continued from page 6

- making signs which say the positive response to post in obvious places around your home and then reading them to yourself every time you see one,
- making a tape of your positive thoughts that you can listen to over and over, or,
- every time the negative thought comes up during the day, say, "stop" to yourself, visualizing a big red stop sign, then repeating your positive response several times.

Developing Supports Alice Tsai

One idea I have for developing supports for people is having post-WRAP support groups. I actually do that right now. It's a post-WRAP support group and a primer for people who haven't taken WRAP who want to get a taste for it. It's called the Recovery/WRAP Support Group. After we graduated our first class of WRAP graduates in the community, we wanted to give some follow-up support for the people who were asking about how they could continue to talk about WRAP and stay in contact with the people they'd met in WRAP. A Recovery self-help support group I was already leading decided to include WRAP elements. For example, we start the group by doing a Wellness Tool exercise - like focusing, guided imagery, or relaxation - and then we talk about whatever issues people are dealing with at the time. At the end of the group, each person writes about a Wellness Tool they like, what it is, how it works and how it helps.

Mary Ellen Copeland

New SAMHSA Publication Available

Building Bridges

Co-Occurring Mental Illness and Addiction: Consumers and Service Providers, Policymakers, and Researchers in Dialogue

The Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services recently released a report on co-occurring mental illness and addiction that summarizes a two-day dialogue meeting between mental health and addiction consumers and providers, policymakers, and researchers with expertise on co-occurring issues.

The Building Bridges report highlights recommendations that promote recovery and specifically emphasize better mutual understanding and partnerships, a holistic approach to care and services, workforce development and peer supports, programs to reduce stigma and discrimination, systems change, and reimbursement redesign.

Dialogue findings include factors on the personal level and the systems level that promote or hinder recovery of persons with co-occurring mental illnesses and addiction and impact

those who create, deliver, and study these systems of care and services. The publication also includes references and resources for helpful information.

A copy may be obtained from the National Mental Health Information Center at (800) 789-2647.

The publication is also available at:

<http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA04-3892/>

Two New Papers About Medicaid-supported Mental Health Services

The Centers for Medicaid and Medicare Services (CMS) has worked with the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop technical assistance papers on topics that State officials and others have identified as having particular importance for Medicaid-supported mental health services. These papers are intended to clarify specific mental health-related Medicaid policies or to highlight promising State practices for consideration by other States.

CMS has posted two additional papers on their website: one entitled "Best Practices in State Medicaid and Mental Health Program Collaboration" which identifies and describes the basic elements of successful collaboration and, one entitled "Utilizing the Section 1115 Health Insurance Flexibility and Accountability Act (HIFA) Waiver Option to Improve Services for Persons with Mental Illness" which describes how a State may use the HIFA waiver option under Section 1115 authority to improve access to community-based services for persons with mental illness. These papers may be accessed under "Mental Health under the President's New Freedom Initiative" either through the New Freedom Initiative web page at <http://www.cms.hhs.gov/newfreedom/> or through the Promising Practices web page at <http://www.cms.hhs.gov/promisingpractices/default.asp>.

These papers continue the series that CMS anticipates issuing to States. The first paper was issued on August 20, 2004 on the topic "Psychotropic Medications: Addressing Costs without Restricting Access"

and it described innovative State efforts to address medication cost and quality of care issues without restricting access to specific medications. These papers represent continuing efforts by CMS to work with other federal agencies to further the President's goal of maximizing opportunities for persons with disabilities and reducing the use of institutional settings.

Community Psychiatric Clinic News

ALBION

Community Psychiatric Clinic (CPC) is pleased to announce the opening of our new permanent housing facility, Albion Place. Albion Place is located on the grounds of our Keystone residential facility and is home to 12 single adults who have achieved a high degree of stability in their struggle with mental illness.

CARF

Community Psychiatric Clinic (CPC) has received a three year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) for its mental health, chemical dependency, residential treatment, and vocational services programs. This accreditation includes CPC's assessment and referral, case management/ services coordination, community integration, outpatient treatment, residential treatment, and employment services programs. The latest accreditation is the third consecutive Three-Year Accreditation outcome that the international accrediting commission has awarded to CPC.

WILLOWS

On May 1, Community Psychiatric Clinic (CPC) will open The Willows, our second new housing facility this year. The Willows is located in the White Center neighborhood of southwest Seattle and will be home to 15 mentally ill and chemically dependent pregnant or post partum single mothers and their children. The Willows is a collaboration between CPC and the University of Washington's Parent-Child Assistance Program.

HOLLY HOUSE

Community Psychiatric Clinic (CPC) is pleased to announce the opening of Holly House in Bellevue. This newest addition to CPC's cluster housing program will provide family housing for homeless eastside families. Holly House is owned by Eastshore Unitarian Church and has been made available to CPC in a partnership with University Unitarian House Group (UUHG). CPC and UUHG have partnered on four previous cluster homes. A grant from St Andrews Housing Association will help support the project.

Public Meeting On Medicaid Health Services

You are invited to a public meeting for consumers, family members and advocates of medicaid mental health services

The Center for Medicare and Medicaid Service (CMS) is auditing the Washington State Medicaid Mental Health Program. The purpose of this meeting is for CMS staff to hear from you about the system.

When: April 7, 2005
 Time: 10:30 am -12:00 pm
 Where: SeaTac Holiday Inn
 17338 International Boulevard
 Seattle, Washington 98188

Seattle Mental Health Fundraiser

Saturday, April 30th

The Seattle Cinerama Theatre
 2100 4th Avenue, Seattle

Doors open at 10:00 am • First film begins at noon

THE LORD OF THE RINGS TRILOGY:

The Fellowship of the Ring
 The Two Towers
 The Return of the King

See All Three For Only \$35

Buy your ticket today at:

www.cinerama.com

206-441-3080

or at the Cinerama Box Office

(on Lenora Street between 4th & 5th)

For more information please call Deeanne at
 Seattle Mental Health: 206-302-2251.

MAMA'S BROWN BAGS will be selling a delicious assortment of sandwiches, cookies, and other goodies in addition to all the usual tasty theatre food!

Join In The Fun

Come In Costume (Or Not)

**For A Whole Day of
 LOTR Entertainment!!!**

Premier sponsor: Vulcan Inc.

Sponsors: Bennett Bigelow & Leedom; Clark Nuber Linn,
 Schisel & DeMarco; Davis Wright Tremaine

**All proceeds benefit
 SEATTLE MENTAL HEALTH**

Diversity Treatment Providers Alliance Presents Beyond the Mask of Denial; Healthy Family and Communities

Time 8:30 AM- 5:00 PM

Date Saturday, April 2, 2005

Location Seattle Central Community College • 1701 Broadway • Seattle, WA 98122

About the Conference The goal is to provide knowledge and skills in culturally appropriate prevention/treatment services for Asian and Pacific American (APA) communities. Continuing Education Units will be awarded for the one day conference.

Who should attend? APA individuals and families, social service providers, mainstream chemical dependency treatment and substance abuse prevention providers, faith based organizations, the recovery community, and the general public.

- Workshop Topics**
- Best Practices (Prevention)
 - How to become a CDP or Prevention Specialist?
 - Recovery Community-How to Support Someone in Recovery?
 - Best Models (For instance, Adolescent Treatment Enhancement Program)
 - Co-occurring Disorders
 - Workshops for Parents
 - Cultural Competency Models
 - Historical Context of Substance Abuse and Domestic Violence in the APA community

About the Presenters Mervlyn Kitashima is the parent coordinator at the Parents and Alumni Relations Department of the Kamehameha Schools. She has developed parent and family involvement curriculum and training for Hawaii’s Department of Education’s Parent Community Networking Center Program, parents, teachers and administrators. Drawing on her experiences as a teenage mother, mother of seven, grandmother of eight and wife of 33 years, Mrs. Kitashima has traveled widely as a motivating communicator.

Ford Kuramoto is the national director of a private, non-profit substance abuse prevention, treatment and recovery coalition serving Asian and Pacific American (APA) populations in the 50 states and the six Pacific Island jurisdictions. He has worked on numerous national conferences addressing AAPI substance abuse services, research and training issues for National Asian Pacific American Families Against Substance Abuse. He was a member of the National Advisory Council for the federal Substance Abuse and Mental Health Services Administration and currently serves on the Office of National Drug Control Policy Behavior Change Expert Panel.

Registration Form

Name: _____ Special Dietary Needs: _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cost to Attend: \$50 - Professionals \$25 - Individuals in recovery (or support) \$10 - Under 18

Payment: Check Enclosed (payable to Asian Counseling & Referral Service

Credit Card Card #: _____ Exp. Date: _____

Mail Form To: ATTN: Miae Christofferson
Asian Counseling & Referral Service
720 8th Ave South, Suite 200
Seattle, WA 98104

Or Email: miaec@acrs.org

Please Call (206) 774-2425 For More Information



MAY 21, 2005

SANDPOINT, MAGNUSON PARK, SEATTLE

5-K Walk

9:00 AM CHECK-IN TIME

10:00 AM OFFICIAL WALK START TIME

- A 5K walk along lovely Lake Washington at Seattle's Sand Point Magnuson Park.
- The NAMIWalks for the Mind of America is a nationwide fundraising and mental health awareness program that will be held in 40 communities around the country in 2005, including right here in Seattle, Washington. It is expected that these walks will raise well over 3 million dollars for NAMI and the mental health services it provides to thousands of families across the country.
- There is no walker registration fee for the Walk. All participants are encouraged to collect donations from family members, friends, co-workers and business associates in support of their participation in the Walk.
- All the proceeds from the Walk will be used to fund NAMI's programs. These programs include support, education, research and advocacy on behalf of persons with mental illness and their families.
- All walkers raising \$100 or more will receive a NAMIWalks for the Mind of America event T-shirt. Walkers will also receive additional incentives prizes based on the amounts that they raise up to \$5,000 or more.
- Companies, organizations and families are encouraged to organize teams of walkers made up of employees, organization members, relatives and friends to take part in the Walk. All participating teams will be recognized with special awards based on the amount that they raise for the Walk.
- Teambuilding and fundraising materials will be given out to team captains at a special kickoff event that will be held approximately 8 weeks before the Walk.
- NAMIWalks for the Mind of America is a rain or shine event.
- There is a wide-range of corporate sponsorship opportunities available to local companies and businesses relating to the Walk. Anyone interested in information on how his or her company or organization can sponsor the Walk should contact Jim Adams, NAMI Washington, at (425) 643-7622.



**2005 NAMI Walks for the Mind of America
Walk Volunteer Interest Form**

(PLEASE PRINT CLEARLY.)

Yes, I am interested in organizing a team of walkers to participate in the NAMI Washington NAMIWalks for the Mind of America walk scheduled in Seattle on May 21st 2005.

I will be a primary Team Captain

I will be an Assistant Team Captain or will be helping a Team Captain

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Organization Information:

Name of family, business,
organization, service provider,
or affiliate your team will represent: _____

Team Name (complete if known): _____

Team Goals: Walkers: _____ Dollars: _____ (#Walkers x \$100)

Please mail to

NAMI Eastside - NAMIWalks 2005
Family Resource Campus Center
16315 NE 87th Street, Suite B-11
Redmond, WA 98052



Family Resource Center Campus
16315 NE 87th Street, Suite B-11
Redmond, WA 98052-3537

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Looking For Information Or Help?

NAMI Eastside

(425) 885-NAMI (6264)
info@nami-eastside.org

NAMI Eastside Website: www.nami-eastside.org
Parents of Children with Bipolar Disorder: www.namieastbp.org
Online PPD Support Group: www.ppdsupportpage.com

NAMI National: www.nami.org
NAMI Washington: www.nami.org/sites/namiwashington (425) 990-6404

Local Resources & Information

Community Psychiatric Clinic: www.cpcwa.org (425) 454-3021
Seattle Mental Health: www.smh.org
(425) 825-1761, (206) 324-0206
Western State Hospital Board Member and Family Advocate:
Pat Lovett (360) 698-4668
Washington State Legislators: www.leg.wa.gov or 800-562-6000
Community Resources Online www.ci.seattle.wa.us/crisisclinic
King County Mental Health Chemical Abuse Dependency Services Div
www.metrokc.gov/dchs/mhd
King County Council www.metrokc.gov/mkcc
WA State Legislative & Executive Mental Health Task Force
www.leg.wa.gov/house/opr/mhtf
Mental Health Planning & Advocacy Council
www.wamentalhealth.com

Helpful Phone Numbers

24-hour Crisis Line: 1-866-4 CRISIS or (206) 461-3222
Suicide Prevention Hotline: 1-800-SUICIDE
Catholic Community Services: (425) 284-2211
Crisis Clinic Caregiver Info: 1-800-621-4636
Salvation Army: (425) 827-1930

Helpful Websites

Mental Health Matters: www.mental-health-matters.com
Get Mental Help: www.getmentalhelp.com
Psych Forums: www.psychforums.com
Consumers' Self-Help Clearinghouse: www.mhselfhelp.org
Mental Health Infocource: www.medinfosource.com
Natl Resource Ctr on Homelessness & Mental Illness: www.prainc.com
Mental Health Today: www.mental-health-today.com
HealthyPlace: www.healthyplace.com

Other Helpful Organizations

National Inst Mental Health: www.nimh.nih.gov
Social Security Administration: www.socialsecurity.gov
Americans with Disabilities Act Info: www.usdoj.gov/crt/ada
National Mental Health Assn: www.nmha.org
National Foundation Depressive Illness: www.depression.org
Depression & Bipolar Alliance: www.dbsalliance.org
Recovery Inc.: www.recovery-inc.org
NARSAD, brain research: www.narsad.org