

GAMIGram



Volume 21 Issue 4

www.namiglendale.org

April 2006

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 Tuesdays at 6:00 PM at Arden House, 1552 Colorado Street, Glendale, at the corner of Colorado and Lincoln. We encourage you to come. Enter through the front or rear entrance. Parking is available behind the building or on the street.

MONTHLY NAMI MEETINGS AND EVENTS

- **Tuesday, April 4, 2006**
Share and Care: 6 pm – 6:50 pm.
Speaker: 7:00

Erik Argenti, RN, Director of Intake at Glendale Adventist Medical Center will speak on "The Human Journey" which outlines the stages that a human being goes through in an effort to accomplish a goal, and the types of people we meet along the way. The talk is based on Joseph Campbell's book, *A Hero with a Thousand Faces*.

- **Tuesday, April 11, 2006**
Share and Care: 6 pm — 7:30 pm.
- **Tuesday, April 18, 2006**
Share and Care: 6 pm – 7 pm.
Business Meeting – 7 pm.
- **Tuesday, April 25, 2006**
Share and Care: 6 pm – 7:30 pm
- **Tuesday, May 2, 2006**
Share and Care: 6 pm – 6:50
Speaker: 7:00 TBA

*** * * * CHANGED INFORMATION! * * * ***

DBSA GLENDALE - A SUPPORT GROUP
for those suffering from
depression and bi-polar disorder
Glendale Adventist Medical Center
1509 Wilson terrace, Glendale
Thursdays 6 – 8 pm
dbsaglendale@yahoo.com
626.358.6587
Depression and Bipolar Support Alliance
www.dbsalliance.org

WORDS FROM THE PRESIDENT

Jonée Shady

I have just finished submitting our Membership Renewals and Add On's for 2006. First of all, I would like to thank all of you who have renewed your membership by sending in your dues in a timely fashion. I want to also thank all those new members who have joined, especially the recent grads of our Family-to-Family class. We got 100% membership and we will graduate 24 students. (See article on Page 2.) We submitted fifty-one members; doesn't sound so bad, does it? As a matter of fact, it isn't as good as it looks.

You have heard that there is strength in numbers and we need to increase membership and that is simply not happening. Many of you have attended our support groups, some of you have taken Family-to-Family, and all of you are receiving this newsletter. NAMI is an organization that is only as strong as its membership and when we lobby for our loved ones, we need to show those numbers. Remember, this newsletter is a small part of what NAMI Glendale provides you.

Paid membership automatically gets you state and national membership. Membership gives you a vote for state and national board members, reduced rates at State and National Conferences, state and national newsletters, and access to members-only portion of nami.org. But remember on those state and national levels, there are lobbyist fighting for legislative change, there are relationships with universities involved in studies and brain research. It is the work done at these levels that brings us all the programs that each affiliate can choose to promote.

NAMI Glendale offers weekly support groups, FREE! We offer Family-to-Family, FREE! We have members who do presentations as part of "In Our Own Voice" and for the first time in California, we will implement the provider program for clinicians in the Mental Health Clinics.

So being a member does not mean that you must be active or attend any of these programs but I am sure that you have benefited from the many programs offered by NAMI. So, if you have not renewed your membership, please reconsider and send in your dues.

**DON'T FORGET TO CHECK OUT
OUR GREAT WEBSITE:
www.namiglendale.org**

Family-to-Family Graduates 24 Students Jonée Shady

We are always hearing people say, "The third time's a charm." I must change that to the fourth time's a jewel. I am talking about this fourth class that I recently taught of Family-to-Family. You know, maybe because it was the third time teaching with Niki Davis or maybe it was simply the fact that we had twenty-four unbelievably wonderful students in this last session of Family-to-Family class.

I don't know if you realize this, but I was not a member of NAMI Glendale when I taught my first Family-to-Family class with John Griffin at Arden House. I wanted to teach but I didn't want to recruit or put the class together. We were going to teach at a Mental Health Center in Los Angeles and we were told that they would get us students. Well, John and I showed up but there were only five students. Thus started the quest for students. A young lady suggested that we approach the support group that she had been attending at NAMI Glendale and NAMI Pasadena. Needless to say, we got our students and held our class. (The young lady attended about half the class and I haven't seen her since.) Afterward, I joined NAMI Glendale but went on my merry way.

A year or so later, I got that call from Jane Hancock that said she needed a co-teacher for Niki Davis, who had recently been trained, and wanted to sponsor another class. I immediately said yes. After all, I wanted to teach Family-to-Family, as long as I didn't have to recruit students. No problem, Niki got the class together and we taught. It was a success and then came number three and we have just finished number four.

But I am not so sure that there will be a better experience than teaching this fourth class. This group of people is truly special. We are five different ethnic groups; we are fathers, spouses, siblings, offspring, partners, and of course the largest group, parents. We range in age from 16-68. We are so different. But what a combination we were, so effective in our journey together over the last 12 weeks.



The *GAMlgram*, 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.

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What brought us together was our ill relative and the love and compassion that we have for these relatives. But we will take away love, joy, tears, laughter, and hope. I have been truly touched by this group of people and I know that I can never replicate the experience that I had from teaching this course to this extraordinary group. As much gratitude as this class has expressed to Niki and me for teaching this course, I am equally grateful to have met each and every one of you who attended. Thank you, Niki, for going the distance with me on this one and thank you, Judy, Eric, Arpi, Wayne, Letty, Tamara, Madelyn, Joe, Pat, Joe, Neal, Mario, Susan, Shirley, Erika, Bertha, Karla, Cathy, Kristi, Melanie, Lissa, Jack, Denise, and Denise. I will never forget this experience.

RESOURCE INFORMATION

- ❑ (PMRT) Psychiatric Mobile **Response Team**, (626) 2582004 for **crisis management**, Monday-Friday 8 am – 5pm. At other times use the Access Line.
- ❑ Access Line, 24-hr: (800) 854-7771 for information and consultation, and for Psychiatric Mobile Response Team **After Hours** and **Week ends**.
- ❑ (MET) operates 5 PM to 1 AM. Call Local Sheriff Station (or 911 if dire emergency) to request MET response. For general information: (562) 9037530.
- ❑ Family Advocate: John Griffin (213) 637-2311.
- ❑ LA Police/Mental Assessment Response Team System – wide Mental Assessment Response Team (SMART.)
- ❑ Mental Evaluation Unit (MEU) call (911) to request the MEU response.
- ❑ IF YOUR LOVED ONE IS ARRESTED CALL: DMH Jail Mental Health Services: John Davis, District Chief (213) 229-9991.
- ❑ Inmate Information Center (213) 473-6080 or (213) 473-6100.
- ❑ Jail Inpatient Unit: Neil Ortego, MD (213) 893-5391.
- ❑ Suicide Prevention Center, Crisis Line 24hrs 7 days (310)391-1253..
- ❑ **Friendship Line**: a toll free telephone help-line, run by people with mental illnesses seven days a week, 365 days a year, offers information about mental health resources and connection to crisis lines. Specially trained peer supporters are now available from 6 to 10 p.m. during the week and from 10 a.m. to 10 p.m. on weekends and holidays. Give us a call at **888-448-9777**.

BUSINESS MEETING NOTES

- ✓ Discussed forming a committee to increase membership and one to seek sponsorships on an annual basis. See article on Page 3.
- ✓ Announced new NAMI Glendale-sponsored Family-to-Family Class to be held in Hollywood beginning May 31.
- ✓ Discussed creating business cards that members could hand out. Available at next meeting.

LYNN BRANDSTATER SPEAKS ABOUT VERDUGO'S BUILDING PLANS



On March 7, 2006, NAMI Glendale invited Lynn Brandstater, Director of Verdugo Mental Health, to speak on upcoming events and plans for VMH.

Lynn shared the plans for the new building and the ongoing negotiations with the State of California and the City of Glendale to move forward with this new modern facility.

She also requested any written or photographed items that would contribute to the planned 50th Anniversary Book for next year. The intent is to have a written record of the history by the time construction is completed on the new building.

At Left: Lynn Brandstater with architect's rendering of new facility for Verdugo Mental Health.

Volunteers Needed for Membership, Outreach Wayne Baldaro

At our March business meeting we approved the formation of two committees that will benefit our affiliate and loved ones. If we truly desire that we want our affiliate to provide the needed support, education, as well as to fight stigma and provide advocacy for the issues surrounding persistent mental illness, then we need to add value to our affiliate. What has been approved could be the first start in that process but it requires some time and effort.

The first committee would be an "Outreach Committee" which would seek sponsorships from the community on an annual and continual basis. This committee would approach businesses, corporations, merchants and professionals and solicit financial support for the programs mentioned above. Often these companies want some value in return for their support. This committee would decide what can be offered. Some ideas suggested would be recognition on our web site and *GAMIGram*, special plaques for display and other ideas that the committee could consider.

The second approved is a "Membership Committee" which would oversee several areas in need of some special attention. Those areas include visitor packets with information for visitors to our meetings, new member packets with specific information for new members. The committee would also work on ways to

encourage new and sustaining membership to our affiliate.

Now for the hard part neither of these committees can be formed from a vacuum. It requires some individuals who can spend some time and energy to making these ideas come to reality.

If you would like to be a part of or lead either of these committees, please contact any board member so we can start to work together for a better Glendale NAMI.

Mike Miller Commentary Continued: See Page 4 for Beginning

My initial information concerning VNS came from my daughter's psychiatrist who determined that she is treatment resistant to drug therapy. Accordingly, he recommended VNS. So far, my daughter is doing much better since receiving the VNS implant. Hopefully, this will continue. Regardless of what the final result may be, when all else fails, it should be the right of the afflicted to try a new procedure that has been studied and proven safe.

Consistent with the mission of NAMI, a key consideration for the continued progress of medical developments and hope for a better world for those suffering mental illness, is for business to work effectively with the FDA and for the FDA to respond with continued concern for safety and a stronger sensitivity of the needs and reality impacting those with mental health problems.

COMMENTARY: MIKE MILLER

A NEW TREATMENT FOR SEVERE DEPRESSION

In addition to its support and care mission, NAMI provides significant information about mental health developments, monitors important issues, and functions as an advocacy group to promote and police the proper treatment of those facing mental illness. Consistent with NAMI's role, this commentary focuses on a recent treatment development, and suggests certain concerns that deserve attention and advocacy as derived from experience involving the new treatment--Vagus Nerve Stimulation (VNS).

Vagus Nerve Stimulator Therapy

In July, 2005, after years of debate over data, and other delays, the United States Food and Drug Administration (FDA) approved the Vagus Nerve Stimulator (VNS) for the long-term treatment of chronic or recurrent depression for those 18 years of age or older who are experiencing a major depressive episode and have not had an adequate response to four or more adequate antidepressant treatments; people designated as having refractory or treatment resistant depression (TRD).

VNS therapy is delivered from a small pacemaker-like generator implanted in the chest that sends preprogrammed, intermittent, mild electrical pulses through the vagus nerve in the neck to the brain. VNS is the first FDA approved implantable device-based treatment for depression.

VNS, a product of Cyberonics Inc. - Houston, Texas, was initially approved in 1994 as a treatment for epilepsy. More than 30,000 patients worldwide have used VNS to effectively decrease epileptic seizures. Observation of those treated for epilepsy indicated that many of these patients experienced improved mood, irrespective of seizure control. These observations were followed by studies eventually culminating in the FDA approval of VNS for TRD.

The vagus nerve is the body's "information super highway" connecting the brain and many major organs. An extensive body of data demonstrates the association between vagus nerve stimulation and brain activation. Stimulation of the left vagus nerve has been shown to induce widespread bilateral effects in areas of the brain implicated in seizures and mood disorders and responsible for modulation of key neurotransmitters such as serotonin and nor epinephrine.

Cyberonics can provide the latest information concerning safety, side effects, cost, insurance, efficacy and the surgery itself. The FDA also has information. Concerning safety and efficacy, the former is well documented. Efficacy generally evolves from gradual improvement that usually increases with time. Studies show that after two years of VNS Therapy more than 50 percent of patients with chronic or recurrent TRD experience a meaningful clinical benefit; 1/3 improve more than 50%. These results for the most severe type of depression (TRD), are monitored and updated by

Cyberonics and the FDA. According to Robert Cummins, Chief Executive Officer of Cyberonics, "TRD is an unrelenting, lifelong, and life-threatening illness effecting approximately four million of the twenty million Americans with major depressive disorder."

This Commentary is for general information only and not medical advice. My daughter is a VNS patient and that is the source of my interest. In addition to Cyberonics, your psychiatrist or other medical provider should be contacted if you need additional information on VNS.

The remainder of this Commentary is to impart my observations concerning VNS and the implications of the FDA hurdles concerning its approval.

Implications

VNS demonstrates how a significant new treatment for mental illness can emanate from another field. The cross pollination of medical information and a vigilant and open minded approach to research and development can lead to results that are initially unanticipated. There is an element of the unknown, luck, and unpredictability concerning many of the significant discoveries of mankind. You never know where help may come from.

An element of mystery should not stand in the way of adapting something that can safely improve the lives of those with mental illness. Many physicians and researchers dealing with VNS (and also some drugs), are not really sure how they work or why they do what they do. Nevertheless, if safe and helpful, there is an argument that they should be used while the research continues.

The FDA is an important governmental agency charged with assuring, among other things, that what goes into our bodies is safe. Of course, they are also concerned about the medical effectiveness of these products. Generally, the FDA does a difficult job in a conscientious and professional manner. Nevertheless, their slowness and approach concerning VNS including their initial disapproval after approval by their own Advisory Panel of Experts is unprecedented. Prior to their eventual approval, VNS had been implanted in thousands for epilepsy. Based on this experience, there was no basis to question the safety of the implant. While the FDA ruminated, countless Americans were suffering and pleading for an opportunity to give VNS a chance to lift the burden of severe depression. If a medical procedure is overwhelmingly safe, shouldn't those who may benefit and are adequately informed have the chance to avail themselves of the treatment? In my view, the answer is yes.

I am truly concerned that the FDA will drag its feet on other mental health developments and procedures, particularly those that do not involve drug companies. Those concerned with alleviating the hardships and trauma of mental illness should monitor and communicate with the FDA to assure that it recognizes the reality of dealing with this serious illness.

Please turn back to Page 3.