

NAMI News

The County's Voice on Mental Illness 10730 Connecticut Avenue, Kensington, MD 20895

February 2003

Volume 25, Issue 2

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The Ins and Outs of Applying for Social Security Disability Insurance

Our January education meeting featured Alan Nuta, a local lawyer specializing in Social Security Disability benefits. Mr. Nuta's main focus is helping clients obtain Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI).

The main difference between these two federal programs is that SSDI depends on a work history and is not means tested. This means that if a person has worked in the past and contributed to the Social Security system (through FICA), they may be eligible to receive disability insurance benefits. The SSI program is designed for children and for those without a work history and is means tested. This means that if a person has financial assets beyond a certain limit, he/she will not qualify for benefits.

Mr. Nuta explained that in order to obtain SSDI benefits, a person must:

- 1) have worked 20 out of the last 40 quarters (i.e., 5 out of the last 10 years),
- 2) be considered disabled according to standards set by the Social Security Administration (SSA), and
- 3) have become disabled within 5 years of the last date of employment.

In order to be considered disabled by the SSA it requires that a person meet specific criteria regarding symptoms, duration of symptoms and the effect of those symptoms on daily living (i.e, their limitations). If you would like the full text of these criteria, please contact the NAMI office for a copy.

Mr. Nuta stressed that simply having a diag-

(Continued on page 5)



**General Education Meeting, Thursday
February 13, 2003**

Speaker: Jerilyn Ross, M.A., L.I.C.S.W.

President and CEO, Anxiety Disorders Association of America

Topic: Current treatments for Obsessive Compulsive Disorder (OCD) and other anxiety disorders

Social Hour: 7:30 pm, Program: 8:00 p.m. Cedar Lane Unitarian Church, 9601 Cedar Lane, Bethesda



Coming in March: Dr. Fred Osher will speak about Co-Occurring Disorders

The February newsletter is dedicated to Dr. Wayne Fenton in recognition of the community's appreciation for his educational support. Printing donated by

Haven and Jeanne North

If you value our NAMI News and would like to help our cause by donating an issue, we are eager to discuss this with you. Please call Leah in the NAMI office: 301-949-5852.

February Events

- **Feb 4**—Board of Directors Meeting, 7:15 pm, NAMI Office. Executive Committee 6:15 p.m.
- **Feb 11**—Child & Adolescent Family Support Group, 7 pm, NAMI Office
- **Feb 12**—Family Support Group, 2:30 pm, Rockville Unitarian Church 501 Mannakee St., Rockville
- **Feb 13**—General Education Meeting, 7:30 pm, Cedar Lane Unitarian Church (see page 1 for details).
- **Feb 15**— Spanish Support Group, 6:30 pm, Montgomery General Hospital, Olney, Room 201B
- **Feb 18**—Sibling Support Group, 7 pm, NAMI Office
- **Feb 21**— Spouse Support Group, 7 pm, NAMI Office
- **Feb 25**— Family Support Group, 7 pm, NAMI Office

NAMI Support Groups



FAMILY SUPPORT For families and friends of anyone experiencing a mental illness.

2nd Wednesday of each month, 2:30-4 p.m., Unitarian Universalist Church, 501 Mannakee St, Rockville, contact: Ursula 301-384-8100

4th Tuesday of each month, 7 p.m., NAMI office, Contact: Ann 301-774-1960

CHILD & ADOLESCENT FAMILY SUPPORT - For families and friends of children and adolescents experiencing a mental illness.

2nd Tuesday of each month, 7:00—8:30 p.m., NAMI Office, contact: Brenda 301-949-5852

SIBLING SUPPORT - For adult siblings of anyone experiencing a mental illness.

3rd Tuesday of each month, 7:00—8:30 p.m., NAMI Office, contact: Nicole 301-949-5852



FAMILY SUPPORT IN SPANISH- For Spanish-speaking families and friends of anyone experiencing a mental illness. 3rd Saturday of each month, 6:30 - 8 p.m., Mont. General Hospital, 18101 Prince Philip Drive, Olney, Room 201B. Contact: Eric 301-949-5852

SPOUSE SUPPORT - For spouses of persons experiencing a mental illness.

Group meets one Friday each month, 7 p.m., NAMI Office, Contact: Bill 202-482-1287.

Other Support Groups

For Consumers:

All Disorders:

- On Our Own of Montgomery County has many activities and sharing groups. Call 240-683-5555.
- Recovery, Inc., offers free weekly support group meetings for people with all kinds of mental, nervous and emotional problems. Saturdays 10:30-12:30 am, Mid County Service Center, 2424 Reedie Dr., Wheaton. Call Betty (301) 871-1621. For additional groups, call (301) 431-1818 or check www.recovery-inc.org.

Schizophrenia

Thursdays 6:30-7:30 p.m. Hughes United Methodist Church Wheaton - Call Linda 301-571-7386

Schizophrenia/Schizoaffective

Thursdays 6:30-8 p.m., Wildwood Baptist Church, 10200 Old Georgetown Rd, Bethesda. Contact: Richard 301-977-3507

Depression/Bipolar/Schizoaffective

Young Adults (ages 18-30), 1st and 3rd Wednesday of each month at Georgetown Univ. Call Emma Thembani at 202-687-6355, Mature Adults, 2nd and 4th Wednesday of each month at Georgetown University. Call Barbara Wolff at 202-687-8804 For additional groups, call DRADA at 202-955-5800

OCD

2nd and 4th Tuesdays, 7:30 pm, 2424 Reedie Dr., Wheaton, Rm. 223. For information call Bruce 301-497-1589.

For Families and Friends:

Depression/Bipolar/Schizoaffective

Call DRADA (Depression and Related Affective Disorders Association) for groups in Mont. Co. 202-955-5800.

OCD:

Families meet in area homes. For info. call Nancy at 301-340-1452.

All Disorders:

Bauer Drive Rec. Ctr. in Rockville Every Thursday (except the 2nd Thursday of the month)

For information call Susan at 301-299-8956.

Suicide Related Support Groups

Yellow Ribbon Suicide Prevention Program - Call Mary McCausland 301-530-4761.

Seasons, Cedar Lane Unitarian Ch. 2nd Weds of each month. Call Corrine Melton 301-460-4677 or Doug Tipperman 301-330-4984 Griefworks— Contact Celia Ryan 301-871-3478.



Psychotropic Medications Assistance Programs

For low income consumers who do not have commercial insurance prescription plans, or Medicaid, there are several programs which offer assistance for those prescribed psychotropic medications.

The Maryland Pharmacy Assistance Program is a State of Maryland funded program which covers certain pharmacy and related supplies for those who are above income or the asset scale for regular Medicaid. Individual adults for example are eligible if they do not have yearly income of more than \$10,000 and assets of less than \$3750. Applications are available by calling the program at 1-800-492-1974 and are in local Department of Social Service offices and libraries. Applications are also available on the internet www.dhmh.state.md.us/mma/mpap/. The application requires proof of all income and assets available to the individual and any member of the household.

The MedBank Program which provides access to prescription medications for low income, underinsured or uninsured consumers, is funded by Maryland Department of Health and Mental Hygiene. In Montgomery County this program is managed by the Primary Care Coalition and assists consumers in completing the paperwork required for enrollment in Pharmaceuti-

cal Company Patient Assistance Programs. Each Pharmaceutical Company has eligibility requirements and a separate application. Maryland residents are eligible if they meet the financial guidelines set by the specific Pharmaceutical company, have no other prescription coverage and are not eligible for Medicaid or Maryland Pharmacy Assistance. Proof of all income, a social security number or green card, list of medications and the psychiatrist's agreement to participate are required. This program is located at 8757 Georgia Avenue, Silver Spring 20910 and the phone number is 301-628-4322.

The Department of Health and Human Services Transition Pharmacy Program provides transition psychotropic medication for uninsured low income Montgomery County consumers who are enrolled in the Public Mental Health System * or an HHS program with an ongoing psychiatrist**, while they are applying for other medication resources. The requesting program provides evidence of eligibility, residency, low income, application for other resources and if approved medication is sent by the contract pharmacy to the program for a time limited period until other resources are accessed.

Pfizer for Living Share Card Program is a prescription access program which offers "live operator support and pro-

vides free educational material." There is a \$15.00 fee for a prescription for up to a 30 day supply for those eligible; Medicare recipients who do not have access to a prescription benefit, an income of less than \$18,000 for an individual or \$24,000 per couple. Some medications covered are Dilantin, Geodon, Nardil, Navane, Neurontin, and Zoloft. Contact 1-800-717-6005.

Together RX Plan- A description of this prescription savings program was written in the Fall 2002 NAMI News. Multiple pharmaceutical companies participate in this plan which can save 20-40% of the usual cost. Medicare recipients with an individual income of less than \$28,000 or \$38,000 for couples are eligible. Contact 1-800-865-7211.

This information provided by Peggy Bradley, MC Dept. of Health and Human Services.

Editor's Notes:

* Public Mental Health System (PMHS) clients are those registered with the state under Maryland Health Partners (MHP). This requires: 1. No current mental health insurance and income/asset criteria for Maryland Pharmacy Assistance are met, or 2. PMHS exception criteria are met, such as those on SSDI without Medicare, or recently discharged from a state hospital or a corrections facility, or 3. Registered as Grey Zone with MHP prior to July 1, 2002.

** These are the Multicultural Clinic, the

Bupropion may help schizophrenia patients quit smoking

Smokers diagnosed with schizophrenia had higher smoking cessation rates when treated with bupropion than with a placebo, according to a study led by Dr. Tony George at Yale University. Bupropion is a medication used to help people quit smoking and to treat depression.

Researchers randomly assigned 32 schizophrenic cigarette smokers, who were clinically stable on antipsychotic medications and with a strong desire to quit smoking, to receive bupropion or placebo for 10 weeks. During the study, participants were periodically evaluated

for smoking urges, depression, and symptoms of schizophrenia. They also attended weekly smoking cessation group therapy that included motivational enhancement therapy, social skills training, and relapse-prevention strategies.

At the end of the study, 50 percent of the participants who received bupropion reported that they had quit smoking, compared with about 12 percent who received a placebo. Smoking abstinence was objectively verified with breath carbon monoxide levels. Further, more

than 37 percent of those who received bupropion and less than 13 percent of those who received a placebo remained abstinent from smoking during the last four weeks of the study. Bupropion significantly reduced the negative symptoms of schizophrenia--poor motivation, lack of emotional expression, and inability to form appropriate social relationships. It had no effect, however, on cravings for tobacco or depression.

Patients treated with the newer atypical antipsychotic medications, rather than

(Continued on page 4)

Advocacy News

ACCESS TO CARE - UPDATE

Availability of psychiatric providers willing to serve Medicare clients continues to be a critical problem because of the financial loss incurred by providers who serve them. This is caused by several factors: The Federal reimbursement rates are low, the co-pay for most providers is higher for psychiatric services than for physical services, disabled clients generally cannot afford the full co-pay, and Medicare paperwork is burdensome. The result is that the free-standing clinics in the County have, with rare exception, stopped accepting new Medicare clients and reduced their ability to serve Medicare clients by not employing staff credentialed to serve these clients.

NAMI MC has taken several actions to promote a successful transition for the 50 clinic clients, many on Medicare, discharged from Affiliated Sante Group clinic on Dec. 31, 2002. As a follow-up to the referrals arranged by Sante, we requested that the County Department of Health and Human Services call all transitioning consumers to inform them of the additional referral help available from the County Access

Team and determine if they currently need assistance. In addition, Affiliated Sante Group promptly agreed to our request to mail information about the Access Team to all 50 transitioning clients. We also requested that the Access Team continue to make an effort to speak to those consumers who were not available on the first contact attempt. If you know of any consumers recently discharged from Sante, who have not received a call from DHHS, and a letter from Sante, or who have not successfully transitioned to new medication management and psychotherapy services, please ask them to call the Access Team (240-777-1770) and please inform Leah at NAMI MC as well (301-949-5852).

NAMI MC also plans to work with DHHS and other non-profits to recruit providers willing to serve at least one indigent Medicare or uninsured client. If you know of any such providers, please let us know.

For indigent Medicare clients, cost is also a major issue. In last month's newsletter, we mentioned that the two hospital based outpatient clinics in Montgomery County

charge a 20% co-pay for Medicare clients instead of the 50% co-pay required by non-hospital based providers. However, we have since learned that the Washington Adventist Hospital outpatient clinic requires clients who want medication management to attend weekly group sessions in order to see the psychiatrist once per month. Therefore the total cost per month at Washington Adventist will considerably exceed the cost of one psychiatrist visit per month where the co-pay is 50%. The clinic at Montgomery General encourages, but does not require therapy sessions, and charges a 20% co-pay for psychiatrist visits. When we last checked, there was about a 3 week wait at Montgomery General for new client appointments. Both clinics send unpaid bills to a collection agency.

Although all Medicare providers are required by law to make an effort to collect the co-pay, some private providers do not send unpaid accounts to collection agencies and will agree to continue service even if the account is not fully paid. We advise consumers to fully discuss the expected charges and collection policy with all prospective providers.

THANKS TO NAMI FROM THE COUNTY GOVERNMENT

The following message was received by Evelyn Burton, President of NAMI MC, from Dr. Jay Kenney, head of Aging and Disability Services in Montgomery County's Department of Health and Human Services. During the FY03 budget review by the County Council, NAMI alone advocated for an increased budget for the Adult Foster Care program which provides funds for supervised housing for the disabled, including those with serious mental illness. The County Council approved an increase of \$130,000 to the FY 03 budget for the Adult Foster Care Program. This will provide supervised housing to 13 additional individuals.

Dr. Kenney wrote:

I want to extend a note of thanks for your interest in and advocacy for the Adult Foster Care program during the FY03 budget development and review process. Sincere thanks and appreciation to you and your NAMI colleagues for advocating on behalf of clients with mental illness who have required AFC funding for an appropriate residential setting. The increased funding received was in no small measure due to NAMI's support and advocacy. -Jay

Bupropion

(Continued from page 3)
traditional antipsychotic medications, had better smoking cessation outcomes with bupropion.

WHAT IT MEANS: The findings of this study indicate that bupropion may be a safe and effective treatment for nicotine addiction in schizophrenic patients.

This study, funded in part by the National Institute on Drug Abuse, is published in the July, 2002 issue of Biological Psychiatry.

Government Benefits

(Continued from page 1)

nosis is not enough for the SSA to consider you disabled. In addition, having a letter from a doctor stating that you are disabled is not enough. You must “meet a listing” in the code of criteria mentioned above. The SSA collects the medical record and compares your symptoms and limitations to the code. Your symptoms must be well documented as Mr. Nuta stated, “if it is not in the record, you don’t have it.”

He advised the following:

1. Make sure you or your ill family member reports all symptoms to his/her doctor so it will be entered into the medical record.
 2. When you apply for benefits, report all diseases (both mental and physical) with the doctors who treated you for them. Sometimes the combination of diseases and their associated limitations can win a case.
 3. Keep good records of which doctors were seen (with dates) so that the SSA will be able to collect all of the pertinent medical records.
 4. When you send documents to Social Security, make a copy of them and send everything by certified mail. Include a dated cover letter
5. Apply as soon as possible. It can be a very long process (1-1½ years) and the earlier you apply, the sooner you may receive benefits.
 6. Very often your case will be denied. Many cases are overturned on appeal and most of the people who win do so after two appeals. Don’t quit after the first denial!
 7. Read the letters that the SSA sends very carefully and don’t throw them away. Note the time frame for appeal and act on appeals as soon as possible.
 8. When the SSA sends you “Daily Activity Reports” in order to help with the assessment of the ill person’s limitations, do not paint the picture rosier than it is. Be very accurate about the details of the ill person’s sleep/wake patterns, eating patterns, etc.
 9. Hire a lawyer. Social Security requires that lawyers represent clients on a contingent fee basis. This means that if the lawyer wins your case, you will receive ¼ of your back benefits plus his/her costs. Mr. Nuta often waives his

costs. The lawyer will not get any portion of your future benefits. If the lawyer loses your case, you will not have to pay anything. However, your case must be a good one. If your case does not seem “winnable” by the lawyer, s/he will probably not take on your case.

In response to questions from the audience, Mr. Nuta offered this additional information:

- Side effects of medications can be considered disabilities.
- Addiction to drugs or alcohol is not considered a disability.
- Non-compliance with medications can be a reason for denial of benefits, but in the case of schizophrenia and other serious mental illnesses, the lawyer can sometimes argue that this is a symptom of the disease.

Mr. Nuta provided NAMI with copies of many documents describing the application process and the ins and outs of Social Security. If you would like copies of these documents, please contact the NAMI office at 301-949-5852.

New Program to Help with Government Benefits: Benefits Planning, Assistance and Outreach (BPAO)

The Social Security Administration (SSA) funds an outreach program to help people who are disabled and on Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). Trained Benefits Specialists work in all the counties of Maryland. They are available to give you informed choice concerning work and explain all about the SSA work incentives. They do not work for SSA but under a grant from SSA and



their service is free.

Benefits Specialists are also available for Technical Assistance to agencies/institutions that serve the disability community, including those serving Transition-Aged youth.

If you are an individual that receives a disability check from Social Security (ages 14 – 65) or you provide service to people who do, please call the toll-free number listed below.

Let us tell you about the “Gateway to Success.” Call (888) 838-1776 - and ask for a Benefits Specialist.

**Benefits INfoSource
Independence Now, Inc.**
1400 Spring Street, Suite 400
Silver Spring, MD 20910
(301) 587-4137/(888) 838-1776
**Or contact the project director:
Georgia Coffey, (410) 968-9879
(home office) (240) 381-2396 (cell)
gcoffey@innow.org**

Child and Adolescent News

ATTENTION DEFICIT DISORDER IN ADULTS

(part 3, continued from the *Harvard Mental Health Letter*, Nov. 2002)

“Other drugs, although not as well studied, may be useful for some adults with ADHD. All of them, like methylphenidate and dextroamphetamine, affect the regulation of dopamine and norepinephrine. Tricyclic antidepressants such as imipramine (Tofranil) and amitriptyline (Elavil) seem to be effective in some cases. They present no danger of addiction, but they have more side effects than stimulants – especially dry mouth, constipation, blurred vision, and dizziness when rising from a sitting to a standing position. A tricyclic might be a good choice for an adult with both ADHD and a mood disorder, or one who is at risk for drug abuse. Other antidepressants, including bupropion (Wellbutrin) and venlafaxine (Effexor), may also help people who don’t respond to stimulants.

“Other choices include clonidine and guanfacine, blood pressure drugs with modest effects on ADHD and possibly some capacity to relieve tics. In one study, observers found a 37% rate of improvement when clonidine was given to a group of children, two-thirds of whom had not responded to stimulants. Another study found clonidine to be as effective as methylphenidate for adults with ADHD. The main side effects of clonidine and guanfacine are fatigue and drowsiness. In one recent study, lithium carbonate, the standard treatment for bipolar disorder, proved equal to methylphenidate for adults with ADHD. In order to use lithium safely, it is necessary to regularly monitor its level in the bloodstream.”

Note: The latest candidate for ADHD treatment is not associated with the insomnia, loss of appetite or onset of tics that are common side effects of widely used drugs like Concerta, Adderol XR and Ritalin. The new drug, atomoxetine (Strattera), is the first new ADHD drug approved in 30 years. Unlike the other drugs on the market, it is not classified as a stimulant. That means it’s not a

controlled substance, so patients (or their parents) can have physicians phone in refills instead of visiting the doctor’s office monthly for a new prescription.

Atomoxetine, taken in capsule form once or twice daily, remains effective for up to 24 hours, even though it’s detectable in the bloodstream for only five hours. This drug is said [by Eli Lilly] to have a cost comparable to other newer, branded prescription drugs for ADHD – which cost about \$75 to \$80 per month.

“Other treatments:

Some adults with ADHD need nothing more than medication and an explanation of the disorder. They may have been raised by parents with a good understanding of their difficulties. They may have found spouses who tolerate their eccentricities, compensate for their deficiencies and appreciate the enthusiasm, spontaneity and creativity that often accompany ADHD.

“But others have problems that drugs can’t solve. They may have failed to learn important skills, or they may be unable to cope with their symptoms. They may be easily frustrated or have low self-esteem, regretting their past and resenting others who did not understand their problems. They may bear the weight of accumulated sadness and shame after years of failure.

“They have to learn to stop and think, and to avoid distractions and emotional overreactions. They may need to add structure and predictability to their lives with schedules and rules, lists and index cards. Sometimes professional coaches can help them get organized and make the best of their strengths. Cognitive behavioral therapy can heighten confidence and the ability to dismiss self-defeating thoughts. In group therapy, they can exchange advice and support with others who have the same prob-

lems – and learn how to listen and wait their turn.

“Psychotherapy can also help people live with the disorder by giving them a more realistic sense of their needs and capacities. A psychotherapist can point out and discourage a tendency to minimize irresponsible behavior, while encouraging positive traits, such as creativity and good humor. Psychotherapy can also help adults with ADHD adjust to the sometimes surprising changes caused by drug treatment. Some find that with improved attention, they are more affected by people, events and feelings that they used to dismiss. Others have to accommodate changes to their self-concept that come with the relief of impulsiveness and emotional volatility.

“Adult ADHD still holds many mysteries. Investigators need to hone their descriptions and measurements of hyperactive and inattentive behavior. They will continue to collect information on the long-term effects of drugs. Progress in genetics, brain imaging and neurochemistry may help us understand the biology of the disorder. This research is likely to reveal that ADHD consists of different disorders with a superficially common appearance. One result could be the development of individualized treatments. In all these investigations, the understanding that attention deficit is not just a problem for children may play an increasingly important role.”

Children and Adults with Attention-Deficit/Hyperactivity Disorder
8181 Professional Place, Suite 201
Landover, MD 20785
1-800-233-4050
www.chadd.org

A support and educational organization with many local chapters. Sponsors lectures, maintains support groups, publishes information, refers patients for treatment, including coaching.

Acknowledgements

NAMI MC gratefully acknowledges gifts received during our fundraising campaign in December 2002

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Judy Wyss

Announcements

“I Am Not Sick, I Don’t Need Help” by Dr. Xavier Amador is available for sale for \$18.00. Call the office if you would like to purchase a copy.

Univ. of Chicago Sibling Study
Eligibility criteria: two or more living siblings with schizophrenia or schizoaffective disorder. \$75 will be paid for full participation in the study. For more information, call 888-536-5513.

NAMI MC joins NAMI Northern VA in mourning the loss of a long-time activist and family member,
Dick Greer.

Dick, who was active with his wife Betsy, at both the national and state levels, will be missed by many for his intelligent and sensitive advocacy on behalf of people with mental illness.

Welcome new members:

Larry Abramson
Judith Alexander
Estelle Barrios
Rena Eschenburg
Alex and Pat Leak
Robert Leyshon
Nathan Watzman
Shufu Wei



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NAMI Montgomery County

The County's Voice on Mental Illness

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Don't Miss Our Informative Education Meetings!

February 13:

Jerilyn Ross, LCSW will speak about OCD and other Anxiety Disorders

March 13:

Fred Osher, M.D. will speak about Co-Occurring Disorders (Dual Diagnosis)

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10730 Connecticut Ave, Kensington, MD 20895

Please ___ Parent of Adult ___ Child of Mentally Ill Parent ___ Sibling

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