



Newsletter

Volume 20, Issue 1

October 2005

Special points of interest:

- Membership Form
- Calendar of Events
- NAMI Walks
- Macy's Shop for a Cause

Inside this issue:

Dual Diagnosis..... 1
 NAMI Walks 1

Presidents Article4

Christmas5
 Macy's.....5

Fashion Center Place.....6
 NAMI Acronym.....6

Website7
 Silver Ribbon.....7
 Membership form7

MIAW 8
 BDAD8

Family to Family.....9

Calendar 10

Internet links..... 11



NAMI WALKS

★ ★ ★ ★ ★ FOR THE MIND OF AMERICA

Stepping out for Mental Illness

NAMI (National Alliance on Mental Illness) has organized a nationwide walk-a-thon to raise public awareness and to raise funds for various programs. NAMI Georgia is promoting this walk-a-thon as a statewide event. NAMI Georgia and all of the Georgia affiliates want to have a strong presence in downtown Atlanta. NAMI Gwinnett Board of Directors is in full support of this Walk.

NAMI Georgia Walk Information:

Location: Georgia Pacific Center Plaza, Atlanta Georgia

Date: October 1, 2005

Check in Time: 9:00 am

Start Time: 10:00 am

NAMI Gwinnett Walk Site: www.nami.org/namiwalks05/GEO/Gwinnettsteppers

Claudia Haxton and Carol McEntee are the NAMI Gwinnett Walk-a-thon Team Leaders. Our team is

registered on the NAMI Georgia web site as the NAMI Gwinnett Steppers (*one-step at a time to eliminate the stigma associated with Mental Illness*).

We encourage all members of NAMI Gwinnett to participate in this event. There are several ways to participate. You can be a walker, you can sponsor a walker on the Gwinnett Steppers team, or you can help during the Walk-a-thon. Once you register to

(Continued on page 5)



About Mental Illness

★ ★ ★ ★ ★

Dual Diagnosis and Integrated Treatment of Mental Illness and Substance Abuse Disorder

Article from NAMI National's Website

What are dual diagnosis services?

Dual diagnosis services are treatments for people who

suffer from co-occurring disorders -- mental illness and substance abuse. Research has strongly indicated that to recover fully, a consumer with co-occurring disorders needs treatment for both problems -- focusing on one does not ensure the other will go away. Dual diagnosis services integrate assistance for each condition, helping people recover from both in one setting, at the same time.

Dual diagnosis services include different types of assistance that go beyond standard therapy or medication: assertive outreach, job, and housing assistance, family counseling, even money and relationship management. The personalized treatment is viewed as long-term and can be begun at whatever stage of recovery the consumer is in. Positivity, hope, and optimism are at

(Continued on page 2)

(Continued from page 1)

the foundation of integrated treatment.

How often do people with severe mental illnesses also experience a co-occurring substance abuse problem?

There is a lack of information on the numbers of people with co-occurring disorders, but research has shown the disorders are very common. According to reports published in the *Journal of the American Medical Association (JAMA)*:

- Roughly, 50 percent of individuals with severe mental disorders are affected by substance abuse.
- Thirty-seven percent of alcohol abusers and 53 percent of drug abusers also have at least one serious mental illness.
- Of all people diagnosed as mentally ill, 29 percent abuse either alcohol or drugs.

The best data available on the prevalence of co-occurring disorders are derived from two major surveys: the Epidemiologic Catchment Area (ECA) Survey (administered 1980-1984), and the National Comorbidity Survey (NCS), administered between 1990 and 1992.

Results of the NCS and the ECA Survey indicate high prevalence rates for co-occurring substance abuse disorders and mental disorders, as well as the increased risk for people with either a substance abuse disorder or mental disorder for developing a co-occurring disorder. For example, the NCS found that:

- 42.7 percent of individuals with a 12-month addictive disorder had at least one 12-month mental disorder.
- 14.7 percent of individuals with a 12-month mental disorder had at least one 12-month addictive disorder.

The ECA Survey found that individuals with severe mental disorders were at significant risk for developing a substance use disorder during their

lifetime. Specifically:

- 47 percent of individuals with schizophrenia also had a substance abuse disorder (more than four times as likely as the general population).
- 61 percent of individuals with bipolar disorder also had a substance abuse disorder (more than five times as likely as the general population).

Continuing studies support these findings, that these disorders do appear to occur much more frequently than previously realized, and that appropriate integrated treatments must be developed.

What are the consequences of co-occurring severe mental illness and substance abuse?

For the consumer, the consequences are numerous and harsh. Persons with a co-occurring disorder have a statistically greater propensity for violence, medication noncompliance, and failure to respond to treatment than consumers with just substance abuse or a mental illness. These problems also extend out to these consumers' families, friends, and co-workers.

Purely health wise, having a simultaneous mental illness and a substance abuse disorder frequently leads to overall poorer functioning and a greater chance of relapse. These consumers are in and out of hospitals and treatment programs without lasting success. People with dual diagnoses also tend to have tardive dyskinesia (TD) and physical illnesses more often than those with a single disorder, and they experience more episodes of psychosis. In addition, physicians often do not recognize the presence of substance abuse disorders and mental disorders, especially in older adults.

Socially, people with mental illnesses often are susceptible to co-occurring disorders due to "downward drift." In other words, as a consequence of their

mental illness they may find themselves living in marginal neighborhoods where drug use prevails. Having great difficulty developing social relationships, some people find themselves more easily accepted by groups whose social activity is based on drug use. Some may believe that an identity based on drug addiction is more acceptable than one based on mental illness.

Consumers with co-occurring disorders are also much more likely to be homeless or jailed. An estimated 50 percent of homeless adults with serious mental illnesses have a co-occurring substance abuse disorder. Meanwhile, 16% of jail and prison inmates are estimated to have severe mental and substance abuse disorders. Among detainees with mental disorders, 72 percent also have a co-occurring substance abuse disorder.

Consequences for society directly stem from the above. Just the back-and-forth treatment alone currently given to non-violent persons with dual diagnosis is costly. Moreover, violent or criminal consumers, no matter how unfairly afflicted, are dangerous and costly. Those with co-occurring disorders are at high risk to contract AIDS, a disease that can affect society at large. Costs rise even higher when these persons, as those with co-occurring disorders have been shown to do, recycle through healthcare and criminal justice systems again and again. Without the establishment of more integrated treatment programs, the cycle will continue.

Why is an integrated approach to treating severe mental illnesses and substance abuse problems so important?

Despite much research that supports its success, integrated treatment is still not made widely available to consumers. Those who struggle both with serious mental illness and with substance abuse face problems of enormous proportions. Mental health services tend not to be well prepared to deal with patients having both

(Continued on page 3)

(Continued from page 2)

afflictions. Often only one of the two problems is identified. If both are recognized, the individual may bounce back and forth between services for mental illness and those for substance abuse, or they may be refused treatment by each of them.

Fragmented and uncoordinated services create a service gap for persons with co-occurring disorders.

Providing appropriate, integrated services for these consumers will not only allow for their recovery and improved overall health, but can ameliorate the effects their disorders have on their family, friends, and society at large. By helping these consumers stay in treatment, find housing and jobs, and develop better social skills and judgment, we can potentially begin to substantially diminish some of the most sinister and costly societal problems: crime, HIV/AIDS, domestic violence and more.

There is much evidence that integrated treatment can be effective. For example:

- Individuals with a substance abuse disorder are more likely to receive treatment if they have a co-occurring mental disorder.
- Research shows that when consumers with dual diagnosis successfully overcome alcohol abuse, their response to treatment improves remarkably.

With continued education on co-occurring disorders, hopefully, more treatments and better understanding are on the way.

What does effective integrated treatment entail?

Effective integrated treatment consists of the same health professionals, working in one setting, providing appropriate treatment for both mental health and substance abuse in a coordinated fashion. The caregivers see to it that interventions are bundled

together; the consumers, therefore, receive consistent treatment, with no division between mental health or substance abuse assistance. The approach, philosophy, and recommendations are seamless, and the need to consult with separate teams and programs is eliminated.

Integrated treatment also requires the recognition that substance abuse counseling and traditional mental health counseling are different approaches that must be reconciled to treat co-occurring disorders. It is not enough merely to teach relationship skills to a person with bipolar disorder. They must also learn to explore how to avoid the relationships that are intertwined with their substance abuse.

Providers should recognize that denial is an inherent part of the problem. Patients often do not have insight as to the seriousness and scope of the problem. Abstinence may be a goal of the program but should not be a precondition for entering treatment. If dually diagnosed clients do not fit into local Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups, special peer groups based on AA principles might be developed.

Clients with a dual diagnosis have to proceed at their own pace in treatment. An illness model of the problem should be used rather than a moralistic one. Providers need to convey understanding of how hard it is to end an addiction problem and give credit for any accomplishments. Attention should be given to social networks that can serve as important reinforcers. Clients should be given opportunities to socialize, have access to recreational activities, and develop peer relationships. Their families should be offered support and education, while learning not to react with guilt or blame but to learn to cope with two interacting illnesses.

What are the key factors in effective integrated treatment?

There are a number of key factors in an integrated treatment program.

Treatment must be approached in stages. First, a *trust* is established between the consumer and the caregiver. This helps *motivate* the consumer to learn the skills for *actively controlling* their illnesses and focus on goals. This helps keep the consumer on track, *preventing relapse*. Treatment can begin at any one of these stages; the program is tailored to the individual.

Assertive outreach has been shown to engage and retain clients at a high rate, while those that fail to include outreach lose clients. Therefore, effective programs, through intensive case management, meeting at the consumer's residence, and other methods of developing a dependable relationship with the client, ensure that more consumers are consistently monitored and counseled.

Effective treatment includes motivational interventions, which, through education, support, and counseling, help empower deeply demoralized clients to recognize the importance of their goals and illness self-management.

Of course, counseling is a fundamental component of dual diagnosis services. Counseling helps develop positive coping patterns, as well as promotes cognitive and behavioral skills. Counseling can be in the form of individual, group, or family therapy or a combination of these.

A consumer's social support is critical. Their immediate environment has a direct impact on their choices and moods; therefore, consumers need help strengthening positive relationships and jettisoning those that encourage negative behavior.

Effective integrated treatment programs view recovery as a long-term, community-based process, one that can take months or, more likely, years to undergo. Improvement is slow even with a consistent treatment program. However, such an approach prevents relapses and enhances a consumer's gains.

(Continued on page 6)

Message from the President

For those of you who might remember my last article, I wrote about weather and bicycles. This time, I am again writing about the weather. Maybe I use the weather because it is much like our lives, mostly beautiful and wondrous, often quite terrible, and always unpredictable. Recently, we have had a lot of weather in the southern part of our country. Hurricane Katrina has devastated New Orleans and much of Louisiana and Mississippi.

It is very fitting that we should help our fellow Americans in need. In fact, NAMI at this time, and with assistance from our grassroots leaders, is working to pull together a resource center on the NAMI Web site that will include a dedicated message board, an opportunity to donate to the NAMI Gulf Coast Relief Fund and information regarding issues related to medications, housing, financial assistance and food and water. More information will be available in this week's Friday Facts. Please utilize the information contained in the resource center and distribute it widely so that we may provide the greatest assistance possible to our NAMI family affected by this tragedy.

Moreover, while we should do what we can for those devastated by the terrible storm, we should also take this opportunity to remind ourselves of the devastation mental illness brings to the lives of those affected everyday in our area. Before Katrina, and long after she is gone, these folks have and will continue to struggle against the rising tide of despair and despondency of depression, and be stranded and isolated by the agonies of anxiety and paranoia. Many are or will become homeless, bereft of all possessions. They too thirst for the freedom from stigma, and trudge through the flood of emotions and fears to find peace and stability. In many ways, the whirlwind of mental illness rages through their lives everyday.

So, let us do what we can for those affected by Katrina. For most of us here in Georgia, we are limited to giving money. At the same time, let this awful force of nature stir our hearts to action here at home. Many of us feel powerless over mental illness. We accept that we cannot change the fact that our loved ones or we have a brain disorder. However, let us take courage, and do the things we can. Not only will this help those having the disorder, but we are lifted up as well. We realize we can do something, that we are not completely powerless. We can and will make a difference.

NAMI Gwinnett has many opportunities for those wishing to do something to contribute. We have several programs that are up and running, or are in the development stage. You can be a part of this. We can put you to work today. Come join us in working towards a brighter tomorrow for all affected by mental illness. You will feel better, get to know some wonderful people, and have the satisfaction to know you made a difference when it mattered. We need help with our CIT Program, Fundraisers, and Community Outreach programs. Email me at REricSpencer1@aol.com to volunteer, or for more information. Please place the word NAMI as the first thing in the subject box. If you have a specific program, you would like to volunteer for, please place that directly after the word NAMI in the subject box.

So for now, send your money to the Gulf Coast Relief Fund, and offer us your hand in partnership to work towards local relief.

Thank you,

Eric Spencer

President, NAMI Gwinnett

Officers

Eric Spencer, President

Claudia Haxton, 1st Vice President/Program Chair

Open position, 2nd Vice President/Membership Chair

Carol McEntee, Treasurer

Debbie Taylor, Recording Secretary

Kim Whitehill, Corresponding Secretary

Directors

Debbie Elrod

Daphne Nash

Diane Turman

Moving

To ensure that you continue to receive the National, State, and NAMI Gwinnett mailings, please notify us whenever you have a change of address.

(Continued from page 1)

walk as a NAMI Gwinnett Stepper, 40% of the contributions that you raise will be given to NAMI Gwinnett. These funds can help fund programs such as our CIT program. When you register to walk, please remember to select the following:

- Select NAMI Gwinnett Steppers (the first drop down list)
- Select NAMI Gwinnett, Inc as your affiliate (the second drop down list)

Once you have registered, you will receive a sample fundraising letter and a link to your personalized fundraising page. You can customize the letter to tell your story or just to add some personal touches. Friends, family, and co-workers can make pledges or sponsor you by going to your web site. If you receive any checks, your

sponsors' check should be made out to 'NAMI Georgia'

For more information, visit www.nami.org/namiwalks05. You can also email Claudia Haxton at crwh@bellsouth.net and/or me at carol.mcentee@equifax.com.

Everyone has heard about the 3-Day Walk for Breast Cancer and the March of Dimes Walk. Well it is time for us to make a statement about Mental Illness. This is our inaugural Walk so we want to make a powerful impression on our community.

We are walking for our loved ones' future!

Article written by: Carol McEntee

Macy's Shop for a Cause

Saturday, October 22, 9am to 10pm is a day of special saving to benefit local non-profit organizations and schools.

We at NAMI Gwinnett are participating. For a \$5 donation ticket, you will receive:

- \$10 off a \$20 purchase
- All-day 20% or 15% off shopping pass
- Enter to win a \$500 shopping spree
- Shop for great all-day specials

If you would like to purchase a ticket, and/or sell some, contact Lori Spencer, our chairperson for this fundraiser. We will also have a table at Macy's Mall of Georgia on that day, if you would like to volunteer to staff the table please contact Lori at 770-822-2795. The tickets can be used at any Macy's Store.

Why Are We Thinking about Christmas Now??

Yes, it is hard to believe that schools are already in session. It is also hard to think about Christmas when the weather is so hot. In order to help NAMI Gwinnett to prepare for the consumers' holidays, we need to begin to plan today. We have two holiday traditions.

Consumers' Christmas:

Since 1990, we have been giving Christmas "goody" bags to the consumers who attend the Day Treatment Centers. Today these bags mainly contain personal care items such as deodorant, soap, shampoo, toothbrush/toothpaste, socks, and other miscellaneous items. We participate in the Bell South

Classic each year to raise money for these "goody" bags and for a special "wish list" gifts. Unfortunately, the 2005 Bell South Classic was rainy and for the first time the event fell short of our fund raising goal.

I am sure that you are asking yourself "How can I help?" If you have any extra personal care items that you would like to donate, that would be great. If you have the knack of writing letters to companies requesting donated items, give me a call. Above all, I need your help filling the "goody" bags in December. Each year, we meet at my house to fill about 130 bags. When I took over this program from

Sally Henk, NAMI Gwinnett was giving 225 "goody" bags at Christmas. Using the assembly line approach and with many volunteers, this task only takes a couple of hours to fill 130 "goody" bags. This year we will meet on Monday, December 12 at 7:30pm.

The consumers that attend the Day Treatment Centers are our extended family. For some of these people, we are the only family they have. For this reason, we need to remember them during this holiday season.

O Christmas Tree:

Another holiday tradition is

(Continued on page 7)

(Continued from page 3)

To be effective, a dual diagnosis program must be comprehensive, taking into account a number of life's aspects: stress management, social networks, jobs, housing and activities. These programs view substance abuse as intertwined with mental illness, not a separate issue, and therefore provide solutions to both illnesses together at the same time.

Finally, effective integrated treatment programs must contain elements of cultural sensitivity and competence to even lure consumers, much less retain them. Various groups such as African-Americans, homeless, women with children, Hispanics, and others can benefit from services tailored to their particular racial and cultural needs.

Reviewed by Robert Drake, MD September 2003

The Fashion Place Center

This year NAMI Gwinnett members have helped the consumers in several ways. We gave 18 consumers coats/jackets this past winter. These consumers were without jackets during our coldest winter days. As an extension of this idea, NAMI Gwinnett has started "The Fashion Place Center" that is located at Beacon Place and Five Point Day Treatment Centers. At The Fashion Place Center, chaired by Debbie Elrod, consumers can get clothing that they are not financially able to purchase.

Article written by: Carol McEntee

NAMI Acronym Change Reflects Grassroots Resolution

The NAMI National board of directors, at their August 27, 2005 board meeting, formalized the recent resolution regarding the revised explanation of the NAMI name. The resolution, put forth by NAMI San Fernando Valley (CA), was passed by 65% of the vote at the NAMI Convention in June and reflects the "person-first" language embraced by NAMI's grassroots: that the letters in "NAMI" the organization's name, shall stand for "National Alliance on Mental Illness" instead of "National Alliance for the Mentally Ill."

This change is effective immediately. Some important facts and information about this change:

**** This does NOT represent a change in the NAMI name. The name of NAMI remains as it is and does not require legal action as long as all NAMI state organizations and affiliates are in compliance with use NAMI (state, city, community) as their name in articles and with the IRS.**

NAMI Gwinnett will begin this process of phasing in the organization's new name as materials are sent for reproduction. We have been instructed to use up any existing materials we have with the old name. We will embrace the inclusiveness of the new name, as it includes the family, friends, as well as those with a diagnosis.

I would like to invite you to visit our website.

It is at www.nami.org/sites/namigwinnett.

There is a wealth of information on the site. Information on education, advocacy, membership, events, volunteering, resources and so much more. The Gwinnett Help Book, and the Newsletters are available for download in PDF format.

We have just activated the discussion board on the site. It is a forum for individuals to share their opinions, experiences, and thoughts related to mental illness.

Article written by: Debbie Taylor



Always wear your silver ribbon to show you care about someone with a brain disorder! To help break down the barriers to treatment and support! To help eliminate the stigma against those who suffer! To show you believe there is HOPE through education and research! 1 1/4" long, non-tarnishing nickel plated brass.

\$5.00 per Ribbon Pin

Contact the members of the Ways and Means Committee to purchase yours!

(Continued from page 5)

decorating the NAMI Gwinnett Christmas tree at the Gwinnett Justice and Administrative Building. Beside a pretty decoration, our tree display includes our brochures and Community Help Booklet. The gifts include "Housing", "Education", "Medication", and "Understand". This is another way for people to learn about NAMI.

With several volunteers, this decorating activity takes about 2 hours. So mark on your calendars November 26 for the Christmas Tree Decorating and December 31 for the un-trimming party.

Article written by: Carol McEntee

2005 Membership and/or Donation Form

Sign up for:

- Individual/family Annual Membership \$28.00
- I am unable to pay—please waive \$00.00
- Donation

Method of Payment

- Check
- Cash

Name _____
 Address _____

 Phone _____
 Email _____



Become a Member of NAMI Gwinnett

Memberships are available for Individual/Family or Consumers. Additionally, donations are accepted. Donations are tax deductible. If you prefer, donations and support are accepted on a non-membership basis.

Thank you for your interest and support.

NAMI Gwinnett is a family based, grassroots, self-help and advocacy organization, dedicated to improving the lives of people with severe mental illness.

An affiliate of NAMI and NAMI Georgia

Building a better future for people with mental illness.

NAMI GWINNETT

P.O. Box 464053
 Lawrenceville, GA 30042-4053

Make Checks payable to NAMI Gwinnett and mail to: Treasurer at the address to the left.



The Nation's Voice on Mental Illness

Mental Illness Awareness Week 2005

October 02, 2005 - October 08, 2005

Mental Illness Awareness Week activities will be held from October 2-8, 2005. During this week, millions of Americans will be honoring the challenges encountered by mental illness as well as celebrating the recoveries they or their loved ones have embraced. This year's theme, Leveling the Playing Field, reflects the hope and real possibility of reclaimed lives in all communities across the country and encapsulates the true spirit and essence of NAMI while reflecting all forms of difference.

For more information go to http://www.nami.org/template.cfm?section=Mental_Illness_Awareness_Week

Contact Information

NAMI National can be reached at miaw@nami.org or by calling (703) 524-7600.

Bipolar Awareness Day

What is Bipolar Awareness Day?

Bipolar Disorder Awareness Day's primary role is to raise awareness to consumers, family members, and friends, either living with or yet to be diagnosed, on what the illness is and how to seek treatment and recovery, thus improving lives. This year, Bipolar Disorder Awareness Day will be acknowledged on Thursday, October 6.

NAMI Gwinnett does not have anything planned this year, but we do plan to do something next year. The same goes for MIAW (Mental Illness Awareness Week).

Please give us your suggestions and ideas on what activities you would like to see NAMI Gwinnett do next year!

Article written by: Debbie Taylor

FAMILY TO FAMILY

Teaching Family to Family for the first time in Gwinnett County in 2005 was quite a challenge for me. I do not regret it for one moment. I was struggling not knowing where to get answers. The emotions I was having. I felt like I was in a middle of a funnel cloud, being so dark and spinning around and around. Did not have a clue. I did not know where I was going to land.

How could anyone help me with my confusion? How could any one person know what I was going through? How can anyone know what my loved one was experiencing inside him? All these were unanswered questions. Then one day I became an Educator of Family to Family that is where I landed. The light came on.

Family to Family gave me

so much insight and understanding of people with brain disorders. It brought me into a whole new perspective. I was so overwhelmed with this information being thought out and put into a guide for us. I am so grateful for NAMI to bring this to light. They knew exactly how I was feeling and what I needed. For once, my questions were answered. Someone took the time and stepped up to the plate to put this information together. I decided I did not want another person to feel alone and like a funnel cloud. I am giving back by being an Educator.

I loved my class. There was so much bonding and interacting. I enjoyed teaching. We laughed and cried and we had fun. We are working at a possibility

for another class soon. Nothing final. I am also working on a schedule for the year of 2006. I am planning a 3-month term.

January, June, and September. I would like to say we need your help to get this going. If you are a NAMI member and have been trained to Educate and would like to, please call me.

If you have not taken this you are missing the opportunity of a lifetime. If you are interested in taking this course, please call. My number is listed below. Thank You Joyce Burlau for a job well done and for NAMI to bring this Education to us.

Lois Damron

Family to Family

678-377-8353 press 2

October 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 NAMI Walks
2 MIAW	3 MIAW	4 Support Meeting / MIAW	5 MIAW	6 MIAW/BDAD	7 MIAW	8 MIAW
9	10	11 Board Meeting	12	13	14	15
16	17	18	19	20	21	22 Macy's Shop for a Cause
23	24	25	26	27	28	29
30	31					

November 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 Speaker Meeting	2	3	4	5
6	7	8 Board Meeting	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24 Thanksgiving	25	26 Trimming of Tree
27	28	29	30			

December 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6 Gift Wrapping	7	8	9	10
11	12 Goody Bag Assembly	13 Board Meeting	14	15	16	17
18	19	20	21	22	23	24 Christmas Eve
25 Christmas	26	27	28	29	30	31 Un-trimming of Tree

Schedule of Events

NAMI Walks	Georgia Pacific Center Plaza
October 1, 2005	9:00am
Mental Illness Awareness Week	October 2-8, 2005
Support Meeting	October 4, 2005
7:30pm	Bipolar Disorder Awareness Day
	October 6, 2005
Board Meeting	October 11, 2005
7:00pm	Macy's Shop for a Cause
	October 22, 2005
	Macy's Mall of Georgia
Speaker Meeting	November 1, 2005
7:30pm	Speaker: TBA
	Board Meeting
	November 8, 2005
	7:00pm
Trimming of Tree	November 26, 2005
	Gwinnett Justice & Administrative Building
	Gift Wrapping
	December 6, 2005
	7:30pm
Goody Bag Assembly	December 12, 2005
7:30pm	Carol McEntee's Home
	Board Meeting
	December 13, 2005
	7:00pm
Un-trimming of Tree	December 31, 2005
	Gwinnett Justice & Administrative Building

Internet Links and Resources

www.mentalhealth.com

- Contains a wide range of mental health resources, including: disorders, medications, site links, and reading lists

www.psychcentral.com

- Contains mental health resources that include: disorders, resource directory, medication information, and support forum links

www.healthscout.com

- A good general source on both mental health and non-mental health information

www.brainexplorer.org

- A very nice site for information on brain anatomy and function, as well as related information on brain disorders

www.healthyplace.com

- A good mental health resource that includes information on disorders, support and chat forums, and book/reading lists

www.behavenet.com

- Contains a lot of resources on mental health diagnosis and treatment, medications, and different types of therapy

www.schizophrenia.com

- An excellent site on schizophrenia and related resources

www.psychdirect.com

- A good general site on mental health education and information including reading lists and current research

www.healthinsite.gov.au

- A good beginner site on A to Z health topics and medications

www.psyweb.com

- A good site on mental health diagnosis and treatment, the brain, and medications

www.mentalhelp.net

- A good site for mental health information, resources, and related links

NAMI GWINNETT

P.O. Box 464053
Lawrenceville, GA 30042-4053

NON-PROFIT ORG.
U.S. POSTAGE
PAID
LAWRENCEVILLE, GA
PERMIT #102



The Nation's Voice on Mental Illness

We're on the web

www.nami.org/sites/namigwinnett

Please Send Us Your Email Address!

NAMI Gwinnett now has the capability to send to you by email our quarterly newsletter. If you would like to assist us in cutting down office expenses by having your newsletter delivered via email, we need to know who you are! Send an email to debtay16@bellsouth.net and request your email address be added to our list. Your email address will be kept confidential and will only be used for newsletter transmission. You will receive the latest editions of NAMI Gwinnett Newsletter to archive, print or send to your friends! You'll be glad you did.

Articles furnished by:

Lois Damron, Carol McEntee, Eric Spencer, Debbie Taylor, NAMI National Website

Editor/Publisher: Debbie Taylor

This newsletter published quarterly by the NAMI-Gwinnett, Inc. It attempts to present a variety of views on issues relating to mental illnesses with depression, bipolar and schizophrenia as primary interests. Ideas and articles are welcome. Articles do not necessarily reflect the views of NAMI. The right to edit material is reserved. Deadline is the 1st day of December, March, June, and September. Email articles and ideas to: debtay16@bellsouth.net or mail to: Newsletter, NAMI Gwinnett, P.O. Box 464053, Lawrenceville, Georgia 30042