

The Voice

The Newsletter of NAMI Southwestern Pennsylvania

Volume 14, Issue 1 March 2008

Mandi Luis Advocates for Mental Health Supports in the Workplace

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Mandi Luis, of Burlington, Ontario, lost her career due to major episodic depression. During her recovery, she learned a lot of information that could have significantly changed the course of her employment — had she known it in time. Rather than regret what could have been, today Mandi is embracing a new career as a return-to-work facilitator and coach.

"There are many things I wish I knew when I was first diagnosed with depression," Mandi reflects. "I lost so much. It took me five years to get back into the workforce. Part of my recovery was finding my confidence and believing that I could once again capably accomplish tasks. Today I have a great work/life balance. I take care of myself first, and I always remember where I have come from. I don't take a moment for granted, and I am never afraid to ask for help."

Mandi is a certified Peer Support Specialist and Career Consultant. Her focus is on facilitating a successful return-to-work process that is in the best interests of both the employee and employer. She is a consumer and an advocate, as well as a public speaker. "I am motivated to tell my story to help others," Luis concludes. "There aren't enough voices out there, and I do all I can to ensure my voice is

heard in the hope that it will strengthen others in their recovery. Sharing what I have learned helps me, and I hope it keeps others from saying 'I wish I knew...'"

**What I Wish I Knew:
A snapshot of my experience with mental illness at work...**

Eight years ago I was a successful employee at a large financial organization, and if depression hadn't hit me, I would now be retired with benefits and a 32-year unblemished record of outstanding achievement. But depression did hit me, and it hit hard. I underwent an 11-month struggle before I realized that I was experiencing depression.

During that time, a number of personal life challenges erupted which compounded the stressors at work. My confidence ebbed day by day. I was suffering. As a result, the quality of my work also suffered. I lost a career that I loved. I now know that with the proper information and support, my career did not have to be a casualty of depression. I believe I could have remained employed and avoided the financial impact and trauma of losing my job.

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I wish I knew...

I was at risk for depression.

Within four months, I went through the loss of a significant relationship, had a near death experience and ongoing serious family trouble, and started a new senior position with a high degree of responsibility and stress. I wish I had known that grief, personal stress and work stress increased my risk of developing depression.

I was ill, not weak.

I started to lose my memory and was often confused at work. My job included gathering information and writing analytical reports. I could gather the information but could not turn the information into a report. My self confidence decreased day by day with increasing panic. I felt guilty, stupid and ashamed, like there was something wrong with me. I wish I had known that my confusion, feelings of despair and hopelessness were symptoms of depression.

I needed balanced information about treatment.

My doctor prescribed an antidepressant medication and said I had to be on it for the rest of my life. My doctor presented medication as my only option. The medication took away my energy, and made me sleep sometimes for 23 hours a day. Taking medication as the only option did not match my personal philosophy about treating illness. Since I have always believed that optimal health is achieved when people are actively involved in their own health and wellness, I needed balanced information about other forms of treatment, alternative therapies and information resources. I wish I had understood my treatment options and that my road to recovery was unique to me and my illness.

Depression would impact every area of my life.

My experience with depression affected my relationships, my daily routines, my physical well-being, my ability to be productive at work and my sense of purpose and meaning. It took over every area of my life in a torrent of hopelessness. I wish I had had more information to share with my family and friends.

I needed help earlier.

After 11 months of struggling, I finally told my manager that I was having trouble coping, and it was suggested I use the services of the Employee Assistance Program (EAP). I wish that I, my colleagues, my subordinates, or my manager had noticed that I was struggling. I wish someone had suggested assistance.

I was not the only one who had experienced this.

I felt isolated at work. I was not understood and stopped sharing my thoughts. I started to disengage, and my productivity declined. I wish I had someone to talk to at work who had themselves experienced depression.

I needed to be valued at work.

Although I was struggling at work, I had contributed 25 years of my life to the organization and had been extremely successful. Past performance was totally discounted, and current performance was highlighted. I wish that my problems had been looked at in context of my highly successful work history.

It was okay to ask for my manager's help.

I had been taught not to bring my problems to work, so for 11 months I struggled and didn't say anything to my manager about what I was going through in my life outside work. I believed that I was being a good employee by dealing with my life issues on my own. If I had seen my manager as a contributor to my wellbeing and productivity,

Depression looks different for each of us.

Perhaps you are unable to start projects, focus on tasks, or meet deadlines, and people are noticing.

Perhaps you are obsessed with details, or everything seems like a blur.

Perhaps you are worried about your lack of productivity, and feel guilty about letting your team down.

Perhaps you are irritable with colleagues, and feel like they're ganging up on you.

Perhaps you feel overwhelmed, guilty, frightened and pressured, and you see your self-confidence slipping away.

Perhaps you feel powerless to voice your needs because you can't seem to determine what they are.

Perhaps you wish to have time off, but you've used all your sick days and short term disability, and the paperwork to apply for long term disability overwhelms you.

Perhaps you are concerned about losing your income if you go on long term disability.

Perhaps you are worried about losing your job because you are experiencing depression.

I would have engaged her much earlier. I believe things would have turned out much differently. I wish I had known that life stressors outside of work can create a need for accommodation at work, and that my employer could have been a major contributor in my recovery.

I needed the people at my workplace to listen.

As I gained greater acceptance of what was happening to me, I wanted to talk about it at work so that we could seek solutions together. I was told that workplace policies advised against this, since what I wanted to share was seen as confidential and outside of the workplace. I felt frustrated and alienated because I felt that sharing was important to my recovery. **I wish that workplace policies could have been based on the principles of recovery which include: people can and do recover, self-direct my own recovery; be able to provide input to my own treatment options; be given the education to make decisions based on my needs and goals; be able to take responsibility for my own recovery based on my own philosophy and values.**

I needed ongoing support at work.

Being referred to EAP was not enough to improve things at work. Work processes continued as before, and my manager did not inquire as to what I needed to do my job. I wish that my manager had known how to work with employees who are in distress.

I needed my benefits to cover more than six sessions of therapy.

Through my Employee Assistance Program (EAP), I was referred for psychotherapy, but my benefits only covered six sessions. This was not enough time to establish trust with my therapist, identify my issues and begin to address them. I wish that my benefits package had been designed to meet the therapy needs of people with depression.

I needed organizational support during the discussions with my subordinates, colleagues and supervisors about my recovery.

When I returned after six months on short term disability, I felt intimidated, confused and frightened during the negotiation meetings I was required to attend. Driven by fear of losing my income, I made decisions without support, good judgment, and knowledge, or the benefit of the accommodation process. I wish I had moral support and information so I could make better choices.

I needed to return to work gradually using a process of accommodation to help me ramp up to full time.

I was entitled to have my job adjusted as part of the recovery process so that I could gradually resume full time employment. I didn't know how to state my needs, and thought that I had to be agreeable and accepting

of the accommodation being offered, even though it didn't work for me. I wish that I had known more about job accommodation.

I needed information, support and adequate time to consider options.

While making this decision, I was not well and was incapable of understanding my options. I accepted a severance package because I wasn't properly informed about my rights to receive long term disability insurance. I wish that the organization could have supported me or provided an advocate for me.

I needed to know that it can take a long time to recover from depression.

With each doctor and therapy appointment, I kept thinking that things would quickly get better and I would bounce back to being me. I had no idea that it could take a long time to recover effectively from the effects of depression. I wish I had known that recovery can take months or years.

As a peer, I use my story to help others who are experiencing mental health problems in the workplace. What I discovered is that recovery is a process based on continual growth, occasional setbacks, and learning from experience. My recovery encompasses my whole life, including my mind, body, spirit and community. My hope is that you will explore the recovery process fully — while you are still employed. ●



This article was reprinted with permission from Mandi Luis from the Mental Health Works web site. For the complete article and its list of helpful resources, which are regularly updated, please visit http://www.mentalhealthworks.ca/articles/snapshot_of_depression.asp. To contact Mandi, please call (905) 639-4525 or email mjconcepts@cogeco.ca.



FROM THE DESK OF THE EXECUTIVE DIRECTOR...

My first 90 days...

As Pennsylvania works to transform its mental health system to one focused on recovery and evidence-based practices, employment is at the forefront. The significant relationship of employment to an individual's personal recovery is well documented and studied. This issue of "The Voice" focuses on employment from various perspectives and experiences. Our feature article highlights Mandi Luis and her struggle with depression in the workplace

which eventually resulted in losing her job. Mandi offers some good advice in her article titled, "What I Wish I Knew..." Paul Freund offers an update on employment initiatives in Allegheny County. Another article offers a perspective from NAMI Southwestern PA's CART project. CART has provided employment opportunities for consumers and family members for over eight years. And, in the spirit of this edition's theme of employment, I thought posting a report on my own personal employment experience was apropos.

Interestingly, NAMI National published a helpful handbook titled, "The First 90 Days: The New Executive Director's Guide". It has been almost exactly 90 days since I began my new position on November 5, 2007. Measuring my progress against the guide's checklist for the first 30, 60 and 90 days, my self appraisal is "I am doing OK". Typically new jobs produce a paradox of emotions, one minute excited and energized; overwhelmed and slightly panicked the next. I arrived believing that I possessed a good working knowledge of the organization. I was quite confident I could bypass the emotional roller coaster of starting a new job. Not so, very humbly stated, "I didn't know what I didn't know."

Please do not get the wrong impression. My first 90 days have been a soulful and fulfilling experience. To be able to help people, to actually speak with folks everyday has returned me to my fundamental social worker ideals and values. The unforeseen opportunity to demonstrate and actualize compassion and empathy as part of my job is an intangible quantifier not found on any of the checklists. I realize I am experiencing the grassroots passion that is the heart and soul of any NAMI organization.

I am one of those people whose work is directly connected to defining my self worth. My job is a big part of who I am. It has been most fulfilling these past 90 days to be in my new job. I am most grateful for this opportunity to serve as the Executive Director of NAMI Southwestern Pennsylvania.

A handwritten signature in blue ink that reads "Chris".

Christine Michaels
Executive Director, NAMI Southwestern Pennsylvania

How Advocacy is Helping to Increase Employment of People with Mental Illness in Allegheny County

Paul Freund, C/FST Services Director, Consumer Action and Response Team of Allegheny County (CART)

In 2006, CART, the Consumer and Family Satisfaction Team for Allegheny County interviewed 904 adult mental health consumers and found that only 18% reported being employed. These findings were discussed with the County CSP Committee and led to the establishment of a CSP Employment Advocacy Subcommittee.

This and other findings related to employment were brought to the attention of the County Office of Behavioral Health, and resulted in the submission of a grant proposal to the state Office of Mental Health and Substance Abuse Services (OMHSAS) asking for funding to receive technical assistance in increasing employment of people with mental illness.

The grant proposal was awarded and work began in November, 2007. The "Employment Advocacy" Sub-Committee of CSP became the "Employment Transformation" Committee of Allegheny County. The responsibility of this new committee is to guide the implementation of Employment Services Improvement Projects in Allegheny County. The committee is just beginning its work, and, so far, there are two related projects that will be implemented in 2008.

The first project is providing employment access for mental health consumers to self refer through their case

managers. This project gives consumers an opportunity to make a self-assessment of their readiness for employment. If they view themselves as ready they can self refer for job placement and needed supports. This process is being overseen by county staff who collect the information and monitor the self referral process and report to the Employment Transformation Committee.

An evidence-based Practices Implementation Project began its planning phase in November. The initial meetings with supported employment providers begin early in 2008 with specific training in the Evidence Based Practices of Employment Support for persons with mental illness to follow soon thereafter. Consultants provided by OMHSAS, have begun an initial service system assessment, followed by evidence-based practices tTrainings and fFollow-up assessments and data analysis. The long term goal of this project is to increase employment for persons with mental illness by inducing employment support counselors to utilize evidence based practices in their work with persons with mental illness.

Both of these System Improvement Initiatives will provide the encouragement that many persons with mental illness need in order to become self-sufficient workers who are valued and rewarded by society. ●

NAMI SOUTHWESTERN PENNSYLVANIA

MISSION STATEMENT

NAMI Southwestern Pennsylvania is a regional grassroots organization dedicated to helping families and individuals affected by mental illness achieve lives of quality and respect, through education and advocacy that supports recovery.



It's Time To Get to Work

Alan Corn, Program Director, Consumer Action and Response Team of Allegheny County

Work is an important part of life for most people. In addition to providing income for daily living

and future expenses, work gives people a sense of belonging in their community. It also offers a valuable network of friends and colleagues. Work provides a sense of security and self-sufficiency that promotes mental well being.

Like all workers, those with mental illness can find many benefits to working. Sometimes full-time employment isn't possible, but part-time work, and even volunteering, help to encourage recovery efforts. The key to success is to develop a good balance between work and all of life's other priorities.

"Many people in recovery appreciate their work when they know that what they are accomplishing is important," says Alan Corn, Program Director of CART (Consumer Action and Response Team.) "The employees at CART bring a passion to their work, and they want to be positive examples to others with mental illness who are striving to achieve a similar level of recovery."

CART has been a program of NAMI Southwestern Pennsylvania since 1998. CART gives consumers, families and providers the opportunity to evaluate the quality of existing behavioral health services and to dialogue about potential improvements. Interviewers are present and former recipients of behavioral health services, and interviews are conducted face-to-face or by telephone. Of the nearly 20 staff members working at CART, 15 are consumers, and three are family members. Many have re-entered the workforce part-time and are learning how to balance work with life's demands as they recover.

"CART is unique employer in that we are part of the behavioral health system in our region, and we understand better than most employers how to support and encourage employees to excel in their jobs as part of their recovery," Corn continues. "The employees and supervisors are truly empathetic to each other's circumstances, as well as to those of the people we interact with daily through our interview process."

People with mental illness who successfully find work need to develop strategies to help them keep their jobs during times when symptoms of mental illness make them want to quit. SAMHSA's National Mental Health Information Center offers the following strategies for coping in the workplace:

- Find services and treatments to meet your needs, including "talk" therapy, medication, alternative therapy, support groups, or a combination of these.
- Ask for support from family and friends.
- Focus on the positives of working — financial security, independence and personal satisfaction.
- Recognize the influence of individual personalities and office politics.
- Keep life in balance.

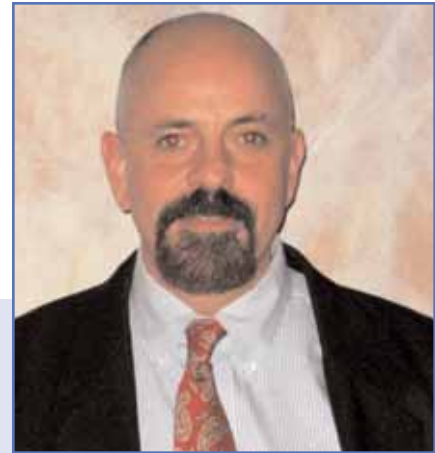
In recent years, the role work plays in encouraging or discouraging mental health has been more widely recognized, and many employers are actively promoting mental health in the workplace. Employers are realizing that promoting mental health leads to an increase in productivity and a reduced rate of absences. In addition, employers are learning that people recovering from mental illness are usually dedicated, hard-working employees.

"I see a very strong work ethic in my staff," Corn explains. "People who have lost jobs because of a disability and are returning to work have a profound appreciation for what they have achieved. They are motivated to work hard and do their best because it is part of their overall recovery efforts. These workers tend to be goal-oriented and positive thinking."

Corn's recommendation to employers: If a person can do the job — hire them! Show every employee their value, and inspire their passion to achieve goals. If the environment of a job is encouraging and the workload is properly balanced, every employee will want to work to their potential, which promotes mental health. ●

IN THE SPOTLIGHT...

Dwight Lenzner,
CHIPP/CSP Supervisor, Cosumer Action and Response
Team of Allegheny County (CART)



What is your work history?

I grew up working for my family's travel business. For about five years, I was the Director of Sales for the Pittsburgh Civic Arena. After my bipolar diagnosis in 1996, I struggled for many years to get back to work. I have been with CART since the spring of 2006. I started in a part-time position and transitioned to full-time work in January 2008 when I received a promotion. I also work as a volunteer for NAMI as an In Our Own Voice presenter.

What was your most difficult work experience?

I had to be on disability for seven years after my diagnosis. I have a very strong work ethic, and I wanted very much to work. But my lack of concentration and memory loss made it difficult for me to work. During one year, I had 14 different jobs. It was a very challenging time. But I stayed in therapy and sought support from my family and friends, and I got through it.

Why did you want to work?

I know work is very important to recovery. It connects me to other people and to my community. It gives me a sense of purpose. And I want to be responsible for my own financial security. I'm very grateful for the help I received from SSDI during the years when I struggled to work, but my goal is to be able to work until I retire. I am very excited to have this job and the opportunities it provides to improve the quality of my life.

Did you try supportive employment?

Supportive employment was not available to me because it wasn't a popular idea back in the 90's the way it is today. Now that people are recognizing the role work plays in recovery, supportive employment is finally getting some recognition. I think supportive employment will be a major benefit in the future to many people with mental illness who are ready to return to work. I am grateful to my provider for recommending me to an employment specialist who pointed me in the direction of CART.

What advice do you have for others with mental illness who want to work?

I think it's important to take your medication and continue with other therapies. Always remember to exercise, sleep enough hours, and eat right to help keep life in balance.

Believe in yourself. Take the time you need to get used to the routine of work and get comfortable being around people again. Communicate. Go outside every day. Miracles are everywhere, and recovery is real.

The advocacy, education and support services provided by NAMI's staff and dedicated volunteers give hope for recovery and a future filled with promise for the nearly 80,000 people in our region who cope with mental illness. "In the Spotlight" is one way NAMI recognizes those 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: dference@namiswpa.org.

NEWS AROUND THE REGION:

Updates on Initiatives, Policy and Legislation Impacting the Mental Health Community

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

Federal Budget Proposal Highlights

On February 3rd, President Bush unveiled his proposed budget plan for fiscal year FY 2009 — with increases sought for defense and homeland security, and limits on most domestic programs. In addition, the President's budget is also seeking more than \$200 billion in reductions for the Medicare and Medicaid programs that are mandatory entitlements outside of discretionary spending. These changes to Medicare and Medicaid must be approved by Congress to go into effect. NAMI Southwestern Pennsylvania will be developing congressional advocacy alerts in opposition to Medicaid changes and reductions. Visit our website for Federal Budget details.

Highlights of the President's proposed FY 2009 budget of interest to the mental health community:

- Mental illness research - The request for NIMH for FY 2009 is only \$1 million above the current FY 2008 level (\$1.405 billion) and is far below the increase needed to keep pace with medical research inflation;
- Medicaid - the President's budget proposes legislative and administrative changes to Medicaid designed to trim the program by \$2 billion in FY 2009 and \$17.4 billion over the next 5 years. Most of these changes will require action by Congress to go into effect;
- Mental illness services - most programs at SAMHSA's Center for Mental Health Services (CMHS) hold funding at current levels, with the exception of the Children's Mental Health program where the President is asking for a \$12 million increase. Other discretionary and demonstration programs at CMHS are proposed for a \$144 million reduction;
- Veterans - mental illness treatment services in the VA would be increased by \$319 million and is projected to reach \$3.9 billion in FY 2009; and
- Housing - a \$77 million cut is proposed for the HUD Section 811 program, (811 funds new housing development) with the reduction falling hardest on the production of units within the program, proposed funding for homeless programs however increased by \$50 million over current levels.

Let's Ring in the New Year with a Renewed Push for Parity

It's a new year. And, with its start, we have a critical opportunity to make early passage of mental health parity legislation a congressional priority. With the 2008 elections looming NAMI advocates can continue to bring the issue of needed equal coverage for treatment of mental illnesses and substance use disorders to the forefront of campaigns for all candidates. Let's build on our Senate success with their unanimous passage of the Mental Health Parity Act of 2007. NAMI members are urged to contact Senators Casey and Specter and again thank them for their support of parity. Ask the senators for their assistance in pressing congressional leaders in the Senate and House to work together in passing a final bill that will have fairness in insurance coverage for mental illness enacted as law prior to the fall elections.

The 2008 Presidential Primaries: Bringing Mental Healthcare to the Ballot

As the primary season is now in full swing, NAMI National has queried each presidential candidate as to their position on mental health issues and policy matters. Go to www.nami.org and click onto: Learn about the presidential candidates positions on Mental Health.

As mental health and needed mental illness treatment and supports are bipartisan issues each of us can raise awareness of the prevalence of mental illness and the need for fully funded research and access to increasingly effective treatment and community services and supports. NAMI does not endorse specific candidates and any materials posted are intended for informational purposes only.

HB 1448 Update: Safeguarding Funds for Community Mental Health

Much thanks is conveyed to the thousands of individuals from throughout western PA who joined us in our advocacy efforts by contacting members of the House Health and Human Services (HHS) Committee to voice support for HB 1448; Representative Dan Frankel's (D-Allegheny) legislation calling for the safeguarding of funds resulting from the sale or lease of any state operated MH-MR facility. Current law allows that any proceeds from the sale or lease of Mayview would merely be placed into the General Fund and could be utilized for any expenditure within the state budget.

This bill would require that those dollars be placed into a special community services fund stating that "Any funds in the mental health fund shall be used to support a full range of housing options and services that support independent living for individuals with serious mental illness." NAMI members know how crucial safe and affordable housing is to a person's recovery efforts. Community treatment and supports are Medicaid reimbursable, housing however is not.

Since our last edition of "The Voice" the HHS Committee favorably moved the bill to the full House floor and HB 1448 now sits in the Appropriations Committee. With ten months remaining before the closure date for Mayview state hospital NAMI members are urged to continue to contact members of the state legislature and ask for their support of legislation that creates a dedicated source of funds for housing.

CALL TO ACTION on HB1448:

Contact the House Appropriations Committee

Leadership and Voice your Support for HB 1148: (Go to Rep. Evans website to determine if your Representative sits on the Committee, if so ask for their support in furthering the bill's progress through the House.)

Appropriations Majority Chair: Hon. Dwight Evans /
<http://www.pahouse.com/evans/> / 512 Main Capitol Building /
PO Box 202203 / Harrisburg, PA 17120 / (717) 783-1540

Appropriations Subcommittee Chair, Health and Human Services: Kathy Manderino /<http://www.pahouse.net/manderino/>
/125 East Wing / (717)-787-1254

Committee on Appropriations /House of Representatives
/Commonwealth of Pennsylvania: 512-E Capitol Building
/Harrisburg, PA 17120-2020 / (717) 783-1540 /Fax: (717)
787-2334/ hacdemail@pahouse.net

Contact your Representative: Please visit the Advocacy link at www.namispwa.org to see the actual bill and determine if your Representative in the PA House is a co-sponsor, if so, contact them and convey your appreciation; if not, please contact your Representative and ask them to sign on as a co-sponsor of Rep. Frankel's bill, HB 1448. Please remember to share that you are a constituent and also share why safeguarding funds from the sale of Mayview property is important to you personally. Urge your Representative to pledge support by voting in favor of HB 1448 when it comes before the full House.

As NAMI members know, when working together we can educate our elected officials on the reality of recovery from mental illnesses. Recovery is only possible when people can access a full range of effective treatment and supports that are sufficiently funded throughout our local communities.

Suicide Prevention Initiative Successfully Partners With MySpace.com

Online networking proves to be an effective way to raise awareness about SAMHSA's National Suicide Prevention Lifeline. MySpace.com is one of the most popular online networking sites in the Nation as people of all ages use MySpace to share photos and music, or to reconnect with old friends or even make new ones. And visitors to MySpace now have another reason to log on. SAMHSA is using the site to spread the word about the National Suicide Prevention Lifeline, one component of the National Suicide Prevention Initiative, a multi-project program led by SAMHSA's Center for Mental Health Services. The Lifeline is a free, 24-hour resource for anyone who needs help, the Lifeline connects callers to more than 120 crisis centers across the country.

According to SAMHSA News - Volume 15, more than 2,400 people have already chosen to become "friends" of the Lifeline's page, which is expected to increase word-of-mouth referrals to the free telephone resource.

The Lifeline's toll-free telephone number-1-800-273-TALK (8255)-is posted at www.myspace.com/suicidepreventionlifeline. The MySpace page also includes information about suicide warning signs, how the Lifeline works, and more.

To view and download materials for suicide prevention efforts, or to request public service announcements, visit the National Suicide Prevention Lifeline:
www.suicidepreventionlifeline.org/campaign/default.aspx

To learn about SAMHSA's National Suicide Prevention Strategy, visit www.samhsa.gov.

Save the Date!

NAMIWALKS for the Mind of America

October 5, 2008
South Side, Heritage Trail



NAMI SOUTHWESTERN PENNSYLVANIA REGIONAL CONFERENCE

Mental Illnesses Affect Everyday People; People you work with, People you're friends with, people you love. Featuring Filmmaker Joe Greco; Director of the movie CANVAS
April 26, 2008, Pittsburgh Airport Marriot

Mental illnesses affect everyone; the individual, the family and the community, yet all too often the media portrayals of mental illness perpetuate myths and misinformation that can be stigmatizing and serve to create barriers to people seeking treatment. It is rare that an honest portrayal of these diseases of the brain comes along and even more so that it be in the format of a feature film.

NAMI Southwestern Pennsylvania is proud to welcome Joseph Greco, writer, filmmaker and family member as our keynote presenter. Joe will share his own "family story" and screen excerpts from his first major feature film "CANVAS"; a poignant story of one family's struggle with mental illness, a story that helps to reinforce the message of hope for individuals and families. After the partial screening, there will be time allowed for "conversations with the filmmaker".

Throughout the afternoon, conference workshops will be offered providing consumers, family members and mental health professionals the opportunity to gain insight into the newest advances in research, treatment, services and supports. Through these interactive workshop sessions participants will be provided with the tools necessary to advocate for full access to increasingly effective treatment and supports throughout all of our communities.

Visit our website to view the full conference brochure. Individuals and families interested in learning about the benefits of a Mental Health Advance Directive or those wanting to complete their own MHAD will have the opportunity to do so during the conference day as peer trainers will be available to offer assistance.

Remembering Ann Bau *June 7, 1940 – Dec. 24, 2007*

We'll never know how many people Ann Bau had been in touch with. When she passed away on Christmas Eve at Allegheny General Hospital, hundreds of people lost a good friend and advisor. Shy and unassuming she wanted no attention for the good she did. She only wanted to save people from the terrible anxiety and heartbreak she had experienced when someone close became very sick.

Along with several others Ann helped to found what became NAMI-Beaver County in 1984. Soon she began to write and send out the monthly newsletter, 1000 copies a month. These went to affiliate members, doctor's waiting rooms and local psychiatric wards. She, because of her good business mind, became the "brains" behind the affiliate, as well as heart and soul.

Mainly she answered the phone at all times reassuring and guiding families in distress. This went on for years. She was a recipient of the Jefferson Award for community service in Pittsburgh in 1999. Those who knew her will miss her greatly.

Submitted by Connie Roman

NAMI SUPPORT GROUPS

Visit www.namiswa.org for additional support group information

Allegheny County

NAMI Pittsburgh South, Mt. Lebanon, Contact: Donna Maher (412) 653-2476

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, Sewickley, Contact: Kathy Monahan (412) 749-7418

NAMI McKeesport -McKeesport, Contact: Cindy McHolme (412) 754-0998

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) 320-0601

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

Beaver County

NAMI Beaver County, Rochester, Contact: Connie Roman (724) 843-1593

NAMI-CAN Beaver County, Beaver, Contact: (724) 775-6304

NAMI-C.A.R.E. (Consumers Advocating Recovery through Empowerment), Beaver, Contact: (724) 775-6304

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, Uniontown, Contact: Carol Warman (724) 439-1352

Indiana County

NAMI Indiana County, Indiana, Contact: Stanley Lewis (724) 349-3939

Lawrence County

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

Washington County

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