

# GAMIGram



Volume 21 Issue 1

NAMI Glendale

January 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

**January 3, 2006** – After Share and Care and a break for refreshments, we will show Part 1 of the DVD series "Surviving and Thriving: How to Survive and Thrive with a Mentally Ill Relative: Part 1. with Michael DePaolo, PhD, is called Understanding Bipolar Disorder.

**February 7, 2005** – Program to be announced.

**DON'T FORGET TO CHECK OUT OUR WEBSITE**  
[namiglendale.org](http://namiglendale.org)

**DUES FOR 2006 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  
Membership Chairman, Kay Connus, 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.

REMEMBER. YOUR NAMI AFFILIATE MEETS EVERY  
TUESDAY FROM 6 PM TO 7:30 PM AT 1552  
COLORADO IN GLENDALE. IF THINGS ARE GREAT  
IN YOUR LIVES RIGHT NOW, COME SUPPORT  
THOSE WHO NEED US AS YOU ONCE DID.

## WORDS FROM THE PRESIDENT

Jonée Shady

Greetings and good tidings as we ring in the New Year! As I ask every year, "Where does the time go?" I would like to focus this month on resolutions for the New Year but I don't want to call them resolutions because statistics show that most of us don't stick with our resolutions. Let's simply call them goals as we look to the future of this affiliate.

I must say that although Hurricane Katrina hit right at the time that we were asking for donations for the walk, NAMIwalks LA was a great success raising over a quarter of a million dollars with NAMI Glendale raising over \$7000. That's more than some of the larger affiliates. How did we do it? By setting goals, at least that is what I did. I was determined to raise more money than last year by at least 10%. On the last day of work, I counted up my total and I was off by about \$40. I went to a colleague who kept saying that he would contribute but always managed to forget his checkbook. I told him I needed about \$40 to hit my target and guess what? He went to the ATM machine and got me that \$40. I then casually mentioned this to others at work and they came up with donations at the last minute. After all was said and done, I had actually missed some donations and had already hit my goal but now I surpassed it. (See article "Top Team Captains" in this issue of *GAMIGram*.)

So why do I explain my fundraising efforts? Well I want you all to know that it really didn't take much to raise this money. I wrote one letter and sent it to my Christmas card list and gave it to some close colleagues at work. I set a goal and the rest simply happened on its own. People do care about Mental Illness and the effects on lives but they need to be aware of what we do and who we are. My letter was one way of not only raising much needed funding but also educating folks about NAMI. We are here to support, provide education, and fight stigma. NAMIwalks is a great way to accomplish this; if we set a goal, I am sure that we can reach it.

So as this New Year begins, I will set the goal for our affiliate to increase membership, do more outreach, and participate in an even greater walk in October. Of course, I cannot do this alone; we must work together. I hope to see you at our business meetings so that you too can play an important role in the work we do in NAMI.

## Namiwalks Corner

These are the total donations brought in by team captains at our walk in October. NAMI Glendale would like to congratulate you all on a very successful effort. (If you raised money online and did not provide that information to the affiliate, it may not be calculated here.)

### Top Team Captain Fundraising

Jonée Shady-	\$2774
Jane Hancock	\$1120
Gina and Gary Finer	\$ 820
Niki Davis	\$ 722
Verdugo Mental Health	\$ 380
Susan Lancaster	\$ 345
Elaine Kaneshiro	\$ 340

### Donations of \$100 and More

Jonée Shady*	\$500
Jane Hancock*	\$500
Kathryn & Tom Connus	\$200
Prisilla Phal*	\$200
Margaret Conroy*	\$100
Caryn Jacobs	\$100
Ernesto Obrero	\$100
Floyd Bonino*	\$100
Jeff Alpert*	\$100
Doug Pieschel*	\$100
Katherine Young	\$100
Linda Nakaishi	\$100
Susan Lancaster*	\$100
Joanna Lancaster*	\$100
Dean Graham Ruby*	\$100
Wayne & Lety Baldaro	\$100
Robert Hancock*	\$100

\* These donations are also included above under team captains.



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.

President: Jonée Shady  
 Editor: Jane S. Hancock  
[janelou@aol.com](mailto:janelou@aol.com)

### \$100 and Above Donations in 2005 to Nami Glendale

Jean Chang of Walnut Creek	\$100
Maria Schmidt of Glendale	\$100
Bill & Melinda Scherkey	\$100

Nami Glendale sincerely appreciates your generosity and kindness.

### Family-to-Family Classes Begin

Sign up for Family-to-Family class which starts January 9<sup>th</sup> at 7:00 p.m. in the Susan Ziemer room. A few more spots are available. Call Jonée Shady at 323.610.1009 or e-mail [sh8djb@earthlink.net](mailto:sh8djb@earthlink.net) to register.

Family-to-Family graduates are eligible to become teachers of Family to Family. There will be a teacher training the last weekend in January. If interested please call Sharon Dunas at 310-820-4626 or email her at [ssdunas@aol.com](mailto:ssdunas@aol.com).

**DBSA GLENDALE - A SUPPORT GROUP**  
 for those suffering from  
 depression, manic depression, bipolar disorder  
**Glendale Adventist Medical Center**  
 1509 Wilson terrace, Glendale  
 Tuesdays/Thursdays 6 – 8 pm  
[dbsaglendale@earthlink.net](mailto:dbsaglendale@earthlink.net)  
 626.358.6587 or 626.794.9751

### 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. This line offers Peer to Peer Support information about mental health Resources and connection to crisis lines.

**IN DENIAL OR BLIND?  
IN SEARCH OF JUSTICE AND RECONCILIATION  
To the legislators, community, families, mental  
health scientists and legal experts.**

The Spanish speaking members of Families of People with Untreated Mental Illness have met weekly for 14 years to share experiences that center mainly on how to obtain care for our relatives who don't feel sick and refuse medicines. We know that the persons able to acknowledge their mental illness and/or substance abuse have higher possibilities of normalizing their lives, while the half who refuse medicines remain in constant psychotic crisis, needing hospitalizations and always at risk of committing suicide, becoming homeless or incarcerated. *To disregard this issue means to waste half of the efforts invested by scientists in finding newer medicines and better ways to treat mental illness, discoveries that may otherwise never reach a large number of persons who need them the most.*

Our long lasting dilemma has forced us to "think outside of the box" and challenge the old legal claim that non-compliant patients are "In Denial" when they say: "I Am Not Sick - I Don't Need Help."\* Denial requires the "previous knowledge" of being mentally ill, which we suspect they never had.

We believe that they are psychologically "blind" to the fact that what they feel, think and imagine is in error, and blind also to the realization that they suffer from schizophrenia or bipolar disorders. This is understandable because the symptoms of psychosis (voices, extreme fears, grandiosity, sadness, etc) are so real for them that when we insist that their "feelings" are wrong and they only need to take medicines, we "insult their integrity and intelligence." Science tells us that the symptoms of psychosis, "although they seem to be based in reality, are no more than distortions in brain electrochemistry" and are treatable by taking medicines, as proven by the many mentally ill persons who are now in recovery.

The "knowing, but in-denial" theory conveniently shifts the blame to the victims for "not wanting" to get better; excuses society for ignoring their predicament; antagonizes the sick person towards their families that insist they recognize the illness; makes a legal matter of a medical issue, and gives the victims the same civil rights as *sane* persons: the freedom to refuse care for conditions they know they have, which means that, ultimately, they will remain untreated.

We are asking the scientists to evaluate our hypothesis and investigate - not only the validity of the "In Denial" definition but also why half of persons with chronic and recurrent psychosis accept medical care and the other half does not. *Also, if the scientific findings agree that denial or blindness is a common and, so far, un-treatable symptom of mental illness, it is imperative that we find out how to treat or eliminate it.*

After witnessing how the medicines make miraculous differences in the lives of our relatives, and learning of

the fears some have of becoming again psychotic and not recognizing it - we recommend the implementation of the Involuntary Commitment and Court Ordered Policy adopted by NAMI in 1995. See: [www.NAMI.org](http://www.NAMI.org) Most

states and the U.S. Supreme Court (Washington vs. Harper) already allow court ordered procedures similar to Outpatient Assisted Treatment, OAT, [www.psychlaws.org](http://www.psychlaws.org) for a limited number of chronic, "dangerous" mentally ill individuals who refuse care. We are requesting that the experts study the possibility of expansion of the implementation of these laws to include our "not dangerous" younger, chronic and severely psychotic, non-compliant relatives who live in the community, as well as all those who are incarcerated and in need of involuntary mental health care, adding the follow-up and supervision required to maintain compliance when in the community. *This change would likely be their only chance to live a relatively normal life.*

Rachel H. Diaz, Spokesperson, Volunteer  
Families of People with Untreated Mental Illness  
- [www.lackofinsightmi.org](http://www.lackofinsightmi.org)

Lack of Insight in Mental Illness. (Why some persons with mental illness refuse medicines and cannot speak on their own behalf.)

PH. 305-274-3076- Fax 305-273-0261 –

Email: [RHDiaz@att.net](mailto:RHDiaz@att.net)

Miami, December 19, 2005.

## Nami Provider Course

December 8-11 was a weekend filled with training, laughter and tears as twenty-seven NAMI members and consumers from Los Angeles County gathered together in Los Angeles for the first NAMI Provider Course Teacher Training in California. Sharon Dunas of NAMI Los Angeles (west) contracted with the Department of Mental Health to provide this course to various agencies throughout the county. Based on Joyce Burland's Family-to-Family Course, this training is intended to train mental health professionals in hospitals and clinics on how to help people with brain disorders and their families.

Four teams of five teachers each and some alternates were trained. Teams consist of two family members, two consumers, and one mental health professional all presenting equally using their own personal experiences with loved ones who have brain disorders. There will be a Valley, Inglewood, West Los Angeles, and bilingual team. These teams will go to the providers' place of work during the workday to provide a three-hour course for ten weeks. There is a stipend for all teachers. NAMI Glendale is proud to have Gloria Diaz, Julian Diaz, Niki Davis and Jonée Shady participate in this training. We look forward to giving these much-needed courses throughout the county during the coming year.

## Stigma Busters

Contact: [smarch@nami.org](mailto:smarch@nami.org)

### Miami Tragedy: No Joke

Last week's death of Rigoberto Alipzar, the man with bipolar disorder shot by air marshals during a medical crisis aboard an American Airlines flight in Miami, deeply affected consumers and their families. In an official statement, and in the national media, including the NBC Nightly News, NAMI executive director Michael J. Fitzpatrick called for the federal Air Marshal Service and "all other law enforcement agencies" to take a close look at their training and education protocols and, if these are currently lacking, to adopt measures to prepare officers to respond effectively to people with severe mental illness.

Unfortunately, some people could not resist making jokes about the tragedy. Comedian Michael Feldman, whose two-hour "Whad'ya Know?" radio show is syndicated nationally on hundreds of public radio stations, joked on the December 10, 2005 broadcast (Part 1) that American Airlines is now reminding passengers "to pack their meds" and that "looking around coach to guess who's off their thorazine" is a "great little game to play with kids."

Ironically, a portion of the same show was devoted to an interview with Alan Alda, whose recently-published book, *Never Have Your Dog Stuffed: And Other Things I've Learned*, includes the story of his mother's schizophrenia, including an episode in which she needed to fly home from France for care.

Please contact Feldman. Ask him to apologize. It's possible that he may read comments on the show, so be polite and to the point. Tell a personal story about stigma or how the Miami tragedy affected you.

### Talking Points:

Joking about a tragic death involving a medical emergency is hurtful and cruel. He stigmatized all people with mental illnesses.

Taking medication is not a guessing game for children.

Travel involves stress. People sometimes lose or have medication stolen while traveling abroad.

Alan Alda's book includes the story about his mother's schizophrenia and airline travel for medical reasons.

Feldman ignored an opportunity for broader, compassionate public education.

**Michael Feldman's Whad'Ya Know?**  
**Wisconsin Public Radio**  
**821 University Avenue**  
**Madison, WI 53706**

### Speak Up!

The Teaching Tolerance Project of the Southern Poverty Law Center has recently published *Speak Up! Responding to Everyday Bigotry*, to guide people in challenging prejudice and discrimination against minorities, including people with mental illnesses.

The 80-page booklet offers insightful, practical suggestions and six basic, recommended steps, based on hundreds of stories and interviews -- including some with NAMI. It can be used for individual reference, or for group discussions.

A PDF copy can be downloaded for free from the Teaching Tolerance Web site. A free print copy also can be ordered online.

<http://www.tolerance.org/speakup/index.html>

### Stories Wanted

The Elimination of Barriers Initiative (EBI), a program of the Substance Abuse and Mental Health Services Administration (SAMHSA), is seeking fresh stories of recovery.

EBI is particularly interested in stories about stigma surrounding mental illness from people in racial, ethnic, or gender communities, who often face even greater prejudice and discrimination in their lives. However, whether or not you have a minority identity, EBI is interested in your story.

Submission information can be downloaded from the EBI Web site by clicking on "Submit a Story" and "Fill Out a Consent Form."

<http://www.allmentalhealth.samhsa.gov/>

### Happy Holidays

Many good wishes to all StigmaBusters. Thank you for being our eyes and ears during the past year. See you in 2006!

**Stella March,**  
**National Coordinator NAMI StigmaBusters**

### AFTER JANUARY 1, 2005:

#### **Where to Report Problems on Medicare Part D CMS Region IX Beneficiary Services**

The Centers for Medicare and Medicaid Services (CMS) Region IX has staff to handle problems and some will be working on January 1<sup>st</sup> and 2<sup>nd</sup> from 8 am – 4:30 pm. Staff will also be checking voicemail hourly from 4:30 pm to 9 pm (check hourly). Staff will be seeking to identify problems, trends and issues to address locally and flag for CMS' headquarters in Baltimore. CMS urges individuals to call 1-800-MEDICARE and their plans first (all plans must have staff working on those days).

**January 1<sup>st</sup> – 2<sup>nd</sup> only:** Medicare Advantage related issues: 415.744.3617

All Other Issues (Part D stand alone plans):  
 415.744.3628

**January 3<sup>rd</sup> on:** General: 415.744.3602

MA Issues: 415.744.3617

Other State-Wide Issues: 415.744.3568