



Charleston Area (SC)

JANUARY, 2019

www.namicharlestonarea.org

<http://www.facebook.com/namicharleston>

Meetings and Events Schedule

NAMI Board Meeting

Board meeting will be held on Monday
January 7th at 6:00 PM

First Thursday of the Month

Support: 6:00 PM January 3rd.

Family Support Group: Nursery Room 11

Connections: Nursery Room 12

Seacoast Church
750 Long Point Road, Mt. Pleasant

Enter from Long Point Road

Second and Fourth Thursday of the Month

NAMI Connections Support Group
January 10th and 24th: 1:30 to 3:00pm

Berkeley Mental Health Center
403 Stoney Landing Road
Moncks Corner, SC 29461

Second Monday of the Month

Support: 6:00PM-7:15 PM January 14th

Consumer and family member support
groups meet.

Seacoast Church (West Ashley)
2049 Savannah Hwy, Suite H, Charleston.

The receptionist inside the main entrance
will direct you to the proper room.

Education 7:30-8:30 PM

The education speaker for Jan. is Sheila
Williams, Employment Specialist Compliance
Officer for Palmetto Goodwill Industries.

Third Monday of the Month

Support: 6:00 PM January 21st.

Consumer and family member support
groups meet.

Bethany United Methodist Church
118 West Third South Street, Summerville

Call Eric at 843-872-5080 or
email info@namicharlestonarea.org for
more info.

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Comments or suggestions for articles may be sent to the editor at pmjroddy@aol.com.
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Website: www.namicharlestonarea.org
Webmaster: Larry Debevec

NAMI Charleston Area (SC) Board of Directors

Officers

President	Eric Hansen
Vice President	Jane Wright
Treasurer	Robert Taylor
Secretary	Joan Gaetke

MYRTLE BEACH AREA FAMILY SUPPORT GROUP

First Thursday of the Month

Family Support: January 3rd: 6-8 PM

Our Lady Star of the Sea Catholic Church

1100 8th Avenue North
North Myrtle Beach, SC 29582

Facilitators: Ken and Karen (843-281-0245)

AMAZON SMILE

NAMI Charleston AREA will receive a donation when shopping with Amazon Smile and choosing NAMI Charleston Area as your charity of choice.

INSTRUCTIONS FOR LISTENING TO EDUCATIONAL MEETINGS BY CONFERENCE CALL

Education Meetings can be listened via conference call.

To participate dial 515-739-6290 and then the access code 146492#.

THE 2019 CRISIS INTERVENTION TRAINING (CIT) SCHEDULE

Jan 28th-Feb.1 st :	Mt. Pleasant PD
Feb 4th-8 th :	North Charleston PD
Feb 18th-22 nd :	Myrtle Beach PD
March 4th-8 th :	Al Cannon Detention Center
Apr. 29th-May 3rd:	Charleston County Sheriff's Office
May 13 th -17 th :	Charleston PD
July 29th-Aug. 2 nd :	Charleston County Sheriff's Office
August 12th-16 th :	Al Cannon Detention Center
Sept. 30th-Oct. 4th:	Charleston County Sheriff's Office
Oct. 7th-11 th :	North Charleston PD

IS YOUR LOVED ONE SUFFERING FROM A MENTAL ILLNESS ?



The National Alliance on Mental Illness (NAMI) understands that depression, schizophrenia, bi-polar illness, and other disorders can challenge families.

FREE HELP IS AVAILABLE: The NAMI *Family to Family* Program

WHAT: A free, 12 week educational course for family members and friends of those with a serious mental illness. The course is instructed by trained NAMI family members.

WHEN: Tuesday evenings, beginning March 5, 2019
6:00pm - 8:30pm Course ends May 21, 2019

WHERE: [MUSC, Institute of Psychiatry](#), 5 North #526 Classroom,
67 President Street in downtown Charleston.

HOW: Contact Sharon Diamond at (843)-530-0854, or by email at sdiamond5255@gmail.com

FREE: [Must pre-register](#). No Registration Fee. A notebook and all materials provided by NAMI.



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Charleston Area (SC)

Application for Membership Includes membership to National NAMI organization, NAMI SC, and NAMI Charleston Area (SC).

Please make check payable to **NAMI Charleston Area (SC)** and mail to the address shown below. **If you prefer you may utilize the secure website at www.nami.org.**

Please check one of the following: Household \$60.00 Individual \$40.00 Open Door* \$5.00

*Annual membership fee for individual/families/consumers with limited means.

I am a: Family member Sibling Parent New Member
 Consumer Spouse Professional Renewing Member

Name _____ Organization _____

Address _____

City/State/Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Email Address _____



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