

# GAMIGram



Volume 19 Issue 4

NAMI Glendale

July/August 2004

## 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. **No meeting July 6.**

### Tuesday, July 6, 2004 Family Potluck

This is a tradition we all love—an evening of casual sharing and caring and eating at Fred and Jane Hancock's home. Bring any food you like. If everyone brings bean salad, then that's what we eat. If everyone brings chocolate cake, yummy! Fred and Jane will furnish the place, the fun and games, and the drinks. You bring yourselves, your family, your guests.

We begin at 6 pm and continue until 8 or 9. Stay as long as you like. Let's celebrate our successes this year together on July 6.

Fred and Jane live at 2980 Edmonton Road in Glendale, up Chevy Chase Canyon near the Chevy Chase Golf Club. See you there.

**Tuesday, August 3, 2004. Program to be announced.**

### NAMI California Annual Conference 2004 Friday and Saturday, August 13 and 14, 2004

#### Changing Times, Changing Minds – Now!

San Francisco Airport Marriott  
1800 Old Bayshore Highway  
Burlingame, CA 94010

Early Bird Special (before July 6) \$125/ person or \$85 for a one day rate, Friday or Saturday.

After July 6 \$150/person, \$90/one day rate

Consumers only \$85/person both days  
\$50/one day rate.

Hotel Reservations  
800.228.9290

Special rate of \$99/night (single, double, triple, quad)

## WORDS FROM THE PRESIDENT

Jane S. Hancock

### I have news.

**I have news about the NAMI California Annual Conference and about Niki Davis.** Niki has been awarded the Consumer of the Year Award for leadership and advocacy by the California NAMI Board of Directors. She will receive this award at Saturday's luncheon at the CA NAMI Annual Conference in San Francisco on August 14. I hope many of you can be there to stomp and cheer and wave and give her a Standing O as she accepts it.

**I have news about Glendale's participation in NAMIWalks.** Our little affiliate did okay. So far we know for sure that over \$12,000 was turned in under our name and we are almost certain that some of the money given in our name probably wasn't directed to the right place. But that's all right. I'm proud of us. I'm also proud of us because we had about 75 walker and/or volunteers at Santa Fe Dam Reservoir Park on walk day. So get ready for next year. We're going to do it again.

**I have news about the Mental Health Services Act.** That is the mental health initiative on the November 2 ballot that will add nearly \$700 million in state funds for mental health services for children, adults, and seniors. Many of you (all of you?) signed the petition. Now it is time to get out the voters, to inform the voters, to become involved. Your involvement is essential to ensure this initiative passes. We urge Glendale NAMI members, families and friends to get involved today.

Please visit [www.campaignformentalhealth.org](http://www.campaignformentalhealth.org) to sign up for email updates, share your story and read the stories of others, tell your friends and urge them to join the effort, or become a mental health hero with a monthly donation. Please remember to put NAMI Glendale Affiliate on all donations you turn in.

**I have news about Mental Health Advocacy Day.** More than 2000 mental health clients, family members, providers and advocates packed the West Steps of the State Capitol on May 27 to celebrate Mental Health Advocacy Day. The impassioned crowd made it clear to state lawmakers that they want California to fulfill the promise it has failed to keep for 36 years. Four of them were NAMI Glendale members. Read about their adventures on Page Two of the *GAMIGram*.

## GLENDALE REPRESENTED ON ADVOCACY DAY Reported by Niki Davis

Thursday, May 27th: my first trip to Sacramento.

Advocacy Day was a dream come true for me. I had so many questions about the true experience of lobbying our representatives and lawmakers. Does it make a difference when private citizens ask to be heard as opposed to cash-backed corporate and professional lobbyists? Do you truly get respect for your cause...can you make a difference and influence the support and votes of members of the State Assembly or State Senate? Are staffers knowledgeable about mental illness? The amazing thing is that I got answers to a whole other set of questions I didn't even know to ask.

I traveled far to get answers. Just getting as far as LAX causes me anxiety. But here is where wonderful things began to happen. I got a call from Ernie and Maria Obrero, two of our NAMI Glendale volunteers going to Sacramento. They offered to drive me and Carmen Fonseca,, our fourth NAMI Glendale volunteer, to the airport. Carpooling. Now that's an answer.

The Obreros also reserved a parking space and packed a lunch for us all. This type of generosity and forethought seemed to follow us the entire trip. Folks who didn't even know one another gathered at the Southwest departure gate wearing NAMIWALKS T-shirts and acted like family by the time our plane arrived . Even the young organizers from the Mental Health Association of Los Angeles, whom we had never met before, treated us all with kind familiarity as they gave us our tickets, fans, stickers, and information packets. Strangers (even Carmen and the Obreros had never met prior to this trip) traveled like one united team.

We were on a mission...a one day trip to Sacramento to fight for F.A.N.S. (Fairness, Awareness, New Hope, Success) of Mental Health programs and services. We weren't alone. Thousand upon thousands of advocates were already at the capitol building by the time we arrived.

The sight was awe-inspiring. Huge banners spanned the steps with folks carrying the symbolic "fans" with stickers, handmade signs and flags as drums beat to



**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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keep the Native People's Circle of chanters on rhythm. We were a diverse and beautiful crowd.

Some had traveled all night on buses to arrive at this moment. For some, it was home. Legislators, dignitaries, health care worker's union members, health care administrators, NAMI members, clients of mental health facilities...a community of California Mental Health advocates, and we came in all sizes, shapes, colors, ages, genders, titles, status, and abilities. We were there as part of CCMH (the California Council of Community Mental Health Agencies) to light up the State Capitol during a crucial point in the State budget proposals to fight for Mental Health Funding...but would the Senate and Assembly listen? Would our Governor reconsider his frightening cuts?

Advocacy Day gave a platform for Mental Health Advocates to meet with their legislators during pre-arranged hours as well as an afternoon of staged events on the steps after lunch. California Assembly Member Darell Steinberg was the star honoree as he promoted support for the Mental Health Services Act. Then there was a young artist with bipolar disorder, Kristy Worthen, who is touring the state capitols of our nation with a flag she designed to raise awareness of mental health needs. There was a group of children who came to deliver letters to the Governor's office after the rally. It all seemed overwhelming at first. The material given to those who volunteered to meet legislators was technical and much to digest on the spur of the moment. A professional lobbyist, Rusty Selix (Executive Director of the Mental Health Association and CCMH) assured us all that we were, as lay citizens and constituents, a relief and a pleasure for our legislators and their staff members to meet with, as opposed to the professional lobbyists that they deal with all the time. Mr. Selix advised that we just go in there and tell our stories personally...from the heart.

### Reported by Carmen Fonseca

I had no idea what to expect on the trip to Sacramento. When Niki and I arrived at the airport, we found everything to be so well organized. We stepped up, gave our names to the organizers and were handed our tickets. Then we were guided through the airport without a hitch to our gate.

While waiting I noticed a young woman of about 22 years old looking at us. Before long she had migrated towards us. We introduced ourselves and took her under our wing. I asked her if she wanted to sit with us on the plane, we were -A- and she was -B- on her boarding pass. We saved her a seat. Once on the plane the pilot came on the microphone, greeted us and wished us all a successful Mental Health Advocacy Day. Everyone cheered.

When we arrived in Sacramento, more volunteers greeted us with vans. A health care provider who worked in a drop in center was driving. At once I felt, oh a

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## A CURSED LIFE

Alfredo Madrid

**Editor's note: Alfredo Madrid is the son of Malena Madrid, a NAMI Glendale member. We followed his personal story as his mother told us of his disease. Alfredo recently was able to take and complete an English class at Glendale College. The following is an excerpt from his final paper. We thank him for sending it to us and hope that some day he will write his personal story for us to print.**

Among one of the most destructive and tormenting disorders that afflict these persons is manic depression. This disorder is as hard to define as it is to live through. Psychotropic drugs are the modern medicinal means of controlling the disorder. Although there are several groups and organizations opposed to psychiatric medications, it may be the only manner in which to successfully subdue and regulate a disorder such as manic depression.

Manic depression has two main characteristics, an elevated and grandiose state and a depressed, sunken mood. These two angles of the disorder go hand in hand. The term "manic depression," also known as bipolar disorder, as defined by Cory F. Newman in *Bipolar Disorder, A Cognitive Approach* "involves varying degrees of agitation, euphoria, impulsivity, irritability, and psychotic ideation" Bipolar disorder may be defined as a mixture of affective disorders, which may include the following: (a) major depressive episode, (b) manic episode, (c) mixed episode, and (d) hypo-manic episode. The depressive episode is marked by a consistent feeling of worthlessness, low mood, and lack of ability to enjoy things (anhedonia) for much of the day, every day for at least two weeks. Feelings of guilt may ensue, along with suicidal tendencies. Oversleeping or disturbances during sleep are also common. Changes in appetite can occur. The manic episode is nearly the complete opposite of the depressed stage. The afflicted may display feelings of grandiosity, have little need for sleep and food for days at a time, have racing thoughts and robotic speech, and engage in treacherous or dangerous activities involving money, sex and drugs. Psychotic behavior is also not uncommon in a manic episode. The symptoms must continue for at least a week to be labeled as manic, but usually they last much longer. The mixed episode is clearly what its name states, a pendulum rapidly moving back and forth between the manic and depressive moods. Agitation, insomnia, and suicidality are common features.

According to a book titled, *I Am Not Sick I Don't Need Help!*, by Xavier Amador, "many people with serious mental illnesses, such as manic-depression and schizophrenia, think of their illness as something that comes and goes". These people, or even their families, may be in denial about the true magnitude concerning their affliction. Amador goes on, "Most studies find that about one half of the people with serious mental illness don't take their medication. The most common reason is

poor insight." These persons need to learn to realize and accept that "awareness of the positive affects of medication can be more important to medication adherence than insight into the illness more generally." Excluding the rest of the world, "there are over five million people in the United States with schizophrenia, psychotic depression, and manic depression." These numbers are alarming, but the fact that they are real is the most disturbing aspect of it all.

Aside from medication, many other options exist to manage a mood disorder. Acupuncture, dietary supplements, and nutritional counseling are alternative methods. There are several countervailing forces in the United States that preach against psychiatry. Scientologists, antipsychiatrists, and "consumer survivors" are among this group. In *Surviving Manic Depression* E. Fuller Torrey writes, "These disparate and often interdependent groups are united by their hatred of psychiatry in general and their opposition to any form of assisted treatment in particular." This population believes that mental illnesses do not really exist and are taught, by the founders of their organizations that psychotic people are unethical, immoral, and, in general, evil human beings. These groups advocate the use of "therapy, empathy, and love" to overcome these disorders. Unfortunately, as these groups are usually well funded, according to Dr. Torrey, they ultimately "oppose efforts to improve services or to provide treatment for those who need it most."

Several professionals opposed to psychotropic drugs believe that mental disorders, such as schizophrenia and bipolar disorder are imaginary ailments due to the circumstances under which one lives. If one could become accustomed to leading an emotionally healthy life, mental disorders would not exist. In *Warning: Psychiatry Can Be Hazardous to Your Mental Health*, a book on how psychopharmacology has stolen the role of psychological techniques such as counseling, William Glasser supports his conviction that supplying medication to patients does not positively cure them. "Psychiatry has been slow to learn from its mistakes. The medical profession, legislators, and the public alike seem to have forgotten that most medications used in the treatment of mental distress over the past one hundred years have been either dangerous, addictive, or ineffective." According to statistics, "in 1967, 23.3 million prescriptions for amphetamines were written in the United States; in that year 12 million people took amphetamines on medical advice." Issues concerning the history of medical drugs coincide with the idea that nobody, not even a professional, is exactly sure about how prescription pills affect a person's mind and body. If during the early days alcohol and opium were prescribed, followed by barbiturates and amphetamines, it is difficult to discern the true magnitude of medical drugs today.

Glasser goes on, "Early in 2002, in what may turn out to be an enormously important development, the

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**CURSED LIFE, continued.**

manufacturers of the anti-depressant Paxil, were forced by the U.S. Food and Drug Administration to issue a new warning to the patients and doctors acknowledging that some people get hooked and might suffer severe side effects when they stop taking Paxil" (xvi). Developments like this put forth the dilemma of what those who are truly afflicted by a mental disease are to do and how to control it. If medication is not the solution, several of these people are headed down a gloomy and destructive path. "The failure to adequately fund research on manic depressive illness is one of the major scandals of American psychiatry. It is the main reason why so little is known about the causes of this disease and why better treatments are not available." *Surviving Manic Depression*. Central to Glasser's book "is the belief that a great deal of human unhappiness—much of which subsequently becomes labeled as mental illness by the medical profession—relates to the choices we make." When one is diagnosed with a mental disorder such as depression, schizophrenia, bipolar disease, or obsessive compulsive disorder, and treated with medication, "one has become one of the millions of geese who lay eggs for the multibillion-dollar brain drug industry." *Warning: Psychiatry Can Be Hazardous To Your Mental Health*. Many people with mental disorders are thrown into a world of prescription pills because there is money to be made on behalf of the brain drug industry.

Professionals believe that medications are the single most important aspect of the treatment for manic-depressive illness. In *Surviving Manic Depression* Torrey writes, "Medication treatment has two main goals: first, to alleviate or shorten the duration of an acute episode of mania, hypomania, or depression and, second, to maintain the improvement obtained in the acute phase and prevent further cycles of mania or depression." The main types of medications prescribed for manic-depressive illness are mood stabilizers, antidepressants, antipsychotics, and benzodiazepines. Although some side effects are common, and certain organs of the body may become stressed, in general, studies have shown that medication dramatically reduces the onset of mania and depression.

In closing, the information put forth above only reinforces the idea that mental disorders are a growing affliction among all types of people living today. Although science has allowed for some of these people to regain control of their lives, many are opposed to medical treatment. There should be more government funding into creating a solution that would enable patients, and their families to continue their lives in bliss and harmony. Mental disorders exist, but with the right type of approach and care from doctors, friends, and those closest to the afflicted, they can be fully monitored and restrained. Hopefully, the day will come when the sight of a deranged person becomes less frequent, and all can exercise their right to live their lives according to their own positive and sane manners.

**ADVOCACY DAY, continued.**

caregiver. Once we reached the Capitol, we opened the notes we had received with our tickets that had names of the legislators we were going to meet with.

Going to the legislator's office we were met by two people from a Health Providers Union. They introduced themselves and asked if they could come along and take some pictures for a story they were going to put in a Sacramento newspaper. They interviewed us and later sat in with us writing down what was being discussed. We made arrangements with the girl to meet for lunch as she had a meeting with another legislator.

The first meeting was a bit awkward but we caught on fast. I took the opportunity to ask about the law that says a loved one must be a danger to self or others. I remarked that a person with a chronic disease doesn't have to be a danger to self or others before they can receive treatment, why should our loved ones with mental illnesses have to meet the criteria? Also, on the privacy issue, most people have no problem making decisions, their decision-making faculties are not being impaired by their disease, as are those with mental illnesses, that's why it's called mental illness. He agreed with me and said he would bring our concerns to his boss. Both legislators, we met with, were very favorable they said we could call them any time and gave us their cards.

We were told by the legislator' representative, that we (advocates) were what was needed. The legislators needed to see and hear from those who have first hand experience in dealing with the mentally ill. They hear the lobbyist all the time, but the lobbyist cannot present the day-to-day issues that are being faced by caregivers and loved ones.

After the first meeting we broke for lunch, Ernie and Marie, the couple we were traveling with, had prepared a lunch for us, this was unexpected.

That afternoon we attended a rally where an artist recovering from bi polar disorder had created a flag that was going to represent mental illness. She was bringing it to all the advocacy meetings in all of the states. There were many speakers telling us we should congratulate ourselves for the great turn out. I looked around at the crowd and thought to myself these are the people that society doesn't want to be reminded of, here along with caregivers, family, friends, social workers, clergy, all to say "we have a voice." We have a voice and we are making ourselves seen and heard. We matter. Don't ignore us anymore.

I felt a sense of belonging; the sense of being powerless was replaced with pride, proud to be counted with others, proud to be an advocate and a voice for those who have been voiceless. We were not alone. We shared experiences, got educated, shared a day of being counted, stood up for each other, a day of caring. Long day but I was very glad I could experience it all.

Editors' Comment: I thank Niki, Maria, Ernie, and Carmen for being "proud" advocates" and a "voice for those who have been voiceless." Well done.