

# montco memo

NAMI PENNSYLVANIA ♦ MONTGOMERY COUNTY

Volume XXIX Issue 6  
February 2010

## Mark Salzer, Ph.D., to Speak on Community Integration at Our February Meeting

Community integration is the opportunity to live in the community and be valued for one's uniqueness and abilities, like everyone else. Community integration encompasses housing, employment, education, leisure/recreation, social roles, peer support, health status, citizenship, self-determination and religion/spirituality. Community integration (or, the opportunity to live like everyone else) should result in community presence and participation of people with psychiatric disabilities similar to that of all others without a disability label.

Please plan to join us on Sunday February 21<sup>st</sup> when Mark Salzer, Ph.D., will present his work that is so important to helping persons living with mental illness to lead fully integrated lives. Dr. Salzer is the Principal Investigator and Director of the University of Pennsylvania Collaborative on Community Integration. He is also an investigator in the Mental Illness Research, Education and Clinical center based at the Philadelphia VA Medical Center.

Our doors open at 1:30 PM for refreshments and socialization and our program begins at 2 PM. As we expect a large turnout, please RSVP to secure seating (215-886-0350).

**NAMI Connections groups start meeting in Montgomery County this month — see the schedule on page 2!**

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NAMI Connections	2	Feb. 2 Mar. 2	Lansdale Family Support Group at St. John's United Church of Christ, Main Street and Richardson Avenue, Lansdale. First Tuesday, 7:00 PM.
Family to Family	2	Feb. 5 +	<b>NAMI Connections.</b> See Dates, weekly venues in article page 2.
Executive Director's Message	3	Feb.2/16 Mar. 2/16/30	<b>New Directions Bipolar Support Group,</b> 1st, 3rd & 5th Tuesday, at Abington Presbyterian Church, York Road, 7:30 PM. Call 215-659-2366.
Sign up for NAMIWalks	3	Feb. 3 Mar. 3	<b>Peer Run Bipolar Support Group.</b> First Wednesday, Pottstown Peer Resource Center, 249 E High St., Pottstown. For more information call Bob Taylor at 484-624-4610.
NAMIWalks Needs Sponsors	3	Feb. 3 Mar. 3	<b>Norristown Family Support Group,</b> Montgomery County Human Services Center, 1430 DeKalb St., Norristown. 1st Wednesday, 7 PM
Hope for People with Mental Illness	4	Feb. 11 Mar. 11	<b>Glenside Evening Family Support Group,</b> Glenside Office, 2nd Thursday, 7:30 PM. No April Meeting
Race-Based Misdiagnosis	4	Feb. 11 Mar. 11	<b>Pottstown Evening Family Support Group,</b> Creative Health Services, 11 Robinson St., Rm. IOP3, Pottstown, 2nd Thursday, 7:30 PM.
Research News	5	Feb. 18 Mar. 18	<b>Montgomery County CSP (Community Support Program),</b> 3rd Thursday, 12-2 PM, Montgomery County Library, 1001 Powell Street, Norristown.
Stigma Among Family, Friends	6	Feb. 18 Mar. 18	<b>Board of Director's Meeting,</b> 3rd Thursday, Glenside Office, 6 PM.
TEC Family Support Groups	6	Feb. 18 Mar. 18	<b>Montco Mental Health Committee.</b> 3rd Thursday, Human Services Center, 1430 DeKalb St., Norristown.
Book Review	7	Feb. 21 Mar. 21	<b>NAMI General Meeting,</b> 3rd Sunday. See above.
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*the montco memo*

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**NAMI of PENNSYLVANIA**  
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Letters to the Editor and other articles and contributions are welcome. Send them to the NAMI Office or by Email to [brsaideman@comcast.net](mailto:brsaideman@comcast.net) by the 15th of the preceding month.

**United Way Code # 5076**

**Escrip # 14938522 (Genuardi's)**

**NAMI Connections To Start This Month**

Our newest support program, NAMI *Connection*, will begin this month. Ten facilitators, all NAMI Montgomery County members and most who are certified peer specialists, have been trained by NAMI national to hold peer run support groups for persons who live with mental illness. Groups will be held each week of the month in different locations around the county. The schedule of meetings is:

First Friday: 10:30 AM, Norristown Public Library  
 Second Wednesday: Noon, Pottstown Public Library  
 Third Wednesday: 1 PM, Lansdale Public Library  
 Fourth Tuesday: 2 PM, Abington Presbyterian Church

Sessions are free and open to all who live with mental illness. For more information please contact our Glenside office at 215-886-0350.

**Spring Family to Family Class to Be Held in Pottstown**

We are now taking registrations for our Family to Family class in Pottstown. Family to Family is our 12 week course that is offered to family members and caretakers of persons with mental illness. The class meets one night per week and a different topic is covered in each class (diagnoses, medications, brain function, communication skills, advocacy etc.).

The session will begin on March 2<sup>nd</sup> and will run for twelve consecutive Tuesday evenings (6:30 to 9 PM). Classes will be held at Creative Health Services, 11 Robinson Street in Pottstown. The course is free and includes all instruction and class materials. For more information or to register please call our Glenside office at 215-886-0350.

**NAMI State and National News**

**NAMI Pennsylvania** will hold its first annual *Cherry Blossom Ball* at the Loew's Hotel in Philadelphia on Saturday, April 24<sup>th</sup>. For more information on tickets and sponsorship opportunities go to their website at <http://namipa.nami.org> or call their office in Harrisburg (1-800-223-0500).

**NAMI National's** annual convention will be held at the Hilton Washington in Washington D.C., June 30<sup>th</sup> to July 3<sup>rd</sup>. Limited scholarship funds are available from our affiliate. For information on how to apply please call our Glenside office at 215-886-0350.

**Directions to Our Office**

Our office is at 100 S. Keswick Avenue, Glenside, PA. On a Montgomery County map, locate the intersection of Easton Road and Keswick Ave., and travel south to the intersection of Keswick and Glenside Aves. The office is

on the southwest corner.

Written directions and a map can be obtained from our office.

**Parking at Our Office**

There is on-street parking and a municipal parking lot 1 1/2 blocks away on New Street (between Keswick Ave.

## A Message from Our Executive Director

We are very excited to have our long awaited **NAMI Connection** program start this month. **NAMI Connection** is a nation-wide initiative from NAMI national that offers peer run support groups for individuals who live with mental illness. The Connection model is to have a group each week; we will provide this for now by rotating the groups through different parts of the county (so that each area will have a NAMI Connection group each month).

Ten training slots were offered to NAMI Montgomery County so we have ten Connection facilitators. This will provide for back-up in the event a facilitator is not available for their particular group. The facilitators and their group times and locations are:

Michael Solomon and Elaine Day: Norristown Public Library, first Friday of the month at 10:30 AM.

Lori Logan-Marcelli, Beulah Suddith and James Swann: Pottstown Library, second Wednesday of the month at noon.

Kaspar Fitins, Janet Chinofsky and Richard Schlicter: Lansdale Library, third Wednesday of the month at 1 PM.

Todd Gorman and Jeffrey Stein: Abington Presbyterian Church, fourth Tuesday of the month at 2 PM.

We welcome all of our NAMI Connection facilitators and thank them for their dedication to helping their peers. We also welcome the opportunity to provide additional peer support to persons living with mental illness (along with our paid internships for certified peer support specialists, funded through our NAMIWalks funds).

NAMI believes in the power of peer support, for both family members and caretakers as well as individuals who live with mental illness. We hope in time to grow this program so that all in need will have a Connection group in their area every week.

*Carol Caruso*

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## Sign Up for NAMIWalks

Don't wait any longer to sign up and be a part of our Third Annual **Greater Philadelphia NAMIWalks: *Changing Minds...One Step at a Time!***

Scheduled for Sunday May 2<sup>nd</sup>, 10 AM at Montgomery County Community College, Blue Bell Campus, six NAMI affiliates are participating in this fundraising and awareness raising effort.

Contributions and sponsorships, all of which are 100% tax deductible, go to support our NAMI family and peer support programs as well as community programs as well (see the third bullet under "News from NAMI" for a listing).

Walk Manager and NAMI MontCo Board member, Neen Davis, is doing a fantastic job, along with her Planning Commit-

tee, of seeing to every detail involved in planning and organizing an event of this size.

Our fundraising goal this year is \$150,000. Each participating affiliate is asked to do their share to help reach this goal and we hope our MontCo NAMI members will help out.

Please go to our website at [www.nami.org/namiwalks/Philly/PA](http://www.nami.org/namiwalks/Philly/PA) and sign up as a Walker on an existing team, or form your own Team and set a goal for the amount your Team will raise, or make a contribution on-line to support an existing Walker or Team. Or send your check, made out to "Greater Philadelphia NAMIWalks", to NAMI, 100 So. Keswick Avenue, Glenside 19038.

All contributions will be acknowledged and will be greatly appreciated.. Thank you in advance for your support!

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## Greater Philadelphia NAMIWalks Needs Sponsors

Our third annual **Greater Philadelphia NAMIWalks: *Changing Minds...One Step at a Time!***, is looking for sponsors. Sponsorship starts at \$250 for a Kilometer Sponsor (and provides a **Kilometer Marker** with the sponsor's name and logo, if a business, displayed on it).

All sponsorships of \$500 or more have their logo displayed on our website and our official Walk T-shirts (and that will be 1500 shirts Walking around the Delaware Valley this summer, so it is a great form of advertising). Please ask your grocer, pharmacy, lawyer, hairdresser, dry cleaner, etc. to support this wonderful, important cause.

All contributions are 100% tax-deductible and will help support our Consumer Enrichment activities (including paid internships for Certified Peer Specialists, monthly Pizza and Movie parties at all six Montgomery County Peer Resource Centers,

funding for forensic advocacy training, monthly support to Fortneters, numerous Art Reach cultural and entertainment opportunities and much more).

If you would like more information on Greater Philadelphia NAMIWalks sponsorship opportunities please call Carol Caruso at 215-886-0350.

### Farewell and Thank You to Board Members

For various reasons, three NAMI MontCo Board members have resigned. Kathie Rittenhouse, who has served as our Secretary for the past two years and headed our Bylaws Committee; Al Grabish who headed our Consumer Enrichment Committee; and Susan Williams, who traveled many miles from the western part of the county to monthly meetings. We thank all of them for their service and look forward to their continued involvement with NAMI.

## Hope for People with Mental Illness and Substance Use Disorders

By Linda Rosenberg, *HealthNews Digest*, December 28, 2009

Next year, a decade after the Surgeon General's Report on mental health revealed that mental illnesses are as treatable as physical illnesses, there also appears to be hope for people with mental illnesses. The healthcare reform legislation currently being debated in Congress includes historic provisions to expand health coverage and significantly improve access to mental health and substance use disorder treatment services.

Healthcare reform in America is as much an economic issue as a moral one. The economic, social and human costs of mental health and addictions disorders in the U.S. are enormous. Mental illness drains our economy of more than \$80 billion every year, accounting for 15 percent of the total economic burden of all disease. Alcohol and drug abuse contributes to the death of more than 100,000 Americans and costs upwards of half a trillion dollars a year, while a quarter of all Social Security disability payments are for individuals with mental illness.

The promise of reform is arriving at a critical time in this country—demand for mental health and substance use treatment is up just as state budgets for these types of services are being severely reduced. Due in part to the current economic turmoil, community mental health and substance use treatment centers nationwide are experiencing a 20 percent increase in demand for services, according to a recent survey by the National Council for Community Behavioral Healthcare. At the same time demand is increasing, at least 32 states are known to be enacting funding cuts — reducing services and closing programs.

One of the most crucial components of the healthcare reform legislation now being debated is the concept of parity. The bill includes the principles contained in the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, the federal law passed last year which prohibits unequal treatment

limits and financial requirements for mental health and substance use treatment. The parity provisions are essential given that mental health and substance use treatment have traditionally been subject to blatantly discriminatory limits on coverage that restrict access to effective and, at times, lifesaving therapies.

Millions of Americans have mental health and substance use disorders and many still do not have access to treatment. Unlike most physical disorders, these conditions start at an early age and often go untreated until the illness becomes debilitating. The delay in treatment often interferes with a young person's ability to succeed in school and in the workplace. As a result, many people with mental health and substance use disorders are unemployed or work in low-paying jobs without health insurance and they will greatly benefit from expanded insurance coverage.

While healthcare reform is not a panacea for people with mental illnesses and substance use disorders, it takes groundbreaking steps in the right direction and may help stem the escalating death rates of people with serious mental illnesses. People in the U.S. with schizophrenia, bipolar disorder and other serious mental illnesses die years sooner than other Americans. Three out of every five people with these types of mental illnesses die from preventable, co-occurring chronic diseases such as asthma, diabetes, cancer, heart disease and cardiopulmonary conditions.

As we enter 2010, the tragic fact remains that a majority of Americans with mental illnesses and addictions do not get treatment. Healthcare reform holds the promise of greatly increasing access to mental health and substance-use services. Reform will finally open the treatment doors for some of the most vulnerable citizens in our society, and community behavioral health centers will be ready to help them lead full and productive lives.

*Ms. Rosenberg is President and CEO of the National Council for Community Behavioral Healthcare.*

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## Race-Based Misdiagnosis Still Remains A Health Care Problem

*e! Science News*, January 6, 2010

Black men are over-diagnosed with schizophrenia at least five times higher than any other group—a trend that dates back to the 1960s, according to new University of Michigan research. Race-based misdiagnosis emerged in the context of the civil rights era of the 1960s and 1970s, when activism became equated with mental illness, says Jonathan Metzl, an associate professor of psychiatry and women's studies.

Metzl examined archives of Ionia State Hospital for the Criminally Insane and learned that black men, mainly from Detroit during the civil rights era, were taken there and often misdiagnosed with schizophrenia. "Some patients became schizophrenic because of changes in their diagnosis rather than their clinical symptoms," said Metzl, a 2008 Guggenheim award recipient.

Events at Ionia, located in a mostly white northern Michigan community, mirrored national conversations that linked the disease with blackness, madness and civil rights, he said. Many black men came to the hospital during the Detroit riots, dramatically increasing the facility's black population.

How the psychiatric profession defined schizophrenia also changed during this period. In the 1920s-1940s, doctors considered the illness as affecting non-violent white individuals (mainly women), but later changed the language to violent, hostile, angry and aggressive as a way to label black men, he added.

"It's an easy thing to say this was racism, but it's a much more complicated story---that's still playing out in present day," said Metzl, director of U-M's Culture, Health and Medicine Program. He noted that the criminalization of mental illness and misdiagnosis of schizophrenia meant many black men have been placed in prisons rather than psychiatric hospitals. The Ionia facility, for instance, became a prison in 1977.

Despite increased efforts for cultural competency training, over-diagnosis of schizophrenia in black men has remained.

"Multicultural training is important, but it often does little to address how assumptions about race are structurally embedded into health care delivery systems," said Metzl, whose findings appear in the new book, *The Protest Psychosis How Schizophrenia Became a Black Disease*.

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## Research News You Can Use:

### Many Antipsychotic Users Not Getting Needed Tests

By Megan Brooks, *Reuters Health*, January 5, 2010

People who take newer drugs for schizophrenia and other psychotic conditions are supposed to have their blood sugar and cholesterol levels checked regularly but many don't, according to a study released today.

These so-called "second-generation" antipsychotic drugs, which include olanzapine (Zyprexa), risperidone (Risperdal) and aripiprazole (Abilify), were developed because older antipsychotics have significant side effects. However, the newer drugs are known to significantly increase blood sugar and cholesterol levels, raising the risk for diabetes and heart disease.

In a study, researchers found that less than one-third of low-income Medicaid patients who are treated with these drugs have their blood sugar and cholesterol levels checked.

And perhaps even more concerning, say the researchers, screening rates did not increase following government warnings and recommendations calling for increased blood sugar and cholesterol monitoring.

The findings are consistent with others from non-Medicaid populations, Dr. Elaine H. Morrato of the University of Colorado, Denver, who was involved in the study, told Reuters Health.

She has this advice: "If you are taking second-generation antipsychotic drugs, then you should be screened for diabetes and (high cholesterol and fats in the blood) and monitored for potential adverse drug effects. This is important so that you can

receive appropriate preventive care and treatment."

In 2003, the US Food and Drug Administration began requiring a warning on labels of second-generation antipsychotic medications stating that blood sugar levels should be monitored in people with diabetes, at risk for the disease or with symptoms of high blood sugar.

At the same time, the American Diabetes Association and American Psychiatric Association issued a statement describing the risks of elevated blood sugar and cholesterol levels associated with these drugs and laid out a monitoring protocol which included blood sugar and cholesterol screening for anyone starting one of them.

These warnings and recommendations had little impact, according to the new study, an analysis of claims data from low-income patients covered by Medicaid in California, Missouri and Oregon between 2002 and 2005.

Morrato and colleagues used the data to compare blood sugar and cholesterol testing rates between a group of 109,451 patients taking a second-generation antipsychotic drug and a control group of 203,527 not taking one of these medications. Blood sugar and cholesterol testing rates, they found, were no different for patients starting an antipsychotic medication than for the control group of individuals from the same states. Initial screening rates for those treated with antipsychotics were low -- 27 percent had their blood sugar checked and 10 percent

*(Continued on page 6)*

### Study Finds Vitamins Boost Mental Health

*New Zealand Herald*, January 21, 2010

People with mental illness made "remarkable" improvements by taking a daily dose of nutritional supplements rather than conventional medicines, a trial has found.

The work by a Canterbury University clinical psychologist has shown the potential that consumption of the right micronutrients, such as vitamins, minerals and amino acids, could have for helping a range of mental health problems.

Many who took part in a trial with Associate Professor Julia Rucklidge showed improvements they had not shown under prescription drugs.

Dr Rucklidge said it should come as no surprise that micronutrients could affect psychiatric symptoms, as they were essential for the inner workings of the brain. "It is possible that some individuals with mental illness either have deficiencies in nutrients or may need more for optimal brain functioning."

Dr Rucklidge's trial focused on sufferers of attention deficit hyperactivity disorder (ADHD), which affects 3 to 5 per cent of adults. In the trial, 14 adults with both ADHD and severe mood dysregulation (SMD) took a 36-ingredient micronutrient formula that consisted of mainly vitamins, minerals and amino acids, over eight weeks.

Significant improvements were found on measures of inattention, hyperactivity and impulsiveness, mood, quality of life, anxiety and stress.

"Most of the individuals were in a moderate to severe depressed state at the start of the trial," Dr Rucklidge said. "At the end of the eight weeks, the mean score on the depression measure fell in the normal non-depressed range, which is a fairly remarkable change in such a short time, especially as many had not experienced such improvements with other conventional treatments.

"Participants were monitored for a further two months and people who stayed on the micronutrient formula showed further improvements and the ones who came off showed regression in their symptoms."

Dr Rucklidge said another important finding of her work was that micronutrient treatment had few side effects in comparison to many of the mood stabilisers and stimulants used in conventional treatments.

Dr Lyndy Matthews, of the College of Psychiatrists, said there was a lack of scientific evidence to show micronutrients were an effective treatment for mental illness. But she considered it very important for people being treated for mental illness to take care of their physical health, often directing her own patients to see a dietician.

## Stigma Over Mental Ill-Health Is Worst Among Family and Friends

By Rebecca McQuillan, *Scotland Herald*, January 4, 2010

Friends and relations are the main source of discrimination towards people with mental health problems. *See Me*, the campaign to end the stigma attached to mental ill-health in Scotland, found that 47% of people with mental health problems cite family and friends as the main source of negative attitudes. However, 62% said that once this stigma has been broken down, support from those groups is the most important factor in aiding recovery.

*See Me* launched a publicity drive recently, aimed at encouraging more positive, supportive behavior towards those living with mental health problems. Suzie Vestri, *See Me's* campaign director, said: "When we speak to people with experience of mental health problems, by far the biggest scenario in which they experience stigma is from family and friends. "For many, stigma can be more distressing than the symptoms of the condition itself."

Often, added Ms Vestri, negative attitudes towards people with mental health problems stemmed from ignorance and confusion. Issues included making ill-judged jokes and remarks, and cutting off social contact. She said: "We talked to people about their attitudes towards those with mental health problems and they said simple things like, 'I'm worried I might say the wrong thing', 'I

don't really know enough about it' or 'they might start crying'. It's about embarrassment, fear and nervousness. It's very human, we can all understand it, but what people with mental health problems say is that they end up feeling isolated or ignored, because their friends are not phoning them or inviting them out. "You don't have to be an expert. People with mental health problems just want to be treated the same way as they were – and not ignored.

"The aim of this campaign is to raise awareness that support from friends and family is the most important aid to recovery and even small things you do can make a big difference. Learn the facts about mental health problems and just be there and be yourself."

The research found that 72% of people with experience of mental health problems say the effect of being stigmatised is to feel that people think less of them due to their problem, while 46% of people noticed that they were contacted less by friends and relatives. One in four Scots experience a mental health problem at some point in their lives and people can and do recover.

*See Me* says relatives and friends should not shy away from the issue but ask questions and be responsive. "Don't dismiss the person's concerns; don't feel pressured to have all the right answers, but simply listen..."

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## Needed Tests

(Continued from page 5)

had their cholesterol levels checked, the researchers report in the Archives of General Psychiatry.

The government warnings and professional society recommendations did not lead to any increase in blood sugar testing rates and only a marginal increase in cholesterol testing rates (an increase of 1.7 percent).

However, there was some evidence that the prescribing habits of doctors changed after the warnings and recommendations; new prescriptions for Zyprexa, which carries a higher risk of blood sugar and cholesterol disturbances, declined significantly following

the FDA warning, according to the investigators, whereas prescriptions for the lower-risk drug Abilify increased.

Less prescribing of higher-risk drugs and more prescribing of lower-risk drugs suggests that doctors are "actively taking measures" to curb drug-associated diabetes and heart-related risk for their patients, Morrato said.

Nevertheless, she advises patients taking second-generation antipsychotics to be proactive. "Make sure you talk to your doctor about what you can do to reduce your risk" for developing diabetes and high cholesterol levels, Morrato said.

Source: *Archives of General Psychiatry*, January 2010

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## TEC February Family Support Groups

### Quarterly Support Group for Adult Siblings, Sons & Daughters of People with Mental Illness

Wednesday, February 3<sup>rd</sup>, 7 to 9 PM. Belmont Center, 4200 Monument Ave (Room 138), Philadelphia.

### Monthly Family Presentations & Problem Solving Groups:

**Topic: How Psychiatric Advance Directives Promote Recovery**, by special guest Fran Hazam, Consumer Advocate at MHASP, 4th Thursday: February 25th, 10 AM - Noon

1211 Chestnut Street (12th Floor Conference Room)

*Questions, Answers, Problem Solving, Discussion & Resources on Issues of Interest to Family Members, Partners & Friends of Adults with Mental Illness. See contact information below.*

### Educational Support Group for Family Members of People with Traits of Borderline Personality Disorder:

2<sup>nd</sup> Tuesday: February 9<sup>th</sup>, 7-9 PM. Belmont Center, 4200 Monument Ave (Room 138), Philadelphia.

Registration preferred, but not required:

*See contact information below.*

### Individualized Family Consultation:

For free one-on-one support, information, practical suggestions, problem solving or referral to assist family members, partners & friends of individuals with mental health &/or substance abuse issues. By phone or face-to-face appointment.

### Contact Information:

To make an appointment or for more information, contact Training & Education Center (TEC) of the Mental Health Association of Southeastern PA, 215-751-1800 x 232 or 233 OR [emannion@mhasp.org](mailto:emannion@mhasp.org)

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## Book Review: *Saving Sammy: Curing the Boy Who Caught OCD*

by Beth Alison Maloney, 2009, Crown Publishers, 260 pages

Shortly before he started sixth grade and moved with his family to a new house, Sammy started exhibiting extremely bizarre behavior. His mother observed him developing more and more ritualistic and compulsive actions that included head banging, yelping, hopping, pounding, and patterned sequences of stepping sideways, high stepping over non-existent barriers, and breath holding. It reached the point where his rituals and compulsions interfered with his daily life. Because his illness made him unable to focus or even get on the school bus, he was unable to attend school and required a tutor to come to the house. His whole family slowly became “slaves to the disorder of his mental illness.”

Beth Alison Maloney, author of *Saving Sammy* and mother of Sammy, takes the reader through the many harrowing months of caring for her ill son. The sudden onset of these behaviors in her otherwise content and bright child alarmed and baffled her. If it was OCD (obsessive compulsive disorder), as the doctors diagnosed, why did it come on so quickly and why was it getting worse with medication? She became relentless about finding the root cause of the problem and unraveling the mystery of the sudden onset of OCD. As the story unfolds, the reader develops a personal connection with this mother whose persistence and strong conviction that there was an underlying cause for her son’s illness lead her to the medical care that eventually got the diagnosis right and lead to a cure for Sammy.

We don’t ordinarily think of there being a cure for mental illness. In Sammy’s case, we learn his compulsions were caused by an infection that was causing neurological problems in his brain. When the strep bacteria that was raging through his body was finally treated with the proper medication his compulsions

and rituals subsided and with the help of two doctors he became well again.

Beth Alison Maloney is an attorney in Maine. *Saving Sammy* is her first book. She wrote it to share her story with other parents in the hope that it might save some parents and children from an agonizing experience like hers and Sammy’s. Maloney pours her heart and soul into her story. Her passion for her cause and fine writing skills make her story an absorbing and inspiring one. The reader develops a huge amount of respect for this overburdened, divorced mom of three whose love for her son exemplifies how advocating for a loved one can make a difference. It also gives further proof that the brain, and thus behavior, is impacted by biological conditions. The positive outcome is more evidence that family support and persistence can pay off.



*Beth Trautmann*

### Tributes & Other Contributions

*The Tribute Fund is a good way to mark anniversaries, weddings and other special occasions, and to express sympathy for the loss of a loved one. We will send a note of appreciation to anyone you designate. Send your check to NAMI of Pennsylvania, Montgomery County office, 100 S. Keswick Avenue, Glenside, PA 19038. When designating NAMI in an obituary notice, please specify NAMI of Pennsylvania, Montgomery County. Other contributions to our chapter will also be noted here.*

*In Memory of David Benjamin*

Deanna Collins

*In Memory of Joyce Burns*

Carol Ann and Samuel Kulla

*In Memory of My Husband, John J. Joyce’s, 85th Birthday*

Elizabeth Joyce

*In Memory of William Elliott Rosen* David and Neen Davis

*In memory of Paul Schneider* Tom and Georgia Cordrey

Robert and Valeria DiRenzo Deneen Giesen

S Craig and Janice Kane Patricia Keeney

Joan Kozlowski Hank and Sandy Miller

Hope Parkin Bob and Barbara Pontician

*In Memory of Joseph Schuld* Catherine Schuld and Family

John and Dotti DiCuollo

Tom and Toni Havorka

Cathy and John Kelemen

Eleanor O’Brien

Jerry and Willa Sisca





# NAMI of PENNSYLVANIA MONTGOMERY COUNTY

Dues are for one year. Dues and Donations are Income Tax Deductible

(Please print clearly)

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Family/Individual \$35.00     Limited Income \$3.00-\$30.00     Sponsor    \$250.00

Sustaining    \$50.00     Patron    \$100.00     Benefactor \$500.00

Additional Contribution \$ \_\_\_\_\_

**Make check payable and return to:**

**NAMI of Pennsylvania Montgomery County  
100 S. Keswick Avenue  
Glenside, PA 19038**

*NAMI of Pennsylvania Montgomery County is open to all individuals subscribing to the purposes of the organization.  
All members receive NAMI newsletters and are automatically affiliated with NAMI PA and the National Alliance on Mental Illness (NAMI).  
NAMI is a non-profit organization under Section 501 © (3).*

The official registration and financial information of NAMI PA, Montgomery County, June be obtained from he Pennsylvania Department of State  
By calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.



**NAMI OF PENNSYLVANIA  
MONTGOMERY COUNTY**  
100 S. Keswick Avenue  
Glenside, PA 19038



**montco memo  
February 2010**