



Suburban Chicago Interfaith Mental Health Coalition

Registration deadline is October 26th. Seating is limited.

Mental Health Needs of Your Faith Community:

How to Recognize, Respond, and Refer

Date: **November 9, 2010**

Location: **Second Baptist Church
1280 Summit St., Elgin, IL**

Registration fee is \$30 per attendee. **Early Bird Special is \$25 if registered before July 31st.** Registration includes presentations, continental breakfast, lunch, and CEUs.

Please check the workshop below for each time period that you plan on attending. You need not limit yourself to only one track.

Check (1) Class per Time Slot		Time	Track 1 Clergy and Faith Leaders Mental Health First Aid		Track 2 Ministry Development	
Track 1	Track 2	10:10 am to 11:00 am	1	Topics Include: <ul style="list-style-type: none"> Mental Health Problems in the USA Understanding Depression Action Plan for Suicidal Behavior Depressive Symptoms 	1	Spiritual Struggles in Mental Illness: How Congregations Can Help
Track 1	Track 2	11:10 am to 12:00 pm	2	Topics Include: <ul style="list-style-type: none"> Non-Suicidal Self-Injury Understanding Anxiety Disorders Action Plan for Panic Attacks Traumatic Events Anxiety Symptoms 	2	Effective Mental Health Advocacy and Support Models with the Faith Community
Track 1	Track 2	2:00 pm to 2:50 pm	3	Topics Include: <ul style="list-style-type: none"> Understanding Psychotic Disorders Action Plan for Acute Psychosis Aggressive Behavior Psychotic Symptoms Understanding Substance Abuse Disorders Action Plan for Overdose, Withdrawal, Substance Abuse Disorders 	3	Building a Faith Based Volunteer Mental Health Mentoring Program
Track 1	Track 2	3:00 pm to 3:45 pm	4	Topics Include: <ul style="list-style-type: none"> Understanding Eating Disorders Action Plan for Acute Crisis Eating Disorder Symptoms Using Your Mental Health First Aid Training 	4	Carrying It Forward: Building a Collaborative Faith-Based Response to Mental Illness

Attendee Role: Clergy Faith Leader Lay Person Other

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Continuing Education Certificate: LCSW/LSW LCPC/LPC
 Certificate of Attendance

Make checks payable to:

Hanover Township Mental Health Board
250 S. Route 59, Bartlett, IL 60103,
Attn: Danise Habun, Executive Director

_____ Amount Enclosed
