



National Alliance on Mental Illness

The Voice

The Newsletter of NAMI Southwestern Pennsylvania

Volume 14, Issue 3 September 2008

Targeting Overall Health and Wellness

NAMI Southwestern Pennsylvania Researches Methods to "Buy Back" 25 Years of Life

Two hundred years ago, people were lucky to live to the age of 30. Today, more and more Americans celebrate their 90th birthdays. In the 1950s, only about one percent of the population lived to their 80s. That number is anticipated to jump to more than 10 percent within the next 20 years. Thanks to the relentless pursuit of more effective methods to prevent, detect and treat illness and disease in recent decades, life expectancy for most Americans continues to increase. It has been an

American birthright that each generation would live longer than the last. For example, the lifespan of the average American rose from 61 years in 1933 to 78 years in 2005. Unfortunately, these dramatic improvements in lifespan do not apply to those with serious mental illness (SMI).

According to the technical report *Morbidity and Mortality in People with Serious Mental Illness**, people with SMI are now dying 25 years earlier than the general population, and these death rates have even increased in recent years.

The report, documents that more than 60 percent of premature deaths among people with SMI are due to preventable medical conditions such as cardiovascular disease, diabetes, and respiratory and infectious diseases. Other modifiable risk factors impacting mortality that are more prevalent for those with SMI include smoking, poor nutrition, lack of exercise, unsafe sexual behaviors, alcohol abuse and IV drug use. The report documents two crucial guiding principles that all stakeholders must embrace to change this staggering disparity in longevity:

- Overall health is essential to mental health.
- Recovery includes wellness.

A working group of the NAMI Southwestern Pennsylvania (SWPA) board is analyzing the results of the study and providing recommendations to the NAMI board. This group hopes to increase awareness in the professional community of the reasons for this 25-year disparity to encourage changes that will help to close the gap. People with SMI must have their physical needs addressed to achieve recovery. Access to health care is one critical issue, but another problem is that health indicators are not being monitored, and people with SMI are not being educated and encouraged to change risky habits and lifestyles.

"All types of people can have significant control of their own life span," explains Jon Lloyd, MD, a retired surgeon, family member and member of the NAMI SWPA board of directors. "For example, more than 90 percent of a person's height is directly related to genetics, yet only about six percent of life expectancy is hereditary."

Lloyd continues, "The problem for those with SMI is that the coordination of care between the physical and behavioral health systems is seriously lacking, leading to ineffective treatment methods that contribute to decrease life expectancy."

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From the Desk of the Executive Director...

We are always very busy at NAMI Southwestern Pennsylvania (SWPA), never lacking for a project or an issue to concentrate our time and efforts upon. I find myself muttering “there’s so much work to do, so much really important work,” and sometimes I’m not quite sure what to prioritize.

The closure of Mayview State Hospital and the expansion and creation of new community services is all consuming. As I look around at the county and state employees and the provider community, it is clear that everyone is working tirelessly to make community living a reality. In our advocacy and watchdog role, we at NAMI SWPA are concerned with the quality of services and the capacity of community services to meet the needs of seriously mentally ill persons.

The board of directors recently identified the Mortality Disparity—that seriously mentally ill persons die 25 years sooner than the general population—as their special advocacy issue. (See the feature article in this issue.) Board discussions have focused on community services and where critical intervention and education activities could have the most impact. Twenty-five years sooner is a very sobering thought. I keep repeating it to myself, and each time it sinks in just a little deeper. We must keep this as a priority and develop an effective strategy to add years to people’s lives.

One specific area of concern is the metabolic syndrome, which is characterized by a group of metabolic risk factors in one person. According to the American Heart Association, people with the metabolic syndrome are at increased risk for heart disease and diabetes. Abdominal obesity, high cholesterol, high blood pressure, high fasting glucose levels and high triglycerides are all indicators. The threats are cardiovascular disease, mainly stroke and type 2 diabetes. The metabolic syndrome hits very close to home for me, and I know how to reduce the risk factors. Quit smoking, lose weight, exercise daily, eat healthy and take one’s medicine. Easy to say, hard to do, but people can and do change their lives. Wellness is part of recovery.

Community services must develop a wellness component for lifestyle interventions. The integration of physical and mental health treatment and therapies must be prioritized. Opportunities for physical activity and healthy eating must be incorporated into community based services. Wellness must become a service goal to add time to people’s lives. Dying 25 years sooner is not a fact that we should just accept. The NAMI SWPA board knows we can and must do something about this!

Speaking of physical activity, I can’t sign off without reminding everyone about our *NAMI Walk for the Mind of America* on Oct. 5. We at NAMI SWPA like to say we walk for the mind of America everyday! Join us, begin your lifestyle change that day and make a commitment to wellness. Come walk with us!

Sincerely,

A handwritten signature in cursive script that reads "Christine".

Christine Michaels, MSHSA
Executive Director, NAMI Southwestern Pennsylvania

News Around the Region

Updates on Initiatives, Policy and Legislation Impacting the Mental Health Community

Sharon A. Miller, NAMI Southwestern Pennsylvania, Director of Education and Community Relations



Mayview Closure Update

As of the Mayview State Hospital (MSH) Steering Committee meeting on Aug. 15, it was announced that 107 individuals were receiving treatment within MSH. By the end of September, the projection is that three units will be in operation within the hospital. Since the closure announcement, all individuals have been discharged through an extensive Community Support Plan (CSP) process that includes input from the individual consumer, physicians, treatment team members, respective county behavioral health representation and, with consumer approval and family member willingness, family input. Individual plans have identified consumer preferences and needed supports for each individual to live successfully in the community of their choice. Advocates for consumers attend all individual CSP meetings, and OMHSAS (Office of Mental Health and Substance Abuse Services) reviews each plan.

It was also announced at the August 15 meeting that it is anticipated that approximately 20 individuals will not be ready for discharge to the community by the closure date of Dec. 30, 2008, and thus those individuals will transfer to Torrance State Hospital. It is imperative that OMHSAS and the counties develop a mechanism to ensure that families of those individuals transferred to Torrance will still have the opportunity for frequent visits and relationship building with their loved ones.

NAMI members and all others interested in the closure process can access weekly discharge statistics, minutes from past stakeholder meetings and ongoing updates via the Mayview Regional Service Area Plan website at www.mayview-sap.org.

MSH Service Area Plan Stakeholders Meeting:

Friday, Sept. 19, 1 to 3:30 p.m., Crowne Plaza Hotel in the South Hills. RSVP required through contacting respective County Offices of Behavioral Health.

NAMI Southwestern Pennsylvania urges family members and consumers throughout the region to make every effort to attend the upcoming Mayview Regional Service Area Plan Stakeholders Meeting. It is crucial that families and consumers have input into the closure process. The meeting will provide an opportunity to learn about new and expanded community services that were developed through the

closure process. The meeting provides a forum for stakeholders to give feedback about current activities and service development underway while receiving an update of the closure process. The upcoming stakeholders meeting will also feature a Resource Fair of community providers and services available within the five-county region.

MSH Land Re-Use Task Force Meeting:

Mark your calendars for Oct. 14 at 7 p.m. and plan to attend the next Mayview Land Re-Use Task Force meeting.

The purpose of the Mayview State Hospital Task Force is to address the issue of how to best reuse the facility once the hospital operations are closed. The task force brings together representatives of local communities, the county and the state, as well as the general public, to identify options for reusing the facility and the grounds. The Mayview State Hospital Task Force is chaired by state Sen. John Pippy (R-37) and state Rep. Nick Kotik (D-45).

This very important Oct. 14 meeting will take the form of a public hearing and will be held at the Mayview Conference Center on the state hospital property. The sole purpose of this meeting is for the task force to hear public testimony on suggested use of the property once MSH is closed. It is most crucial that people representative of ALL of the counties in the Mayview service area attend. (Allegheny, Beaver, Lawrence, Washington and Greene counties.)

Our primary message to the members of the Land Re-Use Task Force:

- Urge the Task Force to recommend the property be listed at a sale price determined by an independent real estate appraisal noting FAIR MARKET VALUE.
- Urge the Task Force to recommend that the proceeds of the sale of the Mayview property be set aside for the provision of community mental health services and supports in ALL of the five counties served by Mayview.
- We specifically call for the proceeds of the sale to be used for the development of housing options within all of the Mayview service area for individuals with mental illnesses.

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As of print date, the procedure for submitting testimony was not yet determined. Please contact the NAMI Southwestern Pennsylvania office (412-366-3788) for further details or visit the Land Re-Use Task Force website at www.mayviewlandreusetaskforce.com.

Grading the States-2009

NAMI National is again preparing to grade each of the 50 states on mental health services and invites the public to help by taking an online survey – and we at NAMI Southwestern Pennsylvania encourage our membership to forward it on to others you may know as well. The survey is available at www.nami.org/mentalhealthservices.

NAMI members may remember that in 2006, NAMI's *Grading the States: A Report on America's Mental Healthcare System for Serious Mental Illnesses* (www.nami.org/grades) provided the first comprehensive assessment in 15 years of publicly-funded mental health services, establishing a benchmark against which future progress could be measured.

The national average was a D, and Pennsylvania received a D plus. The 2006 results provided an opportunity for advocacy in targeted improvement areas and those efforts combined with OMHSAS initiatives ought to be reflected in this subsequent report due out in early 2009.

What grade will Pennsylvania earn this time around? Which states improved? Are any states sliding backwards? The new survey will identify strengths and weaknesses from the perspective of the people they serve. Survey results will be summarized and incorporated into the report, along with other sources of information.

NAMI Southwestern Pennsylvania is asking individuals and families affected by serious mental illnesses to take the survey to measure “real life experiences” within our state’s mental health system. Anyone age 18 or older who has been diagnosed with a serious mental illness or who has an adult family member with a diagnosed mental illness can take the survey. The survey will remain online until Sept. 30, 2008 and takes about 15 minutes to complete. Responses are anonymous, and each respondent can make a difference as all will be taken into account in determining Pennsylvania’s ranking.

Mental Health Services Should Be More Accessible in Primary Care Settings

A new report released in July by three agencies of the U.S. Department of Health and Human Services proposes

strategies to overcome barriers associated with the reimbursement of mental health services provided in primary care settings. Key actions recommended focus on a variety of stakeholders, including primary care providers, state Medicaid officials, and others billing for mental health services in the public sector, working together to promote a greater understanding of mental health reimbursement policy.

The press release announcing the report quotes Terry Cline, PhD, administrator of the Substance Abuse and Mental Health Services (SAMHSA) as follows: “The actions identified in this study are practical as well as achievable. Improving access to timely and targeted mental health services in primary care settings can improve patient health and compliance with treatment.”

NAMI Southwestern Pennsylvania has called for integrated quality mental health and physical health and wellness programs as noted with our 2007 policy brief. Actions identified in this report can help improve reimbursements for health centers that deliver mental health services in primary care settings, such as Community Health Centers.

NAMI members and advocates can utilize the report to make suggestions for action aimed at alleviating the barriers to the reimbursement of mental health services in the primary care setting. The full report is available online: <http://download.ncadi.samhsa.gov/ken/pdf/SMA08-4324/SMA08-4324.pdf>.

NAMI Southwestern Pennsylvania Begins Monthly Telephone Chats with Affiliates

A new initiative to better serve our affiliates and support groups will begin in September. We will offer informative monthly conference calls to better share updates, engage in brainstorming and offer mutual support. Calls will be offered on the third Monday monthly at 11 a.m.

Each month a special topic will be followed by a standard format for updates and opportunities for affiliates to report. September’s topic will be “NAMI Walks” focusing on the Sunday, Oct. 5 NAMI Southwestern Pennsylvania Walk with special emphasis on the role of the affiliates and support groups and the specifics of revenue sharing as it relates to Walk funds.

We ask each affiliate president and support group leader to contact me at the office (412-366-3788) or email smiller@namiswpa.org to indicate whether you or a designee representing your group will be participating. Please feel free to suggest topics you would like featured for future months. Once everyone responds, the call-in number will be made available to each of you. ●



October 5, 2008 SouthSide Works, Heritage River Trail

Walk with NAMI on October 5 to raise awareness, erase stigma and promote treatment

Join us on Sunday, Oct. 5 for the second annual **NAMI Walks for the Mind of America**. Last year's inaugural Walk was phenomenally successful, attracting more than twice the number of anticipated walkers and raising more than double the amount of expected funds. This year holds promise of even greater success as sponsors, teams, volunteers and walkers prepare for a fun and inspirational morning in the South Side of Pittsburgh.

If you cannot walk the 5K (3.1 miles), join us anyway for refreshments, entertainment and a chance to rally together to raise awareness, erase stigma and promote treatment of mental illness. Honorary Chair Michelle Wright, news anchor of WTAE-TV, will bring along her camera crew to capture the event to be televised on the evening news.

NAMIWalks for the Mind of America 2008

Registration - 9 a.m. SouthSide Works
Walk Start - 10 a.m. Tunnel Park
5K along the Heritage River Trail

There is no registration fee for the NAMI Walk, but fundraising is encouraged. For more information, call (412) 366-3788 or visit our Walk website at www.nami.org/namiwalks/pa/sw.

Honorary Chair Michelle Wright of WTAE-TV will lead the Walk on Sunday, Oct. 5. Michelle will also host a tour of the Channel 4 studio for members of the top fundraising walk team.



Thank you! 2008 NAMIWALK Sponsors

Our generous sponsors lay the foundation for a successful Walk. They make it possible for us to present this important event, which brings together individuals, family members, professionals, friends and supporters from 10 counties to raise awareness that treatment works and recovery is possible!

We have many sponsors at varying monetary levels, and we extend our gratitude to each and every one of them. We'd like to acknowledge our premiere event sponsors this year.



Western Psychiatric Institute and Clinic of UPMC

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- AstraZeneca
- Value Behavioral Health of Pennsylvania
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- Your Hope Center

One of the methods by which NAMI plans to encourage changes in the coordination of care is to take an inventory of available resources throughout our region that promote health and prevent disease. The organization also plans to work in collaboration with area health plans, insurers and the Governor's Chronic Care Commission to identify methods that better meet the needs of the chronically ill, and to promote better coordination of physical and mental health care.

Today, people with SMI and their families can begin to encourage recovery and lengthen their lives by making positive, healthy lifestyle changes such as quitting smoking, decreasing alcohol consumption, exercising and eating more nutritious foods. Being prepared with questions and information before each doctor's appointment can make a positive difference. And learning how to advocate for yourself or for a loved one also empowers people to positively impact their health and ultimately, their life span.

"NAMI Southwestern Pa. is looking for ways to improve access and integration of the physical and behavioral health systems and to encourage the development of standards of

care for prevention, screening, assessment and treatment," says Lloyd.

According to Dr. Jack Cahalane, Chief of Adult Mood and Anxiety Disorders at Western Psychiatric Institute and Clinic of UPMC, sometimes individuals don't take a first step because they perceive positive health behaviors like changing diet, exercise or quitting smoking as an all or nothing proposition. Cahalane, who is a member of the NAMI SWPA board of directors, says, "Sometimes individuals are so discouraged by their lack of progress or feel they have so far to go they feel discouraged and don't try. Even small changes are important and will have positive effects in adding years of life."

Cahalane says the reduction of smoking can have very positive effects on health. He cites a large study done in Denmark that shows reducing the number of cigarettes from 20 per day to 10 per day can decrease the risk of lung cancer by 27 percent.

"The same is true with not-so-perfect but realistic goals with diet and exercise," says Cahalane. "While you might have an ambitious goal, make sure you have steps along the way and think of relapse as part of recovery—not a new idea for most of us, but we don't translate it into health behaviors."

Cahalane points out that people usually have to try to quit smoking many times before they quit. He refers to the words of Mark Twain: "Quitting smoking is easy, I've done it a thousand times."

Dr. Lloyd and the board's working group will continue to explore health and recovery efforts. "By encouraging more individualized physical and mental health care that is focused on wellness and recovery," Lloyd states, "we can lessen this shocking 25-year disparity in life expectancy that we are now experiencing." ●

More information on the initiative being undertaken by NAMI SWPA's board of directors, including how you may participate, will be featured in upcoming issues of the newsletter. For a copy of the report or to read the first article in the series (Volume 14, Issue 2), visit www.namiswa.org.

* Report published in October 2006 by the National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council (www.nasmhpd.org).

See page 9 for specific causes for the 25-years disparity in life expectancy.

What is metabolic syndrome?

This term is being used more and more frequently to describe health conditions that have a negative impact on recovery and life expectancy for those with Serious Mental Illness.

The five defining characteristics of metabolic syndrome include:

- High blood pressure
- High blood glucose
- High levels of triglycerides (blood fat)
 - Increased waist circumference
- Low levels of HDL (good) cholesterol

Metabolic syndrome predisposes you to a number of serious medical conditions such as cardiovascular disease and diabetes and even cancer. It is like a chain of events. A lifestyle that does not include exercise and healthy eating puts you at higher risk of metabolic syndrome and that puts you at risk for a variety of diseases which ultimately reduces your life span.



Stigma Hope Recovery

In Our Own Voice (IOOV) is an interactive, mental health recovery education program presented by trained consumers with the purpose of opening minds, changing attitudes and educating the public about what it means to have a mental illness.

In Our Own Voice puts a human face on mental illness. It helps to diminish the stigma surrounding those with mental illness while educating the audience about the true nature of brain disorders. Audiences learn from men and women whose lives were interrupted by illness, but who are now role models for hope and recovery.

The presentation covers issues frequently faced by those dealing with severe mental illnesses such as Dark Days; Acceptance; Treatment; Coping Strategies and Successes, Hopes and Dreams.

In Our Own Voice is an ideal presentation for:

- Consumers
- Family members
- Health Providers
- Law Enforcement Officials
- Faith Communities
- Any Community or Civic Organization

If you are interested in scheduling a presentation, please contact a NAMI Southwestern PA coordinator to arrange the time and place. Ideally, presentations should be given to groups of 10 or more.

 **NAMI** **In Our Own Voice**
National Alliance on Mental Illness

Contact Susan Harrington at NAMI Southwestern PA at 412-366-3788 or email sharring@namiswpa.org for program and scheduling information.



In the Spotlight...

*Eleanor Slater, Advocate, American Institute for Public Service
Jefferson Award Winner for outstanding public service*

Why are you an active participant in the behavioral health movement?

My daughter was a healthy and vibrant

child who grew up to be a beautiful, talented and successful young woman. Then, before her 23rd birthday, she developed schizophrenia. This tragic illness robbed her of her person-hood, and the future we all had dreamed for her was lost. It was the late 1960s, and at that time many health professionals still believed that family dynamics, not neurobiological issues, caused mental illness. My husband and I felt distraught, at fault and alone. It was then that we began actively searching for community resources and support services to help both our daughter and our family.

How long have you been a part of NAMI Southwestern Pennsylvania (SWPA)?

My husband and I helped to start the organization! I became involved with National NAMI in 1979 after reading in TIME Magazine about a successful support group in California for families of those with mental illness. I wrote to the facilitator, and she wrote back to encourage me to begin a group in Pittsburgh. That group made such a difference in our lives. For the first time, we knew we were not alone, and it was a comfort to share our similar experiences and help each other get through difficult times.

During these years of working to support other families dealing with mental illness, we also saw the tremendous need to advocate for community services to support those with mental illness and their families. So, in the early 80s, we and three other couples started ADMIT, the forerunner of NAMI SWPA.

How have you worked to support family members since your days as a support group leader?

My passion in this crusade has always been to help families. I'm not a trained psychiatrist or social worker, but I have nearly 40 years of experience as the mother of a child with schizophrenia. I know that family members need education and support to advocate for their loved ones, and to find joy and fulfillment in their own lives. I recently retired after 11 years as a NAMI Family-to-Family instructor, and I have also provided education to the community by testifying at hearings and speaking to classes of social work and occupational therapy students at local universities.

Why is it important for family members to become involved in NAMI SWPA?

I think family members naturally become advocates for their loved one with mental illness, but it's truly empowering for people to take that involvement to the next level. By joining NAMI, family members have a great opportunity to connect with others in similar situations. They can share what they have learned while discovering available resources they may not have known existed. Being part of a larger group makes individual voices so much louder and stronger, and large group activities like the Annual Conference and NAMI Walk bring us all together with a common purpose.

You've taught more than 25 Family-to-Family courses. What are the program's most valuable components?

The first thing we teach in Family-to-Family is that it's not your fault. I remember what an important message that was for me to learn, and I enjoy explaining it to others so that their burden is lifted a little. Then, they are ready for

continued on next page

The advocacy, education and support services provided by NAMI's staff and dedicated volunteers give hope for recovery and a future filled with promise for the nearly 80,000 people in our region who cope with mental illness. "In the Spotlight" is one way NAMI recognizes those people who so diligently work to promote improvements in our behavioral health system while championing the needs of our constituents. If you wish to nominate someone to be featured in "In the Spotlight," email dgarda@namiswpa.org.

Causes of the Disparity in Longevity

These are some of the findings documented in the Morbidity and Mortality report, referenced in our cover story, which must be adequately addressed to help people with serious mental illness (SMI) “buy back” some or all of the 25 years they are now losing unnecessarily:

- Excess illness and death in those with SMI are largely due to conditions that can be modified (changed)—smoking, obesity/poor nutrition, substance abuse, lack of exercise. Inadequate access to medical care is another significant factor.
- Rates of mortality from natural causes, such as cardiovascular disease, diabetes, and respiratory and infectious disease, are several times higher for those with SMI compared to the general population.
- This population is at significantly higher risk due to higher rates of homelessness, trauma, unemployment, poverty, incarceration and social isolation.
- Symptoms of SMI often have a negative impact on people seeking care or following

prescribed treatments, while symptoms of mental illness may also mask the symptoms of physical illnesses.



- Medication prescribed to treat serious mental illness may contribute to physical illnesses, and the prescribed treatment for many mental illnesses requires a variety of different medications.

**See the cover story in this newsletter for ways that individuals can combat this problem and live longer, healthier lives.*

In The Spotlight continued previous page

the next steps of better understanding different mental illnesses and how to identify symptoms. We teach family members the types of behaviors and attitudes they may need to deal with, and we instruct them how to better communicate with their loved one in a more calm and constructive way.

You've seen significant changes in the behavioral health system over the past 40 years. What is your hope for the future?

The stigma of mental illness still exists, but it has a much weaker hold than it did decades ago. Medications are better, and other resources such as housing are starting to improve over time. Recovery is a word we hear more often, and many people with mental illness have been able to reclaim their lives and become productive

members of society. But, there is still a significant population out there with extreme mental health issues. They are often homeless, and they fill our jails. As time goes on, I hope more resources and time will be invested in these people with the greatest mental health challenges, so that they too can reclaim their personhood and their lives. ☺

For more information on schizophrenia or other mental illnesses, visit NAMI Southwestern Pennsylvania's website at www.namiswa.org.

To join NAMI and make your voice heard, see the back page of this newsletter.

For more information on the Walk, see page 5 or visit www.nami.org/namiwalks/pa/sw.

Contributions

NAMI Southwestern Pennsylvania would like to thank the many individuals whose gifts were received July 2007 through August 2008. Your generous gifts help to further our mission of education, support, and advocacy on behalf of families and individuals who are facing serious mental illness.

Mr. James Adams
Mr. and Mrs. David J. Armstrong
Ray and Maryann Baldrige
Charles and Shirley Barnett
Harriet and Ray Baum
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In Memory of Mildred Smith
C.T. and Patricia Miller

In Memory of Theresa Dubaniewicz
Mr. and Mrs. T. Dubaniewicz

In Honor of Eva Bednar
Mr. Samuel Spanos and Ms. Judith Spanos

In Honor of Kyle Ehrman
Mr. James Ehrman

In Honor of Dr. Morton Coleman
Mr. and Mrs. Erv Sigal

In Honor of Jonah Fite
Ms. Donna McHolme

In Honor Edward Halboth
Mr. Dirk Matson

In Honor of Diane Holder
Mr. John Lovelace

In Honor of Amelia Nychis
Ms. Maria Nychis

In Honor Peter Robinson
Ms. Bonnie Robinson

In Honor of Connie Roman
Robert and Frances Freudenrich

In Honor of Eleanor Slater
Ms. Millie Norman

In Honor of MaryLou and Tom Zemaitis
Larry and Mary Paoce

NAMI Support Groups

Visit www.namiswa.org for additional information regarding support group meetings

Allegheny County

NAMI Pittsburgh South, Mt. Lebanon, Contact: Donna Maher (412) 653-2476

NAMI Pittsburgh North, Ross Twp., Contact: (Day) Dick/Sarah Focke (412) 367-3062 or (Eve) Pete/Candy Venezia (412) 361-8916

NAMI Pittsburgh East-FAMILIAS, Churchill, Contact: Anne Handler (412) 421-3656

NAMI Spouse Support Group, Churchill, Contact: Mim Schwartz (412) 731-4855

NAMI Sewickley Family Connections Support Group, Sewickley, Contact: Kathy Monahan (412) 749-7418

NAMI McKeesport, McKeesport, Contact: Cindy McHolme (412) 754-0998

NAMI Western PA Borderline/Personality Disorders Family Support Group, North Hills, Contact: Rose Schmitt (412) 487-2036

Minority Families of the Mentally III, Oakland, Contact: Wilma Sirmons (412) 320-0601

NAMI W.P.I.C. Family Support Group, Oakland, Contact: Merle Morgenstern (412) 246-5851

Beaver County

NAMI Beaver County, Rochester, Contact: Diane Watson (724) 843-1593

NAMI-CAN Beaver County, Beaver, Contact: (724) 775-6304

NAMI-C.A.R.E. (Consumers Advocating Recovery through Empowerment), Beaver, Contact: (724) 775-6304

Butler County

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NAMI Fayette County, Uniontown, Contact: Carmella Hardy (724) 277-8173

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