



**Overview of the Bucks County Mental Health Plan for
Fiscal Year 2007-2008**

Thursday, June 22, 2006 – 7:30 PM
PLEASE NOTE DATE CHANGE

Action Plan for Fair Funding

NAMI of Bucks County seeks to improve the lives of the more than 50,000 citizens in the County who either suffer directly from mental illness or, as family members and caretakers, share the burden of these devastating brain disorders. Our mission is accomplished by providing opportunities for family members, friends and persons with mental illness to join in support, education and advocacy.

The Bucks County Department of Mental Health is working towards becoming a recovery oriented behavioral health system. Consumers, family members and staff are working together to make important system changes. In the areas of housing, crisis care, staff retention and consumer and family supports our biggest challenge is funding. Area Agencies and Institutions know that services for Mental Health in Bucks County are inadequate because of state funding. It is becoming clear that Bucks County has historically received less funding compared to other neighboring Counties. In February, the Pennsylvania State Budget and Finance Committee documented this shortfall. Over the decades this amount could be in excess of one hundred million dollars. Phil Fenster, Administrator and Mary Richter, Deputy Administrator of Bucks County Department of Mental Health and Mental Retardation have agreed to be on hand to give us a background on the per capita funding issue.

Now is the time for Consumers, Family members and Staff to come together to advocate for equitable funding. Our elected officials need to know that we have been treated unfairly. Come to this meeting to understand the problem, the opportunities and the actions that need to be taken now to make the vision of recovery a reality in Bucks County.

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**All Bucks County Mental Health Agency Directors,
staff and advocacy groups are urged to attend.**

**Doylestown Hospital
Conference Room "B/C",
1st Floor – Main Bldg.**

595 State Street, Doylestown, PA

Call 1-866-399-NAMI (6264) for further information



**NAMI of PA,
Bucks County Chapter**

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Bucks County Chapter**

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9:00 A.M. – 9:00 P.M.
Email: info@namibucks.org
Web Site: www.namibucks.org

**NAMI Bucks County
Newsletter**

Letters, News Articles, and
Announcements are welcome --
Deadline for articles for our Spring
issue is August 25, 2006 -- Send to
above address or by e-mail to
info@namibucks.org

**“The Bucks County Mental Health Plan for 2007-2008”
an Editorial by
Violet Cornish, Vice President, NAMI Bucks County**

People can and do recover from mental illness. The old belief that serious emotional disturbances and addictions are lifelong permanent conditions, sustained by stabilizing meds alone has been supplanted by a new recovery model of treatment that can restore consumers to fulfilling lives and meaningful work in the community.

It is a new recovery vision of hope that includes no limits. It requires transformation of the behavioral health system with a new focus on meeting the unique, specific needs of individual consumers and their families. It embraces the definition of recovery that the County’s newly formed Recovery Training Committee adopted. “Recovery is a self defined journey to a fulfilling life”.

Bucks County department of MH/MR and its related agencies have been working toward such a recovery-oriented behavioral health system since 1999 with some success. Unfortunately, their most visionary plans have been hampered by long standing funding inequities.

Bucks County NAMI has now enthusiastically joined forces with MH/MR to secure the appropriate and necessary funding to realize the goals set forth in the 2007-2008 County Mental Health Plan.

1. To make Bucks County a community of hope, acceptance and understanding for everyone diagnosed with some form of mental illness.
2. To make Bucks County a state leader in delivering quality services that are individual consumer-and family-driven, evidence – and best practice-based.

The county Mission Statement envisions services based on CSP and CASSP principles. It pledges continuing efforts to provide consumers with opportunities for personal development and the social reintegration that will ensure their inclusion in the community.

Increased funding is imperative to make existing programs, long starved for adequate resources, properly effective. In addition the county seeks new funds for other urgently needed initiatives from increased compensation for provider staff, residential programs for existing consumer adults and the increasingly numerous adolescents coming into the system, forensic services, consumer and family support programs and older adult outreach among others.

The statistics in the County Mental Health Plan document the funding shortfall. They are alarming and threaten the quality of life for all of us. Many successful programs have been discontinued, others are threatened.

Still we dream of bringing to fruition the new recovery vision the County has developed. People with mental illness can recover. We must see to it they do.

Announcements

Renew your Membership or Make a Donation to NAMI of Bucks County Online

You can now become a new member, renew your current membership and/or make a donation to NAMI right online using your own bank account or a credit card through a secure server at *PayPal*®. Visit our website at www.namibucks.org for details.

NOTE: Since renewals are handled on a quarterly basis, you will be notified when your current membership is due to expire. Please do not renew your membership until you receive notice. If paying by check, we

would appreciate if you would note in the memo section of your check whether it is a donation, membership renewal or both. We appreciate your help.

Give us your Poems, Stories, Anecdotes, Articles

We'd like to include your poems, personal stories, anecdotes and articles in the Chapter Newsletter. Send them to: NAMI of Bucks County, P.O. Box 355, Warrington, PA 18976-0355 or send by e-mail to info@namibucks.org

NAMI Lower Bucks Consumer Center – Employment Opportunity

NAMI Bucks County is looking for a Director for the Lower Bucks Consumer Center. Person should have experience with the Mental Health System, excellent

organizational skills and the ability to interact well with others a must. Must be available consistently on Sunday Afternoon/Evenings for approximately 5 hours. Will be

mainly responsible for coordinating the Sunday evening dinner. Please fax resume to 215-443-5638 or email to namibucks@rcn.com.

Bucks County COMPEER

Bucks County COMPEER is seeking volunteers throughout the county to be a friend to people in mental health recovery . It takes

just four hours a month to make a difference in someone's life and give one of the greatest gifts a person can

receive...FRIENDSHIP. To find out more about volunteering, please contact Julie Pulvers @ 215.785.2825.

Thank You for Your Contribution

We want to thank the following who have been so generous:

\$1 to \$25

Joan Clougherty
Donald & Judith Cooper
Matteo Giammario
Theresa Johnston
John & Margaret Zargiel

\$26 to \$5

Richard & Lisa Green

\$51 to \$100

\$101 to \$500

Marie & Lawrence Hale

Your continuing contributions are important in sustaining our advocacy. NAMI welcomes and appreciates any amount that people can afford. Keep in mind when making your donation that many companies will match employee gifts. If you have not already contributed, please do so by sending your tax deductible donation to: NAMI of Bucks County, P.O. Box 355, Warrington, PA 18976-0355

Fall Education Classes Forming Now

Families In Crisis Education Program



New This NAMI National Pilot Program is designed for families with children up to the age of 20 in crisis. This education program will

be offered in the central bucks area in the fall. More details will follow as soon as they are available. If you are interesting in taking this new Families In Crisis Program,

please call 1-866-399-NAMI to register. **REGISTRATION IS REQUIRED** Class size is limited.

Peer-to-Peer Education Class

NAMI Bucks County was fortunate to be able to have three more mentor teams trained to teach the Peer to Peer Education program. They are all eager to begin a class and we look forward to offering this program in all areas of Bucks County.

Our Peer-to-Peer Education program will be offered again in Upper, Central, and Lower Bucks County this fall.

Peer-to-Peer is a unique, experiential learning program for people with any serious mental illness who are interested in

establishing and maintaining their wellness and recovery.

Peer-to-Peer consists of nine two-hour units and is taught by teams of three peer teachers, or *mentors* who are personally experienced at living well with mental illness. Participants come away from the course with a binder of hand-out materials, as well as many other tangible resources: an advance directive; a "relapse prevention plan" to help identify tell-tale feelings, thoughts, behavior or events that may warn of impending relapse and to organize for intervention; mindfulness exercises to help focus and calm thinking;

and survival skills for working with providers and the general public. Each class contains a combination of lecture and interactive exercise material and closes with Mindfulness Practice (techniques offered to develop and expand awareness). Each class builds on the one before: attendance each week, therefore, is required.

If you are interested in taking the Peer-to-Peer Recovery Course, please call 1-866-399-NAMI to register. **REGISTRATION IS REQUIRED** Class size is limited and fill up quickly.

Family to Family Education Class

NAMI Bucks County will be offering two Family to Family Education Classes in the Fall in both Central and Lower Bucks.

The Central Bucks Class will begin on Wednesday, September 13th at Doylestown Hospital. The Lower Bucks class will be held at Frankford Hospital in Langhorne and will also begin on Wednesday, September 13, 2006.

The NAMI Family-to-Family Education Program is a free 12-week course for family caregivers of individuals with severe brain disorders (mental illnesses). The course is taught by trained family members. All instruction and course materials are free for class participants.

The Family-to-Family curriculum focuses on schizophrenia, bipolar disorder (manic depression), clinical depression, panic disorder

and obsessive-compulsive disorder (OCD). The course discusses the clinical treatment of these illnesses and teaches the knowledge and skills that family members need to cope more effectively.

If you are interesting in taking the Family to Family Education Class, please call 1-866-399-NAMI to register. **REGISTRATION IS REQUIRED** Class size is limited and fill up quickly.

New Support Groups To Launch

A new Family to Family **Support Group** began in Warminster on June 1, 2006 and will meet on the 1st Thursday and the third Wednesday of the month. This group will meet at the BCCST office at 600 Louis Drive, Suite 106, Warminster, PA 18974. A NAMI –CARE **Support Group** for those with a mental illness will

begin in the near future in the lower bucks area. More information will follow soon.

A revamped NAMI-CAN (Children and Adolescent Network) support group for parents or caregivers of children with a mental illness will begin on September 28, 2006 at the BCCST

office at 600 Louis Drive, Suite 106, Warminster, PA 18974.

For more information on any of these groups, please call our helpline at 1-866-399-NAMI.

The NAMIWALKs for the Mind of America is a nationwide fundraising and mental health awareness program that will be held in 60 communities around the country in 2006, including Harrisburg, Pennsylvania. It is

expected that these WALKs will raise well over 4 million dollars for NAMI and the mental health services it provides to thousands of families here in Pennsylvania and across the country. Bucks County's Team "Bucks for Brains"

has participated in this walk in previous years and would like to do so again, but we need your help. If you would like to volunteer to work on the Walks Committee for Bucks County, please call Debbie at 1-866-399-NAMI.

Mental Illness Awareness Month Event: The Spiro Twins, Authors of "Divided Minds Twin Sisters and Their Journey through Schizophrenia"

NAMI of Bucks County, Bucks County Department of Mental Health/Mental Retardation, Lenape Valley Foundation, Magellan Behavioral Health & Bucks County Behavioral Health proudly presented the Spiro Twins, authors of "Divided Minds Twin Sisters and Their Journey through Schizophrenia" at our Mental Illness Awareness Month event on



May 4, 2006, at the Walton Auditorium, The George School, Newtown, PA. The presentation was very powerful and though provoking. Books were signed after the event by the Spiro Twins.

Pictured left Pamela Spiro Wagner and Carolyn Spiro, M.D. signing books

NAMI Warns Congress About Cutting NIMH Budget; Research "Vitaly Important" to Recovery, Third-Generation Medicines

Washington, D.C.—The president of the National Alliance on Mental Illness today warned Congress that President Bush's proposed \$9 million cut in the National Institute of Mental Health (NIMH) budget will erode progress in finding new treatments for schizophrenia, bipolar disorder, and major depression—condemning millions of Americans to chronic disability.

Dr. Suzanne Vogel-Scibilia, NAMI board president, a practicing psychiatrist, and a person living with bipolar disorder, told a Senate appropriations subcommittee that she herself has had periods of severe illness, including catatonic episodes and three suicide attempts.

"Due to aggressive treatment and social supports I am living a full life. I am thankful," she said. "But

many people in our country have not yet achieved recovery." "If Congress cuts funding to NIMH as the President has suggested we will continue to have millions of people in this country with chronic disability and a \$40 billion dollar loss in economic productivity for schizophrenia alone."

Because of past doubling of NIMH's research budget, NAMI testified, the agency has been able to sponsor "vitaly important real world trials" that are creating opportunities to define individualized treatment strategies and future medication options—as well as laying a foundation for "third generation" medications that will not be realized without further support from the federal government.

In addition, Vogel-Scibilia noted:

"Genome studies for serious mental illness that could transform understanding of the causes and risk factors for these devastating illnesses and open new avenues for effective treatment will collapse without adequate funding." "We will be unable to advance schizophrenia and bipolar research progress. One example is understanding if early intervention with medication, therapy and rehabilitation will prevent disability or morbidity in persons with new onset schizophrenia." "Lastly we will be unable to address and prevent the epidemic of suicide in this country including a substantial number of our young people."

With 1100 state and local affiliates, NAMI is the nation's largest grassroots organization dedicated to improving the lives of adults and children with mental illnesses.

Senate Rejects Effort to Cut Off Debate on Small Business Health Insurance Bill

Threat to State Parity Laws Averted – For Now *May 12, 2006*

By a vote 55-43, the Senate rejected the effort to limit debate on S 1955, legislation to authorize new small business health insurance plans that would significantly undermine laws at the state level requiring health plans to cover treatment for mental illness on the same terms and conditions as all other illnesses (insurance parity).

The vote was on a critical parliamentary motion to impose "cloture" -- to cut off debate and move S 1955 to final passage with very limited opportunities for amendments. In the Senate, 60 votes are required to impose cloture, thus the motion fell five votes short.

With the prospect of unlimited Senate debate on S 1955, Majority Leader Bill Frist (R-TN) pulled the legislation from consideration.

This means that S 1955 has been derailed in the Senate. However, Senator Frist and bill sponsor Senator Mike Enzi (R-WY) have the option to bring the bill back to the full Senate at any time.

NAMI would like to thank advocates for their efforts in reaching out to Senators to urge opposition to S 1955. Yesterday's Senate vote is a victory for preserving mental illness insurance parity laws at the state level.

NAMI National Launches New FaithNet

NAMI National & NAMI FaithNet Website

NAMI National has launched the new FaithNet website to reflect a closer partnership between NAMI and communities of faith. FaithNet NAMI is a network composed of members and friends of NAMI (National Alliance for the Mentally Ill). It was established for the purposes of (1) facilitating the development within the Faith Community of a non-threatening, supportive environment for those with serious mental illness and their families, (2) pointing out the value of one's spirituality in the recovery process from mental illness and the need for spiritual strength for those who are caretakers, (3) educating clergy and congregations concerning the biologic basis and characteristics of mental illness, and (4) encouraging advocacy of the Faith Community

to bring about hope and help for all who are affected by mental illness.

FaithNet NAMI is not a religious network but rather an outreach to all religious organizations. It has had significant success in doing so, because all the major religions have the basic tenets of giving care and showing compassion to those in need.

FaithNet NAMI respects all religious beliefs. It also recognizes the expression by the majority of those affected by mental illness of the importance of the role of their spirituality in their ability to cope with having one of these no fault disorders themselves or in caring for an ill friend or family member.

FaithNet NAMI encourages all those who are affected by a mental illness, who are also members of a faith community, to talk to their clergy person about mental illness and the role their faith is playing in their lives. This is done for two purposes. (1) By telling their clergy person their story, he or she becomes personally involved and personal involvement is the best method of education. Understanding requires not only the attention of the ears and eyes, but also the heart. (2) By speaking to their clergy person, they have the opportunity to gain spiritual support. Sadly, at present, many shy away from speaking with their clergy person because of the effect the stigma of mental illness has had on their lives. They needlessly feel ashamed and fear rejection.

Acronyms Commonly Used In The Mental Health Field

ADHD	Attention Deficit Hyperactivity Disorder
AOT	Assisted Outpatient Treatment
APA	American Psychiatric Association
BC-CST	Bucks County-Creating Satisfaction Together (formerly known as Bucks Cty-Consumer Satisfaction Team
BP	Bi Polar
BPD	Borderline Personality Disorder
CBT	Cognitive Behavioral Therapy
CHADD	Children and Adults with Attention Deficit Disorder
CFAC	Consumer & Family Advocacy Committee
CHIPS	Children's Health Insurance Program
CSP	Community Support Program
DPW	Department of Public Welfare
FTAC	Family Training & Advocacy Center for Serious Mental Illness
GAD	General Anxiety Disorder
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
MHASP	Mental Health Assn. of Southeastern Pennsylvania
NAMI	National Alliance on Mental Illness
NAMI-CAN	NAMI-Children's & Adolescent's Network
NARSAD	National Alliance for Research on Schizophrenia & Depression
NCTSN	National Child Traumatic Stress Network
NMHA	National Mental Health Association
NOS	Not Otherwise Specified
OCD	Obsessive Compulsive Disorder
ODD	Oppositional Defiant Disorder
OMHSAS	Office of Mental Health & Substance Abuse Services of Penna
PACDD	Pennsylvania Council on Developmental Disabilities
PACT	Program of Assertive Community Treatment
PBIS	Positive Behavioral Interventions & Supports
PDD	Pervasive Development Disorder
PMHCA	Pennsylvania Mental Health Consumers' Association
PTSD	Post Traumatic Stress Disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
TAC	Treatment Advocacy Center

HOUSING ISSUES - ACRONYMS AND ORGANIZATIONS

CBPP	Center on Budget & Policy Priorities
HSHC	Human Services Housing Coalition
HUD	Dept. of Housing & Urban Development
LHOT	Local Housing Options Team
NLIHC	National Low Income Housing Coalition
TAC	Technical Assistance Collaborative, Inc. (Note: Not to be confused with TAC - Treatment Advocacy Cntr.)



NAMI-CAN

Kids Corner

NAMI-CAN Support Group

NAMI-CAN (Children and Adolescent Network) is a support group for parents and/or caregivers of mentally ill children.

NAMI-CAN meets at the BCCST office 600 Louis Drive & Street Rd, Suite 106 in Warminster. The meetings will remain on the fourth

Thursday of the month. For directions or more information, please call Debbie Moritz toll free at 1-866-399-NAMI.

Childhood-Onset Schizophrenia: An Update

Source: National Institutes of Health (www.nih.gov)

A child's stage of development must be taken into account when considering a diagnosis of mental illness. Behaviors that are normal at one age may not be at another. Rarely, a healthy young child may report strange experiences—such as hearing voices—that would be considered abnormal at a later age. Clinicians look for a more persistent pattern of such behaviors. Parents may have reason for concern if a child of 7 years or older often hears voices saying derogatory things about him or her, or voices conversing with one another, talks to himself or herself, stares at scary things—snakes, spiders, shadows—that are not really there, and shows no interest in friendships. Such behaviors could be signs of schizophrenia, a chronic and disabling form of mental illness.

Fortunately, schizophrenia is rare in children, affecting only about 1 in 40,000, compared to 1 in 100 in adults. The average age of onset is 18 in men and 25 in women. Ranking among the top 10 causes of disability worldwide, schizophrenia, at any age, exacts a heavy toll on patients and their families. Children with schizophrenia experience difficulty in managing everyday life. They share with their adult counterparts psychotic symptoms (hallucinations, delusions), social withdrawal,

flattened emotions, increased risk of suicide and loss of social and personal care skills. They may also share some symptoms with—and be mistaken for—children who suffer from autism or other pervasive developmental disabilities, which affect about 1 in 500 children. Although they tend to be harder to treat and have a worse prognosis than adult-onset schizophrenia patients, researchers are finding that many children with schizophrenia can be helped by the new generation of antipsychotic medications.

Symptoms and Diagnosis

While schizophrenia sometimes begins as an acute psychotic episode in young adults, it emerges gradually in children, often preceded by developmental disturbances, such as lags in motor and speech/language development. Such problems tend to be associated with more pronounced brain abnormalities. The diagnostic criteria are the same as for adults, except that symptoms appear prior to age 12, instead of in the late teens or early 20s. Children with schizophrenia often see or hear things that do not really exist, and harbor paranoid and bizarre beliefs. For example, they may think people are plotting against them or can read their minds. Other symptoms of the disorder include problems paying attention, impaired memory and

reasoning, speech impairments, inappropriate or flattened expression of emotion, poor social skills, and depressed mood. Such children may laugh at a sad event, make poor eye contact, and show little body language or facial expression.

Misdiagnosis of schizophrenia in children is all too common. It is distinguished from autism by the persistence of hallucinations and delusions for at least 6 months, and a later age of onset—7 years or older. Autism is usually diagnosed by age 3. Schizophrenia is also distinguished from a type of brief psychosis sometimes seen in affective, personality, and dissociative disorders in children. Adolescents with bipolar disorder sometimes have acute onset of manic episodes that may be mistaken for schizophrenia. Children who have been victims of abuse may sometimes claim to hear voices of—or see visions of—the abuser. Symptoms of schizophrenia characteristically pervade the child's life, and are not limited to just certain situations, such as at school. If children show any interest in friendships, even if they fail at maintaining them, it is unlikely that they have schizophrenia.

Treatment

Treatments that help young patients manage their illness have improved

significantly in recent decades. As in adults, antipsychotic medications are especially helpful in reducing hallucinations and delusions. The newer generation "atypical" antipsychotics, such as olanzapine and clozapine, may also help improve motivation and emotional expressiveness in some patients. They also have a lower likelihood of producing disorders of movement, including tardive dyskinesia, than the other antipsychotic drugs such as haloperidol. However, even with these newer medications, there are side effects, including excess weight gain that can increase risk of other health problems. The NIMH (National Institute of Mental Health) is conducting research studies to improve treatments (www.clinicaltrials.gov). Children with schizophrenia and their families can also benefit from supportive counseling, psychotherapies, and social skills training aimed at helping them cope with the illness. They likely require special education and/or other accommodations to succeed in the classroom.

Causes

Although it is unclear whether schizophrenia has a single or multiple underlying causes, evidence suggests that it is a neurodevelopmental disease likely involving a genetic predisposition, a prenatal insult to the developing brain, and stressful life events. The role of genetics has long been established; the risk of schizophrenia rises from 1 percent with no family history of the illness, to 10 percent if a first degree relative has it, to 50 percent if an identical twin has it. Prenatal insults may include viral infections, such as maternal influenza in the second

trimester, starvation, lack of oxygen at birth, and untreated blood type incompatibility. Studies find that children share with adults many of the same abnormal brain structural, physiological, and neuropsychological features associated with schizophrenia. The children seem to have more severe cases than adults, with more pronounced neurological abnormalities. This makes childhood-onset schizophrenia potentially one of the clearest windows available for research into a still obscure illness process.

For example, unlike most adult-onset patients, children who become psychotic prior to puberty show conspicuous evidence of progressively abnormal brain development. In the first longitudinal brain imaging study of adolescents, magnetic resonance imaging (MRI) scans revealed fluid filled cavities in the middle of the brain enlarging abnormally between ages 14 and 18 in teens with early-onset schizophrenia, suggesting a shrinkage in brain tissue volume. These children lost four times as much gray matter, neurons and their branchlike extensions, in their frontal lobes as normally occurs in teens. This gray matter loss engulfs the brain in a progressive wave from back to front over 5 years, beginning in rear structures involved in attention and perception, eventually spreading to frontal areas responsible for organizing, planning, and other "executive" functions impaired in schizophrenia. Since losses in the rear areas are influenced mostly by environmental factors, the researchers suggest that some non-genetic trigger contributes to the onset and initial progression of the

illness. The final loss pattern is consistent with that seen in adult schizophrenia. Adult-onset patients' brains may have undergone similar changes when they were teens that went unnoticed because symptoms had not yet emerged, suggest the researchers.

In addition to studies of brain structural abnormalities, researchers are also examining a group of measures associated with genetic risk for schizophrenia. Early-onset cases of illness have recently proven crucial in the discovery of genes linked to other genetically complex disorders like breast cancer, Alzheimer's, and Crohn's diseases. Hence, children with schizophrenia and their families may play an important role in deciphering schizophrenia's molecular roots. Evidence suggests that the rate of genetically-linked abnormalities is twice as high in children as in adults with the illness. Similarly, schizophrenia spectrum disorders, thought to be genetically related to schizophrenia, are about twice as prevalent among first-degree relatives of childhood-onset patients. In one recent study, a third of the families of individuals with childhood onset schizophrenia had at least one first-degree relative with a diagnosis of schizophrenia, or schizotypal or paranoid personality disorder. This profile of psychiatric illness is remarkably similar to that seen in parents of adult-onset patients, adding to the likelihood that both forms share common genetic roots. Other anomalies associated with adult schizophrenia, such as abnormal eye movements, are also more common in families of children with the illness.

**LET US HAVE YOUR
E-MAIL ADDRESS**


If we don't already have your e-mail address, or if your address has changed, please contact Debbie Moritz at e-mail info@namibucks.org and she will add you to our e-mail list. Each week, we e-mail time-sensitive information and late-breaking news.

**We're on the Web!
www.namibucks.org**

Be sure to visit our website regularly for additional articles and updated information

**Chapter Toll-Free Helpline
1.866.399.NAMI (6264)**

Coming Events / Dates to Remember:

1 ST & 3 rd Mondays 7:30– 9:00 PM	NAMI Family to Family <u>Support</u> Group Meeting - <u>Lower Bucks</u> - St. Mary Medical Center - 1 st Monday in Auditorium A, 2 nd level, Building adjacent to Parking Garage; 3 rd Monday in the Volunteer Office, 1 st Fl. of Administration Bldg. Call Any questions, call Call Jennifer at 215-968-5475 for information and meeting room confirmation
1 ST Thursday 3 rd Wednesday 7:30– 9:00 PM	NEW NAMI Family to Family <u>Support</u> Group Meeting - <u>Central Bucks</u> – BCCST Office, 600 Louis Drive, Suite 106, Warminster, PA 18974 - For more information, please call Karen at (215) 489-9650 or Rhonda at (215)997-9091.
June 22, 2006 Doylestown Hospital Conference Room "A/B" 595 State Street Doylestown, PA	7:30 PM NAMI Bucks General Meeting We will discuss the Mental Health Plan for fiscal year 2007 and it's implications for families and consumers of mental health services in Bucks County and the funding inequities Bucks County is facing.
June Meeting Cancelled	NAMI CAN (Children's and Adolescents Network) – Conference Room BC-CST, Inc., 600 Louis Drive, Suite 106, Warminster, PA Meets every 4th Thursday of the month - Call 1-866-399-NAMI for information
June 28-July 2,2006	NAMI National Convention – Washington, D.C
Fall TBD 2006 TBD	NEW Families in Crisis NAMI National Pilot Education Program for families with children up to the age of 20 in crisis.
Fall TBD 2006 Sellersville, Doylestown, Warminster and Lower Bucks County	Peer to Peer Education Program Registration required - 1-866-399-NAMI
September 13, 2006 Doylestown Hospital	7:00 PM Family to Family 12 week Education Program Registration required - 1-866-399-NAMI
September 13, 2006 Frankford Hospital, Langhorne	7:00 PM Family to Family 12 week Education Program Registration required - 1-866-399-NAMI
September 16, 2006 Harrisburg	
September 21, 2006 Doylestown Hospital 595 State Street Doylestown, PA	7:30 PM NAMI Bucks General Meeting Dialectical Behavior Therapy with Linda Filletti, Ph.D.
October 26 – 29, 2006 Harrisburg	NAMI PA Annual Conference – Harrisburg, PA
November 16, 2006 Doylestown Hospital 595 State Street Doylestown, PA	7:30 PM NAMI Bucks General Meeting Advanced Directives Matthew Federici



NAMI FAMILY-TO-FAMILY
EDUCATION PROGRAM

**Two Family to Family Classes will be held in Bucks County this Fall.
Doylestown Hospital
Frankford Hospital in Langhorne
Both classes will begin at 7:00 PM,
Wednesday, September 13, 2006,**

**For Family Members of Close Relatives with
Major Depression, Bipolar Disorder
Schizophrenia and Schizoaffective Disorder
Panic Disorder, Obsessive Compulsive Disorder and
Borderline Personality Disorder**

A series of 12 weekly classes structured to help family members understand and support their ill relative while maintaining their own well being. The course is taught by a team of trained volunteer family members who know what it's like to have a loved one with a serious mental illness in the family. There is no cost to participate in the NAMI Family-to-Family Education program. Over 80,000 family members in the U.S. and Canada have completed this course. We think you will be pleased by how much assistance the program offers. We invite you to call for more information.

REGISTRATION IS REQUIRED

Space Is Limited - For Family Members Only- Course Is Free

Call: Debbie to register at 1-866-399-6264

Sponsored by NAMI of Bucks County



nami of Bucks County

PO Box 355
Warrington, PA 18976