



National Alliance on Mental Illness

The Voice

The Newsletter of NAMI Southwestern Pennsylvania

Volume 16, Issue 4 June 2011

Understanding Eating Disorders and Body Dysmorphic Disorder as Serious Mental Illnesses

Eating disorders and Body Dysmorphic Disorder (BDD) are serious mental illnesses that affect both physical and emotional health.

Eating disorders include anorexia nervosa (AN), bulimia nervosa (BN) and binge eating disorder (BED), and people who suffer from these illnesses typically have: abnormal eating patterns or dieting behaviors; preoccupation with food, body shape or weight; and frequently have co-occurring symptoms of depression or

anxiety. BDD, which may be related to obsessive-compulsive disorder, causes people to obsess about their appearance for many hours each day, usually with a focus on a single flaw that may be either minor or imagined. BDD and eating disorders are similar in that they all involve a concern about the body and appearance. The difference is that people with eating disorders are concerned about their body fatness and the shape of their entire body, while people with BDD are usually preoccupied about one specific body part.

"Eating disorders are a bit of an anomaly in the world of serious mental illness," explains Marsha D. Marcus, PhD, Professor of Psychiatry and Psychology, and Chief of the Center for Overcoming Problem Eating (COPE) at Western Psychiatric Institute and Clinic in Pittsburgh. "Often, people with the new onset of serious mental illness do not understand what is happening to them. However, people are usually very aware that they have an eating disorder. Unfortunately, stigma continues to play a large role in discouraging people to seek treatment, while those with anorexia



nervosa are often ambivalent toward treatment because the disorder helps to blunt negative emotions or provides a sense of control."

Like other serious mental illnesses, AN, BN, BED and BDD can affect any person of any age. Eating disorders are more common in women, but BDD may be equally common in men and women. The precise causes of these illnesses are still unidentified, but researchers do know they are caused by a combination of genetic, individual and environmental factors. In many instances, eating disorders run in families. A growing number of studies have shown that genetic factors play

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From the Desk of the Executive Director...

We try to bring articles to the newsletter that are engaging and informational to our readers and of very relevant, timely importance. Usually, the newsletter also reflects what we, the NAMI Southwestern Pennsylvania staff, are focused on in our daily work.

In this Spring 2011 edition we hope you find the featured article, “Understanding Eating Disorders and Body Dysmorphic Disorder as Serious Mental Illnesses,” interesting and impactful. For example, did you consider these disorders life threatening? Did you know that the incidence of completed suicide for those with Body Dysmorphic Disorder (BDD) is more than double that of major depression? And, that the heritability of Anorexia Nervosa is estimated at more than 50 percent?

It happens that the book in our book review column compliments the professional article on eating disorders and BDD with a personal story about living with an eating disorder. Our own Lora Dziemiela offers a rare review of “Unbearable Lightness: A Story of Loss and Gain” by actress Portia de Rossi, describing the book as “a profound look into the mindset of a person struggling in a cycle of starving, bingeing and purging.” From the depths of self-destruction, de Rossi convincingly advocates for treatment and shares her story of recovery.

Now allow me to draw your attention to other parts of the newsletter. In “News Around the Region,” Sharon Miller offers the most recent state budget update. This year isn’t just about state budget funding advocacy, but we are also facing many uncertainties with the new administration in Harrisburg.

Please take the time to read “Ten Years of HealthChoices in Allegheny County – Improving Access and Quality of Services.” This isn’t only of interest to residents of Allegheny County. Our entire ten county southwestern Pennsylvania region has benefited from HealthChoices, Pennsylvania’s managed care Medicaid program. Advocating for the current model of HealthChoices that “carves out behavioral health services from physical health services and gives the counties the first right of opportunity” is a current priority.

Moving to “In the Spotlight,” it is with the warmest regards and admiration that we shine a light on Mim Schwartz and the good work she does as a NAMI volunteer. And finally, read about the great conference we had on April 30th at the Pittsburgh Airport Marriott. Special thanks to the NAMI Southwestern Pennsylvania team: Debbie Ference, Darcey Garda, Susan Harrington, Sharon Miller, Sara Levine, Lora Dziemiela, Don Tinker and Dick Jevon!

Take care and have a safe and relaxing summer!

Christine Michaels, MSHSA
Executive Director, NAMI Southwestern Pennsylvania

NAMI Southwestern Pennsylvania MISSION STATEMENT

NAMI Southwestern Pennsylvania is dedicated to improving the lives of individuals and families affected by mental illness through recovery focused support, education and advocacy.

~February 2011

News Around the Region

Updates on Legislation and Policy Impacting the Mental Health Community

Sharon A. Miller, Director of Education and Community Relations, NAMI Southwestern Pennsylvania



FY 2011/12 State Budget Update House Budget Proposal Includes Cuts to Behavioral Health Funding

Since the last edition of *The Voice*, we have analyzed Gov. Corbett's proposed budget and through our collective efforts we have conveyed our appreciation to the Governor for protecting funding for behavioral health services in his budget proposal as he vows to not identify new revenue or increase spending.

We have and continue to engage in legislative visits in House and Senate districts throughout our region to share our consistent budget message to restore behavioral health funding to the levels proposed by Gov. Corbett.

As of this edition's print deadline, the full House has voted to approve the House GOP version of the proposed FY 2011/12 budget. The House Budget now goes to the Senate for their consideration. The House budget proposal (HB 1485) does not adequately protect essential human services funding. Instead it cuts \$470 million from the Department of Public Welfare (DPW) budget to restore a portion of the Governor's proposed cuts to basic and higher education.

Take Action

As each of you read this edition of *The Voice*, the Senate will be in the midst of debating the House budget bill. Please contact the Senate Leadership, the Senate Appropriations Committee members and your respective Senator and urge them to restore funding for essential human services to the Governor's proposed levels. Urge Senate members to consider a natural gas extraction tax on the Marcellus Shale formation and reinvestment in Pennsylvanians through utilizing some of the \$500 million dollar surplus in higher than anticipated state revenues.

US House Resolution to Block Grant Medicaid

Representative Paul Ryan (R-WI), chairman of the House Budget Committee, issued a resolution on the 2012 federal budget that proposes a complete restructuring of Medicaid.

It converts Medicaid to a block grant or "capped" program providing a fixed amount of federal funding to each state regardless of rising need. The resolution calls for approximately \$780 billion in cuts to both programs over the next 10 years.

Block-granting Medicaid would have profoundly negative consequences for people living with mental illness. Block-granting Medicaid would place most mental health services at great risk, including all "optional" services such as prescription drug benefits, intensive case management and rehabilitative services.

The US House voted to approve the proposal. Most likely the Senate will not follow suit but instead will draft its own version. As Medicaid (and Medicare) will continue to be under the close scrutiny of Congress throughout the federal budget debate, now is the time to let your voices be heard!

Take Action

Contact Senators Casey and Toomey and all members of our state's delegation to Congress to share how block-granting Medicaid saves federal dollars but shifts cost to states and would have devastating effects on older adults, children and people living with disabilities including many people in recovery from mental illness.

All Congressional offices can be reached at (202) 224-3121 or you may send an email message to your congressional member. Visit www.namiswpa.org and click on the "Legislative Affairs" link on the left menu bar to access the "Find My Elected Official" link and for additional talking points and background information.

Urge Congress to Support Funding for Supportive Housing

NAMI Southwestern Pennsylvania supports our national organization's collaborative efforts with the Consortium for Citizens with Disabilities (CCD) Housing Task Force and the Technical Assistance Collaborative (TAC). We urge our membership and others within our mental health and broader disabilities community to contact the PA delegation to Congress and ask for their support for full funding in the amount of \$300 million for the Section 811 Supportive Housing for Persons with Disabilities program in the FY 2012 HUD budget. The one constant challenge in our collective efforts to improve community mental health services and supports is the lack of

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NAMI Promotes Diversity at 11th Annual Conference

On Saturday, April 30, Alex White held an audience of over 200 attendees silently captivated in the ballroom of the Pittsburgh Airport Marriott during his keynote presentation. Alex traveled 8,000 miles from Kazakhstan, a large country spanning Central Asia and parts of Eastern Europe, to speak at NAMI Southwestern Pennsylvania's 11th Annual Education Conference *Embracing Diversity: Cultivating Respect and Inclusion for a Stronger Mental Health System*.



NAMI's Debbie Ference with keynote speaker Alex White

An American serving in the Peace Corps in Kazakhstan, Alex was invited to the NAMI conference in Pittsburgh to tell his story of growing up in a community that was intolerant of mental illness. He recounted his upbringing in Colorado, his diagnosis of bipolar disorder, his community's

lack of understanding and acceptance, and ultimately his recovery and lessons learned. "You can't combat intolerance with more intolerance," White said. "Reacting to intolerance with anger, frustration and rejection only makes the problem worse." His story resonated with the audience, which included his parents who flew in from Colorado. He received an enthusiastic standing ovation.

White's speech was followed by an eye-opening and informative presentation by Dave Reynolds of the *Trevor Project*, an organization dedicated to ending suicide among LGBTQ (lesbian, gay, bisexual, transgender and questioning) youth. Reynolds showed the 23-minute Oscar award-winning film *Trevor* about a young boy who realizes he is gay and faces prejudice from his parents and friends. Reynolds illustrated why the LGBTQ population is at extremely high risk of suicide and what can be done about it. His compelling speech backed by alarming statistics—such as 50 percent of transgender individuals attempt suicide—

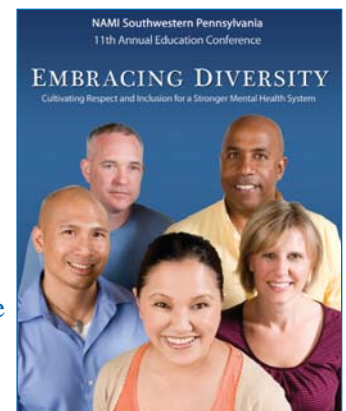


Dave Reynolds of the Trevor Project with our Executive Director Christine Michaels

provoked an abundance of questions and comments from the audience.

After lunch, which included a presentation on NAMI Southwestern Pennsylvania by Executive Director Christine Michaels, a panel discussion ensued. Titled *Let's Talk Diversity: Beginning Our Cross Cultural Conversation*, the panel explored how people of different backgrounds perceive and experience mental illness. Moderator Dr. Charma Dudley, president of the NAMI Southwestern Pennsylvania board of directors, gave an impassioned introduction, saying "...a few people take a stance and make us stand up and listen, to fight injustice and force us to recognize that prejudice, bias, discrimination and disparities continue to exist. But organizations like NAMI have made the step and the commitment to embrace diversity."

Panel members included Dr. Kim Mathos, a psychiatrist providing behavioral health services to the deaf and hard of hearing community, and Linda Thornhill, a family member, who spoke about the particular struggles of young African American men. White and Reynolds also served on the panel.



The afternoon held six simultaneous workshops on a variety of topics including Ask the Doctor, Complicated Grief, Disclosing Mental Illness in the Workplace, Best Practices in Treatments, Co-occurring Disorders and Mindfulness. Offering over 20 types of continuing education credits for social workers, psychologists, nurses, peer specialists, addiction counselors and educators, the conference received extremely positive reviews from professionals as well as family members and consumers.

Special thanks to the sponsors, exhibitors, advertisers, speakers, panelists and volunteers who made the conference possible. To read an article that appeared in the Pittsburgh Post-Gazette or Alex White's speech, visit www.namiswa.org.

Ten Years of HealthChoices in Allegheny County: Improving Access and Quality of Services

Beginning in 1999, Allegheny County established a unique public-private partnership to operate the local behavioral health managed care HealthChoices program. As the Allegheny County program reached its 10 year anniversary, reflecting back on the program's achievements helps to inform priorities for county systems and Pennsylvania.

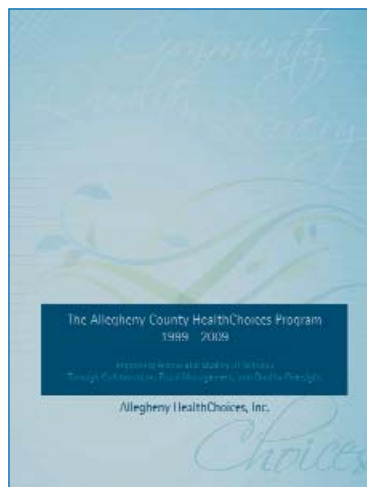
The Allegheny County HealthChoices program has evolved and grown in the last 10 years in response to local needs and priorities, including the closure of Mayview State Hospital. The program has made considerable progress in improving access to services, the quality of services, and the fiscal management of the program—the primary goals of HealthChoices.

Pennsylvania—as well as many other states—implemented Medicaid managed care to improve access to services, quality and continuity of care, and the coordination and distribution of finite Medicaid resources to better control the rate of spending. The HealthChoices program carves out behavioral health services from physical health services and gives the counties the first right of opportunity to manage behavioral health services directly or contract with managed care organizations.

In the Allegheny County HealthChoices model, responsibilities are divided among the County Office of Behavioral Health, Community Care Behavioral Health, a non-profit managed care organization, and Allegheny HealthChoices, Inc. (AHCI), an independent non-profit oversight and evaluation agency.

Over the last 10 years, financial and quality oversight activities have expanded from meeting minimum managed care requirements to focus on improving access, quality and allocation of resources while continuing efforts to prevent and detect fraud, waste and abuse of Medicaid funds. Key accomplishments include:

- **Increasing access.** The penetration rate—the proportion of people in the enrolled population who access services—has increased from 19 percent in 1999 to 26 percent in 2009. The number of children and adults using mental health and/or drug and alcohol services has approximately doubled between 2000 and 2009. Providing services to a larger proportion of a growing Medicaid population is an important accomplishment, indicating that more people who need services are accessing them.



- **Improving planning and oversight.** Allegheny County, Community Care, and AHCI have developed coordinated management practices and use data extensively to guide decision-making, oversight and quality improvement in order to integrate the HealthChoices program with County-funded treatment services and supports. Having an infrastructure in place

that collects, integrates, stores, analyzes and reports on the processes and trends throughout the service system allows for flexibility and adaptation, acts as a stabilizing influence, and allows decision makers greater confidence in their decisions.

- **Containing administrative costs.** Administrative costs—the management costs of Community Care's operations, and AHCI and Allegheny County's oversight costs—have remained stable as a proportion of capitation, and currently account for less than 9 percent of capitation payments.
- **Shifting resources to fund community-based services.** Funds are increasingly allocated to community-based rather than community psychiatric inpatient services, particularly in the adult system, where the proportion of claims paid for community psychiatric hospitalizations has decreased from 57 percent in 2000 to 34 percent in 2009. Providing more comprehensive, evidence-based services like Community Treatment Teams has led to this shift in resources.
- **Reinvesting in the local system.** The program has allocated a significant amount of funds to projects and programs developed to support innovative approaches to promoting a recovery-oriented behavioral health system, particularly in the adult system with the closure of Mayview State Hospital in December 2008.
- **Building capacity for evidence-based services.** New services focusing on evidence-based practices have been added in both the child and adult systems, and access to crisis services has been greatly expanded.

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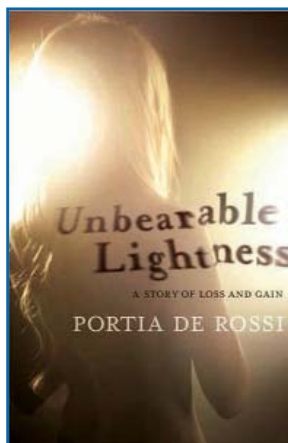
Book Review...

Unbearable Lightness: A Story of Loss and Gain by Portia de Rossi

Lora Dziemiela, MLIS, Program Secretary, NAMI Southwestern Pennsylvania

Sometimes, when life brings intense pressure, we react by trying to control what can be controlled. Dealing with the stress of keeping her sexual orientation a secret while her acting career was skyrocketing, actress Portia de Rossi turned to dieting in an attempt to feel in control of her life and her career, dropping to 82 pounds and nearly losing her life.

Unbearable Lightness is not only a frank and brave memoir—it is a profound look into the mindset of a person struggling in a cycle of starving, bingeing and purging. Written from the logic of a person dealing with eating disorders, de Rossi describes in great detail the behaviors that were part of her illness, outlining the measuring and weighing of food (one ounce portions of fat free yogurt), extreme exercising (running for hours on a treadmill, jumping in place repeatedly to burn more calories after Christmas dinner) and obsessive thoughts (not being able to get out of bed until she could remember the calories she consumed the night before) that made up her days. From



"lunch breaks" on the *Ally McBeal* set where no one was seen eating to a manager that told her "just face it, honey, you have big legs" when she couldn't fit into size four suits, de Rossi details her experience living in a social circle so obsessed with physical perfection that it turned a blind eye to her self-destruction.

As a person who deals with disordered eating, I found this memoir deeply moving. I could identify with the author's struggles and was inspired by her recovery and her bravery in telling her story. This book is a valuable read for anyone wanting a personal, sobering snapshot of the world of eating disorders that emphasizes that recovery is possible. 🌟

News Around the Region continued from page 3

available, affordable, safe and appealing housing options within our communities.

Background on Innovative and Cost-Effective Section 811 Reforms

The Frank Melville Supportive Housing Investment Act of 2010 authorizes important reforms in HUD's Section 811 to create thousands of new and highly integrated supportive housing units, including a new option for State Housing Agencies to combine Section 811 Project Rental Assistance (PRA) funding with mainstream housing programs. The new PRA option can create 300-400 percent more Section 811 units per year without any increase in FY 2010 Section 811 appropriations levels. For this reason, the Melville Act authorizes Congress to appropriate \$300 million for Section 811 in FY 2012, FY 2013 and FY 2014.

Take Action

NAMI Southwestern Pennsylvania members are strongly encouraged to contact Senators Casey and Toomey and respective House members to urge support for \$300

million for HUD Section 811 program for FY 2012. Congressman Chris Murphy (D-CT) is currently circulating a "Dear Colleague" letter in the House in support of this goal. Advocates should call their House member to urge them to sign this letter.

It is important to remind all members of the PA Delegation to Congress that all Pennsylvanians, including those who are in recovery from mental illness, deserve safe and affordable housing that they can call home.

- Full funding for the reformed Section 811 program under the Frank Melville Supportive Housing Investment Act will allow the program to produce three to four times the number of new units with the same amount of funding.
- Supportive housing funding is essential to ensure that thousands of the most vulnerable people with disabilities living in restrictive settings have access to integrated and cost effective permanent supportive housing in the community. 🌟

Understanding Eating Disorders continued from page 1

an important role in the occurrence of eating disorders, particularly AN.

According to the National Institute of Mental Health, researchers recognize these disorders as mental illnesses with certain biological causes and are now working to define the basic processes of eating disorders, which should help identify better treatments. They are "studying behavioral questions, along with genetic and brain systems information, to understand risk factors, identify biological markers and develop medications that can target specific pathways that control eating behavior."

Eating disorders and BDD are potentially life threatening because they cause behaviors that often require medical attention due to malnutrition in AN; binge/purge behaviors in BN; extreme weight gain in BED; and infections related to skin picking or forms of excessive grooming such as constant hair plucking in BDD, as well as thoughts of suicide. In fact, the incidence of completed suicide for those with BDD is more than double that of major depression.

The good news is that all of these illnesses are treatable with psychological intervention and medications. In most cases, treatment plans are designed to each patient's individual needs. Medical care and monitoring are often required, combined with nutrition counseling and involvement of family members in therapy in the case of eating disorders.

"Eating disorders are serious mental illnesses that require medical intervention," says Dr. Marcus. "And, at COPE we engage and involve families whenever possible. It's important for family members to understand that they are not the cause, but that they can be a great source of help and support during treatment and ongoing recovery efforts."

The Western Psychiatric Institute and Clinic offers an inpatient unit and three levels of outpatient care through

its eating disorders program, COPE. The program takes a holistic approach to treat individuals at any stage of an eating disorder, and patients are assessed by a multidisciplinary team of physicians, psychiatrists, psychologists and social workers, nurses and other mental health professionals. Upon completion of treatment at COPE, the majority of patients achieve their weight gain/loss goals and continue treatment on an outpatient basis.

Where to turn. For more information or to seek treatment for eating disorders:

Center for Overcoming Problem Eating (COPE) of Western Psychiatric Institute and Clinic of UPMC, www.upmc.com/HOSPITALSFACILITIES/HOSPITALS/WPIC/SERVICES/COPE/Pages/default.aspx or call 412-647-9329 for a confidential conversation and evaluation.

National Association of Anorexia Nervosa and Associated Eating Disorders, www.anad.org

National Eating Disorders Association, www.nationaleatingdisorders.org

National Alliance on Mental Illness, www.nami.org

For more information or to seek treatment for Body Dysmorphic Disorder:

The Body Image Program at Rhode Island Hospital, www.lifespan.org/rih%20/services/mentalhealth/bodyimage

Oxford University Press: Understanding Body Dysmorphic Disorder, www.oup.com/us/catalog/general/subject/Psychology/Clinical/?view=usa&ci=9780195379402

Lifespan - Body Dysmorphic Disorder, www.lifespan.org/bradley/services/guide/guidepdfs/section5-dysmorphic.pdf 

National Institute of Mental Health (NIMH) Statistics on Eating Disorders

	Anorexia Nervosa	Bulimia Nervosa	Binge Eating Disorder
Lifetime Prevalence (U.S. Adult Population)	0.6%	0.6%	2.8%
Receive Treatment	33.8%	43.2%	43.6%
Average Age of Onset	19	20	25



In the Spotlight...

Mim Schwartz, NAMI Southwestern Pennsylvania Volunteer and member of the NAMI Southwestern Pennsylvania Board of Directors

When did you first become involved with NAMI Southwestern Pennsylvania?

My husband has a mental illness, and I had been attending an obsessive compulsive disorder (OCD) support group through Western Psychiatric. His OCD manifests itself in skin picking, and he required his first medical hospitalization in 2001 to treat injuries caused by his behavior related to the OCD. In my research, I was unable to find any resources to help me identify an effective treatment for him because skin picking is such an under recognized and studied symptom in the OCD spectrum. Someone from that support group suggested I contact NAMI Southwestern Pennsylvania for additional information and support, and I have been active with the organization for about 10 years now.

How are you involved with NAMI Southwestern Pennsylvania and other mental health initiatives?

I have been a member of the NAMI Southwestern Pennsylvania Board of Directors since 2008 and was recently re-elected to a second three-year term. I am an instructor for the Family-to-Family class. I coordinate a NAMI Walks team—"Walk the Walk." I also co-facilitate a support group for spouses. Outside NAMI, I am a member of the Institutional Review Board at the University of Pittsburgh, reviewing consent forms and protocols for research on human subjects. I am a board member of the Obsessive Compulsive Foundation of Western Pennsylvania, an affiliate of the International OCD Foundation.

Why have you invested so much time as a NAMI volunteer?

I remember crying through my first NAMI support group meeting. I was so overwhelmingly grateful to have found a safe place where others wanted to hear my story and were struggling with similar life circumstances to my own. I had the emotion, but I

didn't have the voice to describe what I was going through and to advocate for help for my husband, myself and the rest of our family. An old proverb says the first to comfort are those who have been comforted. NAMI comforted me, encouraged me to share my story, and gave me my voice to become an advocate. You never know when someone else might need to know what you know, so I share what I know with anyone who will listen in the hope that it will provide comfort to them.

What are the greatest benefits that NAMI Southwestern Pennsylvania provides to families?

The attention to and care of family members is a critical missing piece in today's behavioral health care puzzle. Studies show that stigma surrounding mental illness continues to be the greatest hindrance to people seeking treatment for themselves and their loved ones. NAMI Southwestern Pennsylvania offers families unconditional acceptance and a level of understanding that cuts through the stigma. It also offers education, empowering families with knowledge and the right language so they can feel confident in making decisions and asking for help for their loved ones with mental illness.

Why is advocacy so important to you?

Thanks to NAMI Southwestern Pennsylvania, I am surrounded by a community that understands me, and I work alongside people who are just as passionate and committed as I am to championing more effective treatments and supports for those with mental illness, without stigma. I have personally worked through the stages of my own recovery, from denial and awareness, to hope. Now I have the courage and the knowledge to make a plan that will make a difference. Advocacy is empowering. It's the antidote to hopelessness. It's the next step in fighting for what we know is possible—a future that includes recovery and a meaningful life for our loved ones.

The advocacy, education and support services provided by NAMI Southwestern Pennsylvania's staff and dedicated volunteers give hope for recovery and a future filled with promise for the estimated 600,000 people in our region who cope with mental illness. *In the Spotlight* is one way NAMI recognizes the people who so diligently work to promote improvements in our behavioral health system while championing the needs of our constituents. If you wish to nominate someone to be featured in *In the Spotlight*, send an email to dgarda@namiswpa.org.

Characteristics of Anorexia, Bulimia, Binge Eating Disorder and Body Dysmorphic Disorder

People who suffer from anorexia nervosa are unable to maintain a normal body weight due to following stringent dietary restrictions. Others may engage in binge eating, self-induced vomiting or the misuse of diet pills, laxatives or diuretics. They have an intense fear of gaining weight or becoming fat, and they deny the seriousness of low body weight. Another essential identifier for women is the absence of at least three consecutive menstrual cycles.

Bulimia nervosa is characterized by recurrent episodes of ingesting large amounts of food with an associated sense of loss of control about binge eating. Features associated with binge eating are eating much faster than normal, without feeling physically hungry and until feeling uncomfortably full. Binge eating is accompanied by the use of inappropriate behaviors to prevent weight gain such as purging through self-induced vomiting and the misuse of laxatives, diet pills or diuretics, or through fasting or excessive exercise.

Those with Binge Eating Disorder experience similar behavior patterns to those with bulimia regarding recurrent episodes of binge eating and a sense of loss of control over eating, but these episodes are not followed by compensatory behaviors such as purging. These episodes occur at least two days a week. Many people with binge eating disorder are overweight or obese.

BDD, which may be related to obsessive-compulsive disorder, causes people to obsess over a perceived defect in appearance, often for many hours each day, usually with a focus on a single flaw that may be either minor or imagined. Those with BDD believe that the perceived defect is so unacceptable that they become socially isolated because they don't want to be seen by others. As many as 50 percent of patients diagnosed with BDD undergo plastic surgery to correct perceived physical defects. Some people with BDD are so convinced that the defect is real that they are delusional, and may receive an additional diagnosis of delusional disorder. 🌀

Key Characteristics of Eating Disorders and Body Dysmorphic Disorder

Anorexia Nervosa

- Self-starvation and excessive weight loss.
- Inability to maintain a normal body weight.
- Fear of gaining weight; preoccupation with body size and shape.

Bulimia Nervosa

- Recurrent episodes of binge eating.
- Inappropriate behaviors, such as self-induced vomiting.
- Fear of gaining weight; dissatisfaction with body size and shape.

Binge Eating

- Recurrent binge eating without behaviors to undo the effects of binge eating.
- A long, history of repeated dieting.
- Feelings of disgust, embarrassment or guilt about overeating.



Body Dysmorphic Disorder

- Obsession over a minor or perceived flaw in appearance.
- Preoccupation with physical appearance, including frequent examination of the body and excessive grooming.
- Feelings that the perceived flaw is seen as ugly by others causing social isolation

**5th Annual
NAMI Walk Kick-Off Luncheon**
Thursday, August 18
Sheraton, Station Square
Hosted by Honorary Chair
Michelle Wright, WTAE-TV

And mark your calendar for the
5th Annual NAMI Walk
Sunday, Oct. 2 - 9 a.m.
SouthSide Works &
Three Rivers Heritage Trail



This fall NAMI Southwestern Pennsylvania is launching NAMI Basics, a free educational program designed for parents and caregivers of children and adolescents living with mental illness. One of NAMI's signature education programs, NAMI Basics is taught by trained teachers who are the parents of children that developed the symptoms of mental illness prior to the age of 13.

The course consists of six classes, lasting 2 ½ hours each. All instruction materials are FREE to participants.

The goals of **NAMI Basics** are:

- To give the parent/caregiver the basic information necessary to take the best care possible of their child, their family and themselves.
- To help the parent/caregiver cope with the impact that mental illness has on the child and the entire family.
- To provide tools for the parent/caregiver to use after completing the course that will assist in making the best decisions possible for the care of the child.

Class will begin this fall. For more information on class dates and location, visit the www.namiswa.org or call (412) 366-3788.

HealthChoices in Allegheny county continued from page 5

These key achievements have been possible through the local public-private partnership and the collaborative management and oversight practices that have evolved in the last 10 years. As the program looks to the next 10 years, the Allegheny County HealthChoices program aims to continue improving the overall quality of life for people coping with mental illness and substance use problems. Priorities will include improving accountability, expanding collaboration with other systems, integrating behavioral health and physical health care, continuing to focus on housing and employment needs, and operationalizing recovery throughout the service system.

The accomplishments of the Allegheny County HealthChoices program support the value of the locally controlled carve-out model developed by the Pennsylvania Department of Public Welfare. As the state resolves its budget deficit and faces the implementation of health care reform, the successes of the Allegheny County program provide important insights for improving access and quality of services through collaboration, use of data and technology, and sound fiscal management.

To read the entire report, please visit www.ahci.org. Allegheny HealthChoices, Inc. is a contract agency of the Allegheny County Department of Human Services' Office of Behavioral Health. ©

NAMI Support Groups

Allegheny County

NAMI Pittsburgh South, Mt. Lebanon
Contact: Eileen Lovell (412) 401-4015

NAMI Pittsburgh North, Ross Twp., Contact: (Day) Dick/Sarah Focke (412) 367-3062 or (Eve) Pete/Candy Venezia (412) 361-8916

NAMI Pittsburgh East-FAMILIAS, Churchill
Contact: Anne Handler (412) 421-3656

NAMI Spouse Support Group, Churchill
Contact: Mim Schwartz (412) 731-4855

NAMI Sewickley Family Connections Support Group,
Sewickley Contact: James Boaks (412) 749-7888

NAMI McKeesport, Contact: Violet Ludwig (412) 373-7977

NAMI Western PA Borderline/Personality Disorders Family Support Group, North Hills
Contact: Rose Schmitt (412) 487-2036

Minority Families of the Mentally Ill, Oakland
Contact: Wilma Sirmons (412) 327-4890

NAMI W.P.I.C. Family Support Group, Oakland
Contact: Merle Morgenstern (412) 246-5851

Beaver County

NAMI Beaver County, Rochester
Contact: Diane Watson (724) 774-7571

NAMI-C.A.R.E. (Consumers Advocating Recovery through Empowerment), Beaver, Contact: (724) 775-9152

Butler County

NAMI PA Butler County, Butler
Contact: Butler NAMI Office (724) 431-0069 or
Sandy Goetze (724) 452-4279

Fayette County

NAMI Fayette County, Uniontown
Contact: Carmella Hardy (724) 277-8173

NAMI-C.A.R.E. Fayette County,
Contact: Carol Warman (724) 439-1352

Indiana County

NAMI Indiana County, Indiana
Contact: James Bernard (724) 479-8824

Lawrence County

NAMI Lawrence County, Contact: Sandi Hause (724) 657-0226

Washington County

NAMI Washington County,
Contact: Tom Shade (724) 228-9847

Westmoreland County

NAMI Alle-Kiski, New Kensington
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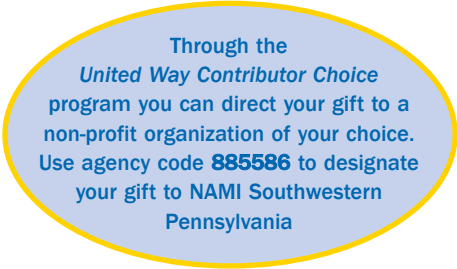
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