



## 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. Parking is available behind the building or on the street. Enter through the front door.

### MONTHLY NAMI MEETINGS AND EVENTS

- **Tuesday, August 1, 2006**  
**NO MEETING. FAMILY POTLUCK**  
6:00 pm until 9:00 pm.



Save the date for an evening of fun and fellowship around a common cause at the Hancock house.

Call 818.240.7279 for address and directions. Bring an appetizer, salad, main dish, dessert, or bread.

Drinks will be furnished.

- **Tuesday, August 8, 2006**  
**Share and Care: 6:00 pm – 7:30 pm**
- **Tuesday, August 15, 2006**  
**Share and Care: 6:00 pm – 7:00 pm**  
**Business Meeting – 7 pm**
- **Tuesday, August 22, 2006**  
**Share and Care: 6:00 pm – 7:30 pm**
- **Tuesday, August 29, 2006**  
**Share and Care: 6:00 pm – 7:30 pm**

**August 31, 2006.** Family to Family class in Spanish at Blessed Sacrament in Hollywood. Contact Jonée at 323.610.1009 or email her at sh8djb@earthlink.net.

**October 7, 2006.** NAMIWALKS on Third Street Promenade



## WORDS FROM THE PRESIDENT

Jonée Shady

Can one person make a difference? We often hear people saying this about many issues in our society. Well, I would like to testify that I finally believe that yes, one person can make a difference.

Last month, I had the pleasure of attending the National NAMI conference in Washington DC. What an experience and eye opener of what we as a people can actually do. Imagine over 2100 attendees gathered in one room all fighting for the same mission. Imagine busloads of people arriving on the Capitol steps and going to appointments individually with their representatives. Imagine having dinner with 20 people from your area sharing ideas with a few from out of the area. I no longer have to imagine as all of this took place in Washington DC and I was there; very empowering.

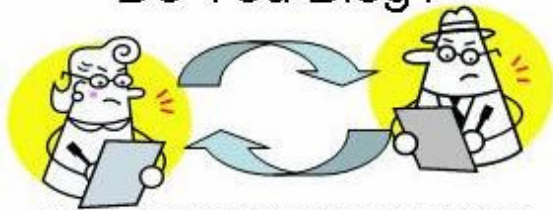
I was one of those persons on the bus to the Capitol and walked over to Barbara Boxer's office where about 20 of us from California sat in a room for about 45 minutes lobbying for mental health issues and asking for increases in funding for bills that would help our loved ones. After that meeting, I asked how to get Diane Watson's office for another appointment. The receptionist referred to me as a constituent. I was then escorted by an intern from USC who was studying Public Health. She wanted to hear about NAMI too.

I then went to Watson's office where I met with the Health Legislator who spoke to me or I should say listened to me for over an hour. This was the most amazing thing to me as I know that I was heard.

Did I make a difference? I felt like I did. According to Congressman Kennedy from Rhode Island, our voices were heard. According to him one person can make a difference. According to him we must continue to fight stigma by telling our stories. (Isn't this something I wrote about in last month's message?) He stated that he will be writing a Mental Health bill and that many of his colleagues asked to sign on after our visits to the Hill. Congressman Kennedy was one of the many politicians who came to our conference and spoke on behalf of our mission to improve the Mental Health system in this country. He also spoke of his own problems and Mental Health issues.

So I want to thank Wayne for his wonderful story on advocacy. I want to thank the LACCC for sending me there. Never was it more evident to me than during the four days I spent in Washington DC where I could see how much work is needed and I could see the passion that many folks have for our cause. And I could see how much progress we have actually made, so far.

## Do You Blog?



Do you have something to share or journal? Join the crowd at [www.namiglendale.blogspot.com](http://www.namiglendale.blogspot.com)

### From the Blog: Addiction Sadness

Wayne Baldaro

Alcoholism is a disease. This is a known fact. But a disease of the brain, the body, or the spirit of someone? Addiction in any form can be horrible for the person suffering and needing help, for the friends and family enduring the effects, consequences and grief of this disease. My first roommate out of high school, Randy, passed from this life after many long years of an addiction to alcohol. He was estranged from his family and friends the last 15 years of his life. He stayed with my family for about a month about 15 years ago and was trying to get sober. When he left he had a job and a place to live in Van Nuys; we helped move him in. The last we heard he was going to go to Korea to teach English as a second language. We never knew if he did or not; we lost touch. Just two weeks ago we got a call from his ex-wife that he was living in a hotel on skid row in LA and the management checked in on him and found him in such distress the paramedics were called. He was taken to USC and passed away the next day. Randy taught me never to be in denial about someone else's addiction. I always tried to help him to live a sober life and I spoke up to his family about his problem. But people either denied his problem or enabled his problem. Randy's passing is not the best end to any addiction story but it is the end to so many like him.



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.

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Editor: Jane S. Hancock

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In the middle of all of this sits Dustin. Last week his mom called him just to touch base; he wanted only money, the rest of his SSI, \$50.00. He came by and got it when we were not at home. Last night Letty called his place of residence and they said they had not seen him for a week. We checked the hospital, and finally on line to discover he had been arrested three times in the space of two weeks. He is in jail now. Without knowing the circumstances of why he was arrested, let's just say that now we know he is "safe," but what he's looking at for a consequence we do not know.

So what is it with addiction as a disease? Is it physical? Is it emotional? Is it spiritual? A combination of these? In Randy's case it was all three. He came in this world from alcoholics, had a propensity for wanting to drink, and developed a physical and emotional need for drink. He let drink become his everything, forsaking his loved ones. This is the spiritual part I refer to--when the addiction becomes your comfort and higher power.

Maybe you think differently, please post your comments on the Blog or email them to the *GAMIGram*, [janelou@aol.com](mailto:janelou@aol.com).

### 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**.

**AN OPEN LETTER TO MY GRANDCHILDREN****Jane Hancock**

I wrote this letter five years ago when the six grandchildren ranged in age from five to thirteen. It bears repeating for those who have young children, grandchildren, siblings so that they know about the diseases.

This is an open letter to my grandchildren. By now some of you are old enough to wonder, perhaps, why your Uncle Richard lives at home with your grandparents and doesn't have a family of his own or a job. If you haven't wondered yet, you probably will as you grow older.

Your Uncle Richard has an illness. You know about illnesses, I'm sure. You have heard of people who have pneumonia. Well, that's a disease of the lungs. Leukemia is a disease of the blood. You don't remember her but your grandpa's Aunt Neva had multiple sclerosis. That's a disease of the muscles. Your Uncle John had a quadruple by-pass to correct a disease of the heart. Your Uncle Richard has a disease, a brain disease, called schizophrenia.

He is so much better now than he was before you were born. The disease affects people in strange ways but certain symptoms are common. Perhaps you have heard of people who hear voices. These voices tell them things that are not real, but they are real to the people who hear them. Some people imagine things that are happening that are not happening. These are called hallucinations or delusions. Sometimes people with schizophrenia fear things they should not fear. This is called Paranoia. In other words, people with schizophrenia cannot separate real from unreal experiences.

The problem is that when most people get sick and hurt they know it. When people with brain diseases get sick, they don't know it. Their brains don't tell them that they are sick, so they won't go to doctors to get help. And when people, who love them, like their brothers and sisters and their mothers and fathers, try to get them to go to a doctor to get help, they say, "I'm fine. I don't need to see a doctor. There's nothing wrong with me."

And so they don't get help and their condition gets worse until they are forced to go to a hospital. It was years before we could get Richard to take care of himself. He went to the hospital several times and they would give him pills, medicine, to take that would help with the voices and the hallucinations, but he wouldn't take them. But finally, he got tired of going to the hospital and started taking his medication regularly and things have been so much better ever since.

Before he got sick, he painted houses. He was really good at it too. He painted the outside of our house and much of the inside. He also traveled. He went to Hawaii, to Mammoth Lakes, to Texas, to Colorado. He was active and had many friends. But his illness has changed all that. He can't concentrate on work; he doesn't want to leave Glendale; and most of his friends have deserted him. Bill Armstrong, who lives down at the end of our street, is one friend who has kept up the friendship.

Richard really loves all his nieces and nephews. He always asks about you and wants to know when you are coming over. Believe it or not, he has already bought your Christmas presents for next year. He spends his time walking, visiting the mall, and doing some things around the house for Grandpa and me, like shopping and keeping the kitchen clean. When we are gone, he takes care of the house and the animals.

What I really want to say to you is that as you get older, you will hear your friends, maybe, say unkind things about people with mental illness. Or maybe you will hear someone make a joke about someone with a mental illness. I want you to learn how to handle that. Just remember, no one jokes about cancer or AIDS. It's very serious, and so are mental illnesses.

Schizophrenia isn't the only mental illness there is. Others are depression, bi-polar disorder (also called manic depressive illness), anxiety disorders such as obsessive compulsive disorder, and panic attacks.

We are very happy that Richard is doing so well. I just thought it was time that I talked to you about this. If you have any questions, please ask me or your parents. We want you to understand his illness and to love him as we do. Love, Grandma.

**NAMI WALKS NEWS**

Calling anyone who would be willing to join Judierose Erpenbeck and others, up to at least 12 people, on Tuesday August 29th at 9:00am at the fountain at Third Street Promenade in Santa Monica. They will go door to door to all the stores NAMI members will pass during the walk. They want to put a face on NAMI by handing out flyers and information cards. As of July 23, six people have already signed up. Contact Judierose at 626.230.6297.

**Another Message from NAMI Glendale President  
Jonée Shady**

Recently my brother sent me the following song. It is apparent to me that the sensitive boy he once was is still in there. I also find it interesting that one lyric in this song says it's a good day. I can't imagine him having any good days but at least this tells me that he can remember what a good day is. I present it here exactly as he wrote it.

**Today**

*Today is a good day  
What have you been doing  
Its time to love  
comon and care  
Life is grand.  
Oh you are so beautiful.  
Thinking of you.  
Let's stroll down the street  
One foot after the other.  
Time will tell.  
If our love is strong  
enjoy yourself my friend*

## COMMENTARY: MIKE MILLER

## LIMITATIONS

The NAMI principle “We accept we cannot resolve all problems” underlies a concept that at first seems paradoxical—you can try to do too much and be too much to your mentally ill relative or friend. Part of the problem stems from the nature of mental illness; it is more amorphous and difficult to comprehend and get a finite handle on than most physical problems. This leaves us with the feeling that we should and can do more. In contrast, if a person suffers from a physical problem such as paralysis, help is more definable. A related problem for those of us dealing with mental illness is the confusion and doubt sometimes engendered by the person with the illness. They may innocently say and do things that add to our self doubt and frustration.

In his excellent book about depression, *Speaking of Sadness*, David A. Karp sets forth the following quote from a male therapist, which stands as a cautionary reminder to anyone dealing with serious mental illness: “The thing about depression [bi polar, schizophrenia etc.] is that it is so overwhelming and anyone who takes it on is going to lose. As a family and friend—anyone who is close—it’s too overwhelming. And the only way to deal with someone else’s depression is to maintain your own life and to understand that person and empathize and be there as you can be. But to recognize that fundamentally it’s their experience and you’re not going to shift it. All you can do as a friend [relative] is to allow it to happen and to be there again and again and again.” (emphasis added)

Karp, a sociology professor with severe depression, provides substantial insight into the concept of limits to the sympathetic involvement with a mentally ill person. The main question dealt with in his chapter on Family and Friends is, “How do family and friends go about establishing clear sympathy boundaries in order to avoid becoming engulfed by another’s depression?” The question itself advises the reader to be careful, set boundaries, and do not become overly consumed by the problems of your loved one. In this regard, I am the first to admit that, at times, this is far easier said than done. In fact, my joining of NAMI was the result of my awareness and concern over becoming consumed by my daughter’s depression. I felt like I was going under when I asked a psychiatric social worker for help—help for me. She recommended NAMI. The key is to remember not to become consumed, to back off, and realize that there is only so much you can do. Most of Karp’s chapter on Family and Friends deals with the actual experiences of individuals who want to honor commitments to a depressed friend or family member, but also want to avoid being devoured by the illness. One can help, but delusions of becoming the other’s savior need to be dispelled. Strength and love are important, but not as much as flexibility—dealing with and adjusting to the other’s tragic difficulty, and at times keeping your distance.

We want to help, we empathize and sympathize, we vent in frustration, and cry. Nevertheless, we have to work through all of these realities with the establishment of boundaries, the reality that there is a sometimes a narrow line between being a caregiver and an enabler and that our loved ones sometimes manipulate us into the latter role. There are times when anyone of us can and will become intensely over-involved, I have. We are human and we care. At such times, at least your awareness of going too far will help you pull back to better handle the situation. Too much intense involvement can lead to our own sickness and immobility, making us of no help to anyone.

An eloquent warning on the issue of this Commentary is set forth in a book about chronic fatigue syndrome, *The Alchemy of Illness*, by K. Duff:

“Not only is it better for the sick to be left alone at times, it is also better for the well to leave them at times.”

Karp acknowledges in his book that the value of this quote is paramount; however, sustaining an appropriate level of involvement with the [sick] person who is a friend or family member can be extraordinarily difficult. As NAMI participants, we know that none of this is easy. Nevertheless, boundaries and limitations are necessary for the betterment and well being of our loved one, other family members, and ourselves. This is a plea for reality, not selfishness. There is nothing selfish about the lessons to be learned.

Care giving varies depending on whether one is family member, friend, or professional. Nevertheless, in any context it is a form of commitment—well expressed by a care giver friend who is quoted in Karp’s book at Chapter 6:

“I’m talking about things that make me human, that make me uniquely human and that I value greatly. One of those is relationships with other people, being there for other people. And so in the context of this interview, helping friends with depression is a labor of love... It may be hours on the phone [and] yeah, it’s a pain in the ass. Yeah, it’s difficult. And yeah, I have to rearrange my schedule to deal with it. You know, it might mean that I don’t get done the paper that is due for a class and I have to skip something in the morning to finish the damn thing. And yeah, it may mean that the paper is not going to be as good as it might. However, you, my friend, were worth it.”

I hope this commentary helps you, my friends, to live your own lives while you are there for your loved one, again and again. Do the best you can when you can with flexible limits, stay well, reject guilt and expect a better future in a realistic way

**Bi Polar**  
**By Mike Miller**

*An ocean caught between two shores,  
cresting and ebbing,  
crashing into the shores, banging.*