



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

MONTHLY NAMI MEETINGS AND EVENTS

IMPORTANT ANNOUNCEMENTS

**ABOUT MEETINGS
NO SHARE AND CARE
TUESDAY, DECEMBER 26, 2006
TUESDAY, JANUARY 2, 2006**

ABOUT PARKING

Beginning sometime in December Verdugo Mental Health will provide a shuttle from the Eagle Rock Plaza to our NAMI meeting place due to the construction of the new facility that will begin in December.

Limited parking is available on the streets around the building. We are working with the staff of VMH to plan the most convenient pick up and return times to and from the parking area at Eagle Rock Plaza.

**DUES FOR 2007 ARE DUE!
\$35.00 PER INDIVIDUAL OR FAMILY
MEMBERSHIP MAKES YOU A MEMBER OF THE
STATE AND NATIONAL ORGANIZATIONS.**

Make checks payable to NAMI Glendale and mail to NAMI Glendale Treasurer, Wayne Baldaro, c/o Verdugo Mental Health, 1540 E. Colorado, Glendale, CA 91205.

GAMIGram only - \$10.00

Or better yet –

Come to a meeting and hand-deliver the check.

WORDS FROM THE PRESIDENT

Jonée Shady

This last message comes to you as I am about to complete my term as president for the past two years. I would like to say that it has been a pleasure to serve as Glendale's president and what I have learned and accomplished will be treasured for the rest of my life. I have met so many people whom I now consider family, I have traveled as your representative and met with many NAMI leaders and I have had so much support from this affiliate as well as the county. I would not have been able to experience this had you not trusted me to serve you as your leader.

This past year brought many accomplishments for our local affiliate. We sponsored two Family to Family classes both of which were completely full and brought us many new members. All graduates could not say enough about the value this class offers them. I hope that we can continue to have two classes a year as I will continue to teach these classes and add membership to our affiliate.

In the spring we sponsored a wonderful theatre event and invited all LA affiliates to attend. Mariette Hartley performed her one-woman show about growing up with a father who had bi-polar and graciously answered questions after the show about her journey and her own diagnosis of bi-polar. This event gave us a chance to go out in the community and also enjoy socializing afterward with our fellow members. I hope to organize more events like this one for the upcoming year.

Our biggest accomplishment I must say was the effort this affiliate put into the 3rd annual NAMIWALKS LA. We had several team captains each raising substantial amounts of money. Congratulations to all who participated. We had two team captains amongst the top ten fundraisers of all the team captains throughout the county. Jane Hancock and I made that top ten list and I believe Jane was also among one of the highest on-line fundraisers. I want to thank Judyrose Erpenbeck for being our walk coordinator and hope that she will assume that role again for the upcoming year.

I don't wish to say good-bye as I will continue to work hard for this affiliate and the growth of NAMI as an organization. My participation as an advocate has meant so much to me and I get so much out of facilitating our weekly support groups. I know that it is the ongoing support group that our members truly

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It's Electric! A First-Person Story

Niki Davis

I was not ready to hear about this neurofeedback "stuff." Sure that if I hadn't already heard or read about it in my DBSA or NARSAD research updates, I could not possibly believe in it as a legitimate course of treatment for the symptoms of severe brain disorders. So I didn't know how to respond to Kirk, another NAMI member from the SFV affiliate, when he called me so excited about it all.

You see, he had personally experienced the "stuff" and had some remarkable results. Being an accomplished actor, Kirk wanted to improve the memory, concentration and energy of an otherwise highly functioning brain. Knowing that I have been diagnosed with Bipolar Disorder I and Post-Traumatic Stress Disorder, Kirk's neurofeedback provider believed that I could benefit as well, despite my diagnosis.

I, on the other hand, was really quite skeptical. How in the world would this little known technology handle my severe symptoms? It brought back memories of "biofeedback," something I already tried years ago with minimal results. I put so much money, time and effort into other treatment forms (i.e. psycho-pharmaceuticals, nutrition, exercise, psychotherapy, acupuncture, light therapy, meditation, yoga, and now Qigong...another story for another time). It seemed too overwhelming to give anymore energy to anything else.

I was tired. I only had a good 4 hour window of energy per day. After all, I am deeply medicated to help manage symptoms like psychosis, hypo-mania, mixed and rapid cycling moods, anxiety, paranoia, hyper-active fear states, panic attacks, delusions, flashbacks, severe depression, mind racing and sleeplessness. Stuff like confusion, loss of memory, loss of concentration, and loss of energy I painfully tolerated just because they were side-effects of the very medications I took to treat the "big" stuff. We won't even mention the situational anxiety and depression that develops from the stigma and poverty of being a disabled "mentally ill" adult. I doubted seriously that neurofeedback could handle such a complicated menu.



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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To make a long story shorter, meeting Joy Lunt initiated one of the biggest breakthroughs in my recovery. Like my medication breakthroughs in 1984 and 2000, neurofeedback is changing the course of my life.

Joy, a neurofeedback practitioner for nearly 15 years, has made a believer out of me. When I finally met her, she came armed with many stories of recovery, pages of data from Quantitative Electroencephalograms (qEEGs) showing the electrical wave patterns of other clients' brains, and an irresistible combination of intelligence, wit and charm. Thus began my incredible journey of "re-training" the electrical impulses of my sensitive neurons (brain cells). . . therefore effectively changing my brain chemistry.

Unlike the changes in behavior brought on by the chemical infusion of my drug regime, my brain has already broken through debilitating symptoms with neurofeedback without any compromising side-effects or invasive procedure. This is incredible! I never thought I could have such results without paying the huge price of the "undesirables". . . side-effects and health risks. Another incredible thing that I have come to understand is that the electric patterns of the brain cells are "teachable," meaning that I won't need to use neurofeedback indefinitely, as I do with my drugs. . . meaning that the adjustments I am making now to my brain wave rhythms will remain after a certain amount of consecutive sessions. This also means that neurofeedback is comparatively much cheaper in the long-run (sessions are similar in price to what my acupuncturist used to charge) than my indefinite daily medication or my indefinite psychiatric and psychotherapy sessions.

I did not keep this discovery to my self. We had Joy as a crowd-pleasing special speaker for NAMI Glendale in October with her partner Jack, a psychologist and qEEG provider, as a surprise treat for a wealth of information. The following week, Joy followed up her talk at our meeting with a demonstration of how neurofeedback sessions are run at her Brain Potential office in Burbank. We also have Joy as special counsel on our DBSA Glendale (Depression and Bipolar Support Alliance) online support group.

So here I am . . . 50 some sessions spent with simple EEG electrodes pasted to my head. . . while Joy adjusts her computer program protocol "stuff" according to my brain wave activity that appears on her monitor. . . as I watch a video game on another computer screen. . . and my brain waves somehow adjust in response to a series of "beeps" that indicate "you did that brain wave pattern better!" thus progressing my video game. All this techno play allows my brain to literally regulate in a more efficient way. (For those who missed the demonstration Joy gave at her office, you are probably confused by this description. I can't wait until Joy gives another demonstration, for no words can quite explain the how's and why's of the process without experience.) So what are my specific results so far?

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It's Electric, continued from Page 2.

My memory, concentration, energy, and mood regulation (especially depression and hyper-fear states) has improved to a level where I have hope for my future again. My "talk" therapy has been boosted with an ability to do deeper and more effective work and my medication protocol works more efficiently on a lower dosage. My therapists, psych-nurses, clinical advisor, psychiatrist, and especially my mother, could not be more impressed and pleased with the results of this new treatment (one of my therapist has begun training in neurofeedback so she can help more of her clients!). Bottom-line . . . the most intolerable side-effects of my medications are slowly disappearing. I could never have imagined a better outcome...and we "ain't" finished yet.

Along with neurofeedback, I'm aware of other technologies that respond to the electrical impulses of the brain that are now being used in the treatment of mood disorders, such as Vagus Nerve Stimulation (VNS), Tran cranial Magnetic Stimulation (TMS) and Magnetic Stimulation Therapy (MST). Even milder protocols for electroconvulsive therapy (ECT) are being used more. But for me, neurofeedback is by far more accessible, requiring no invasive stimulation. There are still side-effects to the costly and risky surgery of VNS, and the inducement of brain seizures used in MST and ECT, and even TMS delivers magnetic pulses to the brain that have mild side effects. So the secret is out. . . neurofeedback may turn out to be the front-line technology of all of these promising developments bringing new hope to many coping with treatment challenges of electro-chemical imbalances

Now if we could only make these newer technologies available to other folks like me . . . those on disability and not able to afford the cost of any treatment not covered by Medicare Medical. Some lucky folks get in on trials and bartered arrangements. But I will dedicate my new energy to find a way to make promising technologies like neurofeedback accessible to all. Join me. You heard it first at NAMI Glendale. Cheers!

For more info: <http://www.eegspectrum.com/> LA-Times article "Physical Therapy for the Brain" HEALTH section Monday, November 27, 2006 pg. F3.

For more info on clinical trials, VNS, TMS and others: www.clinicaltrials.gov (888) FIND-NLM (346-3656) Vagus Nerve Stimulation Therapy www.vnstherapy.com or (888) VNS-STIM (867-7846).

SLATE OF OFFICERS FOR 2007

President – Paul Ishii
Vice-President – Mike Miller
Secretary – Denise Hyatt-Burghdorf
Corresponding Secretary – Linda Gibson
Treasurer – Wayne Baldaro

WORDS FROM THE PRESIDENT

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appreciate and need the most. We are looking to send more members to training for facilitation and for Family-to-Family teachers so please let us know that you are interested. There is nothing more rewarding than being able to help those who need us.

Hope that your holidays are filled with joy and laughter as we look back on this fruitful year that is about to come to an end. I know that despite many hardships amongst our family members we must look at all that we cherish and continue to have hope that things must only get better.

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**.

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

Do You Blog?



COMMENTARY: MIKE MILLER

More on Terminology of Mental Health Issues

In the November *GAMIgram* my Commentary suggested an over-emphasis in some circles concerning whether terms such as “mental illness” or other mental health terms are appropriate. I opined that there are so many serious issues concerning mental illness that we should be wary about over discussing terminology and nomenclature. Coincidentally, the same *GAMIgram* issue contained an article entitled: “Schizophrenia term use invalid.” That article discussed whether “schizophrenia” is truly accurate, is it overused, does it misinform and stigmatize. For example, Richard Bentall, professor of psychology at the University of Manchester is quoted as saying: “. . . the concept of schizophrenia is scientifically meaningless. It groups together a whole range of different problems under one label...” On the other hand, Robin Murray, professor of psychiatry stated in the same article, “most psychiatrists accept that the term schizophrenia is imperfect but warned that were it discarded another method of classification must be devised.”

In response to my November Commentary, my daughter, who is improving from over ten years of treatment resistant depression, disagreed in part, with my premise that too much attention may be paid to issues of terminology. She indicated that since she has been improving, although still disabled, she has been able to confront some issues other than just the daily battle for survival. One of those issues is the adjustment to a society that over generalizes about mental illness and where too many stigmatize those who have a mental illness. In this regard, she believes alternative terminology can improve things. She would advocate for a term other than mental illness. Something that is more specific and true in focus. Although she has not developed specific alternatives it would involve terminology involving the brain or neurology. She suggests that medical professionals, groups such as NAMI and others continue the debate as to terminology in order to focus on something more akin to “brain disorder, brain disease, or neurological disorders etc.”

Concerning terminology or more specifically labeling, my daughter mentioned something most of us do, including those of us who participate in share and care at NAMI meetings. She pointed out that we often say, for example, my son is schizophrenic, or I have a wife who is bi-polar. In her view, we should remember that our sons are people who have schizophrenia. A wife is not bi-polar; she is a woman who is suffering from bi-polar.

As someone who has suffered from mental illness, this is my daughter's perspective and may very well reflect the view of those who actually have a mental illness (brain disorder). It does make some sense and it caused me to examine what I have told people. Usually I will say my daughter suffers from mental illness rather than my daughter is depressed. I might say that my daughter has treatment resistant depression.

My daughter pointed out that people who may say, “My son is bi-polar,” would never say, “My son is cancer.” You do not describe human beings by their illness, she asserts. On the other hand, people will say, for example, “My brother is diabetic,” or “My child is blind.” To reiterate my daughter's position in these instances, it would be better to say, “My brother has diabetes,” or “My child (a person) has blindness.” Her focus is on how this relates to and affects the person being described. As a person in this category, I believe she is expressing a valid sensitivity that we should all consider.

So, harkening back to my November Commentary, is there too much emphasis on terminology? Does any of this make a difference? Should these issues be discussed and debated? Thinking this through a second time, I now conclude that the discussion, debate, and consideration of terminology and nomenclature is good and important. It forces a focus on crucial issues including medical developments; it helps assure that we consider what we say and label from multiple vantage points such as the focus of scientists, doctors, care givers and those with the mental illness.

As set forth in last month's article on the term *schizophrenia*, “What all of us have to remember is that these are people with a diagnosis of schizophrenia, not the ‘schizophrenic.’ We also need to recognize that the terms that are utilized have some value and should not be discarded until a term can be utilized that identifies a serious illness and helps with research and treatment efforts.”

If a year from now I follow up on this Commentary and refer to “schizophrenia” as newly entitled “dopamine dysregulation disorder” will that be better? The latter term reflects what is happening in the brain when someone is psychotic. I do not know the answer; however, I now believe that the question is worth asking; the debate is good for all concerned; and that it should continue.