

Dates and Events

SHARE AND CARE

Do you need someone to talk to? Would you like some of your questions about mental illness answered? Our support group for family and friends of the mentally ill meets **every** Tuesday at 6:00 PM at, Verdugo Mental Health 1550 Colorado Street, Glendale. We encourage you to come.

NAMI Support Group in Spanish

NAMI Glendale offers twice monthly a support group for those whose primary language is Spanish. The group will meet on the 2nd and 4th. Tuesdays of each month in Room 107 at Verdugo Mental Health at 6 PM.

GRUPO DE APOYO EN ESPANOL

SE REUNE EL SEGUNDO Y CUARTO MARTES DE MES A LAS 6 PM EN EL CUARTO 107 en Verdugo mental Health

Este es un grupo de apoyo para los miembros de familia que tienen un ser querido con enfermedad mental. Se comparte experiencias y se ayudan unos con otros.
Lider Rose Eguino

MONTHLY NAMI MEETINGS AND EVENTS



National Alliance on Mental Illness

NAMI Walks for the Mind of America

Special Meeting! Come hear how you can be involved in NAMWalks 2010.

On Tuesday May 4 NAMI Glendale will host a Volunteer Information Meeting. At this meeting you will learn from Wayne Baldaro, Walk Manager, how to volunteer as a team captain, walker or volunteer helper for the NAMIWalks for the Mind of America in 2010.

Door Prizes too!!

DATE: Tuesday May 4, 2010

TIME: 7:00 pm (Light refreshments will be served)



NAMI GLENDALE GRADUATES 25 FAMILY MEMBERS

On April 5th, Carmen Fonseca and Jonée Shady graduated 25 students from their Family to Family 12 week educational course on Mental Illness for caregivers. This unique course offered free to the community focuses on understanding mental illness and the toll it takes on the entire family. Each week a topic is introduced, such as brain biology, diagnostic symptoms, coping skills, communication skills, and much more. The classes build on one another as the students learn how to balance their own lives while trying to navigate the system and other difficulties one encounters when a loved one is stricken with serious mental illness. Students learn empathy and gain a greater understanding of what their loved one is experiencing while at the same time they are learning coping skills that are intended to strengthen the relationship so that families can work together towards recovery.

“I have learned many skills that I use on a day to day basis. I love the atmosphere and the relationships I gained from this class. I’m more open to talk to my family about my sick family member [sister, 26, diagnosed with bi-polar]. They are as well. It’s nice to come to NAMI classes and know that others have similar experiences with you.”

“I did not realize how much being with others that are experiencing the same heartache would help me to get outside of my ‘poor me’ and realize that empathizing with those folks lifts some of my burden. Plus the educational piece was invaluable to me. I understand and can articulate so much better on my son’s behalf.”

The next 12 week free series of classes will be offered starting June 28, 2010 at Verdugo Mental Health Care in Glendale. For more information or to register, please contact Jonée Shady (323) 610-1009 or visit the website www.namiglendale.org.

A PERSONAL TESTIMONY FROM A FAMILY TO FAMILY PARTICIPANT

Name withheld.

Before I came to this class, I was overwhelmed with confusing feelings of helplessness, frustration, guilt, failure, sadness, and certainly, being all alone. Acknowledging that my daughter had a mental illness did not help me handle my difficult feelings. Any previous avenues of help were so fragmented I just became more and more confused. My daily life was being affected and I felt like I needed more help than my daughter. The NAMI Family-to-Family course pulled it all together for me.

The day I walked into the first class, I noticed everyone, including myself, wore that sad mask of heartbreak and frustration that comes with having a loved one with mental illness. As the leader presented the course outline, I was surprised that someone else could possibly know exactly what I was going through. It was also scary to think we were going to address and share issues that I thought were my own private secrets.

Years of therapy and doctor visits only provided 45 minutes of relief at a time with no real guidance or help for the future. Now, through the NAMI Family-to-Family course, I have gained hope and learned problem-solving techniques and coping skills that will last a lifetime and save me hundreds of wasted dollars! I found an anchor to hold on to while working toward a balanced life and recovery for my daughter.

People have noticed a difference in me when I talk about my daughter now. She and I are able to interact on a level of communication that does not always evolve into a fit of rage for either of us. This class has helped me to begin to see into some of the struggles she is going through in her mind and to recognize and appreciate any progress she makes. The combination of emotional studies and the research from scientific evidence presented in class, has helped me accept that she has a true disease, and that it is neither my fault nor hers. Although I cannot stop the dangerous and varied thoughts racing in her head, I feel more empowered to be there for her and to help her lead a more successful and independent life. *I now know how and where to get meaningful help.*

As the class came to an end, I realized that it was only the beginning of my relationship with NAMI. It will be easy to give back to the organization that has given me and others such strength through education. Thank you NAMI.

Oh, yes, and every mask in that room has been replaced with a smile for hope for their loved one.



WORDS FROM THE PRESIDENT

Wayne's Word

Dear Friends,

I am honored to have been asked to serve as president for our affiliate. I have some very large shoes to fill. Jonee has done a wonderful job in growing and improving the quality of NAMI Glendale. Before Jonee there was Jane and she did a marvelous job as well. I realize I am following two very hard working and capable individuals who serve still and for that I am very grateful.

In March we had a "Vision and Planning" meeting at Jane's home to really set down on paper some of the business we want to accomplish this year and in the future. We are going to be doing more outreach into the community, we are going to have more Family to Family classes, we are going to add another Support Group, we are going to grow and we are going to do this together. We need ideas and volunteers. It is that simple—well, not really but it is a start. If you have ideas (vision) then share it with us at our next meeting. I promise that if it is in the realm of probable we will help make it possible.

You are reading this as a result of the meeting I just referred to. The GAMIGram is back and we hope to stay. It was too long of a vacation for this important vehicle. Many of you have told me of its importance in keeping you in touch and mindful of the cause we are so very involved in. So thank you, Jane, again for stepping up and making the GAMIGram a reality once again!

We are going to be talking a lot about membership and its importance to the Mental Health Cause we are part of. Being a member and keeping your membership current affords us a strength of numbers that we really must have to keep our cause in the minds of politicians, media and the general public. We need to take membership seriously and consider not what we get but what it does for our loved ones. A large part of NAMI is about advocacy. When we say that we must have muscle to our voice, that muscle is about numbers. The number of members, the number of supporters, the number of those we advocate for. It may sound silly but numbers count! So do not let your membership lapse, renew each year, exercise your voice and vote when we have a meeting. You a part of a larger "whole" when you join NAMI, so rejoice, renew today.

Thank you,
Wayne



NAMI
National Alliance on Mental Illness

NAMI Glendale

The *GAMIGram*, the Community's Voice on Mental Illness, is published by NAMI Glendale to educate its members and the general public about issues affecting the mentally ill.

President: Wayne Baldaro
Editors: Jane Hancock, Wayne Baldaro
justplainwayne@yahoo.com

Glendale Depression and Bi-Polar Group

The Glendale chapter of the DBSA meets each Thursday evening at Glendale Adventist Hospital.

For times and directions visit:

http://health.groups.yahoo.com/group/DBSA_Glendale/

Support Group Meeting

Each Thursday

6:00 pm - 8:00 pm

Location: Glendale Adventist Medical Center
1509 Wilson Terrace, Psychiatric Unit 1, Classroom 1,
ground floor.

For more information: dbsaglendale@earthlink.net,
dbsa_glendale@yahoo.com

(Directions: See Thomas Guide p564, H4. From the 2 Freeway, exit Holly west, turn left on Harvey and right on Wilson Terrace. From the 134, exit Harvey north, then left on Wilson Terrace. Contact: Laura, 818-209-8442 for more help with directions/parking.)



HE LEAVES THE LIGHT ON FOR ME

Jane S. Hancock

It had been building up, building up for years. His behavior, strange, a puzzle to us all. There had been an episode several years earlier at Balboa Beach. His brother Randy phoned, his voice shaking with fear. "Richard is in the hospital, Mom." We drove down and they released him to us, heavily sedated. "It looks like schizophrenia," the doctor said. But we weren't sure. We thought drugs.

And soon we forgot, put it behind us—until the incident of the Hillside Strangler. A series of murders had been taking place in and around Glendale. In fact, one body had been discovered just a block from our house. Every evening newscasters reported on the saga of this mysterious serial killer who was terrorizing the neighborhood.

One night, Richard comes storming into the house, highly agitated. He begins rearranging furniture in the family room, turns the TV from the station I was watching to another one. Tells us all to sit down.

"They know who the Hillside Strangler is," he announced. "It's Bob and Randy. They've been arrested. We can watch it on the eleven o'clock news!"

We are scared—not for Bob and Randy—but for Richard. His mind has finally snapped. He is pacing, waiting for the news to come on, still moving furniture. He's gaunt, big circles under his eyes. He can't stop moving. We're silent, still—frozen.

Just then the front door slams and Bob walks in.

We made a difficult decision that night. We committed our own son. We took him to Olive View, a psychiatric hospital in the valley. Richard was subdued

enough from the shock of seeing Bob that we were able to get him into the car.

That moment, twenty-five years ago, changed all our lives. For five years it was one episode after another, one hospitalization after another. And then he finally hit bottom.

For people with this terrible illness there is nothing you can do until they are ready. No one is prepared for any illness, but this illness brings chaos to an entire family, an entire neighborhood, an entire community.

So you want to know how he is doing now? He's doing fine; we're doing fine—but that's a relative term. He's doing fine because he now finally admits he has an illness, takes his meds every day, sees his psychiatrist every month.

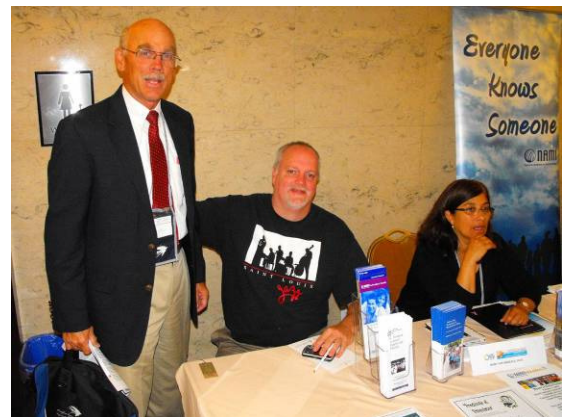
But his voices talk to him; his delusions stay with him; his paranoia persists. He calls his voices his speechwriters and almost every sentence starts with "My speechwriters say . . ." He won't leave Glendale which means he misses out on so much, particularly family things.. He can't work so he has no money except what the government gives him. He has no friends because when you have a mental illness, your friends disappear. He's a collector—of empty Tide boxes, empty oatmeal boxes, of newspapers with pictures of people he likes or admires. But he's doing fine.

He lives with me now. He helps with the housework and yard. He does the grocery shopping and has become a good cook. He keeps my house and the neighborhood safe because he's always there. And he leaves the light on for me when I return late at night.

And, this is important, he calls himself a writer. He writes and mails three to five letters every day—to his brothers, to his psychiatrist, to the President. His letters, written on 8 ½ x 11 notebook paper, are each one sentence long and often begin with the words, "My speechwriters say . . ."

President Barak Obama has written to him three times. Once to thank him for a gift. "What did you give him, Richard?" I asked. "Did you send him money?" "No, I sent him a tape." A cassette tape, a tape on which he repeats what his speechwriters tell him. Another letter thanked him for his opinion on abortion.

Yes, Richard is doing fine. And so am I.



NAMI Members Paul Stansbury, Jim Randall, Jonee Shady at recent Empowerment and Advocacy Conference

PROXY PARENT FOUNDATION

Article from Spring 2009 Newsletter, Issue 3

SSI in 2009

By *Baron L. Miller**

In order to protect SSI benefits, it is important for those of us who supplement them to be familiar with the rules and to stay informed of changes. Following are the limitations on a recipient's resources and income in effect on January 1, 2009.

Resources

"Resources" is what the Social Security office calls assets owned by an SSI recipient, and in 2009 they continue to be limited to \$2,000. The limitation applies only to assets in the recipient's name or to which a recipient is deemed to have unfettered access. Regardless of their worth, a recipient's home, household goods, personal effects, and a vehicle for transportation are not included in this limitation, nor are any assets owned by a special needs trust.

Income

Because SSI is based on financial need, money received by an SSI recipient can adversely affect both eligibility and the amount of benefits. A recipient may receive up to \$20 each month from any source what Social Security calls "unearned income", and an additional \$65 per month as wages — called "earned income", without an adverse effect. Once these limits are reached, all unearned income and half of the earned income received each month will be deducted from the allowable SSI benefit for that month.

Significantly, there is no limitation at all on payments to providers of a recipient's living expenses if they are not deemed to be for food or shelter. Some of these things that can be paid for without limitation are clothing, telephone, household goods, computer, transportation, recreation, case management, helpers, companions, travel, medical and dental, most insurance, education, rehabilitation, and training.

The limitation rules do apply to payments for rent, mortgage, home insurance, real estate taxes, home utilities, and gift cards for food. However, unlike cash, payments for these things will not

render a recipient ineligible for SSI; instead they will reduce monthly benefits by the actual amount of the payments, up to a maximum reduction of \$245. Therefore, depending on a recipient's needs and another's ability to pay for them, it can be wise to pay a provider directly for shelter and/or food.

Cash received by an SSI recipient as reimbursement for expenses already paid for by the recipient will count as income in the month received (and will also count toward the \$2,000 limitation). Receipt of food stamps will not affect benefits, nor will loans which the recipient is realistically expected to repay.

Medical Considerations

A recipient of SSI will continue to automatically qualify for MediCal. Due to the exorbitant cost of treating mental illness, MediCal is often crucial. Again, while cash payments made directly to a recipient might result in ineligibility, payments made to a provider of shelter or food would at most reduce monthly benefits by \$245. If an SSI recipient's living expenses are going to be supplemented, this must be done in such a manner that it will not render the recipient ineligible for both SSI and MediCal.

Staying Diligent

SSI rules do periodically change, and family members, friends, and trustees of special needs trusts should consult with the Social Security office or with an attorney familiar with the rules to determine what payments the current rules will allow, and what the potential loss to an SSI recipient could be.

**Baron L. Miller is an attorney in private practice in San Francisco who specializes in estate planning for California families of the mentally ill. He is a long-time NAMI family member, and an advocate for the rights and interests of families of the mentally ill and is a board member of Proxy Parent Foundation. He does not charge for telephone consultations on the propriety of making payments for the benefit of an SSI recipient. He can be reached at 415.522.0500.*

For more information, please visit our website at www.proxyparentfoundation.org.

Letting Go

To let go does not mean to stop caring. It means I can not do it for someone else.

To let go is not to cut myself off. It is the realization that I cannot control another.

To let go is to admit powerlessness, which means the outcome is not in my hands.

To let go is not to try to change or blame another. I can only change myself.

To let go is not to judge but to allow another to be a human being.

To let go is not to be in the middle, arranging outcomes, but to let others arrange their own outcomes.

To let go is not to be protective. It is to permit another to face reality.

To let go is not to deny, but to accept.

To let go is not to nag, scold or argue, but to search my own shortcomings and to correct them.

To let go is not to adjust everything to my desires, but to take each day as it comes ant to cherish the moment.

To let go is not to regulate anyone, but to try to become what I dream I can be.

To let go is not to regret the past, but to grow and live for the future.

To let go is to fear less and love more.

These suggestions may apply perhaps to letting go of a rebellious child, or a burden of sorrow, losing a loved one, or learning to live with a heart ache. By reading this over, studying it, praying over it, you may find letting go of whatever you are holding onto will release a peace within you which allows your spirit to soar, will allow you to be free, to completely give it to God, so that you may do the real work that is before you to do.

--Author Unknown

ON THE BOOKSHELF

Reviews by Janice Kuch

9 Highland Road; Sane Living for the Mentally Ill by Michael Winerip (464 pages)
Vintage (May 30, 1995)

The following review from the *Library Journal* sums this book up perfectly. In addition, I benefited from reading about how staff members handled patients moving through crises, interfaced with their doctors and struggled to provide them with the best possible care while being ever mindful of a resident's dignity. This model of a compassionate group home serves as a beacon of hope against homelessness.

From *Library Journal*: Most people are not familiar with the idea of group homes for the mentally ill. Winerip, a correspondent for the New York Times, corrects the situation in this absorbing account of a group home in Glen Cove, Long Island. Particularly noteworthy are his portrayal of the politics involved in the fight to establish the home as well as his well-written case histories of five of the home's residents. According to Winerip, not only are group homes less expensive to operate than mental

institutions, they have higher success rates. Contrary to popular opinion, these homes and their residents cause no harm to their host communities and should not be feared. This thorough, wonderfully written book will set the standard for future works on this overlooked subject. Highly recommended wherever demand warrants, especially in communities where group homes exist or are planned.

January Adams, ODSI Research Lib., Raritan, N.J.
Copy available from the Los Angeles Public Library

100 questions & answers about your child's schizophrenia by Josiane Cobert, MD

Jones and Bartlett Publishers, c2010 (180 pages)



A new book that is comprehensive, concise and user-friendly. While it specifically addresses childhood onset schizophrenia [COS], this book answers a number of questions families may have when coping with the everyday aspects and concerns of schizophrenia.

Dating, driving, and Facebook are just a few of the areas covered. Up-to-date information on treatment options including long-acting medicines, cognitive behavioral therapy and management of side-effects is presented in an easy to understand format.

This book is an important addition to the existing resources on schizophrenia. As we learn more about the onset and progression of the disease, more effective treatments may be developed that can "affect lasting modifications in the course of overall illness."

THE HIDDEN COSTS OF UNTREATED MENTAL ILLNESS

By Jacqueline A. Lukitsch and Mark Utterback
4/15/2010

As the debate over how to balance the state's budget takes center stage, people with mental illness are becoming extremely vulnerable.

People with mental illness are a population that many of us would like to ignore. There is so much stigma about having schizophrenia, bipolar disorder and serious, persistent depression that many of us don't seek treatment or we hide our illness from others. As a result, people with serious mental illness die an average of 25 years earlier than the general population.

One in five families is affected by mental illness. Nearly all of us work with, worship with or know someone who struggles. In Missouri, more than 70,000 people rely on the Missouri Department of Mental Health to receive treatments and services that make it possible for them to recover, integrate into society and live healthier, longer lives.

Fifty years ago, our society deinstitutionalized the mental health system. The belief was that people with mental illness could be more effectively treated in the community where they

lived. The costs would be lower, too. Community-based organizations were developed to provide appropriate, essential treatments and services in outpatient settings. Key among the goals was to keep people out of hospitals, prisons, nursing homes and homeless shelters.

Research makes it clear that early intervention significantly increases a person's ability to recover and integrate into society. But state budget restrictions are making those early interventions out of the reach for many.

If you are a young adult experiencing the early signs of schizophrenia, with few exceptions you may not be able to get services or treatment. If you have lost your job and the insurance that went with it and are experiencing major depression, you cannot get state-funded mental health services. If you're homeless and have not sought treatment before, you won't be eligible either.

The human toll of this situation clearly is disastrous for the individuals involved. The cost to our institutions adds up, too. People who have serious untreated mental illness do not disappear if they cannot get treatment. They end up in hospitals or prisons or lose their jobs, and then picking up the pieces becomes much more costly

Community-based mental health services can make critical, cost-effective differences.

Mel is a 32-year-old man who loved to work and play hard. His life was devastated when he began experiencing symptoms of schizophrenia when he was in his early 20s. He eventually lost his job and turned to alcohol and drugs. He spent the better part of five years in jails and hospitals. He was referred to Community Alternatives and now lives in his own apartment. He no longer feels as if he needs to go in and out of the hospital because caseworkers come by in the evening and watch him take his meds and remind him to use good coping skills.

We and our members recognize that the governor and legislators have difficult decisions to make. But for years the state has been significantly decreasing its support for people with mental illness. They are a vulnerable group that, because of stigma and misunderstanding, often goes unheard.

The St. Louis Chapter of NAMI, the National Alliance on Mental Illness and Mental Health America of Eastern Missouri, dedicated to helping individuals and families living with serious mental illness, have made the state budget crisis a top priority. But we can't do it alone.

Join us and be a voice for this community. Call, write or email the governor and your legislators to prevent further cuts to mental health funding.

Jacqueline A. Lukitsch is executive director of NAMI St. Louis. Mark Utterback is president and CEO of Mental Health America.

Abraham Low Self-Help Systems Launches Web Site for Recovery International and the Power to Change

www.lowselfhelpsystems.org

The Wisdom of Dr. Low—Words to Live By.

Abraham Low

CHICAGO – July 13, 2009 – Abraham Low Self-Help Systems, provider of self-help programs Recovery International and The Power to Change, announces the release of

This compilation of Abraham Low's inspiring words is an easy reference to help with a current problem or can be used for daily affirmations. It is a must-have book for the most seasoned Recovery International participant and is ideal for people just looking for encouraging words on a specific problem.

The book's chapters are separated by topic, making it easy for someone to quickly thumb to a page covering a specific problem. The following are just some of the topics in *The Wisdom of Dr. Low*: Anger, Fear, Frustration, Goals, Impulses, Obsessions, Panic, Parenting, Perfectionism, Sabotage, Self-Diagnosis, Sleep, Trivialities, Victimization.

For more information on *The Wisdom of Dr. Low* or to order your copy, visit www.LowSelfHelpSystems.org.

NAMI Glendale

Calendar of Events

May 2010

4 - Walk Information Meeting!

June 2010

1 - Speaker Night - The Village in Long Beach

18 - Planning Meeting

29 - NAMI National Conference Washington DC

July 2010

7 - Speaker Night - TBA



Are your NAMI Membership Dues Current?

Many NAMI Glendale members have their annual memberships due around the first part of the year. Have you paid your membership for 2010 yet? If not here are some reasons why you should.

1. Your membership counts! Every member has a voice in NAMI Glendale and when decisions are made members can vote and participate in those decisions.

2. Every member is important! When we advocate with legislative issues each member on our role is represented. We know that each politician sees our membership and counts every member as 100 votes.

Why? We have friends, neighbors, associates and relatives who listen to our opinions on Mental Health. It is estimated that grass roots organizations members affect 100 voters on issues.

1540 E. Colorado St.
Glendale, Ca 91205
Or go on-line to:
www.nami.org/join


3. Every member keep informed! By being a member of NAMI you get current and vital information and newsletters from a variety of sources. The GamiGram, the Advocate, the E-news etc. etc. these are included in your membership.

4. Every member is represented! Our National Convention takes place in July in San Francisco. We will be electing National Board Members and possibly changing our guiding laws. Our membership will discuss and decide on who to support at this convention.

5. We need your support. \$35 is a small fee for anything these days, but that money supports our National, state and local programs in part. NAMI needs your support to continue its fine work.

So renew your membership or join today.

You can mail to:
NAMI Glendale Atten: Treasurer



JOIN NAMI – YOU ARE NOT ALONE
\$35.00 PER INDIVIDUAL OR FAMILY
MEMBERSHIP MAKES YOU A MEMBER OF THE
STATE AND NATIONAL ORGANIZATIONS.
Please make checks payable to:
NAMI Glendale
Mail to: NAMI Glendale Treasurer, Wayne Baldaro, c/o
Verdugo Mental Health, 1540 E. Colorado, Glendale, CA
91205
www.namiglendale.org

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