the challenger

A Publication of the NATIONAL ALLIANCE on Mental Illness in Buffalo & Erie County

vol. 5 - Number 2, special issue, March/April 2013

Mark Your Calendar

All educational and family support meetings are held at St. Paul's Evangelical Lutheran Church, 4007 Main Street, Amherst (near the intersection of Main and Eggert Rd.) Educational meetings are held on the second floor (main entrance at the back of the church). Support meetings are held on the first floor (church entrance at ground level at left rear of the building.) All Board meetings are held at 636 Starin Ave., Buffalo, 1st floor and members are welcome.

April

29th Annual Celebration Dinner, *Wednesday, April 3rd, 6:30 p.m., Sean-Patrick's, 3480 Millersport Hwy., Amherst. Keynote: we are honored to present E. Fuller Torrey, M.D.*

NAMI Board Meeting, *Thursday, April 4th, 7 p.m.*

NAMI Monthly Educational Meeting, *Thursday, April 11th Library and Coffee Hour: 7 p.m. Program, 7:30 p.m. NOTE - additional presentation by Michelle P. Peabody RN, BSN, MSHS, CCRP from CTE Mid-Atlantic Region SearchLyte on, "An opportunity to join a Phase 3 Clinical trial at ECMC for patients with schizophrenia;" followed by film, "The Released," a PBS special documentary about what happens when mentally ill prisoners are released and how they access jobs, housing, and care.*

NAMI Family Support Meeting, *Wednesday, April 17th, 7 p.m.*

May

NAMI Board Meeting, *Thursday, May 2nd, 7 p.m.*

NAMI Monthly Educational Meeting, *Thursday, May 9th Library and Coffee Hour: 7 p.m. Program, 7:30 p.m. Guest: R.J. Bradley-Ortiz, Public Policy and Education Fund. Topic: "The Effect of the Affordable Health Care Act on the Treatment of the Chronically Mentally Ill"*

NAMI Family Support Meeting, *Wednesday, May 15th, 7 p.m.*

June

NAMI Board Meeting, *Thursday, June 6th, 7 p.m.*

NAMI Monthly Educational Meeting, *Thursday, June 13th Library and Coffee Hour: 7 p.m. Program, 7:30 p.m. Guest: Dr. Beth Allen, veterinarian and sexual abuse trauma survivor, leads a bi-polar support group and is a trainer facilitator of WRAP (Wellness Recovery Action Plan) with the Genesee County Mental Health Association.*

NAMI Family Support Meeting, *Wednesday, June 19th, 7 p.m.*

Your stories of local hospital care and corrections facilities are needed to address problems and care "gaps"

NAMI Buffalo is requesting input from our members who have had experiences at western NY inpatient units regarding treatment and discharge of a mentally ill family member. We are especially interested in cases in the past 2 years where your experience included *medical* treatment needs for someone who is mentally ill, and how they were transitioned back to home.

We are also seeking your stories of experience with local corrections facilities, particularly with regard to "system" response (or lack of response) to needs for care, both psychiatric and medical.

Please send to: NAMI in Buffalo & Erie County
P.O. Box 146, Buffalo, NY 14223,
Attn: Medical Accountability Report

or - e-mail: namibuffalony@gmail.com
"Medical Accountability Report" in subject line

or - call the office if you prefer to share your story by phone: 716-226-6264 (NAMI)

We want to address some of the disparaging reports we are hearing. Facility name, dates and places are important, as well as personnel names (if available). Your information will not be given out if you tell us that you do not want your name to be mentioned.

We are hopeful that, by working together, we can improve our severely broken systems. It will take all of us to achieve some success.

Wishing you a warm Spring--

Marcy Rose
President

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NAMI in Buffalo & Erie County
P.O. Box 146
Buffalo, NY 14223

NAMI

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One of life's greatest rules...
you cannot hold a torch to light
another's path without brightening
your own.
~ Mark Twain

Save the date - Wednesday, April 3, 2013
at Sean Patrick's in Getzville
We hope to see you at the annual dinner...
with very special keynote speaker

Dr. E. Fuller Torrey

Return your reservation today!

NAMI Supporter Survey – March 2013

Dear valued friend of NAMI,

This survey will help NAMI in Buffalo & Erie County's board assess our services and programming. We are interested in your personal opinions regarding your experience with us. Please read each question carefully and answer as candidly as you feel comfortable. There are no correct or incorrect responses. The board will use input gathered to guide future planning and programs, and to determine how to best fit our members' needs as we move forward. *No personal identifying information will be shared outside of NAMI in Buffalo & Erie County for any purpose.* **Please return your completed survey by April 1, 2013. Thank you for the taking time to share your thoughts!**

For each of the following, please circle the rating that best reflects your opinion:

	Strongly disagree		**Neutral**		**Strongly agree**
a. I am familiar with NAMI and its mission.	1	2	3	4	5
b. NAMI has been helpful in my personal and professional life.	1	2	3	4	5
c. I am as involved with NAMI as I want to be.	1	2	3	4	5
d. I know others who may benefit from NAMI.	1	2	3	4	5
e. I have knowledge of how to use social media.	1	2	3	4	5
f. I use social media often.	1	2	3	4	5
g. I would like to be contacted by NAMI	1	2	3	4	5

1. Which form(s) of social media do you use? *(Check all that apply.)*

Facebook _____ Twitter _____ Email _____

Please answer each of the following questions:

Do you want to be on the legislative action call list? Yes_____ No _____

Would you like relevant event updates between newsletter issues? Yes_____ No _____

Do you have an interest in book reviews about mental illness? Yes_____ No _____

In "The Challenger" newsletter, what things most interest you or would you like to see more of? *(Check all that apply.)*

_____ Legislative news _____ Book Reviews _____ Research and Science

_____ Local news and treatment programs _____Other; describe_____

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For each of the following questions, please select one answer, unless stated otherwise:

1. How long have you been involved with NAMI? *(Mark one.)*

____ Less than a year _____ 1-5 years _____ 5-10 years _____ 10 or more years

2. What activities have you participated in? *(Check all that apply.)*

____ Attend(ed) a Family-to-Family course
____ Attend(ed) education meetings
____ Attend(ed) support meetings
____ Read "The Challenger" newsletter
____ Attend(ed) the Annual Dinner
____ Volunteer on a committee or special event (mailing, Run for Research, membership, etc.)
____ Work on Christmas for Kids

3. Please tell us about your affiliation with NAMI in Buffalo & Erie County:

_____ I am currently a member.
_____ I am a donor, but not a member.
_____ I used to be a member, but am not currently. If this applies, please fill in below.

If your membership has lapsed, please help us understand the reason *(Check all that apply.)*

_____ Busy schedule
_____ Cost of membership
_____ Other; if other was selected, please provide a brief explanation, if you wish:

_____

4. What is your preferred way to contact you?

____ By phone ____ By e-mail ____ By mail ____ Other*

* If "Other" was selected, please provide a brief explanation:

_____

5. **Rate the importance of each of these NAMI items to you by circling one number *on each line*:**

	Least important		Neutral		Most important
Family-to-Family course	1	2	3	4	5
Education meetings	1	2	3	4	5
Support meetings	1	2	3	4	5
"The Challenger" newsletter	1	2	3	4	5
Annual dinner	1	2	3	4	5
Information on community events about mental illness or care	1	2	3	4	5
Legislative action alerts	1	2	3	4	5

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6. How well is NAMI meeting your needs at this time? *(Circle one.)*

Not at all				Extremely well
1	2	3	4	5

7. What is (or are) the most meaningful part(s) of NAMI involvement to you?
(Check all that apply.)

___ Help with knowledge of "the system"

___ Not feeling alone in a loved one's illness and recovery

___ Being able to work for improvement of those with a mental illness

___ Other; please explain: _____

8. Are there other services or topics that you would like to see highlighted in the NAMI "Challenger" newsletter? ___ Not at this time ___ Yes - If "yes," what?

9. What zip code do you live in? _____

10. Would you like to be more involved in: *(Optional – Check all that apply)*

_____ Teaching family-to-family
_____ Office and clerical, e.g. help with mailings, labeling, etc.
_____ Board service
_____ Legislative contact and advocacy
_____ Fundraising and Development Events
_____ Helping make phone tree calls

(Optional) - I would like a follow-up contact:

Name _____

E-mail_____

Phone_____

Please fold (address showing), seal, and return your completed survey
(or email to: namibuffalony@gmail.com)
by April 1, 2013.
Thank you—together, we are making a difference!

Thank you to Canisius College and United Way of Buffalo & Erie County for assistance in developing this survey to meet our membership, donors' and supporters' needs.

- End of survey -

Did you know?

For just $3, you can add a second membership to NAMI in Buffalo & Erie County (e.g., for your spouse or partner at the same address as yourself). This is a great option for families or couples as the new membership dues rate includes only one voting person per membership. You may enclose the additional $3 and name with your renewal.

Fold line #1

Fold line #2

Please place first class stamp here

NAMI in Buffalo & Erie County
P.O. Box 146
Buffalo, NY 14223