



Volume 22 Issue 7

www.namiglendale.org

August 2007

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 Arden House, 1552 Colorado Street, Glendale, at the corner of Colorado and Lincoln. We encourage you to come. Limited parking is available on the street. Please enter through the front door.

MONTHLY NAMI MEETINGS AND EVENTS

Tuesday: July 31, 2007

NAMI ANNUAL BAR-B-QUE

Join your NAMI friends at the Baldaro home for a Bar-B-Que and Pot Luck 6:00 PM Call Letty Baldaro for information at (818) 957-3185 or email to justplainwayne@yahoo.com

PLEASE NOTE NO MEETING AT ARDEN HOUSE JULY 31!

Tuesday, August 7, 2007

Speaker: Jim Randall

Jim Randall, Outreach Coordinator for Service Area 2, will talk to NAMI Glendale about the Mental Health Services Act, what programs have been implemented, and what is going on in Service Area 2

NEWS FROM VERDUGO MENTAL HEALTH

Compiled by Dorothy Meyer

The parking shuttle from Eagle Rock Plaza to Verdugo Mental Health will be discontinued on August 1. There was not enough utilization to justify the cost. We hope this will not present any hardship for people attending our NAMI meetings.

The new building construction is on schedule and it should be finished in December 2007 or January 2008.

Staff is eagerly planning to use the generous \$5,000 from NAMI; VMHs new fiscal year starts this month. They will then start on the detailed planning/use. More information will be coming as plans are developed.

The County Department of Mental Health contract for the new fiscal year for VMH is flat. While there are no cuts, which is a good thing, there is no increase in dollars; hence, services either. The staff will do the best they can, as always, with what they have to work with.

Stay tuned to this section of the *GAMIgram* for updates.

It's What's So Funny?

Theresa Gale

(Both Theresa and Alex have given us permission to print this story.)

What makes you laugh today, Alex? Laughter is woven through so many memories of you, son.

As a three month old, you were once again wide awake at 2:00 a.m. Lounging in your baby seat, clean and fed, your laughter bubbled at me -- your sobbing, exhausted mother. I tantrumed, you laughed more, and finally, I surrendered, grinning as I blew on your chubby chins.

Your six-year-old self painstakingly set each domino in place, your thumb and fore finger slow and still, your face close to each piece as it was placed. As the trail of dominoes advanced, curving back and forth, climbing over coasters, a magazine and the domino box itself, I held my breath as if the slightest breeze might topple your creation. On and on your delicate construction continued. And then, with an accidental, ever-so-slight tap of your thumb, it fell, a race of gravity. We watched the trail weave back and forth, over and around, until the last domino tapped on the coffee table. I froze, waiting to see how you would react. The O of your mouth was still, then our eyes met, and we flopped onto the couch in a fit of uncontrollable giggles.

It's a party! You brought your punk-rock loving friends home to celebrate your fourteenth birthday -- all black, silver-studded clothes decorated with marker writing on strips of torn tee-shirts celebrating The Clash, Sex Pistols, and anarchy in general. The girls in their ripped fishnet stockings, heavy boots, and scanty mini-skirts peered sideways at me with their owl eyes, black-rimmed, sullen, judgmental. Your hair was shaved below the ears and you had sculpted three six-inch tall vertical columns using watered-down Elmer's glue. We served pizza and cake. Your ragged, scornful laugh mocked me as I made sure everyone had napkins, enough to eat and drink, and offered forks and knives for the sloppy pizza. I tried to act as though we had punk rockers over for a visit regularly. You did say "please" and "thank you" but your teasing laugh stabbed at my love for you.

When as a sixteen-year-old, you walked in the front door, another unexplained absence, and stumbled to your bed, I offered you Tylenol for the pain of which you complained, not realizing you had swallowed all of our Tylenol along with the contents of three other bottles of pain killers.

I missed your laughter when you were in Utah, in a locked high school, a place where you could, we hoped, recover and continue your education. The house echoed with your absence. I often paced the rooms of our home in the dark early hours, aching for your lost laughter.

Steak, cooked medium; a baked potato with butter, sour cream, and chives; no vegetables; and a chocolate ice cream sundae -- that's what you ordered. The delight you showed, steak juices running down your chin, made me smile. Dad and I brought the much-missed, extravagant meal of your seventeen-year-old dreams to the small "family visit room" at Provo Canyon School. We couldn't leave the premises with you (too many points against your visit record) so we relished the primal joy of feeding you the foods you'd been craving.

At last, eighteen years old, you came home. But rather than joy and rebuilding came the pain of seeing you become despondent, empty eyes, sitting in three day old clothes, cigarette burns on your fingers. Hospitalized again, homeless, helpless, and ultimately criminalized by what we finally learned was not only drug addiction but bipolar disorder, a mental illness that was grabbing all of us in its unwelcome grip. Mirthless years.

As your actions landed you in a hospital, jail, or, in a sober-living facility, I wrote you letters, and you wrote back. Stymied by the fear of writing the wrong thing, I searched for things to lighten your days, to make you smile. Kid jokes became my signature. I searched the children's pages of the LA Times for corny jokes and riddles, bought books intended for elementary school-aged children, and wrote down funny things that happened in my first grade classroom. I imagined you

laughing, or not, at my attempts to bring a little levity to your days.

Standing in front of our house, the house from which you had been evicted again, you laughed at something I couldn't see, someone I couldn't hear. Last November, when you were twenty-three, the guttural, frenetic laughter I heard came in the weeks after you stopped medical treatment once again – no therapy or medication, just alcohol and marijuana. My arms wrapped around my middle, trying to settle my nauseous stomach, I stood frozen in the garage looking out at you as your father threw a few of your belongings into the trunk of his car on your way to the next place you would live.

Last weekend we shared a laugh over the misplaced body parts Picasso assembled in paintings we enjoyed at the Norton Simon Museum. We laughed together as you told me about your acting prowess as you volunteered for one of the Universal Studios shows. You have always been a natural in front of a crowd. People love the easy charm you exude. I can see you faking an arm cut off and the crowd oohing and aahing.

And we laughed again, remembering the April Fools' trick we played on Dad so long ago. He was in the back of the house, and we called a huddle.

"Let's fool Dad. It's April Fools' Day," I said.

We made a plan. Placing an empty bowl upside down on the kitchen floor, we started shouting.

"Dad!"

"Mark!"

"Come here now!"

He rushed in, and there we were, backed against the cupboards. We breathlessly told him that there was a mouse under the bowl, knowing his absolute terror of rodents.

"What should we do?"

We held our breath *and* our panic-stricken expressions waiting for his inevitable solution to the problem. With eyes wide and brows furrowed, he grabbed a box with a top to capture the uninvited guest. I was to lift the bowl on his cue, he would capture the mouse in the box, and you were to slam down the top once mousey was captured.

"Ready? One, two, three, go!"

We paused, making eye contact. I raised the bowl slowly, sweat beading on Dad's forehead. "April Fool!" we screamed. At first startled, momentarily angry, he finally joined our screeching laughter. That was a good one.

He's so easy to fool.

What makes you laugh today, Alex?

Attention: Family to Family Graduates

Did the F2F program enrich your life? How would you like to pass that on to others?

We are in urgent need of new F2F teachers.

Training will be held November 2 - 4. Please contact

Lynn Cathy, Family to Family Program Di-rector,

NAMI California for further de-tails.

Lmcathy@sbcglobal.net

WORDS FROM THE PRESIDENT

Advocacy Prevails, But Does it Matter?

Jonée Shady

Not really sure what to call this piece I am about to write. At Share and Care, I had great news and was resting high on my laurels, only to make a few phone calls that seemed to put me back to a place I was two years ago.

A quick recap of the situation with my brother will explain my continued disappointment with the system. About two years ago, I contacted Atascadero State Hospital with a request for a transfer of my brother Nick to Patton so that he could be closer to me and I could visit more often. I was told that this could happen when a bed became available. In January of this year, I wrote about the difficulty in locating him due to a court leave that had him transported to Riverside County Jail.

During his stay at Riverside County Jail, I was able to visit him on a regular basis but on very restrictive visits. After all, he was being housed in a penal institution and not a hospital and was receiving no treatment, just meds. I was able to connect with his Public Defender, Sylvia Graber, who I must say was quite an advocate for him despite her heavy caseload. At one point he was ordered back to Atascadero but was never admitted due to lack of bed space. I went to several hearings only to observe the court continuing this matter way into the summer.

DBSA GLENDALE – A SUPPORT GROUP

For those suffering from depression and bi-polar disorder and their loved ones

Glendale Adventist Medical Center
1509 Wilson terrace, Glendale

Thursdays 6 – 8 pm

dbsaglendale@yahoo.com

818-209-8442

Depression and Bipolar Support Alliance

www.dbsalliance.org

His trial to determine if he still qualified as an MDO (Mentally Disabled Offender) and be recommitted finally arrived after more than seven months of waiting. I mean, how ridiculous considering the commitment time is only a year! I was asked to testify as a family member at the trial which I did. My testimony included how often I visited and my knowledge of his mental illness. I was able to explain my work with NAMI, the support and education that we provide Family Members, and the belief that recovery is possible under certain conditions for those such as my brother. I stressed the importance of family in that recovery. I emphasized that a jail cell was not an option.

After a two-day trial, it was determined that my brother still qualified under MDO and should be recommitted. However, the jury also asked the judge to recommend that Nick be placed in a treatment facility in closer proximity to where I live. This was great news-- that the jury could recognize the value in what I had to say. It brought tears to my eyes and I felt a victory in spite of the fact that the Public Defender, in effect, lost her case. But we felt that it was good that I was heard and in all her experience, no jury had set those conditions as part of the verdict.

So immediately after the trial, the DA, PD, and I went to an office to see where he could be committed. We called Patton and found that there were beds. We were told to fax the judge's orders and he could be transferred immediately. We presented it to the judge and we left the courtroom. Sylvia Graber was not too pleased as she was afraid that he would remain in the jail longer than necessary and she did not want him to lose his place in line for Atascadero if the Patton transfer didn't work out for some reason. I of course was not worried and was so pleased that finally, he would be close.

Some of her worries rang true. It had been a week since the trial and I looked online to see if my brother was still in the jail; if so I would go visit him since I hadn't been able to the last month. The good news is that he was indeed released on July 18. So of course I call Patton to speak to him and guess what? Not there. No information of whether they were expecting him. If he were to get transferred, it would take a couple of months to process the paperwork. But wait a minute, there is a judge's order to have him placed there from the jail! So where is he? Sound familiar?

I called Atascadero and asked to be put through to the unit where my brother was. This way I wasn't asking if he was there because if he were, then the call goes to his unit. So they put me through and guess what? Not

on that unit. Transfer back to another office and no information can be given to me, why? HIPPA. "Oh, but I will try to find out and if I can give you any information, I will call you back." "Okay, can you put me through to his social worker?" "Oh no, she no longer works on that unit."

So did my advocacy pay off? Well, he is in the hospital and I have to assume that he is at Atascadero but here I am on a Sunday morning really not knowing exactly where he is and if he is at Atascadero, how long will it take for him to transfer to Patton if at all? So I will spend Monday morning on the phone once again, trying to locate my brother.

The Joys and Frustrations of Advocacy. That should have been the title of this piece.

RESOURCE INFORMATION

- ❑ (PMRT) Psychiatric Mobile **Response Team**, (626) 258-2004 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) 903-7530.
- ❑ 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 a.m. 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**.



The GAM/gram, 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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Think Critically About Medical Information

Commentary by Mike Miller

Too many people automatically accept doctor advice (psychiatrist, psychologist) as the gospel. The medical professional is viewed as a savior; after all, he or she is a highly educated professional. Watch out! Like people in every occupation, medical professionals can be excellent, mediocre, or incompetent. Even competent professionals can sometimes be wrong or make mistakes. As an attorney for 40 years, I have come to see this as a fact of life. As the parent of a daughter who suffered severe depression, I have seen this as a basic reality. The best doctors will admit they do not have all the answers. The worst seem to know it all.

Even trusted resources have to be questioned. Recently (May 29, 2007), the Wall Street Journal warned about a trend in medical journals to become no better than tabloids.

(Opinion article by Dr. Scott Gottlieb, a physician, resident fellow at the American Enterprise Institute, and former Deputy Commissioner of the Food & Drug Administration-FDA).

Dr. Gottlieb warned, "As medical information is exploding and becoming more accessible, all of us . . . need objective sources to interpret data and present a balanced view. Unfortunately, major medical journals that should be filling this role often put more weight on pushing political agendas."

As an example, Dr. Gottlieb points to the *New England Journal of Medicine's* (the *Journal*) flawed and limited analysis of safety concerns around the diabetes drug Avandia. The *Journal* article was timed to get ahead of the FDA's more careful evaluation of the drug's safety. Doctors rely on publications like the *Journal* for their rendition of medical advice. Thus, a flawed *Journal* analysis contributes to patient problems. In the case of Avandia, their conclusions on the cardiac risk from this drug were exaggerated and not truly verified.

The *Wall Street Journal* opinion article by Dr. Gottlieb warns, "Prestigious biomedical journals are important public health tools, provided they stick to their core business of weighing medical evidence and informing physicians of important practice advances. . ."

On a more prosaic level, I recently picked up one of those informational publications dispensed freely at drug stores about various medical issues. I got the pharmacy publication entitled *Depression*. In colorful brochure format it dispensed some good general information about depression including definition of terms, what to ask your doctor, and symptoms of depression. Of course, since the brochure came from the pharmacy, it focused on drug treatment. More importantly, it failed to really emphasize some of the problems caused by drugs and it did not advise that a percentage of people with depression get nowhere with drugs; they are treatment resistant to drug therapy. If one were to think critically, the conclusion would arise that this is to be expected. The pharmaceutical brochure has good information, but it is neither complete nor oriented toward other treatments in lieu of drug therapy. Unfortunately, too many people will not think critically, read books on the subject or go beyond what is provided by those with a more vested interest. Don't be so accepting. Think critically, ask questions, read up, and keep an open mind.

If the *New England Journal of Medicine* can mislead and your local medical brochure is incomplete, don't expect your medical informant, doctor or otherwise, to have all the answers. During a bad time in my daughter's life we were referred to a psychiatrist with an international reputation as one of the finest experts on the drug treatment of depression. He reviewed my daughter's records and spent several hours with her. He appeared to be conscientious and concerned. As a true professional and knowledgeable expert he advised us of some drug possibilities, but he doubted whether they would work. He advised of an alternative to drug treatment. He then admitted that in many cases when something he prescribes works, he really cannot explain why. This was a doctor we could trust, a concerned expert who admitted he does not have all the answers. Consistent with his advice, my daughter was deemed treatment resistant to drugs; she went for alternative approaches which led to a more positive result.

The patient, family, and friends can all help: Learn about the disorder (illness) so you can ask questions and consider alternatives. Do not be afraid to ask questions. If your medical professional cannot handle this, begin to think of another professional. Communicate with others including those in NAMI for information and use this to deal with medical information.

I am not suggesting cynicism concerning the medical profession. I am suggesting that you do not put them on a pedestal. Many people ask more questions about their auto mechanic than their doctor. This is not healthy. On the other hand, I am not suggesting that people rush to judgment concerning their medical picture. Give the doctors a chance. Mental health issues do not often lend themselves to fast treatment, trial and error is a common part of the picture, and patience must be exercised.

What I am suggesting is that the entire medical information and treatment process should include our participation as critical thinkers, questioners, seekers of information and alternatives so we can be a realistic and

crucial adjunct to the job and goal of the medical providers. Enlist their cooperation and do not tolerate undue resistance on their part.

R.S.V.P. by: July 31, 2007
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Missed an issue? Want to share a GAMlgram with someone? Use the online GAMlgram Archive to view previous issues and share great articles and information with others. Here is the link: http://namiglendale.org/gamigram_archives.htm

Recommended by Rose

- Beautiful Mind* by Sylvia Nasar
- The Day the Voices Stopped* by Den Steele
- Recovered not Cured* by Richard McLean
- Getting Your Life Back Together* by Roberta Tames
- Schizophrenia Revealed* by Michael Foster Green



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 Mail to: NAMI Glendale Treasurer, Wayne Baldaro, c/o
 Verdugo Mental Health, 1540 E. Colorado, Glendale, CA
 91205.
 GAMlgram only - \$10.00

www.namiglendale.org



Remember to join us at the Baldaro's
July 31 for our summer get together!



View down Santa Monica Promenade Walk 2006

NAMIWALKS LA 2007

Save the Date: Oct 6, 2007
Santa Monica Promenade

Please join us for the 2007 NAMIWALKS for the Mind of America Team Captain Kick-Off Luncheon

Date: Wednesday, August 15, 2007
Time: 12 Noon - 2:00 PM
Location: The California Endowment Center
Yosemite Hall
1000 North Alameda Street
Los Angeles, CA 90012
(Free Parking Available)

We extend this special complimentary invitation to you to come out and learn more about the Walkathon and how you can participate.