

GAMIGram



Volume 20 Issue 2

NAMI Glendale

February/March 2005

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, February 1, 2005

We begin at 6 pm with a shortened Share and Care session. After a break for refreshments, we convene our monthly business/speaker meeting. At February's meeting we will welcome Claudia Bramlett RN MST, research manager and Dr. Alan Schneider, principal investigator, from Gateway Hospital who will speak on Transcranial Magnetic Stimulation (TMS) on negative symptoms of schizophrenia, such as apathy isolation, lack of emotions, lack of pleasure in life. They will also discuss the clinical trials.

Tuesday, March 1, 2005

The presentation at this business/speaker meeting will provide an overview of the types of cognitive difficulties that are often experienced by people with schizophrenia, their impact on functioning in daily life, and recent advances in the treatment of these cognitive difficulties. The speaker, William Horan, Ph.D., is an Assistant Research Psychologist in the Department of Psychiatry at UCLA. His research investigates emotional, social cognitive, and neurocognitive processes in schizophrenia, and how impairments in these processes affect clinical and community functioning.

Karen Cornelius, who has met with NAMI Glendale before, will come for the caring and sharing and stay at the end to discuss current research ongoing in this area.

HAVE YOU PAID YOUR DUES?

WORDS FROM THE PRESIDENT

Jonee Shady

As this is my first "Message from the President," I am not sure how to start. I do want to say that I am delighted to act as President of the NAMI Glendale affiliate. I look forward to the upcoming year and I hope that we continue to grow and make an impression in our community. I want to thank fellow officers and all those who attended our recent Board Meeting. I was so pleased with the enthusiasm and great ideas that were shared. Here is short recap of what we discussed.

NAMI Glendale has approximately \$8000 in its account. This is substantially more than we have had in the past and so we shared ideas on how we can best use these funds. The two areas that sparked the most discussion were education and outreach. We hope to partner with Glendale Unified School District to provide professional development to the teachers on Mental Health Issues. We would like to send speakers out to the various organizations that provide services to consumers and families. Through these connections we hope to get more members and advocates to assist us with our work. We would like to attend health fairs and provide literature on this organization.

As you know, Glendale NAMI raised more than \$13,000 for the NAMIwalks LA County. We intend to participate once again in NAMIwalks this year. I want to personally thank Carmen Fonseca for representing NAMI Glendale at the monthly NAMIwalks Committee meetings. In addition, we will schedule a Shaker's Night and a TV Taping night in an effort to raise funds. We are still participating in the Ralph's Club Card program in which Ralph's will donate 5% of all purchases to NAMI Glendale. So if you have a Club Card, please remember to give Kay Connus your number so that you can donate to NAMI Glendale every time you shop. (All donations are fully tax deductible!) Of course, I am still recycling; I collect all newspaper, white paper, and beverage containers from my office and make a bi-weekly trip to the local recycling center and donate all proceeds to NAMI. I challenge you to do the same; Turn trash to cash for NAMI.

Many other ideas have been brought to the table including planning a retreat for consumers and advocates but it takes a village and we cannot do it with-
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Letters

Dear Members and Friends of NAMI Glendale.

Happy New Year to you all.

Here is our check for 2005 dues. I hope to be able to meet with you soon.

The well-written story Gloria Beyer shared touched my heart, especially her closing words about needing "to lower our expectations and heighten our expression of love." I've often been wrong not to have gotten in touch more with my sister, mainly to avoid an argument or hurtful words she or I would say to each other. I would feel physically ill before and after calling and usually vow not to call again because of how painful the conversation usually was. Then I'd break down and call again. To avoid being hurt, I didn't call, but that was hard also, not to know how she was. I am more aware of my reactions and hopefully will do better this year and NOT react if there are hurtful words spoken by her. I hope to carefully choose my own words to her, mostly just allow her to do the talking and let my words be few. I want to believe that she is trying also.

Our phone conversation today was so much better. I invited her to come for lunch this Friday. There will be some of our family here she has not seen for a while. I hope she will come. For me, this year is off to a great start!

Thank you again for your loving support.

P.G.

**DUES FOR 2005 ARE DUE!
\$30.00 PER INDIVIDUAL OR FAMILY
MEMBERSHIP MAKES YOU A MEMBER OF THE
STATE AND NATIONAL ORGANIZATIONS.**

Make checks payable to NAMI Glendale and mail to
Membership Chairman, Kay Connus, c/o Verdugo
Mental Health, 1540 E. Colorado, Glendale, CA 91205.
GAMlgram only - \$10.00

Or better yet –

Come to a meeting and hand-deliver the check.



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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WORDS FROM THE PRESIDENT

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out your participation. Please attend our Share and Care on Tuesdays and sign up for a committee. We would like to form committees in the following areas: Outreach, Education, and Fundraising/Events. We also need more Family- to- Family teachers. If you are a Family- to- Family graduate, there is training on the weekend of February 18 in Orange. Housing and meals are provided. Please email Jim Johnson at Jim2213@comcast.net for further details and to apply. Thanks to Carmen Fonseca who agreed to be trained as a teacher in both English and Spanish and Gloria Jaramillo who agreed to be trained in Spanish.

I am so looking forward to another great year of NAMI Glendale.

OF INTEREST FROM NAMI

Country Music Superstar Clint Black Holds Benefit for NAMI

"NAMI stands for dignity, hope and recovery, and I stand with them," declared Grammy-award winning country music superstar Clint Black at his "Time for Hope" fundraising concert in Nashville, Tennessee, on January 13, 2005. His fans can also stand with NAMI by sending him a thank-you note and by purchasing his CD albums from the NAMI National website. Though a special link to Amazon.com, a small amount of the purchase price of each album will go to support NAMI programs.

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NAMI National Enjoys Record Month for Online Donations

This holiday season, online donations to NAMI were at an all-time high, with an increase of more than 50% over December 2003 and more than four times the usual monthly average! There were also a record 25 vehicle donations in the last two weeks of the year. And NAMI earned double the referral fees from Amazon.com over the same period last year. Thanks to all who contributed and who spread the word about supporting NAMI online.

**Schizophrenia Educational Series
with Dr. Michael DiPaolo
February 1, 8, and 15
7 – 9 PM at Wilson Auditorium
Pacific Clinics
909 S. Fair Oaks
Pasadena**

A PERSONAL STATEMENT

My older brother's teenage years were spent in and out of different schools, psychiatric mental hospitals, and a state run boys home. He was diagnosed with bipolar at the age of thirteen. It was just the first of many times my brother was placed into a facility. I approached his situation with naivete, I assumed his condition was transient and he just needed to change. People often do not realize mental illness is an impairing condition. Individuals lose control of their actions and emotions. My brother hurt me and my immediate coping mechanism was to detach myself from him.

He eventually returned home, but our family structure was chaotic. My grades slipped and my parent's marriage was strained, because my brother's mental illness made it difficult for us to function. My brother turned to using alcohol and marijuana to escape from his problems and self medicate. After months of tremendous household turmoil my parents decided to send my brother to live in a boy's home. I was not upset, I just felt emotionless and detached.

He finally returned on his eighteenth birthday, and for awhile things went well. He graduated high school and my parents were very proud and so was I. Making it through school was an incredible accomplishment for him. We became close again and I felt for the first time in years that I had an older brother.

After high school things only seemed to get worse. The first couple of years he would hold a job for a couple of months, but then decide not to show up. He was still using marijuana but experimented with stronger drugs. A friend of his introduced him to methamphetamine, and I felt like I had lost my brother for good. My parents and I accepted the harsh reality that he would either end up dead or in jail. On the night he called at three o'clock in the morning he was high on methamphetamines.

My mother came in and casually woke me up. "Son, your brother is at his group home and thinks someone is trying to kill him, he needs to go to the hospital." It was the first time she directly involved me. I was reluctant to go but told my mom I would drive as long as I did not have to talk to my brother.

I still remember how I felt when I finally saw my brother. His bones were poking out through his shirt, as if he had been in a concentration camp. He was twitching and talking so fast I could not comprehend his words. He had been high for six days, without sleep or food. The lack of sleep combined with the methamphetamine had put him into drug induced schizophrenia.

I was worried because two years prior he had sliced himself over one hundred times from similar circumstances. At that time he actually was diagnosed clinically with having Schizoaffective Disorder. When this happened, again I refused to visit him. I convinced myself that I did not like hospitals and would not visit him. In retrospect, I did not go because I could not handle seeing my brother in a facility or seeing him in that condition.

My brother climbed into the car, convinced that someone was trying to kill him. I tried to calm his fears and reassure him he was safe. My mom was crying and I felt depressed. Fortunately, my brother was admitted to the psychiatric ward of the hospital. He was comforted by the staff, but I felt that I needed help. It was so difficult to see my brother in that state, I decided there was no way I could possibly avoid being involved in his life.

After several weeks at the hospital he was placed into a new sober living facility that had impressive credentials. For the first time, I regularly attended group therapy sessions at the house and maintained a strong relationship with my brother. The changes were dramatic. Becoming involved has been mutually therapeutic for us. Recently he has relapsed, but our family takes one day at a time.

Political science focuses on the critical examination of large issues. For example I have often thought that if the government began to treat drug addiction as illness requiring serious medical intervention my brother's situation would be different. I have come to realize that large social issues often have a simple solution, but require a dramatic societal change. I sympathize with those attempting to enact this change.

However, my experience with my brother has taught me that addressing these problems on an individual basis is much more effective even if finding solutions is more difficult. The difficulty can be surpassed by human ingenuity and rationale. I desire to study law because I believe it utilizes human ingenuity and rationale to solve issues facing individuals.

This past semester I have had the privilege to intern with the American Federation of Teachers. I assisted in finding contract language for collective bargaining agreements, reviewing current changes in labor law and analyzing proposed union contracts. Several of my research documents have been utilized by negotiators in drafting new contracts. My experience has been tremendously rewarding, and I have a strong interest in labor law.

I also understand law school will expose me to all of the various fields of law, and I believe through any field that I choose I will be working towards a goal of resolving the issues faced by individuals.

Ed. Note: The author of this personal statement, the son of NAMI Glendale members, prefers not to have his name attached at this time. We respect those wishes.

A SUPPORT GROUP

for those suffering from
Depression, Manic Depression, Bipolar Disorder
meets at
Glendale Adventist Medical Center
1509 Wilson Terrace, Glendale
Thursdays from 6:00 PM to 8:00 PM
Contact Doris at 323.662.5564 for information

CAPTURED ON THE INTERNET

from www.schizophrenia.com

Links Between Bipolar and SZ

Despite the fact that schizophrenia and bipolar disorder have different diagnostic credentials in the bible of American psychiatric medicine (the DSM-IV), the two disorders show a significant overlap of symptoms, as well as some similar treatment strategies. Now, scientists are discovering some of the key biological similarities that may link these diseases even more strongly.

For example, Dr. Amy Arnsten at Yale University Medical School has found what she calls a "molecular trigger" for both bipolar disorder and schizophrenia. This trigger appears to be stress, which can over-activate a brain protein called protein kinase C (PKC) in the prefrontal cortex. Dr. Arnsten points out that increased PKC activity (noted in the brains of people with schizophrenia and bipolar disorder) can lead to some of the common symptoms of the two disorders, such as distractibility, impulsivity, poor judgment, and hallucinations. Moreover, medications for schizophrenian and bipolar disorder often decrease PKC activity.

More evidence is coming in from the field of genetics. Dr. James Potash of Johns Hopkins University Medical School says that "schizophrenia and bipolar disorder [appear to] share at least a few genetic roots." He gives the example of research that traces genes suspected as important to both disorders to the same region of chromosome 13.

In other fields, researchers like Dr. E. Fuller Torrey are examining the role that infections play in the development of both diseases. Torrey notes that antibody response to some infectious agents are elevated in people with schizophrenia, and also people with bipolar disorder.

The ramifications of such findings are many. One consequence may be a restructuring of diagnostic categories; for example, some medical experts are discussing whether people who experience psychosis along with the symptoms of bipolar disorder should be diagnosed under schizophrenia spectrum disorders rather than with mood disorders. Similarities in underlying biological pathology may also lead to new treatments that will be effective for both disorders. Finally, further understanding of these links provides even more evidence that psychiatric illnesses are diseases of the brain, just like diabetes is a disease of the pancreas and hepatitis is a disease of the liver.

Read more about research that shows schizophrenia and bipolar disorder are diseases of the brain:

1. [Schizophrenia is a disease of the brain](http://www.schizophrenia.com/disease.htm) (<http://www.schizophrenia.com/disease.htm>)
2. [Bipolar Disorder is a disease of the brain](http://www.moodswing.org/disease.htm) (<http://www.moodswing.org/disease.htm>)

Read about the link between stress and schizophrenia risk

For the original news story, see: "[Stress May Link Bipolar Disorder and Schizophrenia](http://www.sun-sentinel.com)" (Jan 16 2005). Available online at <http://www.sun-sentinel.com>

Media Pop Portrayals of 'Madness'

The Washington Times recently published a critical article about pop media's overly-dramatic, unrealistic portrayal of people with mental illness. The article highlights recent films such as "The Aviator" (about Howard Hughes who suffered from OCD), "The Hours" (Virginia Woolf and major depression), and "Me, Myself, and Irene" (protagonist with schizophrenia), as well as TV shows such as ER (Sally Fields appears with rapid-cycling bipolar disorder).

Although Hollywood portrayals have progressed since movies such as "One Flew Over the Cuckoo's Nest", which shows frightening and practically torturous methods of "treating" sick patients, mental illness advocates and experts complain that the brief and dramatized portrayals in films and TV shows today send grossly incorrect messages: that mental illness is primarily caused by childhood trauma or upbringing, overbearing parents, or rigid societal labels, that characters need not or cannot take responsibility for their own recovery, or that extremely rare or difficult cases of recovery (such as John Nash's decision to "ignore" his schizophrenia without the help of medication) are more common than they really are.

Advocates encourage all of us to counter such unrealism with our own experiences of reality, sharing and spreading a true but hopeful message about the complexities and complications of living with a mental illness.

Read the full article: "[The Film Industry's Mental Problem.](http://www.washingtontimes.com)" Washington Times, Dec 31 2004. <http://www.washingtontimes.com>

Summary of Schizophrenia-related News and Events.. To subscribe to the newsletter, enter your email address at: www.schizophrenia.com.