



**ADAMhs**

Spring 2014

# ADVANTAGE

## Support Groups...

*All support group meetings are free and open to the public. New participants are welcome.*

**Mood Disorders Group for Women Only.** Evening meetings on the 2nd Tuesday each month at 6:30 p.m. at the ADAMhs Board office and day meetings on the 4th Tuesday of each month at 11 a.m. at the ADAMhs Board office on State Route 66 south of Archbold, T-761 SR 66. Contact: Jammie at 419/770-9488, or Katie at 567/239-5477.

**Mental Health Support Group — Napoleon.** For adults with any diagnosed or undiagnosed mental illness. Meets on the 1st Thursday every month at 7 p.m. at First Call for Help conference room, 600 Freedom Dr, Napoleon. Contact: Mark at 419/913-8576.

**Mental Health Support Group — Bryan.** For adults with any diagnosed or undiagnosed mental illness. Meets on the 3rd Thursday every month at 7 p.m. at Horizon Apartment commons, 617 N. Walnut St., Bryan. Contact: Mark at 419/913-8576.

**NAMI Four County.** For family members and friends of persons with a mental illness. Meets the 1st Tuesday each month at 7 p.m. at the ADAMhs Board office. Contact: Mark at 419/923-4841.

**Support Group for Family Members, Friends.** This group is primarily for family members and friends of persons with a diagnosed or undiagnosed mental illness. Meets the third Monday every month, 6:30 p.m. at the First Presbyterian Church, 506 Oxford Dr., Bryan. For more information, please contact Gail at 419/212-1911 or Jodi at 419/769-5106.

## New suicide support group

Survivors After Suicide, a support group for anyone 15 or older who has lost a loved one to suicide, will begin meeting the first Thursday of the month at 7 p.m. at the Four County ADAMhs Board, T-761 SR 66, Archbold. First meeting is Thursday, April 3.

## RICHARD DREYFUSS

### Bipolar diagnosis 'took away all of my guilt'

*The following is a summary of Richard Dreyfuss' appearance on TODAY last November.*

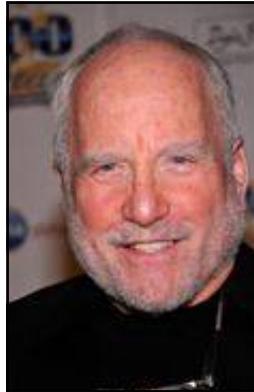
Actor Richard Dreyfuss has struggled with bipolar disorder since childhood, but for many years, he didn't know what was behind the intense emotions that filled much of his life.

"I didn't know it was a manic state," he explained (during a November visit on TODAY). "I just thought I was really happy, and everything that was bad, I turned to good."

But what seemed good to him sometimes seemed odd to those around him.

"Every once in a while, when I was talking, I would find myself getting up and talking louder and faster and louder and faster and louder and faster, until my friends would say, 'OK, OK. Let's get the big circus cables and throw them around his ankles and pull him gently back to Earth,'" Dreyfuss recalled.

The star realized those actions were beyond his control, and eventually, he learned what was really behind it all.



"It took away all of my guilt because I found out it wasn't my behavior — it was something I was born with," Dreyfuss explained of his bipolar diagnosis. "I didn't feel shame or guilt. It's like being ashamed that you're 5-foot-6 or something. It's just part of me."

And yet, others living with bipolar disorder often still feel shame, and that's something Dreyfuss, who first spoke publicly about his diagnosis in the 2006 documentary *The Secret Life of the Manic Depressive*, hopes will become a thing of the past.

"Stigma is silly; stigma is stupid; stigma is what other people think about you," he said. "I, first of all, don't know anyone who's normal. Everybody's got something, and I come from Hollywood so no one even argues the point. 'Stigma' is a word that should be kicked away — and 'shame' and 'guilt' — because it's a condition."

Now the actor, best known for big screen blockbusters *Jaws*, *Close Encounters of the Third Kind* and *Mr. Holland's Opus*, is working with Hope for Depression Research Foundation and speaking out to help those who want help.

"I'm personally, not in a hurry to get rid of my condition, but most people are," he said.

## Free community program for family, others on veterans' reintegration

A free program to help family members, friends and helping professionals better understand the challenges some military veterans experience when returning to civilian life will be offered Thursday evening, April 3 at The Heritage Inn on the Sauder Village complex. A light dinner buffet starts at 5:30.

Marita Gallaway, a therapist who has worked with the Veterans' Administration Northern Indiana Health Care System since 2001, will explain how the military's battlemind training program can make it difficult for some combat veterans to successfully and easily return to the civilian world.

She will be joined by a panel of veterans

who served during the Iraqi war. They will explain some of the difficulties they and their families encountered.

More importantly, Marita and representatives from area veterans' groups will identify what family, friends, lay persons and the community can do to help veterans reintegrate to civilian life, and identify resources that are available to help.

**Included with the newsletter is a flyer with registration information. Space is limited, so register right away!**

This free event is sponsored by the Four County ADAMhs Board and Recovery Services of Northwest Ohio.

## Military deployments, concussions boost teen depression risk

Two different studies point to factors that may boost the risk of teenage depression. A study reported in the November 18 online *Journal of Adolescent Health*, said teens who experience two or more deployments of a family member were 56% more likely to feel sad or hopeless compared to peers from non-military families. The same kids were 34% more likely to have suicidal thoughts. Researchers suggest that kids from military families may feel isolated with few peers who can share or understand their concerns and fears. The survey included 9th and 11th grade students in California public schools. One of the researchers from the University of Southern California acknowledged that their results are based strictly on the teens' self-reports and the data was gathered at a single point in time.

Another study reported December 7 in the online *Journal of Adolescent Health* said that teens with a history of concussion may be at a higher risk for depression. The study relied on parent-reported data from the National Survey of Children's Health of 36,000 youth, none of whom had a current concussion. A history of concussion was associated with a 3.3 times greater risk for a depression diagnosis. However, since the study was a retrospective review, it cannot be said that the concussions caused the depression.

## 1 question may flag suicide risk

A specific response to just one question on a commonly used depression scale may help clinicians spot patients at high risk for suicide. The question: *Have you thought about death or self-harm nearly every day?* A study of more than 84,000 patients with depressive symptoms showed a 6-fold increased risk for suicide if the patient answered "yes" to this question. Patients who answered "yes" to this question accounted for 53% of suicide attempts and 54% of suicide deaths. The study was published in the December issue of *Psychiatric Services*.

## Childhood bereavement linked to later psychosis

Losing a parent or sibling during childhood is linked to the development of a psychotic illness such as schizophrenia or bipolar disorder later in life, according to a study published online January 21 in the *British Medical Journal*. A study of nearly 1 million

*research updates...*

Swedish births showed the children who lost a close family member before the age of 13 were at increased risk of psychosis. It was even stronger for children who experienced

the loss before the age of 3. The message: Children who lose family members need to be supported, say the researchers.

## Clozapine underutilized for resistant schizophrenia

According to a study in the February issue of *Psychiatric Services*, many patients with treatment-resistant schizophrenia who could benefit from clozapine are not getting it. Based on a retrospective study of 79,934 individuals who met the criteria for treatment resistant schizophrenia (from more than 326,000 total schizophrenia patients), clozapine accounted for just 2.5% of the new antipsychotic starts overall and 5.5% of the new starts among patients who were treatment resistant.

"Clozapine is the treatment of choice for someone diagnosed with schizophrenia who isn't responding to other antipsychotics," said Scott Stroup, MD, Columbia University Medical School in NYC. He suggested that some patients may not want clozapine because of medical risks and the need for frequent blood draws. However, with close clinical monitoring, it is the best option, he said, and needs to be utilized more in such cases.

## Many meds common with bipolar

Persons treated for bipolar disorder often take many medications to treat the disorder as well as other psychiatric conditions, according to research published online February 1 in *Psychiatry Research*. The study showed more than one-third of bipolar patients who had been admitted to a psychiatric hospital were taking four or more psychotropic drugs — some as many as six.

"This high medication burden is something to be concerned about because there are numerous side effects and there might be drug interactions," lead author of the study Lauren Weinstock, PhD, Alpert Medical School of Brown University, said.

Dr. Michael Thase, Perelman School of Medicine at the University of Pennsylvania, said, "Polypharmacy is not necessarily a bad thing. What is a necessary consideration is each time you have made the regimen more complex, have you properly evaluated whether the medicine that is not helping should be stopped? Are you monitoring the effects on weight, metabolism, concentration, alertness and all of those things?"

# 2 research projects seek volunteers

Two doctoral mental health research projects are seeking volunteers.

The first is seeking young adults (between 18 and 30) who handle care for their mother's ongoing mental health needs. The caregiver's mother must be biological, still living and suffer mental health issues that cause problems with the way she thinks or behaves and gets in the way of life's ordinary routines. Additionally, the mother should not abuse drugs or alcohol.

This research project is being done by Courtney Delong at Western Michigan University (phone: 317/363-4506 for more information). To participate in the 30 minute online survey, go to: <https://survey.wmich.edu/TakeSurvey.aspx?SurveyID=1601182>.

The other project is also an online survey for persons 18 years or older who have either been diagnosed with bipolar disorder or have a sibling who has been diagnosed with

bipolar disorder.

This study is being done by Julie Thayer, a fourth year doctoral student at Massachusetts School of Professional Psychology. Her email address is [julie\\_thayer@mspp.edu](mailto:julie_thayer@mspp.edu).

To take this online 20 to 30 minute survey, go to: [https://mspp.col.qualtrics.com/SE/?SID=SV\\_3qjvAQL10qwlmt](https://mspp.col.qualtrics.com/SE/?SID=SV_3qjvAQL10qwlmt). (No space between any of the characters.)

## Music, movement help cognitive function, reduce anxiety

A music-based exercise program enhances cognitive function and decreases anxiety in older adults, according to research published online November 7 in *Age and Aging*.

“The take-home message is that six months of music-based multitask training that uses a specific training regimen has beneficial effects on cognition and mood in older adults,” said lead study author Melany Hars, PhD, with Geneva University Hospitals and Faculty of Medicine in Switzerland. Some 134 community-dwelling adults 65 and older who were at risk for falling participated in the once a week hour long exercise sessions that consisted of varied, progressively more difficult exercises.

## Substance use major problem in psychotic disorders

Alcohol, tobacco and drug use are 3 to 4 times higher in patients with psychotic disorders than in the general population, according to a study published online January 1 in *JAMA Psychiatry*. Noting that persons with severe mental illness are more likely to die at a younger age than those without the disorders, Sarah Hartz, MD, PhD, at Washington School of Medicine in St. Louis, said, “They don’t die from drug overdoses or commit suicide — the kinds of things you might suspect in severe psychiatric illness. They die from heart disease and cancer, problems caused by chronic alcohol and tobacco use. With public health efforts, we’ve effectively cut smoking rates in half in healthy people,” she continued. “But in the severely mentally ill, we haven’t made a dent at all.”

## Most who drink too much are not alcoholics says U.S. CDC

In a January 7 article from WebMD, Dr. Tom Frieden, director of the US Centers for Disease Control and Prevention, said at least 38 million Americans drink too much alcohol and most of those people are not alcoholics. He explained that an estimated 30% of adults misuse alcohol by engaging in high daily, weekly or per-occasion use which leads to increased risk for health consequences such as heart disease, breast cancer, motor vehicle accidents and violence. However, only about 4% of the US population is alcohol dependent.

Dr. Frieden and the CDC suggest risky drinking could be reduced if healthcare professionals would simply talk about alcohol use as part of their routine health screening and provide goals and a plan to help patients reduce drinking if they want to. “More than 30 years of research has shown that alcohol screening and brief counseling is effective at reducing risky drinking,” he said.

## Alzheimer’s updates...

Various research has suggested some things that may slow the progression of mild to moderate Alzheimer’s disease. From the November 27 issue of *Neuroscience Letters* comes a study suggesting that **meditation may slow the progression**. Although it was a small, randomized study, it suggested that meditation and yoga may have a positive impact.

Another study published in the January 1 issue of *JAMA* said **2000 IU of Vitamin E daily slows functional decline** and reduces

*research updates...*

caregiver burden. This was a large randomized, controlled trial. One of the researchers said that Vitamin E could be recommended to improve functional

outcomes such as activities of daily living for all levels of AD, starting with mild stages.

And, yet another study published online January 12 in *Nature Neuroscience* reports that **caffeine** in moderate coffee drinking (a cup or two a day) **appears to enhance memory**. Participants in this study (healthy, non-coffee drinkers) were given a pill containing 200 mg caffeine or a placebo, shown 200 pictures of different everyday items and questioned about them. The next day they were shown another set of pictures. Those who had the caffeine performed better.

Finally, the Danish pharmaceutical group Lundbeck said it hopes to launch **a new Alzheimer’s medicine in 2017** that would be the first new AD drug in more than a decade.

## Micronutrient supplement may ease adult ADHD, boost mood

A nutritional supplement packed with 14 vitamins, 16 minerals, 3 amino acids and 3 antioxidants helped reduce symptoms of ADHD in adults and improved mood in a subset with moderate depression, according to a study published online January 30 in the *British Journal of Psychiatry*. The double-blind, randomized, placebo-controlled trial conducted by researchers at the University of Canterbury in New Zealand is a first — placebo-controlled and conducted by independent researchers. Although the researchers say more trials are needed, they noted the significance of the broad spectrum vitamin plus mineral formula rather than focusing strictly on diet and adding one nutrient at a time.

## Probiotics: Therapeutic for autism

Probiotics may have therapeutic potential in autism spectrum disorder, according to research published online December 5 in *Cell*. The investigators wrote, “Traditional research has studied autism as a genetic disorder and a disorder of the brain, but our work shows that gut bacteria may contribute to autism spectrum disorder-like symptoms in ways that were previously unappreciated.”

## Depression updates...

**People with severe asthma who rely on prednisone are better than three times more likely to be depressed** than those with severe asthma who don’t rely on the treatment. The report published online January 6 in *Respiratory Medicine* noted that non-prednisone asthma patients had depression and anxiety scores similar to the general population.

Late last year the FDA approved the first generic version of the antidepressant, delayed-release capsules of duloxetine (Cymbalta).

**People who are depressed have lower concentrations of zinc**, according to a meta-analysis of 17 studies that was published in the December 15 issue of *Biological Psychiatry*. Further, the more severe the depression, the greater the differences in the zinc levels. Researchers suggest additional study to determine if zinc supplementation might lessen depression.

Finally, new research published online February 3 in the *European Journal of Preventive Cardiology* suggests that **depression may be a cause of increased risk for heart disease**.

# 'I am Adam Lanza's Mother'

By Liza Long

*The following is reprinted from The Blue Review and more recently a version of it was presented by Liza Long, an Idaho mother of four, including a teenage son with mental illness, before a group. That presentation can be seen on YouTube at <https://www.youtube.com/watch?v=EkL6Qx07aiU>.*

**Three days before** 20 year-old Adam Lanza killed his mother, then opened fire on a classroom full of Connecticut kindergartners, my 13-year old son Michael missed his bus because he was wearing the wrong color pants.

"I can wear these pants," he said, his tone increasingly belligerent, the black-hole pupils of his eyes swallowing the blue irises.

"They are navy blue," I told him. "Your school's dress code says black or khaki pants only."

"They told me I could wear these," he insisted. "You're a stupid bitch. I can wear whatever pants I want to. This is America. I have rights!"

"You can't wear whatever pants you want to," I said, my tone affable, reasonable. "And you definitely cannot call me a stupid bitch. You're grounded from electronics for the rest of the day. Now get in the car, and I will take you to school."

***I live with a son who is mentally ill. I love my son. But he terrifies me.***

A few weeks ago, Michael pulled a knife and threatened to kill me and then himself after I asked him to return his overdue library books. His 7 and 9 year old siblings knew the safety plan -- they ran to the car and locked the doors before I even asked them to. I managed to get the knife from Michael, then methodically collected all the sharp objects in the house into a single Tupperware container that now travels with me. Through it all, he continued to scream insults at me and threaten to kill or hurt me.

**That conflict ended** with three burly police officers and a paramedic wrestling my son onto a gurney for an expensive ambulance ride to the local emergency room. The mental hospital didn't have any beds that day, and Michael calmed down nicely in the ER, so they sent us home with a prescription for Zyprexa and a follow-up visit with a local pediatric psychiatrist.

We still don't know what's wrong with Michael. Autism spectrum, ADHD, Oppositional Defiant or Intermittent Explosive Disorder have all been tossed around at various meetings with probation officers and social workers and counselors and teachers and school administrators. He's been on a slew of antipsychotic and mood altering pharmaceuticals, a Russian novel of behavioral plans. Nothing seems to work.

At the start of seventh grade, Michael was accepted to an accelerated program for highly gifted math and science students. His IQ is off the charts. When he's in a good mood, he will gladly bend your ear on subjects ranging from Greek mythology to the differences between Einsteinian and Newtonian physics to Doctor Who. ***He's in a good mood most of the time. But when he's not, watch out. And it's impossible to predict what will set him off.***

Several weeks into his new junior high school, Michael began exhibiting increasingly odd and threatening behaviors at school. We decided to transfer him to the district's most restrictive behavioral program, a contained school environment where children who can't function in normal classrooms can access their right to free public babysitting from 7:30-1:50 Monday through Friday until they turn 18.

**To hear Liza Long talk about her experiences, go to: <https://www.youtube.com/watch?v=EkL6Qx07aiU>**

The morning of the pants incident, Michael continued to argue with me on the drive. He would occasionally apologize and seem remorseful. Right before we turned into his school parking lot, he said, "Look, Mom, I'm really sorry. Can I have video games back today?"

"No way," I told him. "You cannot act the way you acted this morning and think you can get your electronic privileges back that quickly."

**His face turned cold**, and his eyes were full of calculated rage. "Then I'm going to kill myself," he said. "I'm going to jump out

of this car right now and kill myself."

That was it. After the knife incident, I told him that if he ever said those words again, I would take him straight to the mental hospital, no ifs, ands, or buts. I did not respond, except to pull the car into the opposite lane, turning left instead of right. "Where are you taking me?" he said, suddenly worried. "Where are we going?"

"You know where we are going," I replied.

"No! You can't do that to me! You're sending me to hell! You're sending me straight to hell!"

I pulled up in front of the hospital, frantically waiving for one of the clinicians who happened to be standing outside. "Call the police," I said. "Hurry."

**Michael was in a full-blown fit** by then, screaming and hitting. I hugged him close so he couldn't escape from the car. He bit me several times and repeatedly jabbed his elbows into my rib cage. I'm still stronger than he is, but I won't be for much longer. The police came quickly and carried my son screaming and kicking into the bowels of the hospital. I started to shake, and tears filled my eyes as I filled out the paperwork -- "Were there any difficulties with... at what age did your child... were there any problems with.. has your child ever experienced.. does your child have..."

At least we have health insurance now. I recently accepted a position with a local college, giving up my freelance career because when you have a kid like this, you need benefits. You'll do anything for benefits. No individual insurance plan will cover this kind of thing.

For days, my son insisted that I was lying -- that I made the whole thing up so that I could get rid of him. The first day, when I called to check up on him, he said, "I hate you. And I'm going to get my revenge as soon as I get out of here."

By day three, he was my calm, sweet boy again, all apologies and promises to get better. I've heard those promises for years. I don't believe them anymore.

**On the intake form, under the question, "What are your expectations for treatment?" I wrote, "I need help."**

Please see **I am...** on Page 5

## 10 tips for family caregivers

The following is from the National Family Caregiver's Association.

1. Caregiving is a job and respite is your earned right. Reward yourself with respite breaks often.
2. Watch out for signs of depression, and don't delay in getting professional help when you need it.
3. When people offer to help, accept the offer and suggest specific things that they can do.
4. Educate yourself about your loved one's condition and how to communicate effectively with doctors.
5. There's a difference between caring and doing. Be open to technologies and ideas that promote your loved one's independence.
6. Trust your instincts. Most of the time they'll lead you in the right direction.
7. Caregivers often do a lot of lifting, pushing and pulling. Be good to your back.
8. Grieve for your losses, and then allow yourself to dream new dreams.
9. Seek support from other caregivers. There is great strength in knowing you are not alone.
10. Stand up for your rights as a caregiver and a citizen.

### Something in common...

All of these famous individuals are believed to have suffered from some type of depressive disorder, yet they are remembered for their achievements, not their illness.

- Edwin "Buzz" Aldrin, astronaut
- Marlon Brando, actor
- Winston Churchill, British prime minister
- Audrey Hepburn, actress
- Robert E. Lee, Confederate general
- Abraham Lincoln, president
- Dolly Parton, singer
- Ozzie Osborne, rock star
- Georgia O'Keefe, artist
- Eddie Fisher, singer/actor
- J.P. Morgan, industrialist
- Ted Turner, business person
- James Taylor, singer
- Mark Twain, writer

## 'I am Adam Lanza's mom'

Continued from Page 4

And I do. This problem is too big for me to handle on my own. Sometimes there are no good options. So you just pray for grace and trust that in hindsight, it will all make sense.

*I am sharing this story because I am Adam Lanza's mother.* I am Dylan Klebold's and Eric Harris's mother. I am James Holmes's mother. I am Jared Loughner's mother. I am Seung-Hui Cho's mother. And these boys—and their mothers—need help. In the wake of another horrific national tragedy, it's easy to talk about guns. But it's time to talk about mental illness.

According to *Mother Jones*, since 1982, 61 mass murders involving firearms have occurred throughout the country. Of these, 43 of the killers were white males, and only one was a woman. *Mother Jones* focused on whether the killers obtained their guns legally (most did). But this highly visible sign of mental illness should lead us to consider how many people in the U.S. live in fear, like I do.

When I asked my son's social worker about my options, he said that the only thing I could do was to get Michael charged with a crime. "If he's back in the system, they'll create a paper trail," he said. "That's the only way you're ever going to get anything done. No one will pay attention to you unless you've got charges."

*I don't believe my son belongs in jail.* The chaotic environment exacerbates Michael's sensitivity to sensory stimuli and doesn't deal with the underlying pathology. But it seems like the United States is using

prison as the solution of choice for mentally ill people. According to Human Rights Watch, the number of mentally ill inmates in U.S. prisons quadrupled from 2000 to 2006, and it continues to rise -- in fact, the rate of inmate mental illness is five times greater (56 percent) than in the non-incarcerated population.

With state-run treatment centers and hospitals shuttered, prison is now the last resort for the mentally ill -- *Rikers Island, the LA County Jail and Cook County Jail in Illinois housed the nation's largest treatment centers in 2011.*

No one wants to send a 13-year old genius who loves Harry Potter and his snuggle animal collection to jail. But our society, with its stigma on mental illness and its broken healthcare system, does not provide us with other options. Then another tortured soul shoots up a fast food restaurant. A mall. A kindergarten classroom. And we wring our hands and say, "Something must be done."

I agree that something must be done. It's time for a meaningful, nationwide conversation about mental health. That's the only way our nation can ever truly heal.

*God help me. God help Michael. God help us all.*

# 2-1-1

Need help? Don't know who to call? Get answers. Always toll-free, 24 hours a day.

## Health Partners of Western Ohio is accepting new patients at its clinics in Bryan and Defiance.

Patients will have access to a primary care physician, nurse practitioners, including a pediatric nurse practitioner, and the Health Partners' pharmacy and pharmacist.

Services are provided on a sliding fee basis and most insurances, including Medicaid, are accepted.

Call 419/636-0410 (Bryan) or 419/782-8856 (Defiance).

## NAMI Four County meetings & programs

All NAMI meetings, which are open to the public on the first Tuesday of the month, start at 7 p.m. at the ADAMhs Board office unless otherwise noted.

### Tuesday, April 1

*Melissa Davis*, a private practice psychologist from Defiance, will present our program on grief and depression.

### Tuesday, May 6

Presenter/topic to be announced.

### Tuesday, June 3

*Dr. Enedina Berrones*, Maumee Valley Guidance Center psychiatrist will talk about bipolar disorder and its treatment.

### Tuesday, July 1

Meeting topic to be determined.

### Thursday, August 7

Annual picnic at the Scout Cabin in Archbold's Rauhley Park. Potluck picnic starts at 6:15 p.m. with hot dogs and the fixins', ice cream and beverages provided.

### Tuesday, Sept. 2

A recovering alcoholic who is active in area Alcoholics Anonymous groups will explain the AA program and how it can benefit family members with co-occurring mental health and addiction problems.

## NAMI Four County 2014 Membership Form

Now is the time to join the nation's largest advocacy group for mental health.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (daytime): \_\_\_\_\_ (evening) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Membership Levels: \_\_\_ \$35 individual/family \_\_\_ \$3 individual/family on limited income  
 \_\_\_ \$50 corporate member rate

*Please mail your 2014 NAMI Four County dues to:*

**NAMI Four County, Attn: Patricia Allomong, 430 Park Lane, Bryan, Ohio 43506.**

## NAMI Basics class set to start April 5

A free education class for parents and caregivers of children and adolescents with emotional, behavioral or mental health issues will be offered by NAMI Four County starting Saturday, April 5.

The six week class will start at 10 a.m. and conclude by 12:30 p.m. at the Four County ADAMhs Board office, T-761 State Route 66 south of Archbold, across from Four County Career Center.

NAMI Basics is a professionally developed education program that is taught by trained teachers who also are the parents of children with an emotional, behavioral or mental health problem.

The goals of NAMI Basics are (1) to give the parent information necessary to take the best care possible of their child, (2) help the parent cope with the impact that mental illness has on the child and the entire family, and (3) provide the parent with the tools that will help them make the best possible decisions for their child.

Different topics are covered each week. Although the class is free, pre-registration is necessary as participants will receive a notebook with extensive hand-outs.

To register or for questions, please call either of the class leaders: Trisha Vassar, 419/330-9476 or Lisa Holley, 419/438-7384.

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